COAP — Comprehensive Opioid Abuse Program
Collaborative Training and Technical Assistance

NEWSLETTER

Supported by the Bureau of Justice Assistance (BJA), the *COAP Newsletter* collects articles (many original to COAP), resources, and training announcements with the express goal of supporting and informing those dedicated to turning the tide of America's opioid crisis. We also appreciate the chance to tell the stories of colleagues and communities across the nation. If you are willing to share your experiences in combating the epidemic, **we invite you to make a difference by adding your voice at coap@iir.com**. We look forward to hearing from you! You are also encouraged to pass along this resource to build our COAP community.

GRANTEE IN THE SPOTLIGHT

Huntington, West Virginia—Quick Response Teams

Connie Priddy, a registered nurse with Cabell County EMS, leads the COAP Quick Response Team Project in Huntington, West Virginia. She is also a standout peer, generous with her time and talents. Earlier this fall, as part of the COAP Webinar Series, Connie shared her expertise on "Stress Management: Addressing First Responders' Emotional Health." The efforts of Connie and her team were nationally spotlighted by NPR News in "Knocking on Doors to Get Opioid Overdose Survivors Into Treatment."

Research Summary: How Effective are Peer Recovery Support Services?

Peer recovery support services are being used increasingly across the United States to address the needs of individuals who abuse opioids and other substances. But what does the research say about the effectiveness of peer support? The Recovery Research Institute summarized a study that looked at the best research to date on the effectiveness of recovery support services.

The study, "Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review," examined scientific studies from 1998 to 2014 on peer recovery supports. After the quality of each study was determined, nine were included in the review. The result: The research indicated that individuals who received recovery support services reduced their substance use and improved in comparison to those who did not receive such services.

Why this matters to COAP grantees: Many COAP grantees are incorporating peer supports into their work across many different intercepts. This systematic review supports those approaches, although more research is needed to learn more about the effectiveness of specific services and services for specific populations, such as offenders and ex-offenders.

Resources:

"How Effective Are Recovery Support Services Provided by Other People in Recovery?," Recovery Research Institute, https://www.recoveryanswers.org/research-post/how-effective-are-recovery-support-services-provided-by-other-people-in-recovery/.

Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., and Laudet, A, "Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review," *Journal of Substance Abuse Treatment*, Vol. 63, pp. 1–9, 2016, https://doi.org/10.1016/j.jsat.2016.01.003.

View and share these free COAP webinars on peer recovery!

- "Peer Recovery Support Services—Options, Opportunities, and Challenges for Jurisdictions"
- "Strategies for Reaching Overdose Survivors, Including Peer Support"
- "Unlock the Power of Peers: Strategies for Response, Rehabilitation, Reentry, and Recovery Support"

Funding Opportunity: **Planning Initiative to Build Bridges Between Jail and Community-Based Treatment**

*The **Institute for Intergovernmental Research** (IIR) has released the following competitive solicitation on behalf of BJA.*

BJA is joining efforts with **Arnold Ventures** to support a nine-month planning initiative helping communities develop a comprehensive continuum of care model that targets the jail population and builds bridges between in-custody and community-based treatment. All required application components must be submitted via online surveys no later than **5:00 p.m., ET, on March 25, 2019**. Detailed solicitation information is posted on the COAP Resource Center at **COAP Funding Opportunities**.

Extending the Reach of Opioid Abuse Treatment/Recovery Services: Innovative Use of Digital Health Technologies

The opioid abuse epidemic is a serious public health problem, having reached crisis levels in both urban and rural areas of the country. However, rural areas have been some of the hardest hit with opioid overdoses and rates of opioid abuse. The availability of a physician with a U.S. Drug Enforcement Administration (DEA) waiver to provide office-based medication-assisted treatment (MAT) has increased since 2012; however, more than half of rural counties (56.3 percent) still do not have providers. As such, the use of digital health technologies is important, especially for offenders residing in rural areas. We use the term "digital health technologies" rather than "telehealth," since "digital health technologies" refers to online support groups and patient forums, social networking sites, smartphone apps, and texting, whereas "telehealth" typically refers to providing treatment and recovery services using a videoconferencing platform.

The use of digital health technologies has the potential to be pervasive across age, race/ethnicity, and geography, when you consider that almost 80 percent of the U.S. population has a smartphone. More and more, consumers are relying on internet- and smartphone-based tools to seek and track health information, although some behavioral health practitioners and justice professionals still struggle with the idea of using technologies or doubt the utility of digital health technologies to provide quality care. Regardless, it is important to understand that harnessing the power of technology—because it can efficiently reach such a large number of people regardless of geography—can provide behavioral health services to a broader reach of individuals for a better opportunity for care.

