**Talking Points and Resources for Addressing**

**Substance Use Disorder 8.7.20**

Compiled by Glenn Field, NC Office of Rural Health, 919-527-6458

NOTE: All of the following information is in the public domain

DISCLAIMER: Nothing stated should be construed as an endorsement

**ADDITIONS, EDITS ARE WELCOME! email** [**glenn.field@dhhs.nc.gov**](mailto:glenn.field@dhhs.nc.gov)

“Anybody that is struggling with a substance abuse disorder, anybody that has an

alcohol issue and anybody with mental health issues, all of a sudden, whatever safety

nets they had for the most part are gone.

And those are people that are living right on the edge of that razor.”

- Leon Wittner, father of Sara, who died from a suspected fentanyl overdose aged 32 after her monthly Naltrexone injection was delayed 15 days and her in-person NA and peer support face-to-face meetings were cancelled.

April Rivera, an emergency medical technician in Union City, N.J., said she saw an abrupt change in May in the types of cases to which her ambulance was responding…

For weeks, it had been almost all respiratory illnesses and cardiac arrests related to the coronavirus. Then, suddenly, nearly half her cases became overdoses and suicide attempts, a ratio she has never encountered in 15 years working on ambulances.

“One night, that’s all I had,” Rivera said. One patient took a bottle of Tylenol. Another took medication that belonged to her children. An elderly patient had been drinking and swallowed 10 pills of Benadryl. “They were cries for help,” she said.

**COVID-19 Resources**

**NEW Job Retention Grant Available for COVID Relief through NC Dept of Commerce**

<https://www.nccommerce.com/grants-incentives/disaster-recovery/job-retention-grant-jrg#before-you-apply>

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| <https://www.hhs.gov/about/agencies/iea/partnerships/opioid-toolkit/index.html> |
| The U.S. Department of Health and Human Services (HHS) recognizes that faith-based and community partners eagerly and willingly step in to meet the needs of their colleagues, friends and neighbors — especially during a crisis. As such, we want to equip our partners to respond to the current opioid health crisis — complementing their compassion and local understanding with the expertise of HHS. |

Since much of the funding to address the opioid crisis is being awarded to states, it is important to know that **State Opioid Response (SOR) grant funds can be used to the provision of substance use disorder services by faith-based organizations**. For more information, please read this [letter from Shannon Royce, Esq., Director of the Partnership Center for Faith and Opportunity Initiatives](https://www.hhs.gov/about/agencies/iea/partnerships/opioid-toolkit/state-opioids-response-grants-letter-director-royce/index.html), as well as this set of [FAQs from the Substance Abuse and Mental Health Administration (SAMHSA) - PDF](https://www.samhsa.gov/sites/default/files/grants/pdf/faq/faqs-for-sor.pdf) that affirms states are allowed to use a portion of their funds through indirect funding or voucher programs to enhance client choice and increase program participation by a variety of groups, including faith-based partners. If you have any questions, please call the Partnership Center at 202-358-3595.

**Help for Grand families Impacted by Opioids and Other Substances** is a set of resources from Generations United that includes recommendations and resources on five topics identified by kinship caregivers as uniquely challenging for grand families impacted by substance use.

<https://www.gu.org/resources/grand-resource-help-for-grandfamilies-impacted-by-opioids-and-other-substance-use/>

**Administration for Community Living - Opioids and Older Adults Fact Sheet**

<https://acl.gov/sites/default/files/programs/2018-06/ACL%20Opioid%20Fact%20sheet%20-%20June%202018.pdf>

**New England PTTC Toolkit for Parks and Recreation Departments: Preventing Youth Substance Use and Addressing Substance Misuse**

Substance use disorders are a community problem that require a community response. While it will take many sectors of the community to solve this problem, Parks and Recreation Departments have a unique role to play in preventing substance use disorders and in addressing substance misuse in communities. Many P&R Depts offer before and after school childcare, summer, and sports programming for young people, and play a large role in building healthy communities through the oversite of parks and playgrounds and holding public events. This toolkit offers P&R Depts some guidance and resources for implementing research-based strategies to help prevent youth substance use and address substance misuse. [Click here](https://click.icptrack.com/icp/relay.php?r=41133801&msgid=492501&act=5EPW&c=918858&destination=https%3A%2F%2Fpttcnetwork.org%2Fcenters%2Fnew-england-pttc%2Fnews%2Fnew-england-pttc-launches-new-parks-recreation-department-toolkit&cf=12174&v=b0cf6b120140bb0fe7a466ac86db27ecf197c71001001c197feed9a50fa5dfda)to access this toolkit.

**Trump Administration Empowers Rural Communities with New Resource to Combat Drug Addiction**

<https://www.whitehouse.gov/briefings-statements/trump-administration-empowers-rural-communities-new-resource-combat-drug-addiction/>

With resources from 16 different Federal departments and agencies, the **Rural Community Toolbox** is a one-stop shop for those seeking help in building strong healthy, and drug-free rural communities.  In addition to funding and technical assistance, the RCTB includes current information resources on over 40 key topics related to addiction in rural America as well as Federal resources about treatment and recovery support for individuals who have been impacted by substance use disorders.

Contact C. Jamie Edwards **(**[**jedwards@ncpreventiontta.org**](mailto:jedwards@ncpreventiontta.org)**) at the NC Training and Technical Assistance Center** of the NC DHHS Division of MH/DD/SAS which offers no-cost expert consultation and supportive resources to implement education, community based processes and environmental strategies primarily via monthly telephone assistance.

Check out their training calendar here: <http://nctraining.info/calendar.html>

Past training calendar with recorded webinars and resources at:

<https://ncpreventiontta.zendesk.com/hc/en-us/categories/360000854992-Training-Files-and-Resources>

Contact Erin Day, **Community Impact NC** at [erin@impactcarolina.org](mailto:erin@impactcarolina.org) for no-cost technical assistance, particularly for using the SAMHSA Strategic Prevention Framework (required of Drug Free Communities grantees) and training in CADCA concepts.

**The Communities Project - Facing Addiction with NCADD** (National Council on Alcoholism and Drug Dependence) equips communities and organizations with an overview and framework for conducting community organizing and mobilization programs, including fundraising. Contact Kim James of the Burke Substance Abuse Network for information and contacts ([bcacdkim@gmail.com](mailto:bcacdkim@gmail.com))

**COVID-19 Guidance for Law Enforcement and First Responders Administering Naloxone**

Addressing law enforcement and first responders – but applicable to everyone – this [guidance document](https://go.thenationalcouncil.org/ueb000aJ1R0f0U03MHrMF70) from SAMHSA emphasizes the imperative to administer naloxone as a life-saving device, as well as how to do it safely using precautions and personal protective equipment.

**Engaging Critical Access Hospitals in Addressing Rural Substance Use**



**Flex Monitoring Team, Briefing Paper #44, June 2020**

**Maine Rural Health Research Center, Muskie School of Public Service, University of Southern Maine**

Critical Access Hospitals (CAHs) have implemented diverse strategies to address substance use (SU), including inpatient, outpatient, and ambulatory services and community benefit programs.

1. This brief provides a two-part framework for CAHs to identify and address local SU needs.
2. Part 1 provides a foundation to identify SU needs, coordinate resources, and build local capacity through needs assessments, community engagement, and SU screening activities.
3. Part 2 identifies strategies to minimize the onset of SU and related harms (prevention); provide counseling, inpatient, outpatient, and other services to those with SU disorders (treatment); and help individuals reclaim their lives (recovery).

**Federal Government Announces New Pilot Program to Help Stop Illegal Availability of Unapproved Opioids Online**

1. <https://www.fda.gov/news-events/press-announcements/federal-government-announces-new-pilot-program-help-stop-illegal-availability-unapproved-opioids>
2. **Rural Community Action Guide: Building Stronger Drug-free Rural Communities**

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| |  | | --- | | From the Office of National Drug Control Policy, and based on lessons learned from forums conducted by the U.S. Department of Agriculture, this [document](https://go.thenationalcouncil.org/s0iM0R70aJbY0M0r1H30f0F) includes background information, recommended action steps and promising prevention practices to assist local communities to address SUD. For more information and to view the 2020 [Drugs](https://highlandcountypress.com/Content/In-The-News/Headlines/Article/DEA-releases-2020-Drugs-of-Abuse-Resource-Guide/2/73/56854) of Abuse resource guide, visit [www.getsmartaboutdrugs.gov/publications](http://www.getsmartaboutdrugs.gov/publications)  [**Beyond Opioids: Rapid Increase in Drug Deaths Involving Stimulants**](https://www.ruralhealthinfo.org/updates/forward?utm_source=racupdate&utm_medium=email&utm_campaign=update052020&item=r14569&url=https%3A%2F%2Fwww.nihcm.org%2Fcategories%2Fbeyond-opioids-rapid-increase-in-drug-deaths-involving-stimulants&k=1d1RG) Presents a breakdown of drug related deaths involving stimulants. Features several charts highlighting the data, including rural and urban, regional, and national comparisons. Sponsoring organization: National Institute for Health Care Management Foundation  Date: 05/2020  **DEA releases 2020 Drugs of Abuse Resource Guide**  The U.S. Drug Enforcement Administration has released the 2020 edition of Drugs of Abuse, A DEA Resource Guide, which is designed to be a reliable resource on the most commonly abused and misused drugs in the United States.  Released on a periodic basis, Drugs of Abuse provides important science-based information about the harms |  |  | | --- | | consequences of drug use, describing a drug’s effects on the body and mind, overdose potential, origin, legal status and other key factors. In addition, the guide outlines U.S. drug regulation, including drug scheduling and chemical controls.   The 2020 digital edition updates the 2017 Drugs of Abuse publication with the most current information on new and emerging trends in drug misuse and abuse, including fentanyl, marijuana and marijuana concentrates, vaping and stimulant drugs.  Because education plays a critical role in preventing substance abuse, this comprehensive guide is intended as a tool not just for [medical](https://highlandcountypress.com/Content/In-The-News/Headlines/Article/DEA-releases-2020-Drugs-of-Abuse-Resource-Guide/2/73/56854) practitioners and law enforcement officials, but also for educators, families, and communities. Drugs of Abuse also offers a list of additional drug education and prevention resources, including the DEA websites: [www.DEA.gov](http://www.dea.gov/), [www.getsmartaboutdrugs.com](http://www.getsmartaboutdrugs.com/) for parents, [www.justthinktwice.com](http://www.justthinktwice.com/) for teens, [www.campusdrugprevention.gov](http://www.campusdrugprevention.gov/) for [colleges and universities](https://highlandcountypress.com/Content/In-The-News/Headlines/Article/DEA-releases-2020-Drugs-of-Abuse-Resource-Guide/2/73/56854) and [www.operationprevention.com](http://www.operationprevention.com/) for school and work curriculum. | | |
| |  | | --- | | **Call for Providers to be Part of the COVID-19 Surveillance Network** | | |

