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# STRATEGIES FOR IMPLEMENTING SUSTAINABLE POLICIES FOR OVERDOSE PREVENTION

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ACTION STEPS FOR SCREENING,  
MEDICATION INITIATION, NALOXONE  
DISTRIBUTION, AND LINKAGES TO CARE

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| <b>Commonly Used Acronyms</b> |                                                                 |
|-------------------------------|-----------------------------------------------------------------|
| <b>CDC</b>                    | <b>Centers for Disease Control and Prevention</b>               |
| <b>CSSs</b>                   | <b>Comprehensive Sustainable Systems</b>                        |
| <b>EDs</b>                    | <b>Emergency Departments</b>                                    |
| <b>EHRs</b>                   | <b>Electronic Health Records Systems</b>                        |
| <b>EMS</b>                    | <b>Emergency Medical Services</b>                               |
| <b>OPN</b>                    | <b>Ohio's Overdose Prevention Network</b>                       |
| <b>SBIRT</b>                  | <b>Screening, Brief Intervention, and Referral to Treatment</b> |
| <b>SSPs</b>                   | <b>Syringe Service Programs</b>                                 |

# Introduction

Despite efforts to address the overdose epidemic, it continues to cause immeasurable damage across the United States. The most recent data from the Centers for Disease Control and Prevention (CDC) indicates the U.S. experienced 91,799 deaths due to drug overdose in 2020.<sup>1</sup> Preliminary data for 2021 indicates the number increased to 107,622 deaths.<sup>2</sup> Ohio is not immune to the effects of this epidemic. Data indicates that unintentional drug overdose deaths in Ohio rose 3% from 2020 to 2021.<sup>3</sup> Ohio's state and local health departments are addressing the overdose epidemic by implementing comprehensive sustainable systems (CSSs) that identify and link priority populations to treatment, recovery supports, and ancillary services. See Table 1 for a list of current CSS settings in Ohio.

CSSs are part of a holistic, multidisciplinary drug overdose prevention strategy. The goal of a CSS is to meet the complex needs of at-risk populations through the integration of policies and modified environmental factors across multiple systems involved in the continuum of care. For example, a local health department might implement a CSS in a correctional setting to train staff on naloxone distribution and develop policies for distribution to justice-involved individuals upon release. CSSs include interventions that are supported by data, able to be implemented by partner agency staff, and sustainable.


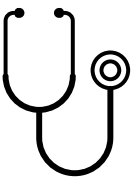
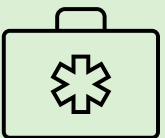

Table 1. CSS Settings

|                                  |                                                                                      |
|----------------------------------|--------------------------------------------------------------------------------------|
| Correctional Facilities          |  |
| Emergency Departments (EDs)      |  |
| Emergency Medical Services (EMS) |  |

<sup>1</sup> <https://www.cdc.gov/nchs/fastats/injury.htm>

<sup>2</sup> [U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 – But Are Still Up 15%](#)

<sup>3</sup> Preliminary Data Summary: Ohio Unintentional Drug Overdose Deaths, Ohio Department of Health, pg 4.