A recent survey of patients involved with substance abuse treatment and recovery services in a nonurban area (as labeled by the researchers) found that most patients had access to smartphones (84 percent). Well over three-quarters of the patients were interested in using apps for symptom tracking, participating in online support groups, and using text messages for support and appointment reminders. In addition, 61 percent of these patients reported using Facebook daily. This survey served as the basis for a current study that examines a web-based platform (similar to Facebook) designed for patients involved with recovery support services (post-treatment). Patients can post/receive messages and participate in chat rooms or discussions. A staff member with the treatment program serves as a moderator. Participation in this online social networking site is not required by the treatment provider. Initial results demonstrate that the patients who participate in the treatment program-sponsored social networking site experience fewer relapses. For one rural treatment provider, understanding patients' interest in

using technology has helped expand recovery support services without increasing costs substantially.

Two recent studies (see https://www.jsad.com/doi/10.15288/jsad.2018.79.503 and https://www.nejm.org/doi/full/10.1056/NEJMc1610047) using a combination of technologies to assist individuals who abuse opioids in gaining greater access to buprenorphine are intriguing. In both studies, locked pill dispensers were used along with the patients' smartphones and, in one case, a related secure app. Generally, a patient was prescribed a pill dispenser with the appropriate weeklong daily doses of buprenorphine (the dispenser was locked and had an alarm that reported any tampering). Each day, a recovery coach or a nurse texted a code to the patient that unlocked the dispenser and allowed access to the daily dose. The patient then used his or her smartphone to make a video of taking the medication, with the recovery coach or nurse observing live, or the patient recorded the act, uploaded the video, and sent it to the recovery coach or nurse (depending on the study). The video was then reviewed by medical personnel to ensure patient compliance (e.g., did the patient actually take and swallow the medication). And, a preliminary study by Shuman-Olivier incorporated the use of recovery coaches who were available to talk with patients after the medication was taken. In both studies, patients reported increased satisfaction with this type of MAT rather than office-based daily dosing.

These are just a few examples of the use of digital health technologies to provide opioid abuse treatment and recovery services in rural areas. These studies represent a growing body of knowledge indicating that patients are interested in using technology as part of their care, and innovative approaches could help close the gap and extend the reach of treatment and recovery services to them.

Resources:

Winstanley, E. L.; Stroup-Menge, B.; and Snyder, K., "The Promise of Technology-Based Services for Addiction Treatment Clients Residing in Nonurban Areas," *Journal of Studies on Alcohol and Drugs,* pp. 503–504, May 2018, https://www.jsad.com/doi/10.15288/jsad.2018.79.503.

Sigmon, S. C.; Ochalek, T. A.; Meyer, A .C.; Hruska, B.; Heil, S. H.; Badger, G. J.; Rose, G.; Brooklyn, J. R.; Schwartz, R. P.; Moore, B. A.; and Higgins, S. T., "Interim Buprenorphine vs. Waiting List for Opioid Dependence," *The New England Journal of Medicine, 375*, 25, 2016, https://www.nejm.org/doi/full/10.1056/NEJMc1610047.

Shuman-Olivier, Z.; Weiss, R. D.; Hoeppner, B. B.; Borodovsky, B. A.; and Albanese, M. J., "Emerging Adult Age Status Predicts Poor Buprenorphine Treatment Retention," *Journal of Substance Abuse Treatment, 47*(3), pp. 202–212, 2016, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4180514/.

View and share these free COAP webinars on digital health technologies!

- "New Resources for Behavioral Health and Justice Professionals to Help Individuals With Substance Use Disorders Build Recovery Capital"

- [“Using Web-Based Motivational Assessment Strategies: MAPIT”](#)

Prescription Drug Monitoring Program Training and Technical Assistance Center Updates

The Prescription Drug Monitoring Program (PDMP) Training and Technical Assistance Center (TTAC) provides a comprehensive array of services, support, resources, and strategies to PDMPs, federal partners, and other stakeholders to further the efforts and effectiveness of PDMPs in combating the misuse, abuse, and diversion of prescription drugs. PDMP TTAC recently published information concerning state and federal legislation and administrative rules and the results of the 2018 State PDMP Assessment. In addition, it has hosted three PDMP-related conferences.

PDMP TTAC RESOURCES

PDMP Legislative Update
PDMP TTAC tracks state and federal legislation and regulation related to prescription drugs and the opioid crisis. Thirty-three (33) federal bills and 224 state bills have been filed related to PDMPs through the middle of October 2018. An additional 110 PDMP regulations have been introduced. Of these, 4 federal bills have been enacted, 78 state bills have been enacted, and 62 regulations have been adopted. A copy of the most recent PDMP legislative update can be found on the PDMP TTAC website's Resource Center—[Statutes and Regulations](#).