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| |  | | --- | | North Carolina Division of Public Health is building on the existing influenza surveillance system, the Influenza-Like Illness Network (ILINet), to include laboratory surveillance for COVID-19. This approach is the most efficient way to obtain the essential information that will allow us to track the spread of COVID-19 across the state and inform public health policy.  If your clinic can assist with this critical COVID-19 surveillance, please go to [**https://flu.ncdhhs.gov/providers.htm**](http://r20.rs6.net/tn.jsp?f=001ea0xSFQj1Pu-S8vIu-HmS-kVSsZ0UuvP9L7Lz0gsNoDiGPCqPxIPOhGDDz_XSuKAabGRxU17jU_gNjFwClIqykHwQ5RrxjEdwkaZlx0vbrUHHYDobYHqlEEfb30prfcrENETSBebCy5-LaXG0FszTXnuDhTuUUPL&c=PK72mfQu_6m1Svr83JIzHusEw657MYeRGB_jdlX0kFvNKxJv4IZN4g==&ch=sfNHwMOagJys3eeeG8xkogI3BomQ2locPwGDbLQbs_bx-VZAINsyWg==) and fill out the ILINet provider application in the link at the bottom of the page. For any questions, please contact Anita Valiani at [**anita.valiani@dhhs.nc.gov**](mailto:anita.valiani@dhhs.nc.gov) or Erica Wilson at [**erica.wilson@dhhs.nc.gov**](mailto:erica.wilson@dhhs.nc.gov). | | **Maternal Substance Use: Consequences, Identification, and Interventions**  Alcohol Research: Current Reviews | Vol 40 No 2 | Epub 2020 June 2  Prenatal exposure to alcohol, tobacco, and marijuana has become increasingly common. In addition, there has been a fourfold increase in the number of opioid-exposed pregnancies. Prenatal exposure to alcohol and other substances may have an adverse impact on a developing fetus. Since pregnant women may be reluctant to disclose their use or may not appreciate the potential for harm, early identification is desirable. However, identification is currently limited by the lack of adequate screening tools and the fear of legal and other sanctions, which may limit both inquiry and disclosure. Although effective interventions for prenatal alcohol, cigarette, and other substances are available, these interventions rely on identification and behavioral counseling. It is likely that the full potential of effective interventions cannot yet be realized in the current setting.  **Teens who vape may be at more risk of serious infection from the coronavirus — here's why** | |

<https://www.yahoo.com/lifestyle/teens-who-vape-may-be-at-more-risk-of-serious-infection-from-the-coronavirus-heres-why-162934568.html>

As one of the nation’s [leading researchers on vaping](https://www.unc.edu/discover/why-underestimating-the-health-effects-of-vaping-is-a-bad-idea/), Ilona Jaspers, PhD, professor of pediatrics and microbiology & immunology at the University of North Carolina at Chapel Hill, has [long been warning](https://www.yahoo.com/lifestyle/eight-teens-hospitalized-for-vaping-as-senate-accuses-juul-of-targeting-schools-and-youth-programs-171528919.html) teens and young adults about the dangers of vaping. Now her warnings have expanded to include complications from COVID-19. “In addition, sharing vaping devices — as is common among some e-cig-using demographics — would significantly increase the risk of spreading the infection.”

“Everything we and others have shown is that vaping causes a suppression of respiratory host defense function and overall respiratory immune dysfunction,” Jaspers tells Yahoo Lifestyle. “Rodent studies have shown increased severity of respiratory viral infections in animals exposed to e-cigarettes. We now have data showing that in humans, e-cigarette use was associated with changes in respiratory immune responses that are indicative of immune suppression.”

While the majority of those dying from the coronavirus are much older, data from the CDC found that as many as [40 percent](https://www.nytimes.com/2020/03/18/health/coronavirus-young-people.html) of hospitalized patients are between the ages of 20 and 54. In the midst of the continuing vaping epidemic, in which over [2 million middle and high school students](https://childmind.org/article/teen-vaping-what-you-need-to-know/) are reportedly using e-cigarettes, local government officials have [expressed concern](https://www.nytimes.com/2020/04/09/health/coronavirus-smoking-vaping-risks.html) about seeing young patients in intensive care units.

**Rural Youth Engagement Toolkit**

<https://www.cadca.org/resources/rural-youth-engagement-toolkit>

The tool kit was created for Grangers, young people, coalitions, community-serving organizations, religious organizations and any other group that seeks to meaningfully engage rural youth to address substance misuse issues in their communities. Significant contributions were provided by the Rural Youth Advisory Council, composed of rural youth trained by CADCA from throughout the country, through a series of focus groups and discussions.

**AWESOME RESOURCE, STILL! Review Federal Resources for Rural Communities to Help Address Substance Use Disorder and Opioid Misuse, Office of National Drug Control Policy, U.S. Department of Agriculture, October 2018 at**

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| [**https://www.rd.usda.gov/files/RuralResourceGuide.pdf**](https://www.rd.usda.gov/files/RuralResourceGuide.pdf) |

**CVS rolls-out time delayed pill medication safes**

**One-Page Fentanyl Infographic from The Recovery Research institute**

<http://www.recoveryanswers.org/assets/Fentanyl-Infographic-PDF.pdf?mkt_tok=eyJpIjoiTkdVNVpERXdZVE16TXpsayIsInQiOiIrSmZKSXRDbWdNRktTZnBYeERxcTVSbzh5THJRRlorbDNHamJPRHRnZ3F2QThsMVdHSkpDbGRIRWNXUTNIeEFWcjlxeUhOWmd3TXJZVWtCNGZyMlM1WnVNOEk3WkhsUTdBUzhhRkJxYkh2WDlHMHRRTFwvcEJWK2VZQm9UbDh4REsifQ%3D%3D>

**Crowd-sourced Naloxone –** check out **NaloxoFind** on Google Play or Apples App Store… free smartphone app that can be used to find a Naloxone carrier in a 2-mile radius. Only as good as the number of carriers who sign up, so please do so.

Read more about it here: [**https://www.altrixmedical.com/single-post/2019/06/05/A-Case-For-Crowd-Sourced-Naloxone**](https://www.altrixmedical.com/single-post/2019/06/05/A-Case-For-Crowd-Sourced-Naloxone)

**Updated Operation Medicine Drop website at**

<https://ncdoi.com/osfm/safekids/Operation%20Medicine%20Drop.aspx?sec=omd>

makes it easy to find drop boxes and take-back events nearest you. Lots of free handouts.

**Need help with overprescribing in your community?** The North Carolina Association of Pharmacists is training pharmacist students to assist with educational interventions for prescribers.Contact Cheryl Viracola, PharmD, at the Association at 984-439-1646.

**SYRINGE EXCHANGE PROGRAMS** are pipelines into treatment while helping addicted individuals avoid “patient brokers”. Syringe program participants are FIVE times more likely to enter treatment and 3.5 times more likely to cease injecting. *Engage your local medical device/supply company to provide no/low-cost syringes.* Attach a nurse to address health disparities (Cone Health). Find a list of all active SEPs here:

<https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/funding-syringe-exchange-programs>

**NC Safer Syringe Initiative Annual Report, 2018-2019**

<https://files.constantcontact.com/023aa8ab001/d1b7856e-be00-4f1b-af1e-7bcc20346337.pdf>

**Post overdose reversal response teams save lives***. Intervention by the new Coastal Horizons team is resulting in an initial engagement rate of 80% in post-reversal treatment*. Contact your local EMS and peer support contacts to get the ball rolling… plenty of grant funds for this.

**Ideas for starting/supporting a syringe exchange program from a discussion with WNCAP (Western North Carolina AIDS Project):**

* Diffuse, overcome city and county local authorities’ resistance by marketing the exchange as a community service for anyone needing syringes for various medical conditions, such as insulin for diabetes, hormones to treat cancer, injectable iron supplements (Sorbitol) during pregnancy, for burns or stomach problems, autoimmune disease, MS.
* In new communities, word of mouth may work better than public media announcements.
* Start with offering Narcan/Naloxone to public health agencies.
* Offer to provide syringe disposal services to the Sheriff’s Department, organize a weekend discarded syringe clean-up event.
* Provide vouchers to thrift stores, food banks to get their support.

**CNN Health 5.7.20 More harm reduction programs in the U.S. are mailing syringes and naloxone to clients.**

**Amanda Khalil, PharmD, MPH** serves as the Naloxone Specialist for the Injury and Violence Prevention Branch at the NC Division of Public Health. Her work **includes coordination of naloxone distribution across the state** and development of a tracking protocol for a variety of community-level and state partners. As a practicing community pharmacist, she has been actively engaged for several years in leading key pharmacist initiatives on addressing the opioid crisis including safer syringe sales, naloxone training, and implementation of medication take-back programs. She can be reached at [Amanda.Khalil@dhhs.nc.gov](mailto:Amanda.Khalil@dhhs.nc.gov) or 919-707-5372.

If you are NOT receiving funding from a **Drug Free Community or a Partnership for Success grant** and you can or do provide youth prevention services in one of the 20 counties named, check with [Jessica.Dicken@dhhs.nc.gov](mailto:Jessica.Dicken@dhhs.nc.gov) about possible participation, potential grant partners for the SAMSHA Strategic Prevention Framework – Partnership for Success grant. More info at <https://files.nc.gov/ncdhhs/documents/files/SPF-PFS-2019-RFA-FINAL-7-18-19.pdf>

**Make the cost-benefit of prevention part of your marketing.** <https://iprc.iu.edu/spf/docs/Making%20the%20Case%20for%20Prevention%20SLIDES%20HANDOUT.pdf>

**Using A Chemical Warfare Device to Help Fight Fentanyl**

MX908 mass spectrometer identifies 70 types of fentanyl and can alert users to more than 2,000 not-yet-named fentanyl analogs. More effective than test strips. Also detects stimulants. Great strategy for engagement. Read about it here:[**https://www.wbur.org/commonhealth/2019/10/10/mx908-opioid-crisis-drug-testing**](https://www.wbur.org/commonhealth/2019/10/10/mx908-opioid-crisis-drug-testing)

**Recognizing Drug Use in Teens training for foster parents, Kelli Knapp, Coastal Coalition for Substance Abuse Prevention. See slides at :** <http://ccsap.org/wp-content/uploads/2019/04/CCSAP-March-2019-Newsletter-1.pdf>

**Welcome to the Opioid Education for Community Health Workers FREE Online Series**

The target audience for these modules includes community health workers, AHEC Scholars, peer support specialists and healthcare providers, particularly in rural health centers and underserved areas across the state. Produced by NC AHEC. See [www.aheconnect.com/opioided/](http://www.aheconnect.com/opioided/)

**Video for explaining addiction to kids**

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| The Addiction Policy Forum has created Addiction & the Brain - For Kids! a short video that adults can use to explain addiction to children. The video uses simple language that is easy for kids to understand and adults to explain. A companion fact sheet is also available for download. [Both items can be found on the Addiction Policy Forum website.](https://go.thenationalcouncil.org/wJaFb1fMR0000H1S00r3X07) |

**“**WASTED” and other reality-based school presentations can be viewed at Burke Substance Abuse Network, [www.joinbsan.com](http://www.joinbsan.com)

**SUD Coalition Capacity-Building and Sustainability Ideas**

**Responding to An Overdose Spike, ATTC June 2020**

How to assemble an Overdose Response Strike Team, pre-incident planning, immediate and longer term actions, opioid surveillance data, job action descriptions, decision tree, etc., etc.