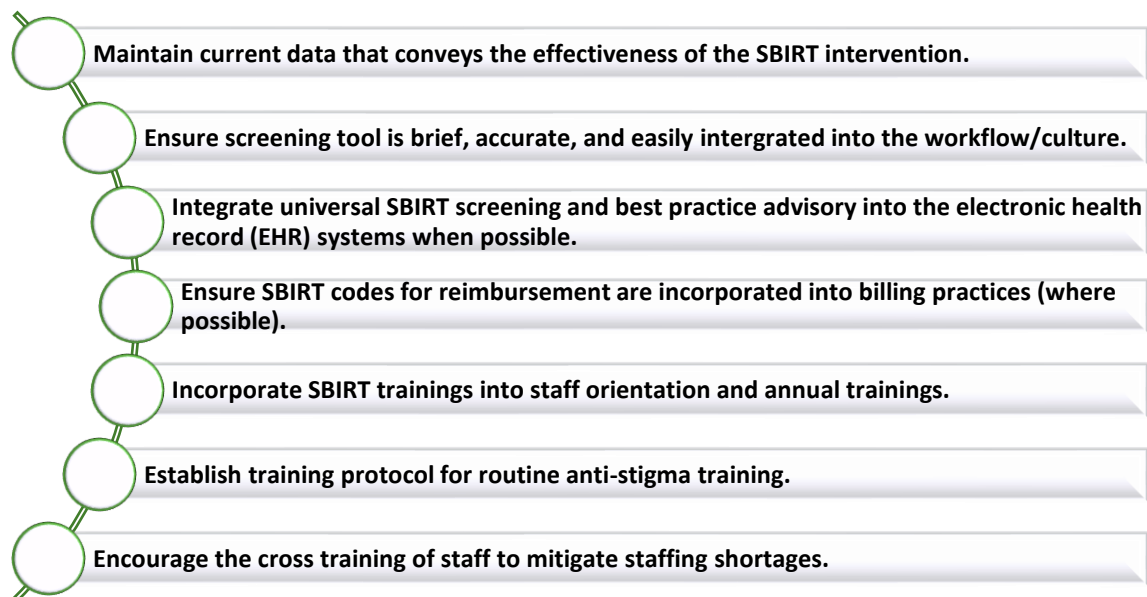
|                                                                  |                                                                                    |
|------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>OB/GYN Practices and Maternal Community Resource Agencies</b> |   |
| <b>Outpatient Specialty Clinics (Cardiology, Pain, etc.)</b>     |   |
| <b>Primary Care Practices</b>                                    |  |
| <b>Syringe Service Programs (SSPs)</b>                           |  |

The members of Ohio’s Overdose Prevention Network (OPN) Linkages to Care subcommittee leveraged their experience in program implementation to compile a list of action steps that promote CSS program sustainability. Specifically, these action steps focus on sustainable policies for universal Screening, Brief Intervention, and Referral to Treatment (SBIRT), initiating medication for treatment, distributing naloxone, and linking individuals to care. These action steps are adaptable to all CSS settings. This document also contains tips on garnering buy-in with key partnerships, resources for SBIRT, medication initiation, naloxone, linkages to care, and sample policies.

# Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is defined as a comprehensive, integrated, public health approach for the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.<sup>4</sup> CSSs that deliver direct interventions to individuals dealing with substance misuse can utilize SBIRT to rapidly assess patients, provide intervention, and then set up linkage to ongoing services that can start individuals on a path to long lasting recovery and healing. In the graphic below, the Linkages to Care (LTC) subcommittee has compiled a list of action steps that are useful when implementing sustainable SBIRT interventions.