2018 State PDMP Assessment
The 2018 State PDMP Assessment results have been compiled, and the updated information is available on the [PDMP TTAC website](#). There was a 100 percent PDMP response rate. The information provided by the PDMP administrators will prove invaluable to interested parties as they research and explore the current statuses and capabilities of PDMPs. PDMP TTAC has updated the layout and contents of the [State Profiles](#) as well as the PDMPs' capabilities and policies in a series of topical [maps and tables](#). The PDMP TTAC staff are well aware of the demands on a PDMP administrator's time, and PDMP TTAC thanks administrators for completing the assessments and for all their hard work in addressing the prescription drug abuse epidemic.

PDMP TTAC CONFERENCES

RxCheck Governance Board Annual Meeting
The RxCheck Governance Board is composed of state PDMP administrators who are either connected to the RxCheck Hub or have an interest in connecting. Currently, 16 states are members and an additional 14 states may join.

The RxCheck Governance Board national meeting was held on July 10, 2018, at the offices of the Bureau of Justice Assistance (BJA) in Washington, DC. Along with PDMP administrators, representatives were in attendance from BJA, the Centers for Disease Control and Prevention (CDC), IJIS Institute, and the Tetrus Corporation. The meeting was coordinated by PDMP TTAC and supported by BJA.

The meeting provided board members with the opportunity to discuss the status of the Hub, the health information exchange (HIE)/electronic health record (EHR) pilot projects, and future enhancements to the Hub.

Highlights of the meeting include the following:

- The RxCheck Hub v.2 is fully operational and ready to connect states. The administrative console has also been completed for deployment.
- BJA and CDC explored ways in which both agencies can be of assistance to the PDMPs.
- The RxCheck HIE/EHR pilot projects were discussed. The pilot projects seek to demonstrate a proof of concept integrating PDMP data with electronic health record information through the RxCheck Hub. The proof of concept is intended to allow health-care providers in clinical settings to access patient prescription histories within their EHR workflow, using the RxCheck Hub and RxCheck technology to facilitate the connection, translation, and exchange of PDMP data. These efforts are well under way and on schedule. The pilot projects involved three states (Illinois, Kentucky, and Utah) and were completed on November 1, 2018.
- Several future enhancements were also identified, including functionality for review of audit logs, analytics on traffic across the Hub, development of apps to enable EHR vendors to easily connect to the Hub, and an error message dictionary.

Prescription Monitoring Information Exchange Executive Committee Annual Meeting
The Prescription Monitoring Information Exchange (PMIX) Executive Committee of the PMIX Standards Organization held its annual meeting on July 11–12, 2018, at the offices of BJA in Washington, DC. In addition to the Executive Committee membership, representatives from BJA and IJIS Institute were present. The meeting was coordinated by PDMP TTAC and supported by BJA.

The PMIX Standard Organization was created to support the sharing of PDMP data among PDMP organizations and their stakeholders by establishing and maintaining the PMIX National Architecture and related guidelines, policies, and standards.

The July 2018 meeting produced certain changes to the organization's bylaws and established a new Standards Compliance Subcommittee. The members also spent time developing the standards compliance process to establish relationships with partners, ensure transparency, and establish a repository for reference documents. The committee also determined that the resources on the PMIX website need to be updated to make the site more informative for PDMP administrators, policymakers, and vendors.

The accomplishments from last year include a revision of the organization's bylaws and the establishment of new security standards. Currently, the organization is updating the schema to the latest versions of the American Society for Automation in Pharmacy (ASAP) and the National Information Exchange Model (NIEM) and considering additional data elements for the PMIX Architecture. For the coming year, the Executive Committee will address the data elements used

in data sharing, development, and implementation of a standards compliance process and draft documentation concerning Hub-to-Hub interoperability.

PDMP Administrator—North Region Meeting

The fifth North PDMP Region meeting was held in Madison, Wisconsin, on October 16–17, 2018. The meeting was hosted and facilitated by PDMP TTAC with support from BJA, the Institute for Intergovernmental Research (IIR), and Brandeis University. PDMP administrators and their staff members in the 12 North Region states were invited to attend with 10 PDMPs (Illinois, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, South Dakota, Wisconsin) represented at the meeting. The major themes of the meeting were as follows:

- State updates
- BJA grant projects
- New PDMP innovations
- 2018 TTAC state assessment results
- Local/regional issues—naloxone reporting, overdose tracking, drug trends, compliance with PDMP enrollment and use mandates, patient matching, and PDMP educational efforts

The regional meeting provided an opportunity for PDMP administrators to meet and strategize with their fellow PDMP administrators within the North Region and obtain information on PDMP-related issues on a regional as well as a national level.