<https://www.astho.org/Responding-to-an-Overdose-Spike-Guide/?utm_source=Informz&utm_medium=email&utm_campaign=Informz>

**OPIOID STEWARDSHIP MEASUREMENT IMPLEMENTATION GUIDE**

<https://www.aha.org/system/files/media/file/2020/07/HIIN-opioid-guide-0520.pdf>

American Hospital Association (AHA) Opioid Stewardship Measures Advisory Group Centers for Medicare & Medicaid Services (CMS)

The Guide addresses six critical elements that can support users through a process of implementing a data-driven approach to an opioid stewardship program: 1) developing a leadership strategy; 2) conducting an environmental scan of available resources, existing efforts and available data; 3) selecting measures; 4) setting goals and developing an improvement plan to drive progress on those measures; 5) creating policies and education for care teams; and 6) providing patient education and engaging patients in shared decision-making. We believe that these elements lay the foundation for driving and measuring progress in opioid stewardship. As part of the Guide, a Menu of Measures has been curated, which presents 30 ranked quality improvement

**It’s well known that nearly every NC county Community Health Assessment over the past 4 years has identified substance abuse as the first, second or third priority**. Why not assist CHA planners in your community to drill-down on substance abuse with several follow-up questions? Your coalition can use the results in its planning efforts, and to support seeking grants.

The White House Office of National Drug Control Policy (ONDCP) and 18 farm/rural partner agencies and SUD organizations launched a **Rural Community Action Guide** to assist local leaders with background info, action steps, promising practices. The Guide is designed to first educate rural leaders about various SUD challenges to communities and then empower them to take local action. See the Guide at: <https://www.usda.gov/sites/default/files/documents/rural-community-action-guide.pdf>

Press story: <https://www.agri-pulse.com/articles/13118-white-house-unveils-local-guide-to-help-curb-rural-drug-addiction>

*And while you’re planning how to approach local leaders*, check out rural addiction resources at https: [www.usda.gov/topics/opioids](http://www.usda.gov/topics/opioids)

Consider offering on a fee basis… Drug Free Workplace trainings, Responsible beverage server/alcohol sales training, ADETs court-mandated training.

**Invite law enforcement to the table.** Only 7 counties have implemented **Law Enforcement Assisted Diversion (LEAD) programs.** LEAD is a pre-booking diversion pilot program developed with the community to address low-level drug and crimes associated with sex work. The program allows police and sheriffs to redirect low-level offenders engaged in drug or sex work activity to community-based programs and services, instead of jail and prosecution. Go to <http://www.nchrc.org/lead/law-enforcement-assisted-diversion/>

**Partner with pharmacies** like Walgreens to disseminate information, connect people to peer support, sell pill vaults, unused Rx take-back, distribute naloxone

**Advocate with prescribers to co-prescribe Naloxone with opioid analgesics --** those patients have 47% fewer visits to the ED in the 6 months after receiving prescription and 63% fewer ED visits after one year.

**Invite your local Cooperative Extension to the table. They often have funds for event expenses.**

**Treatment**

**NEW SAMSHA Treatment of Stimulant Disorders**  (thanks Heather!)

<https://store.samhsa.gov/product/Treatment-of-Stimulant-Use-Disorder/PEP20-06-01-001>

7.23.20 The U.S. Food and Drug Administration today announced it is requiring that labeling for opioid pain medicine and medicine to treat opioid use disorder (OUD) be updated to recommend that as a routine part of prescribing these medicines, health care professionals should discuss the availability of naloxone with patients and caregivers, both when beginning and renewing treatment. See announcement here:

<https://www.fda.gov/news-events/press-announcements/fda-requiring-labeling-changes-opioid-pain-medicines-opioid-use-disorder-medicines-regarding>

**Fact Sheet – 42 CFR Part 2 Revised Rule**

Considering the recent revisions of 42 CFR Part 2, SAMHSA has issued several guidance documents, including a new [fact sheet](https://go.thenationalcouncil.org/B900zM3Fb00010LJ0aSRHrf) that includes implementation guidance.

[**How to Reduce No-shows to Virtual Appointments**](http://attcniatx.blogspot.com/2020/06/how-to-reduce-no-shows-to-virtual.html)

From ATTC/NIATx Service Improvement Blog --

<http://attcniatx.blogspot.com/>

**Strategies for Rural Communities for Addressing Substance Misuse among Families Involved with the Child Welfare System**

<https://aspe.hhs.gov/system/files/pdf/263821/SAFE-CORE_Strategies_Brief.pdf>

This brief describes nine programs and highlights ways they have addressed challenges to serving child welfare-involved parents with substance use issues, with a focus on their applicability to rural communities. These programs offered various types of services, including parent mentoring, case management, home visiting, treatment for opioid use disorders, or an array of substance use disorder treatment and family services. • These programs implemented strategies that could address challenges in rural and non-rural communities. The strategies included improving timely access to substance use disorder treatment, better coordinating services and sharing information among key entities, providing transportation to reduce barriers to treatment, providing other services necessary for reunification, and delivering intensive treatment and support services in a transitional housing setting. • The need for family services beyond substance use disorder treatment required organizations to identify multiple funding streams to provide childcare, transportation, and housing. •

**RTI Study Finds Low Rates of Compliance with Buprenorphine Prescribing Guidelines for Treating Individuals with an Opioid Use Disorder**

Researchers analyzed data from 38,517 commercially-insured patients with an OUD diagnosis who received buprenorphine treatment for their OUD. They found a large portion of patients did not receive care consistent with treatment guidelines recommended by the American Society of Addiction Medicine:

* Guidelines recommend testing all patients who receive buprenorphine for Hepatis C and HIV – however, only 6 percent of patients were tested for hepatitis C and 29 percent for HIV. This is critical, as both Hepatitis C and HIV are treatable.
* Guidelines recommend that all patients initiated on buprenorphine receive liver functioning testing to monitor for liver injury, but only 8 percent of patients were given liver functioning tests.
* Guidelines recommend urine drug testing at initiation of buprenorphine treatment and frequently during treatment. However, only 33 percent of patients received at least one urine drug test over a six-month period after starting medications for OUDs.
* Staying on treatment a long enough time is critical recovery from OUDs. Yet only 47 percent of patients stayed on buprenorphine for at least 6 months.

“The treatment with medications is expanding,” said Dr. Mark. “Between 2014 and 2018, new starts for OUD medications increased by more than 300 percent. Now we need to make sure that those life-saving medications are being used optimally to maximize their benefit.”

<https://go.rti.org/e/251812/10-1016-j-jsat-2020-108062/29kzfth/414960344?h=kKzW0kKvcM1aItwusq5fv5ESgWgN4u4hEXPrk05Ul1M>

**MODELS FOR MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER, RETENTION, AND CONTINUITY OF CARE**

<https://aspe.hhs.gov/system/files/pdf/263711/MATOUDModels.pdf?mkt_tok=eyJpIjoiTkdVNVpERXdZVE16TXpsayIsInQiOiIrSmZKSXRDbWdNRktTZnBYeERxcTVSbzh5THJRRlorbDNHamJPRHRnZ3F2QThsMVdHSkpDbGRIRWNXUTNIeEFWcjlxeUhOWmd3TXJZVWtCNGZyMlM1WnVNOEk3WkhsUTdBUzhhRkJxYkh2WDlHMHRRTFwvcEJWK2VZQm9UbDh4REsifQ%3D%3D>

[**Nearly 10% of patients continue to use opioids more than 90 days after heart surgery**](https://www.news-medical.net/news/20200617/Study-Nearly-1025-of-patients-continue-to-use-opioids-more-than-90-days-after-heart-surgery.aspx)

The study, published in *JAMA Cardiology*, also revealed a direct link between the dosage of opioids -- or oral morphine equivalent -- first prescribed following discharge and the likelihood of persistent opioid use 90 to 180 days after the procedure.

**ALCOHOL SCREENING AND BRIEF INTERVENTION FOR PEOPLE WHO CONSUME ALCOHOL AND USE OPIOIDS**

<https://www.cdc.gov/drugoverdose/pdf/prescribing/AlcoholToolFactSheet-508.pdf>

Alcohol was involved in 22% of deaths caused by prescription opioids and 18% of emergency department visits related to the misuse of prescription opioids in the United States in 2010.1 Screening and brief intervention for excessive alcohol use (ASBI) is an effective clinical prevention strategy for reducing excessive drinking, but it is underused in clinical settings. The purpose of this document is to familiarize health departments and healthcare providers with ASBI, discuss its usefulness for helping people who drink excessively who may be prescribed an opioid to drink less or stop drinking altogether while using opioid medications, and assist state health departments in supporting health systems and other community partners carrying out ASBI in various settings as a part of routine practice. A reference for routinely implementing ASBI in health systems is also included.

[**Temple researchers receive $1.77M grant to explore therapy for cocaine addiction**](https://www.news-medical.net/news/20200615/Temple-researchers-receive-24177M-grant-to-explore-therapy-for-cocaine-addiction.aspx)

Researchers at Temple University have received a $1.77M grant from the National Institute on Drug Abuse to explore whether a drug called clavulanic acid can help patients recover from cocaine use disorder. Clavulanic acid is part of an existing therapy known as Augmentin.

**A Cohort Comparison of Differences Between Regional and Buncombe County Patients of a Comprehensive Perinatal Substance Use Disorders Program in Western North Carolina** Shelley L. Galvin, Melinda Ramage, Catherine Leiner, Margaret H. Sullivan, E. Blake Fagan

<https://www.ncmedicaljournal.com/content/ncm/81/3/157.full.pdf>

Regional and Buncombe County women engaged in prenatal care equally. However, a more formal transition into the postpartum period is needed, especially for regional women. A “hub-and-spokes” model that extends delivery of perinatal substance use disorders care into rural communities may be more effective for engagement retention.