## Action Steps

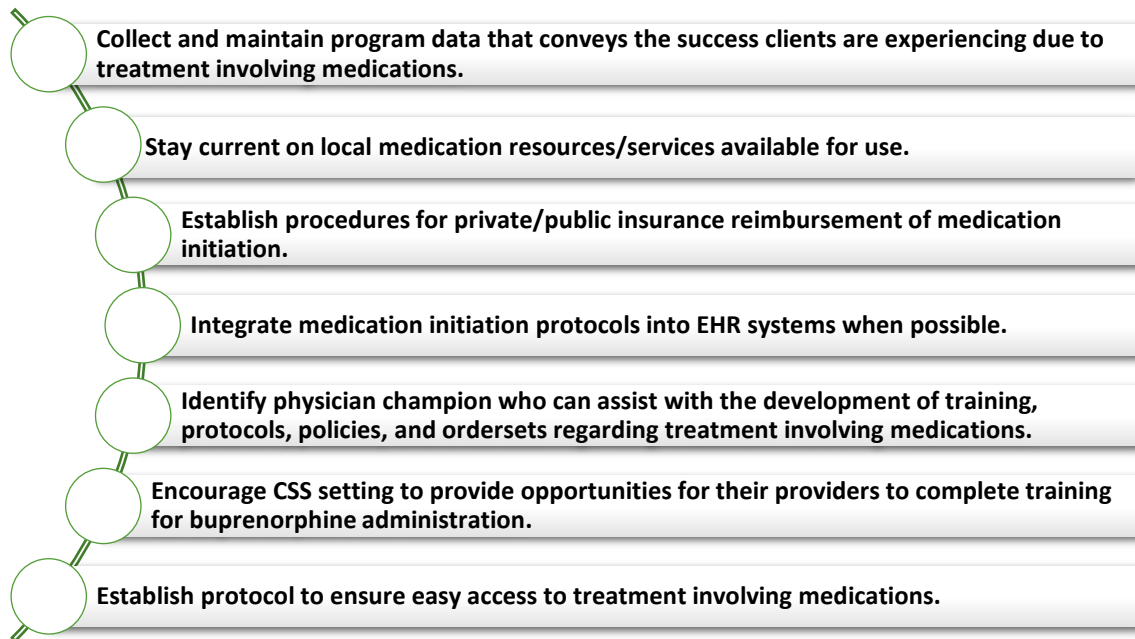


<sup>4</sup> <https://www.samhsa.gov/sbirt>

# Evidence-Based Treatment

Medications such as buprenorphine, methadone, and naltrexone have been proven to decrease the need for inpatient treatment for substance use disorders, increase the ability to maintain employment, increase treatment adherence, and reduce overdose.<sup>5</sup> CSSs aim to include medication administration to help ensure individuals have consistent opportunity to realize these outcomes. In the graphic below, the LTC subcommittee has compiled a list of action steps that are useful when implementing sustainable interventions for initiating treatment involving medications.