Responding to the Opioid Crisis: Resource Centers

Local emergency departments are feeling the weight of the ongoing opioid crisis and the rising rate of overdoses across the country: More and more individuals are filling emergency waiting rooms following an overdose. But what is the scope of the increase? Emergency department (ED) visits resulting from opioid overdoses rose by one-third in 15 months during 2015–2016; the Midwest, Northeast, and metropolitan areas experienced the highest increases. And, beyond the personal devastation to families and loved ones, the impact includes a financial toll. According to data from 2006 to 2011, on average, prescription opioid overdose ED visits—more than half of which were billed to Medicaid or Medicare—cost more than $3,500 for an individual who was discharged and nearly $30,000 for an individual who was admitted.

The critical period following an overdose and stabilization is a prime opportunity to engage a person in treatment. While some individuals are released from the ED with a plan that includes a referral to services and—if available—a peer specialist to connect them to treatment, many people are discharged without any immediate support or access to treatment services. They are left especially vulnerable and at elevated risk of subsequent overdose when they return to their communities, and without support, many resume substance abuse. Even those who do seek treatment upon discharge from the ED may face major challenges navigating the system, including identifying and accessing critical services. For example, many overdoses occur at night,

when treatment facilities are closed or unavailable for intake. Evenings, weekends, and holidays present a considerable challenge to a community's post-overdose response.

A solution to meet this population's specific needs is resource centers. Recognizing the burden that the opioid epidemic can exact on local EDs (as well as the service limitations—including time and personnel—of EDs in responding to these crises), communities are creating spaces specifically targeted to serve the substance abuse population during the critical post-overdose time period. Following are some approaches and specific examples when considering a post-overdose resource center for your community:

- Psychiatric crisis centers across the country have demonstrated effectiveness in reducing hospitalizations. Individuals who have overdosed or are experiencing substance abuse crises are a target population for these facilities, which present an opportunity to bridge the gap between crisis and treatment by promoting access to services via a "warm handoff." This expedited and facilitated connection to care increases the likelihood of treatment engagement and retention.

- The Faster Paths to Treatment program is a 24/7 urgent-care facility operated by Boston Medical Center. Essentially an ED for substance abuse, Faster Paths to Treatment offers screening, assessment, overdose education, naloxone training, and referrals to care, including medication-assisted treatment, primary care, and case management services.

- Community Bridges, Inc. (CBI), a statewide behavioral health provider in Arizona, provides crisis stabilization centers in 14 communities across the state. CBI facilities serve as front doors to treatment, offering drug-specific services, including American Society of Addiction Medicine assessments and facilitated transitions to care. CBI also provides a range of treatment services, including inpatient medical withdrawal.

- The Jefferson County, Alabama, Recovery Resource Center (RRC)—a drop-in center in Birmingham, Alabama—provides assistance in navigating the community's treatment and recovery systems. RRC's Peer Navigation Initiative, a BJA-funded COAP project, enhances RRC's capabilities by adding navigators and counselors to facilitate assessments, referrals, and engagement with services. This enables the county to better serve overdose survivors, those at risk for overdose, and affected families and friends by providing resources and information about local treatment and service options as well as overdose prevention education.

- In an effort to intervene prior to an overdose, communities are also establishing resource centers that serve as centralized hubs to share and promote community treatment options. Similar to crisis centers, these facilities can offer a combination of screening, assessment, and referral to services; overdose prevention education; naloxone training and distribution; and other support to individuals and their families. Unlike crisis centers, these centers do not provide acute-care services.

Many innovative approaches exist to support individuals post-overdose, in crisis, or in need of treatment that do not involve brick-and-mortar facilities. The *Opioid Overdose Prevention Toolkit* and the *Now What? The Role of Prevention Following a Nonfatal Opioid Overdose* resource sheet, both from the Substance Abuse and Mental Health Services Administration (www.samhsa.gov), are good places to start.

IN THE KNOW & NEWS YOU CAN USE

- **Check out** *Jail-Based MAT: Promising Practices, Guidelines, and Resources for the Field*, released by the National Sheriffs' Association and National Commission on Correctional Health Care, to explore lessons learned from sheriffs' and jail administrators' innovative use of MAT, essential program components, and model implementations.

- **Hot off the press (release): RxCheck Hub has successfully integrated Kentucky's PDMP (KASPER) and Owensboro Health, Inc.**, enhancing the state's capacity to share information with health-care providers and allowing delivery of more timely and up-to-date reports on prescriptions dispensed to patients in the Commonwealth.