**'Iso,' a Deadly New Synthetic Opioid, Has Hit American Streets**

<https://consumer.healthday.com/bone-and-joint-information-4/opioids-990/iso-a-deadly-new-synthetic-opioid-has-hit-american-streets-758412.html?utm_campaign=Rx%20Summit%20enews&utm_medium=email&_hsmi=89779433&_hsenc=p2ANqtz-_VJbi__liHuRxhL7SkxEiulE-nCuTG7wvqfqZyTLUo9baXpEY3v8o4NvnpMUYV_cyYoUHvLeW7oMtMfT5dM22AxZ5ENw&utm_content=89779433&utm_source=hs_email>

[**Virtually Possible: Using Telehealth to Bring Reproductive Health Care to Women with Opioid Use Disorder in Rural Maine**](http://r20.rs6.net/tn.jsp?f=001f47dkqD5OTG2VLdETA3Hln-EBpn44LaOr12zEnik1WtLCH2rHER-pfp3zCgujTO-M6XAMsvscEj4c_DRfhsl-Q9JdVtgD7PQ-yF2MK7eAfaMQfzSAaMEcsLjcf8qor46ep33XdXYkda16VaHCHPWWNk8ZsGQz2-E6didnr3cb8lk6h5NLAO_282vfsJGrFoUqkxcI2t9oBKMH-srkhHRm3TxdflXbuXxXTdoBtxKq4-ky36chlFDb-cIG6uPjjK3sXNUUs10OAI2JEJ-McczModVQKMEi0p0pKguK0qudo7NTnhAqoliXtOJp0rg5H-xJpvNh7W-rFmihd9ah_4LGMqifFrL7NOnHvFalaI-pyDAmVI1vTOltv6oY2JbkaATJbpWU1f_On8mET2ccr3EgmZ9Yp6kTzvByEdJCm-tGUq0h_11LuEAeQ==&c=qzpiVL-tkDfJztFmICA4rOeMPQxf3UFL-32MIeDTB4nPYBv9ADFBXg==&ch=E_Jj1g_OR1VI5Im7LJkqo_WqsYgSk-89cFBzrt0Rp3jZmuvwRzBcHw==)

Describes a program implemented by a Maine family planning clinic, in which HIV counseling, contraception, and pregnancy testing and counseling were made available to women with opioid use disorder (OUD) through meetings with a community educator and through telehealth. Explores challenges in Receiving OUD care in rural Maine and discusses findings.

Author(s): Terri-Ann Thompson, Katherine A. Ahrens, Leah Coplon

Location: mHealth Date: 05/2020

**Providers Clinical Support System (PCCS) Launches New Technical Assistance Initiative**

Funded by SAMHSA, the **PCSS** program is led by the American Academy of Addiction Psychiatry with a coalition of national professional organizations. PCSS Implementation offers [free technical assistance](https://go.thenationalcouncil.org/kM0nR0b00NH03Jfra70G10F) facilitated by clinical and implementation experts to clinical site teams to support and guide the integration of substance use disorder (SUD) services.

**ASAM Releases Updated Guidelines for OUD Treatment**

The American Society of Addiction Medicine (ASAM) updated the [National Practice Guideline for the Treatment of Opioid Use Disorder](https://go.thenationalcouncil.org/Q0MF0aJ0Mc3Rr0b7f00S1H0) for various stakeholders, including clinicians, administrators, criminal justice professionals and policymakers. The document provides guidance in implementing evidence-based practices aimed to improve outcomes for people with opioid use disorders (OUD).

**Telehealth Resources Related to Substance Use Treatment (shared by the NCCHCA Health Center Controlled Network)**

[Telehealth Learning Series for SUD Tx and Recovery Support Providers](https://telehealthlearning.org/telehealth/)

[Curated Resources on Telehealth for SUD Tx and Recovery Support Providers](https://telehealthlearning.org/telehealth/resources.aspx)

[FAQs for Treating Opioid Use Disorder via Telehealth Tips for Primary Care Providers](https://files.constantcontact.com/b5b6986c501/8789bb7c-0156-4cae-a27f-33c3c34abe04.pdf) (Providers Clinical Support System)

[Use of Telephone Evaluations to Initiate Buprenorphine Prescribing](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf) (DEA Policy Guidance)

[Use of Telemedicine While Providing Medication Assisted Treatment (MAT)](https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/telemedicine-dea-guidance.pdf) (DEA Policy Guidance)

[Understanding the New SAMHSA/OCR Guidance for Telehealth SUD and MH Services](https://telehealthlearning.org/telehealth/documents/UnderstandingSAMHSAGuidanceTelehealth4.6.20.pdf)

[Opportunities for Peer Support Workers, Supervisors and Programs](https://zoom.us/rec/play/uZcod7-t_zI3T9PDtASDAPB6W9XoKq6sgSdM-PpZnk3hB3MKMQX0NeMUMeTudhjfw_mQPL-Sw8uDN1qs?autoplay=true&startTime=1586885736000)

**Safer Use of Stimulants**: A guidance document on safer use of stimulants during the COVID-19 pandemic: <https://files.constantcontact.com/023aa8ab001/ae0d4de7-367a-4a7b-b3bf-003ec9c6caf2.pdf>

**FORE Foundation Opioid Resources**: FORE Foundation: <https://forefdn.org/resources/>: Lots of resources related to promising practices and their sustainable implementation is vital to ending the opioid crisis, including COVID-19 specific guidance in treating OUD.

## [**Behavioral Interventions for Comorbid PTSD and Substance Use Disorder**](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDEsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDA1MjYuMjIwMzQ0NDEiLCJ1cmwiOiJodHRwczovL3d3dy5wdHNkLnZhLmdvdi9wdWJsaWNhdGlvbnMvcnFfZG9jcy9WMzFOMi5wZGYifQ.9t8dwoKNVyFbH4IAm3_g0UaQnqf6I3Fzk5YqCV02-V0/br/79110239844-l)

### **Sonya B. Norman, PhD and Denise A. Hien, PhD, ABPP**

# **PTSD Research Quarterly, VOLUME 31/NO. 2, 2020**

The common clinical presentation of PTSD and co-morbid Substance Use Disorder (SUD) has been a perennial challenge to clinicians. This issue of the Research Quarterly reviews the, mostly recent, literature on rigorous (psychotherapy and/or medication) clinical trials for PTSD + SUD. It also reviews the literature on whether the best outcomes come from concurrent or sequential treatment of co-occurring PTSD and SUD.

**The Federal Communications Commission (FCC) Telehealth COVID-19 Program** provides funds as part of the CARES Act to providers for telecommunications services. Check your practice’s eligibility at:

<https://www.fcc.gov/covid-19-telehealth-program>

**SAMSHA FAQs: Provision of methadone and buprenorphine for the treatment of opioid use disorder in the COVID-19 emergency at:**

<https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf>

**Updated Systematic Review of Opioid Treatments for Chronic Pain**

* **Agency for Healthcare Research and Quality (AHRQ)**

<https://effectivehealthcare.ahrq.gov/products/opioids-chronic-pain/research>

Includes 134 new studies in this meta-analysis.

Key Findings:

* Opioids are associated with small improvements versus placebo in pain and function, and increased risk of harms at short-term (1 to <6 months) follow-up; evidence on long-term effectiveness is very limited, and there is evidence of increased risk of serious harms that appear to be dose dependent.

 At short-term follow-up, evidence showed no differences between opioids versus nonopioid medications in improvement in pain, function, mental health status, sleep, or depression.

 Evidence on the effectiveness and harms of alternative opioid dosing strategies and the effects of risk mitigation strategies is lacking, although provision of naloxone to patients might reduce the likelihood of opioid-related emergency department visits, a taper support intervention might improve functional outcomes compared to no taper support, and co-prescription of benzodiazepines and gabapentinoids might increase risk of overdose.

 No instrument has been shown to be associated with high accuracy for predicting opioid overdose, addiction, abuse, or misuse.

**Implementing SUD Treatment in Pediatric Primary Care.**

**Go to Opioid Response Network, Promising Models section. Also, AMA Wire at** [**https://wire.ama-assn.org/delivering-care/pediatric-primary-care-could-be-key-solving-teen-opioid-crisis**](https://wire.ama-assn.org/delivering-care/pediatric-primary-care-could-be-key-solving-teen-opioid-crisis)

Fewer than 10% of adolescents with SUD are even recommended for treatment and most all referrals originate in the justice system. Less than 2% who are receiving treatment for an OUD receive medications despite recommendations from the American Academy of Pediatrics. This article describes an innovative multi-disciplinary model in which a SUD subspecialty “hub” supports the entire practice staff. Developed by the Boston-based Adolescent Substance Abuse and Addiction Program (ASAP)

**New Medicare Benefit Will Grant Beneficiaries Access to Opioid Use Disorder Treatment**

<https://www.pewtrusts.org/en/research-and-analysis/articles/2020/01/06/new-medicare-benefit-will-grant-beneficiaries-access-to-opioid-use-disorder-treatment>

*Medicare recipients are the fastest-growing group of patients with opioid use disorder (*OUD), [increasing by 377 percent](https://www.healthmanagement.com/wp-content/uploads/Weekly_Roundup_In_Focus_Medicare_OTP_Benefits_11-13-19_HMA.pdf) in the past decade. From 2017 to 2018, the number of Medicare beneficiaries receiving Food and Drug Administration (FDA)-approved medications for opioid use disorder [increased by 22 percent](https://oig.hhs.gov/oei/reports/oei-02-19-00390.pdf). Additionally, the number of beneficiaries receiving prescriptions for naloxone—the opioid overdose reversal drug—through Medicare Part D more than doubled in the same time span. Beginning 1/1/20, Medicare recipients can receive Methadone at an OTP under the SUPPORT for Patients and Communities Act.

**Study: Treating service members without painkillers reduces risk of mental health concerns** <https://local12.com/health/health-updates/study-treating-service-members-without-painkillers-reduces-risk-of-mental-health-concerns-cincinnati>

Painkillers are often used when military personnel return from service with the common pain concerns seen in this study. The most common complaints were [chronic pain](https://local12.com/health/health-updates/study-treating-service-members-without-painkillers-reduces-risk-of-mental-health-concerns-cincinnati) in the joints, back and neck. But this study found treating that pain with alternatives to painkillers, such as acupuncture, heat and ice therapies, spinal manipulation and even stimulation devices to treat pain lowers the risk for mental health problems and reduces the risk of suicide. Researchers looked at military [health records](https://local12.com/health/health-updates/study-treating-service-members-without-painkillers-reduces-risk-of-mental-health-concerns-cincinnati) of more than 140,000 active Army personnel who had reported chronic pain after deployment to Iraq or Afghanistan from 2008 to 2014. They say U.S. Army service members who received non-drug therapy had a significantly lower risk of alcohol or drug use disorders, accidental poisoning with opioids, thoughts of suicide and self-inflicted injuries, including suicide attempts.

Researchers say this is an important finding because as many as half of all service members report chronic pain, and suicide among those returning to civilian life is on the rise. These other therapies not only teach coping mechanisms, they also reduce the risk of accidental overdoses and addiction to these [prescription](https://local12.com/health/health-updates/study-treating-service-members-without-painkillers-reduces-risk-of-mental-health-concerns-cincinnati) painkillers.

**NIH funds $945 million in research to tackle the national opioid crisis through NIH HEAL Initiativ**e. *Approximately 375 awards in 41 states will accelerate scientific solutions.* To sign up for updates, go to <https://www.nih.gov/news-events/news-releases/nih-funds-945-million-research-tackle-national-opioid-crisis-through-nih-heal-initiative>

# **Re-emergence of cocaine and methamphetamine use, clinical challenges, current review of treatments at:** <https://attcnetwork.org/node/4946>

“**EDs are the canary in the coal mine**”; Blue Ridge Hospital using ketamine to treat methamphetamine psychosis – average LOS is 40 hours. Burke County SUD treatment community says people using meth to help with heroin withdrawal; 40% of syringe exchange users using meth not opioids.

**A Medication to Treat Meth Addiction? Some Take A New Look at Naltrexone**

<https://www.npr.org/sections/health-shots/2019/11/07/776135642/a-medication-to-treat-meth-addiction-some-take-a-new-look-at-naltrexone>

**Digital Therapeutics Reduce Burden on Providers, Improve Efficiency**

In the first study, computer-based and therapist-based outpatient modalities produced similar results in continuous abstinent weeks among patients, while the computer-based model required less therapist intervention time, which cut down on costs. A second study showed that patients in computer-based CBT therapy had more drug-free urine tests, stayed in treatment longer and evaluated their treatment more positively. See <http://www.psychcongress.com/article/ncad-west-digital-therapeutics-reduce-burden-providers-improve-efficiency>

You can see the following report and other emerging research at the RTI Opioid Newsletter:

**A Stakeholder-driven Action Plan for Improving Pain Management, Opioid Use, and Opioid Use Disorder Treatment Through Patient-Centered Clinical Decision Support see it here:**

**https://pccds-ln.org/sites/default/files/2019-03/LearningNetwork\_OpioidActionPlan.pdf**

**You can find an excellent comprehensive update on clinical best practices, medication risk assessment, restorative and alternative/complementary therapies, chronic pain with SUD patients, managing chronic pain for various special populations, public/patient/provider education best practices at**

Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations

<https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html- 49k- 2019-12-06>

NC Medical Society Foundation is looking for sites to try out their MAT dashboard software -- **The Recovery Platform as part of their Project OBOT.**

<https://projectobot.com/>

Opioid Addiction is a treatable disease, but it requires significant care coordination and collaboration among providers and car resources. Providers given proper training and surrounded with professionals to share in their patient’s treatment strategy can successfully treat those suffering opioid Use Disorder. With the formation of Project OBOT, the NCMSF has established a coalition of organizations including: Governor’s Institute NC Association of Local Health Directors, LabCorp, The Recovery Platform, UNC School of Public Health, Project Echo, MAHEC and others to facilitate expansion of MAT. Through the establishment of research-based, data driven pilots, Project OBOT will provide increased patent access by using a care-specific platform for opioid treatment and recovery. Project OBOT helps ensure compliance with standards, tracks patient drug court involvement/status, direct feed of testing to LabCorp, supports counseling via smart phone, attending group via telehealth connection. Contact Franklin Walker at [FWalker@ncmedsoc.org](mailto:FWalker@ncmedsoc.org)

**New Strategies for Using Patient-Centered Technology to Improve Pain Management and Opioid Treatment** is a very compelling vision of better practice developed by the CDS’ Patient Centered Learning Network, featuring **19 High-Value Interventions you can try for no or low-cost** in their Opioid Action Plan.

View webinar slides at <https://naccme.s3.amazonaws.com/RTI+June+2019+Webinar/RTI+June+2019+Webinar.pdf>

See the Plan at 

If you hold a waiver, but are not currently prescribing buprenorphine, please visit <https://pcssnow.org/resources/clinical-tools/>, mahec.net/safer, for technical assistance on how to begin utilizing your waiver. For waivered providers that are prescribing buprenorphine, there are a variety of technical assistance resources through Project ECHO® (Extension for Community Healthcare Outcomes), PCSS, MAHEC, and other professional organizations.

***Do in-reach with persons with a SUD to offer tobacco cessation*.**  Smoking rate is as high as 84% compared to 15.50% for all U.S. adults, and mortality is higher from tobacco-related illnesses. 70-90% of pregnant women with a SUD smoke which aggravates NAS. Less than 50% of SA residential programs offer tobacco cessation. **Quitting tobacco associated with lowered intensity of symptoms of SA, MI and increases probability of employment and better housing:** <https://www.cbc.ca/news/canada/ottawa/prompt-quit-smoking-drug-program-1.3536743>

**44% of overdose deaths included benzodiazepines**. Concern about benzo abuse reaching epidemic levels persists. Recommend that all prescribers add benzodiazepines and stimulants to their patient Controlled Substance Agreements (CSA) and verbally check with all patients before prescribing opioids. Email Timothy Shelton at [tsdhelton@amchc.org](mailto:tsdhelton@amchc.org) for an excellent example of a complete CSA.

Kentucky’s **Sobriety Treatment and Recovery Teams (START**) improves outcomes for children. (SUD and ACES are strongly correlated). Contact Dan Pizzo at The START Program of Buncombe County, NC at D[an.Pizzo@buncombecounty.org](mailto:an.Pizzo@buncombecounty.org)

**TIP: Help pregnant women receiving MAT by having them sign Releases for the hospital and DSS so their treatment will not be interrupted.**

**DayMark and Coastal Horizons are starting pilot programs to expand to family-oriented SUD treatment for pregnant women and women with newborns.**

**Naltrexone Seems Effective for Opioid Use Disorder in Pregnancy**. See <https://www.psychcongress.com/article/naltrexone-seems-effective-opioid-use-disorder-pregnancy>

For other evidence-informed strategies to support families impacted by opioid use and NAS, check out HRSA’s Home Visiting Program: Supporting Families Impacted by Opioid Use and Neonatal Abstinence Syndrome, October 2018 at:

<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/MIECHV-Opioid-NASResource.pdf?utm_campaign=enews20181101&utm_medium=email&utm_source=govdelivery>

**Recovery Support**

**HEY! 53 to 64% of people involved with illicit substance use are attending peer support groups as their Only intervention!** If a person is involved with TASC, groups count.

**Providing Culturally Responsive Recovery Supports: Recommendations for Engaging Black Young Adults**

<https://c4innovates.com/brsstacs/Culturally-Responsive-Issue-Brief.pdf?mkt_tok=eyJpIjoiTkdVNVpERXdZVE16TXpsayIsInQiOiIrSmZKSXRDbWdNRktTZnBYeERxcTVSbzh5THJRRlorbDNHamJPRHRnZ3F2QThsMVdHSkpDbGRIRWNXUTNIeEFWcjlxeUhOWmd3TXJZVWtCNGZyMlM1WnVNOEk3WkhsUTdBUzhhRkJxYkh2WDlHMHRRTFwvcEJWK2VZQm9UbDh4REsifQ%3D%3D>

**SAMHSA: Virtual Recovery Resources**

This [tip sheet](https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf) describes resources that can be used to virtually support recovery from mental/substance use disorders. It also provides resources to help local recovery programs create virtual meetings.

**SAMHSA list at** <https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf>

**Map of RCOs, RCCs with address, contact info here:** <https://impactcarolina.org/rcc-list/>

**Local virtual meetings and online support resources for those struggling with substance use disorders and behavioral health issues,** access these at[www.RecoveryAll.org](http://www.recoveryall.org/) . When you land on the home page click on**Virtual Resources**.  Once you've reviewed the list, if you know of resources to add please forward those to Deborah Kopytowski at [debk@recoveryall.org](mailto:debk@recoveryall.org). We can easily update the list as we get new resources and we encourage you to share this information with anyone who might benefit.

**Recovery LIVE! Providing Digital Peer Support Services**

<https://c4innovates.com/brsstacs/4-9-2020-RecoveryLIVE_slides.pdf>

**The Role of Peer Recovery Coaches and Navigators During the COVID-19 Pandemic**

<https://forefdn.org/wp-content/uploads/2020/05/The-Role-of-Peer-Recovery-Coaches-and-Navigators-During-the-COVID-19-Pandemic_FINAL.pdf>

**A Guide to Using Text Messages to Improve Substance Use Treatment Outcomes**

Publication Date: October 14, 2019 Developed By: Mountain Plains ATTC

Helping individuals remain in treatment or continue to participate in recovery support services can be difficult. However, with advances in both technology and science, text messages can be used to increase engagement, enhance education about the individual’s condition, and help patients manage craving and other negative thoughts/moods. This step-by-step guide contains information for treatment and recovery support providers on how to use text messages to expand the reach of their services. The guide can be used in conjunction with the webinar or as a stand-alone resource.

<https://attcnetwork.org/centers/mountain-plains-attc/product/guide-using-text-messages-improve-substance-use-treatment?mkt_tok=eyJpIjoiTURGak1EZGhZekJtTURZeSIsInQiOiJjSWFPWnVRSVc1bXB5TEVZbWV3eFZOR1JIdnZMdzg5QjVcL3VyV1VURTR2UEF1UVwvTkhid1FoT0dOMXdzbDRYWWk3U0ZGaVwvalpjTkxCVzhqOU9ScmlwMXBHWTR4QVBpcGJ1YjJLWkJheDM5RllnYnFOQngyNXg5aGlEU2lKS2NpNSJ9>

**Weekly Webinar and Discussion: Recovery Houses and COVID-19**

COVID-19 has presented specific challenges for recovery residential settings, inspiring creative responses and solutions. This [weekly learning event](https://go.thenationalcouncil.org/eb0agF03000JMM0r17WRH0f), hosted by the National Alliance of Recovery Residences, gives a forum to recovery house operators to share current realities, perspectives and problem-solving.

|  |
| --- |
| **Recovery from OUD: Prevalence and Roadmaps**  With little still known about OUD recovery, this [study](https://go.thenationalcouncil.org/r10Q0F3N0JxRabM7H00r0f0) from the Recovery Research Institute documents patterns of recovery and factors related to both early and mid-level recovery status. These findings will help inform and establish recommendations in prevention, practice and policy. |
|  |

**Burke Substance Abuse Network is offering Virtual Community Engagement videos** that are currently being aired on Burke Substance Abuse Network's Facebook page (http:[www.facebook.com/BurkeSubstanceAbuseNetwork](http://www.facebook.com/BurkeSubstanceAbuseNetwork)).  There are three "shows;" Real Talk with Real People, Recovering Families and Journey to Hope. These are all locally created and filmed.  They started airing on March 30, 2020 and since then have reached over 211,000 people and had over 100,000 engagements.

**ASTOUND YOUR FRIENDS** with your knowledge and informed attitudes about overdose as demonstrated by your good OOKS and fine OOAS ! Seriously, these two questionnaires can be used to engage and empower clients. Knowledge is power and power supports informed decisions, right?

**Opioid Overdose Knowledge Scale** (OOKS) Williams A, Strang J, Marsden J. 2013 Assesses knowledge of opioid overdose, including risk factors, symptoms, emergency response, and naloxone use. Assessment Instrument Copyrighted, Freely Available <https://www.kcl.ac.uk/ioppn/depts/addictions/research/drugs/Naloxone/Opioid-Overdose-Knowledge-Scale.pdf>

**Opioid Overdose Attitudes Scale** (OOAS) Williams A, Strang J, Marsden J. 2013 Assesses attitudes related to how one would respond to an opioid overdose. <https://www.kcl.ac.uk/ioppn/depts/addictions/research/drugs/Naloxone/Opioid-Overdose-Attitudes-Scale.pdf>

**Lots of recovery resources from SAMHSA at BRSS TACS (Bringing Recovery Supports to Scale – Technical Assistance Center) Strategy at samsha.gov/brss-tacs, like:**

Value of Peers Infographics in Spanish and English: Peer Recovery, Family Parent Caregiver Support,

General Peer Support, Mental Health Support, Youth Peer Support in English

For the full list of BRSS TACS Peer Resources, please go to: https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

Also check out Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care: Environmental Scan Volume 2 Tools and Resources, Table 4 – Tools for Preventing or Responding to Opioid Overdose, from Agency for Healthcare research and Quality (AHRQ) at

<https://integrationacademy.ahrq.gov/sites/default/files/mat_for_oud_environmental_scan_volume_2.pdf>

**Check out Peer VOICE NC at** <https://www.facebook.com/pvncprn/>, a statewide peer movement to enhance peer leadership and engagement, coordinate existing efforts to build qualified and competent per professionals and providers and improve mental health and substance use recovery.

[**PCORI Research on Community Health Worker/Peer Provider Programs**](http://r20.rs6.net/tn.jsp?f=001G-ACge6cFZRNVjmEqZBaaH3vnLVclsy0niueKeDzZ9eVNUIn9IPvPPLiSqE-PYP2pT9bzaKU8N29BosnSLEgO0PVpn3Pq1h_acVp3Bf1N-l6jFhez-Zk3z4fXmXsooYxi-LX3gS4ggk3JqCIuA9FEOsEuy_GxFCInUFrK1ns9W-cHfxhFl6765sTb4mmtCNyd3p84obM6NHM3dPtOwxgpWampj38CghFLVTe212T9sDR0Ao9d2kufTGdgA-jbgztiLfwI9QgjKbG4UcN8NEUX-i5vZ45Q7rTK_3am9NG_M5o_MWlo5r6MRlJiAg7L-tZ9CviEJHxFE2nw6Mc3vKgt6E4_RVZSz7uwbyTvFQygGidWei28wkObn0X8D7eaSEmfDbOrDrxhnR_bh7ByGBdM1YggMcOGDwRenpTqzY32BnxVNqYXxrAPqKjROPvpSdxhIn2rupdhBOac011VfbcHsoQ8gBscJRdFG-HqT-FaEAl63lLaRD96v-l0s_0PwCrglnTQZaa1F51Qji7LRFH6K4TvqIQtVvVS2Z8dVdZcQo=&c=Ls1mHscyGqnf33tu8cb1W24z8rqcPPXWJdPMVHQ_m6Piusm9xxqAIQ==&ch=AzG8JAscPfi2jTiQbOhDZsbr7Ku9iCzW1_KPn2U3kKrf927dl0AIbQ==). This report reviews results from nine recent studies funded by the Patient Centered Outcomes Research Institute (PCORI) on community health workers (CHWs) and peer providers (PPs) as effective participants in addressing health and healthcare inequities, particularly for diverse communities. Each study presented focuses on a distinct function of utilizing CHWs and/or PPs such as mentoring, managing chronic conditions, and navigator support for serious mental illness and depression.

Vaya Health, a state behavioral LME-MCO in Asheville, has a **Peer Learning Community** they describe as “a collaboration of certified peer support specialists who value idea-sharing, education about innovative support tools and methods, system updates, networking and seeking solutions to common challenges.” Meetings are held quarterly and posted on Vaya’s Calendar of Events.

**Check out MAHEC’s Peer Book, “a compilation of personal narratives involving substance use disorders and their impact”.**

Recovery Just Ahead Sign Image: <https://www.gettyimages.com/detail/photo/recovery-royalty-free-image/828156290?adppopup=true>

**Engage School-Based Health Centers and colleges to start recovery programming**. Get your foot in the door with a soft sell about no-cost expansion of the school’s “student assistive services” (see Rhode Island’s RISA program). Contact Chris Campau, Director of Scholastic Recovery, Addiction Professionals of NC at [ccampau@apnc.org](mailto:ccampau@apnc.org).

**Check out North Carolina Recovery All Ways Podcast,** Stephen Steen, Host [ncrawsteve@gmail.com](mailto:ncrawsteve@gmail.com) ncraw.Life A unique and very effective way to assist teens, young adults with their recovery. Stephen started this on a small scale out of a personal interest, but it has caught on like wildfire; he is thinking of making this his life’s work and is seeking sources of support to keep up with the demand.

Direct students who may be interested in starting a program to the **Collegiate Recovery Leadership Academy,** <https://www.safeproject.us/campuses/leadership-academy/>

If a dependent or addicted patient has access to a smart phone, computer or tablet, encourage them to use a recovery-supportive app to self-monitor symptoms, help react to setbacks in a helpful and timely manner. **Psyberguide.org** reviews apps for credibility, user experience and transparency (in terms of using, sharing patient data).

myStrength is free to persons if accessed through a sponsoring organization with a user license:

[**https://mystrength.com/news/press-release/opioid-abuse-tackled-by-technology-the-jewish-chronicle**](https://mystrength.com/news/press-release/opioid-abuse-tackled-by-technology-the-jewish-chronicle)

Pear Therapeutics’ reSET-O (prescribed 12-week CBT), FDA approved.

24/7 Digital Peer Support by Sober Grid at [funkhouser@sobergrid.com](mailto:funkhouser@sobergrid.com)

**A new tool aims to help patients sort through 200 mental health apps — and counting**

<https://www.statnews.com/2020/07/10/new-tool-sort-mental-health-app/>

**Check out the American Psychiatric Association’s App Evaluation function. For an example of what they rate, see this example using PTSD Coach here:**

<https://www.psychiatry.org/psychiatrists/practice/mental-health-apps/app-evaluation-model/evaluation-example>

***To learn more about technology-assisted treatment and research and answers to a variety of SUD-related issues, check out this Relias blog:***

<https://www.relias.com/blog/technology-and-opioid-epidemic-questions-answered?utm_source=marketo&utm_medium=email&utm_campaign=eb_2019-01-18_opioid-wbn-qa&mkt_tok=eyJpIjoiWW1ZellqSTRNbUppTnpGaSIsInQiOiJLNk4zZUxWY3hsUVwvTDJEYmVhQkh0dTBGYnlsXC82enZkTnpyZHlkaG5FWVB1bUtTYmtjenowUWpVUW9nQVM3Nm5rcHE4NjMxME1qeXVGbE1VTUtkVVRMQjBaM2JVUjVCNzZPNGpYVTFRY0VOTDZ6dlhsbE1pcUVxYTFNOFZtRHFHIn0%3D>

**Grant Opportunities**

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| |  |  | | --- | --- | |  | **Bipartisan Group of Legislators Request Flexibility on SUD Grants.** This week, a group of 19 bipartisan Members of Congress, led by Rep. John Curtis (R-UT), [sent a letter](https://go.thenationalcouncil.org/hRH7K1J00M000rfXb030FBa) to Assistance Secretary Elinore McCance-Katz at SAMHSA encouraging the agency to offer greater flexibility in administering grants aimed at addressing substance use disorder issues across the country. This letter comes as the rates of individuals living with SUD and mental illness are on the rise due to the stress associated with the COVID-19 pandemic. | |

**COVID-19 Technical Assistance Program for Appalachian Nonprofits**

**Appalachian Regional Commission**

<https://www.arc.gov/images/grantsandfunding/contracts/RFP-COVID-19-Technical-Assistance-Program-for-Appalachian-Nonprofits.pdf>

In May, the Commission reserved $250,000 of recovered POWER (Partnerships for Opportunity and Workforce and Economic Revitalization) funds for the creation of a program to offer technical assistance to Appalachian nonprofits to mitigate COVID-19 impacts. These funds have been approved to assist Appalachian communities regardless of coal impact level. The purpose of this program is to provide Appalachian nonprofits undergoing COVID-19– related financial and organizational hardship with tools and strategies to remain solvent through the pandemic and emerge resilient in the post-COVID world. This program, titled “COVID-19 Technical Assistance Program for Appalachian Nonprofits,” will consist of two parts: a publicly available, continually curated online resource guide, and an individualized cohort training initiative. The main objectives of the program will be to: • Provide small groups of Appalachian nonprofit organizations with personalized, actionable technical assistance to survive the COVID-19 pandemic and succeed beyond the crisis, • Offer mentorship and expertise to low- and medium-capacity nonprofit organizations on the topics of short- and long-term financial management, missional and operational shifts, and fundraising. • Encourage long-term, local cooperation between nonprofits to collectively address impacts of the COVID-19 pandemic. The successful applicant will take the role of the “coordinating consultant,” tasked with the organization and execution of the overall program. The coordinating consultant will oversee the program in its entirety, including planning, execution, evaluation, and coordinating with ARC staff. The coordinating consultant will be tasked with all of the following: • Creation and deployment of an online resource guide • Design and implementation of a multi-week cohort technical assistance (TA) training program • Design and implementation of a participant selection process • Post-program evaluation and reconvening of participants Page 3 of 14 The contract awarded for this project will be a FIRM FIXED-PRICE CONTRACT, with a total budget not to exceed $250,000. The contract period is between August 26, 2020 and February 28, 2022.

Open Date: July 23, 2020

Proposal Due Date: August 12, 2020

Selection Date: August 21, 2020

Contract Period: August 26, 2020–February 28, 2022

**Grants Management from Hrsa.gov**

**How should recipients of rural health grants and cooperative agreements manage activities and services in the event that critical staff members are unable to work due to either illness or COVID-19 quarantine?** (Added: 3/27/2020)

HRSA’s FORHP recognizes that many recipients are working to address or may be impacted by COVID-19 emergencies within their communities, which may impact their ability to meet grant requirements.  We encourage recipients to continue to provide rural health services and grant activities in a safe and efficient manner.  Please talk with your project officer regarding alternative approaches to planned activities. Once the emergency has waned, we will work with you on the completion of required activities.

**What flexibilities are available to recipients of rural health grants if our projects and activities are interrupted or we are unable to complete required reports?** (Added: 3/27/2020)

Please see the [HRSA COVID-19 Grantee Frequently Asked Questions](https://www.hrsa.gov/grants/manage-your-grant/COVID-19-frequently-asked-questions) and discuss your specific situation with your FORHP project officer.

**Subscribe to SUD grant notifications at grants.gov**

**Also check HRSA grant opps at hrsa.gov/grants/find-funding?status=Open&bureau=All&page=1**

HRSA has a lot of resources to help grantees. Check out their technical assistance resources at heep://www.hrsa/grants/apply

**Also review the HRSA SF-424 Application Guide**

**Local date resources at data.hrsa.gov to get HRSA Fact Sheets by county/state/national**

**Sign up for the Dogwood Health Trust Monthly Funding Opportunity Update here:**

[**leveragefund@dht.org**](mailto:leveragefund@dht.org)

**Golden LEAF Foundation – Open Grants Program:** <https://www.goldenleaf.org/grant-seekers/open-grants-program/>

**Services Grant Program for Residential Treatment for Pregnant and Postpartum Women (PPW)**

**SAMHSA grants** to expand comprehensive treatment, prevention, and recovery support services for women and their children in residential substance use treatment facilities, including services for non-residential family members of both the women and children.

This funding will support programs that utilize evidence-based parenting and treatment models including trauma-specific services in a trauma-informed context.

**Award is up to $525,000 per year, up to 3 years.** to expand comprehensive treatment, prevention, and recovery support services for women and their children in residential substance use treatment facilities, including services for non-residential family members of both the women and children.

This funding will support programs that utilize evidence-based parenting and treatment models including trauma-specific services in a trauma-informed context.

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| |  | | --- | | **Details at** <https://www.samhsa.gov/grants/grant-announcements/ti-20-007> | |

# **USDA and HHS Partner to Create Recovery Housing in Rural Communities**

The U.S. Department of Agriculture (USDA) Rural Development and HHS Substance Abuse and Mental Health Services Administration (SAMHSA) will coordinate efforts to sell USDA’s Real Estate Owned (REO) single-family housing properties at a discount to non-profit organizations that provide housing, treatment, job training and other key services for people in substance misuse treatment and recovery. See press release at <https://www.usda.gov/media/press-releases/2019/02/15/usda-and-hhs-partner-create-recovery-housing-rural-communities>

**Preliminary NC DHHS SUD Priorities to Support the Opioid Action Plan in 2020 (in no order)**

1. Increase local capacity to implement opioid crisis strategies. Adapt the model used in other public health topics (tobacco, CTG, Smart Start) to have 10 regional leads to be peer mentors in addition to 1 statewide coordinator. Provide staff salary, recruitment, training, and tech assistance to build local capacity to respond to the opioid crisis.
2. Provide dedicated training and information to improve prescribing practices for providers that have prescribed high rates of opioids to adolescents (e.g. dentists, sports medicine).
3. Increase funding and scale up pilot program for academic detailing which provides target education to high prescribers.
4. Fund expanding the START model to 4-5 counties to support families involved with DSS. Fund MAT and SUD services for DSS-involved parents who either have a child placed in foster care or are at risk of an out of home placement.
5. Provide training on SUDs, including MAT, harm reduction and resiliency to local DSS staff who work with families with SUDs.
6. Pilot syringe exchange program-based MAT induction with warm handoffs. Have a LCAS to do the initial assessment, a medical provider induct bup, and the LCAS leads the navigation of this process to connect to MAT providers.
7. Increase access to harm reduction and naloxone vis community corrections officers, (e.g., parole and probation and to athletic trainers.
8. Develop a Recovery to Work Resource online searchable database to support those seeking grants that will 1. Catalogue current state office and departmental employment supports for people with SUD, 2. Communicate these resources to partners, 3. Focus group of end users to explore interest and feasibility of additional content such as funding sources, potential partners, SMEs, related action research and outcomes and 4. Use phase 3 results to drive inter-departmental collaboration.
9. Intensive outreach and health education and promotion campaign for ethnic minority communities. The project will include outreach and health education tailored specifically for engaging ethnic minority communities in program activities designed to increase SUD treatment access and utilization.
10. Provide funding to EMS agencies to support community paramedicine, including treat without transport and transportation to alternative locations for the uninsured.
11. Work with institutions of higher education not to screen people out based on criminal records alone (Fair Chance Education).
12. Funding to expand the Formerly Incarcerated Transitions (Fit) Program to connect people to care upon release to SUD, mental health services.

**Legislative Initiatives, Current State Bills**

[**Final Rule: Confidentiality of Substance Use Disorder Patient Records**](http://r20.rs6.net/tn.jsp?f=001Et3BuAFg2l8ftSyCh9mzXUXTgfX7H5tK-s8bywcreebniqPCltDxwVcLTN9eDu4wkHK4BRJoemBulTHRlcJe8dK6TFg1SjjCQCsTZ0gcW05EA97LzBUIZ3VkopKe97akjtY4jLUVkiPFIOJjXIm7VLGCnOyjLiDhMt6cizRdHbof2M9m5D8YPVomyrk6lqf8vPAUoSem3J79lUgg4C7sy0BFOFkHmpL9rk4tmSh9b51W0K6I-x0oyzoaKJGpTyQgByJ4PJwxrwhEOBSXTpe80yFvPkdE-9dfW_YReQ1eVGLRdsGzF8v0VpcEn3ILSFuf7I-6iCZFHycgxUkiqCI8ysGUoBk2vgyTspZLtc5x-AoY4-3V6vXtNiBaHKHVUXHSCgXoE8Zfo6N_OFFgOztCZYlKDJbwIRDW8IRWynfGudivMKgS9VyE9XajcG8MgZf7-OXckhxzPuoyKToJrPsE6VMaFG-Gk5t8qSwUTtdYeBhqEku8q-t6NnOMLqYQX6P0eYKFRnO6o9zLpGBDr5vFvKOB9x3xFL4lVV_inFBVI5GIDi-F7TSJDjAv1mVoa5qC_GQ1bZi6vdIoK9zkAW-0EQ4CU-Xijvy_wPjF5f6kbBDiH_Phs8nIbpyeRjNYeMuG&c=poHMHbDFXA14XttcHOkMVe7vaY0BnLb4BG1MO7UZIUXIRr3i_5AMTA==&ch=yg_4N9oRGIMXpjg3xT3AxPXJPtRBRY2tVDlD6lXMgZ1Z81HEbNpL8Q==). Effective August 14, 2020, this final rule makes changes to the U.S. Department of Health & Human Services’ regulations governing these records to facilitate information exchange for safe and effective SUD care, while addressing the legitimate privacy concerns of patients seeking treatment for a SUD.

Track state bills at <https://www.legiscan.com/NC/pending/house-health-committee/id/659?page=1>

Federal Office of Rural Health Policy [**FORHP Policy page**](mailto:FORHP%20Policy%20page) to see recent updates and send questions to [**ruralpolicy@hrsa.gov**](mailto:ruralpolicy@hrsa.gov).

Federal Weekly Opioid Policy Report at: <https://groups.google.com/forum/#!topic/nc-pdo-news/OV84Y7YQFhY>

* HB1204: Funds for Statewide Telepsychiatry Program. <https://www.legiscan.com/NC/text/H1204/2019>

Ref to the Com on Appropriations, if favorable, Rules, Calendar, and Operations of the House on 05/27/2020

* S106: Clarify Limited immunity/Overdose Victims. <https://www.legiscan.com/NC/text/S106/2019>

Re-ref to the Com on Judiciary, if favorable, Rules, Calendar, and Operations of the House on 06/06/2019

* S544: Establish Non-Opioid Treatment Alternatives. <https://www.legiscan.com/NC/text/S544/2019>

Ref to Com on Rules and Operations of the Senate on 04/03/2019

* H318: Opioid Prescription & Treatment Opt-out Act. <https://www.ncleg.gov/BillLookUp/2019/H318>

Ref to the Com on Health, if favorable, Insurance, if favorable, Rules, Calendar, and Operations of the House on 03/12/2019

* [H887](https://www.legiscan.com/NC/bill/H887/2019) Substance Abuse Prof. Practice Act [[Detail]](https://www.legiscan.com/NC/bill/H887/2019)[[Text]](https://www.legiscan.com/NC/text/H887/2019)[[Discuss]](https://www.legiscan.com/NC/comments/H887/2019) **2019-04-22** [To House Health Committee](https://www.legiscan.com/NC/pending/house-health-committee/id/659)

* [H539](https://www.legiscan.com/NC/bill/H539/2019) Intro Temp. Fin. Asst./SA Facilities [[Detail]](https://www.legiscan.com/NC/bill/H539/2019)[[Text]](https://www.legiscan.com/NC/text/H539/2019)[[Discuss]](https://www.legiscan.com/NC/comments/H539/2019) **2019-04-03** [To House Health Committee](https://www.legiscan.com/NC/pending/house-health-committee/id/659)
* [H360](https://www.legiscan.com/NC/bill/H360/2019) Intro Guilford County Mental Health Facility/Funds [[Detail]](https://www.legiscan.com/NC/bill/H360/2019)[[Text]](https://www.legiscan.com/NC/text/H360/2019)[[Discuss]](https://www.legiscan.com/NC/comments/H360/2019) **2019-03-18**  
   [To House Health Committee](https://www.legiscan.com/NC/pending/house-health-committee/id/659)
* [H203](https://www.legiscan.com/NC/bill/H203/2019) Intro Amend Social Work Practice Act.-AB <https://www.legiscan.com/NC/text/H203/2019>

[To House Health Committee](https://www.legiscan.com/NC/pending/house-health-committee/id/659)

* HB 91 ABC Laws Modernization/PED Study. Text: [Latest bill text (Amended) [PDF]](https://www.legiscan.com/NC/text/H91/2019)

Pending: [House Finance Committee](https://www.legiscan.com/NC/pending/house-finance-committee/id/657)

* HB 536 ABC Omnibus Regulatory Reform [[H536 Detail]](https://www.legiscan.com/NC/bill/H536/2019) Temp Outdoor Restaurants for Outdoor Seating  
  Status: *(Enrolled)* 2020-05-28 - Pres. To Gov. 5/28/2020
* SB 251 Modernization of Drug Court Program Text: [Latest bill text (Amended) [PDF]](https://www.legiscan.com/NC/text/S251/2019).

2019-04-09 - Re-ref Com on Appropriations/Base Budget. Pending: [Senate Appropriations/Base Budget Committee](https://www.legiscan.com/NC/pending/senate-appropriations/base-budget-committee/id/688)

**Gov. Cooper signs bill increasing judicial discretion for low-level drug crimes**

<http://pulse.ncpolicywatch.org/2020/06/29/gov-cooper-signs-bill-increasing-judicial-discretion-for-low-level-drug-crimes/>

**SENATE MOVES MEDICAID TRANSFORMATION BILL ALONG**

This week, [**S808**](https://www.ncleg.gov/BillLookUp/2019/s808), now called [Medicaid](https://i2icenter.org/senate-moves-medicaid-transformation-bill-along/) Funding Act, was substantially changed through a committee substitute that was passed in the Senate Appropriations Committee.  Here is the breakdown of the substitute bill:

**Related to Medicaid Transformation**

* Changes start date for Standard Plans to **no later than July 1, 2021**;
* Authorizes each PHP, including the regional PHP contract, for the Standard Plan to be paid $4 million, for each full month after June 30, 2021, that the State is not able to make Medicaid capitated payments;
* $19.42 million appropriated for infrastructure needs such as NC FAST upgrades, data management tools, program integrity;
* Allows DHHS to make a request for a transfer of funds that will cover qualifying needs such as the State share and will not be more than $63.12 million;
* Allows for the Tribal Medicaid managed care option;
* Revises the Supplemental [Payment](https://i2icenter.org/senate-moves-medicaid-transformation-bill-along/) Program;
* Establishes the Medicaid Contingency Reserve;
* Establishes the Hospital Assessment Act;
* Amends the Gross Premium Tax to include PHP capitated contracts;
* Establishes the Hospital Uncompensated Care Fund;
* $50 million from the Coronavirus Relief Fund appropriated to the LME/MCOs to address the COVID-19 behavioral health and crisis service response.

**New Law Requires State and Local School-Based Mental**[**Health Plans**](https://i2icenter.org/senate-moves-medicaid-transformation-bill-along/)

Governor Cooper signed into law [**S476/SL 2020-7:**](https://www.ncleg.gov/BillLookUp/2019/S476)School-Based Mental Health.  The bill requires the State Board of Education to develop a school-based mental health plan for the State.  The State Board will also establish minimum requirements for each school district to also develop a school-based mental [health plan](https://i2icenter.org/senate-moves-medicaid-transformation-bill-along/) and a mental health training program and model suicide risk referral protocol. The bill was effective when it became law.

<https://i2icenter.org/senate-moves-medicaid-transformation-bill-along/>

**Ideas to Evolve A Local Treatment-Centric Coalition into A Whole Community RECOVERY ECOSYSTEM**

Expand your purview, position your group for state funding by aligning goals, strategies with the **NC Opioid Action Plan Version 2** at [www.ncdhhs.gov/opioid-epidemic](http://www.ncdhhs.gov/opioid-epidemic)

Create a *regional* substance use disorder coalition/consortium to include prevention, treatment and recovery support activities:

Include academic center(s) as they represent ways to obtain planning and evaluation expertise at little to no cost.

**Drug Free Communities grantees are required to report “active participation” from schools and businesses**. Engage the business, secondary education and child-serving agency sectors by providing them with consultation on benefit design, training to reduce stigma and increase MH/SA literacy, promote adoption of fair chance hiring practices, and improve access to treatment (talk to Rural Health Group, Lincoln FQHC).

**Don’t Forget Employers and Employees!**

**“*As the county unemployment rate increases by one percentage point, the opioid death rate per 100,000 rises by 0.19 (3.6%) and the opioid overdose ED visit rate per 100,000 increases by 0.95 (7.0%).***

Macroeconomic shocks also increase the overall drug death rate, but this increase is driven by rising opioid deaths.” From Macroeconomic Conditions and Opioid Abuse, [Alex Hollingsworth](https://www.nber.org/people/alex_hollingsworth), [Christopher J. Ruhm](https://www.nber.org/people/christopher_ruhm), [Kosali Simon](https://www.nber.org/people/kosali_simon), **NBER Working Paper No. 23192, Issued in February 2017, Revised in March 2017**

**NEW COMPLETE WORKPLACE Program!** The National Safety Council published the Opioids at Work Employer Toolkit at: nsc.org/pages/prescription-drug-employer-kit

This is a comprehensive, self-guided 12-month program with workplace-tailored prevention, treatment and recovery support strategies. It includes vetted samples of policies, fact sheets, videos, presentations, safety talks, posters, and reports.

Make sure to read the Nationwide case study… “The impulse is to overlook someone who is impaired unless they’re being disruptive. But more and more leaders are coming forward because of the training…some people who were mistakenly seen as (drug) impaired had undiagnosed diabetes.” - Kathleen Herath, Nationwide

**Industry Voices—Healthcare companies and employers must act on the opioid crisis**

<https://www.fiercehealthcare.com/hospitals-health-systems/industry-voices-health-care-companies-and-employers-must-act-opioid-crisis?mkt_tok=eyJpIjoiTkRNMU56SmlPVFJoTjJGaSIsInQiOiJTXC96WXM1WFwvR3lFXC9ZSmJGSmNObUt1MmtrSWJTbHlWK3BtTm9BV3E1TE1XSXJYUVwvbW9tUzVFOXlCcHpxTk0wa1Q4VjVEbE1uVUVsb20xR1wvMFlneUtCa0IzVllIQUhxOGNsM3Z0cEJnb1wvUFIzNnZxTFRVaGhtTmRReTZQSzg5cyJ9&mrkid=35643024>

**Consider approaching your community’s Chamber of Commerce, County Workforce Development Board staff and business association(s) to modify their policies, practices and procedures toward supporting screening, treatment and recovery.**

Share this brief article, get your local newspaper to do a similar story: Addiction professionals urge employers to work with people in recovery: <https://gsabusiness.com/news/human-resources/76003/>

**Look up the Recovery Friendly Workplace Initiative at**  <https://www.recoveryfriendlyworkplace.com/>

<https://www.ncdhhs.gov/blog/2019-08-28/individual-placement-support-coalition-celebrates-getting-people-back-work>

**SUD-Related Workplace Facts:**

Approximately 75% of U.S. employers say their workplace has been directly affected by opioid usage, but only 17% feel well prepared to deal with the issue, according to a 2019 National Safety Council [survey](https://www.nsc.org/in-the-newsroom/poll-75-of-employers-say-their-workplace-impacted-by-opioid-use).

Workplace overdose deaths involving drugs or alcohol have increased by at least 25% for five consecutive years, and the prescription opioid crisis caused nearly one million people to miss work in 2015.

The Centers for Disease Control and Prevention estimates that the opioid epidemic costs the U.S. economy approximately $78.5 billion a year.

32% of 344 surveyed companies report that employees are addicted to prescription drugs, yet 31% said they had no policies in place to address the increased absenteeism, accidents, poor job performance and health problems related to addiction. **HELP THEM!**

One in 9 full time American workers binge drank in the past month and/or used illegal drugs, and one in ten abused or were dependent on alcohol or illicit drugs in the past year. **Only 10% of them get treatment.**

**Promoting Medication Assisted Recovery with Reluctant Prescribers**

***Help providers understand that Medication-Assisted Recovery is not “trading one addiction for another”.***Numerous studies have shown that MAR contributes to significant reductions in illicit drug use, criminal activity, overdose, and other risky behaviors. MAR helps lower cravings, helping patients to engage in healthcare, increase level of functioning and non-drug lifestyles.

**Contact MAHEC at** [**opioideducation@mahec.net**](mailto:opioideducation@mahec.net) **about their OUD education programs such as MAT 101, MAT Waiver Training, SUDs 101 for the Clinic Team.**

**Engage with UNC Project ECHO to expand access to treatment via telepsych,**

Email [echo@unc.edu](mailto:echo@unc.edu) with specific questions. FREE waiver training, 5 ECHO sessions per week with CME. Onsite, phone, email support for providers and staff. **JOIN THE INVITE session list at** [**Imccall@email.unc.edu**](mailto:Imccall@email.unc.edu)

**Check out El Futuro’s TeleECHO Clinic for LatinX clients.**

**64% of people with a SUD are concerned about their health and 37% say they need health treatment. Engage primary care providers to become “SUD Friendly Practices” for their current patients: Offer to help review their SUD diagnostic assessment practices, and to consider offering pre-Medication-Assisted Recovery (MAR) supportive/adjunctive services such as:**

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| Review/help write clinic’s policy about screening all patients for substance misuse at admission and again annually, at minimum.  If a patient screens positive, discloses or displays signs of prescription misuse or illicit drug use, what is the clinic’s practice regarding getting a diagnostic assessment for a substance use disorder?  Does the practice provide any of the following treatments or services when a patient screens positive for substance use disorder, or discloses such use, or displays signs or symptoms of misuse?   * Screening, assessment, treatment referral for very common co-occurring mental disorders, primarily depression, anxiety, trauma. * Use treatment of medical conditions related to substance misuse such as frequent infections, abscesses, endocarditis, Hepatitis C as an opportunity to engage patient through Motivational Interviewing techniques * Provide maintenance medications like Naltrexone/Vivitrol for patients who are in recovery and for whom a medication will help with relapse prevention * Provide Naloxone/Narcan and overdose prevention education * Referral to a syringe exchange program   Get assistance for implementing the CDC Guideline for Prescribing Opioids for Chronic Pain through a 15-18-month QI collaborative. Obtain direct 1-to-1 technical assistance from experts who have worked with many practices. Contact Rebecca Freeman-Slade at [Rebecca.FreemanSlade@abtassoc.com](mailto:Rebecca.FreemanSlade@abtassoc.com)  Encourage practices that are contemplating starting Medication-Assisted Recovery to review SAMHSA TIP 63, at:  <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document-Including-Executive-Summary-and-Parts-1-5-/SMA18-5063FULLDOC>  **One of the unintended consequences of the CDC guidelines is that providers terminate opiate prescriptions sometimes abruptly**, or think appropriate triage is directing the patient to the ER. Providers need education about tapering, addiction treatments and local resources including Medication-Assisted Recovery. *The FDA recently stated their opposition to forced tapering of patients from long term opioid treatment for pain.* Read about this and other such issues at  Contact Lauren DeLuca of Chronic Illness Advocacy & Awareness Group, Inc. (CIAAG) at [IIdeluca@ciagg.net](mailto:IIdeluca@ciagg.net)    **Share Clinical Training and Technical Assistance Resources:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | **Enroll in CCNC's Opioid SPARC ECHO Sessions** | |  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | CCNC recently launched Opioid SPARC ECHO, an ongoing webinar series featuring presentations by experienced provider-educators on the evaluation and treatment of common chronic pain disorders and safe opioid usage.  Sessions feature in-depth, case-based, and interactive discussions from the community providers’ practices, and are open to prescribers, behavioral health professionals, community health workers, medical assistants, pharmacists, and integrated health team members. .75 AMA PRA Category 1 Credits are available for providers. | |  | | |   **UCSF Clinician Consultation Center FREE consultation on all aspects of SUD management, 855-300-3595 Mon-Fri 9 a.m. to 8 p.m. EST**  **Providers’ Clinical Support System for Medication Assisted Treatment: Training and mentoring resources at Providers Clinical Support System** <https://pcssnow.org/>  **National Institute on Drug Abuse: Information and training for providers on drug use and treatment at** <https://www.drugabuse.gov/nidamed-medical-health-professionals> | | | | | |  | |
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