## Action Steps

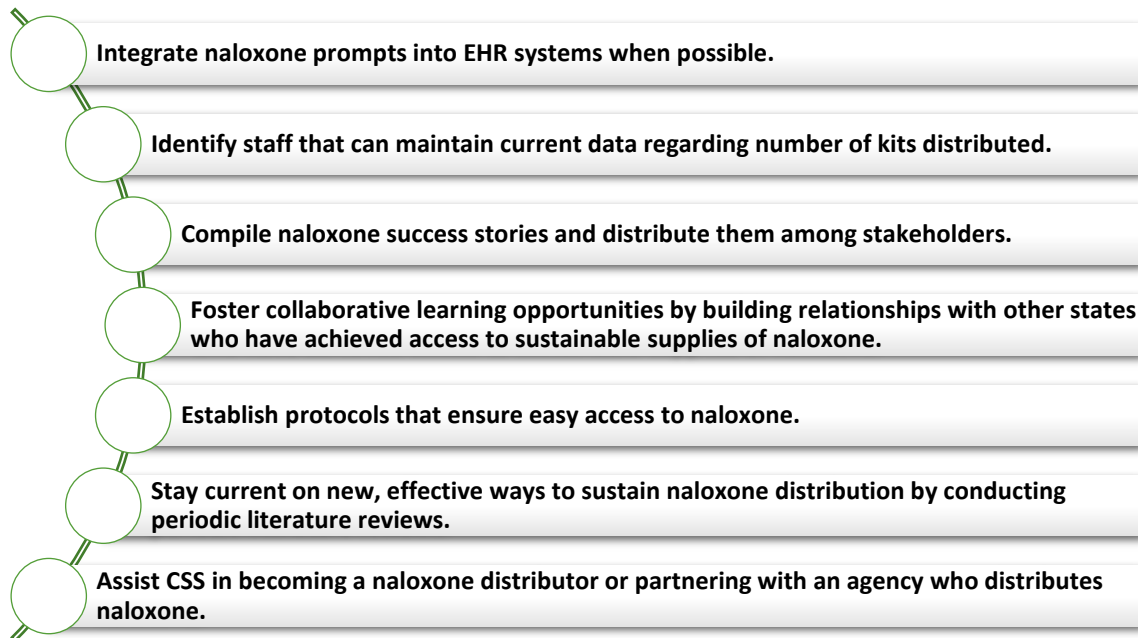


<sup>5</sup> <https://www.samhsa.gov/medication-assisted-treatment>

# Naloxone Distribution

Naloxone is a medication approved by the U.S. Food and Drug Administration (FDA) that is designed to rapidly reverse an opioid overdose. It is an opioid antagonist, meaning that it binds to opioid receptors and can reverse and block the effects of other opioids, such as heroin, morphine, and oxycodone.<sup>6</sup> CSSs aim to provide naloxone to all clientele, regardless of SBIRT outcomes, to help ensure this lifesaving intervention is available to their local communities. They seek to accomplish this by including naloxone distribution into their internal workflows. In the graphic below, the LTC subcommittee has compiled a list of action steps that are useful when implementing sustainable interventions for naloxone distribution.

## Action Steps



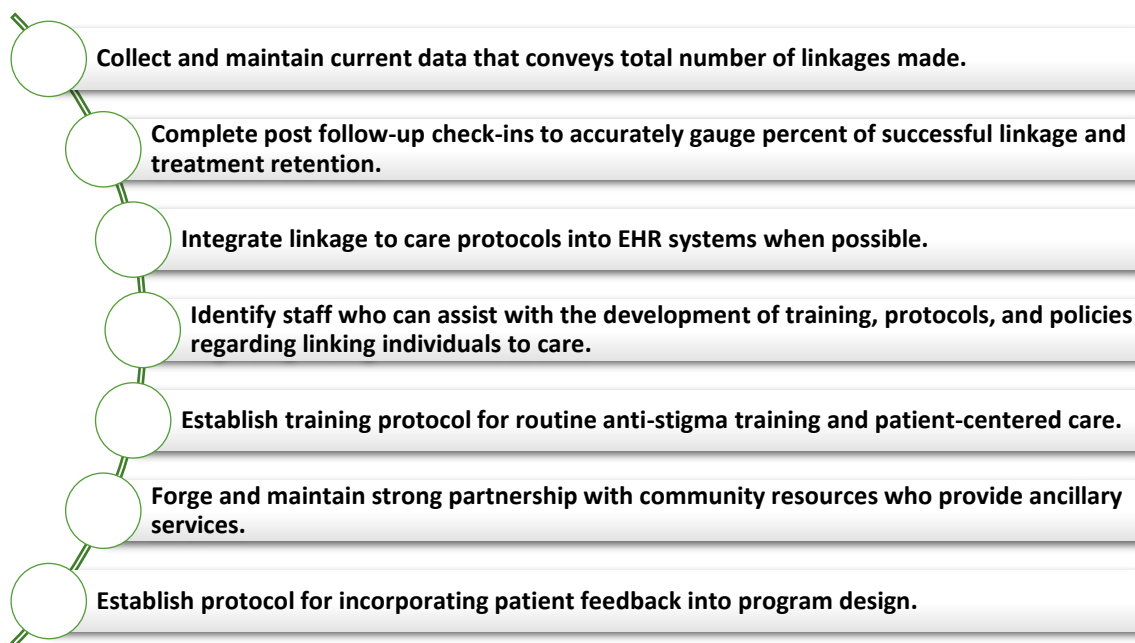
<sup>6</sup> <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone>



# Linkages to Care

For the purpose of this guide, linkage to care is defined as “connecting people at risk of overdose to evidence-based treatment, services, and supports using a non-coercive warm hand-off that helps people navigate care systems and ensures people have an opportunity to participate in care when they are ready.”<sup>7</sup> CSSs work to include sustainable linkage to care policies into their program design to ensure they are able to provide individuals with a comprehensive, patient-centered plan of care. In the graphic below, the LTC subcommittee has compiled a list of action steps that are useful when implementing sustainable interventions for linkages to care.

## Action Steps

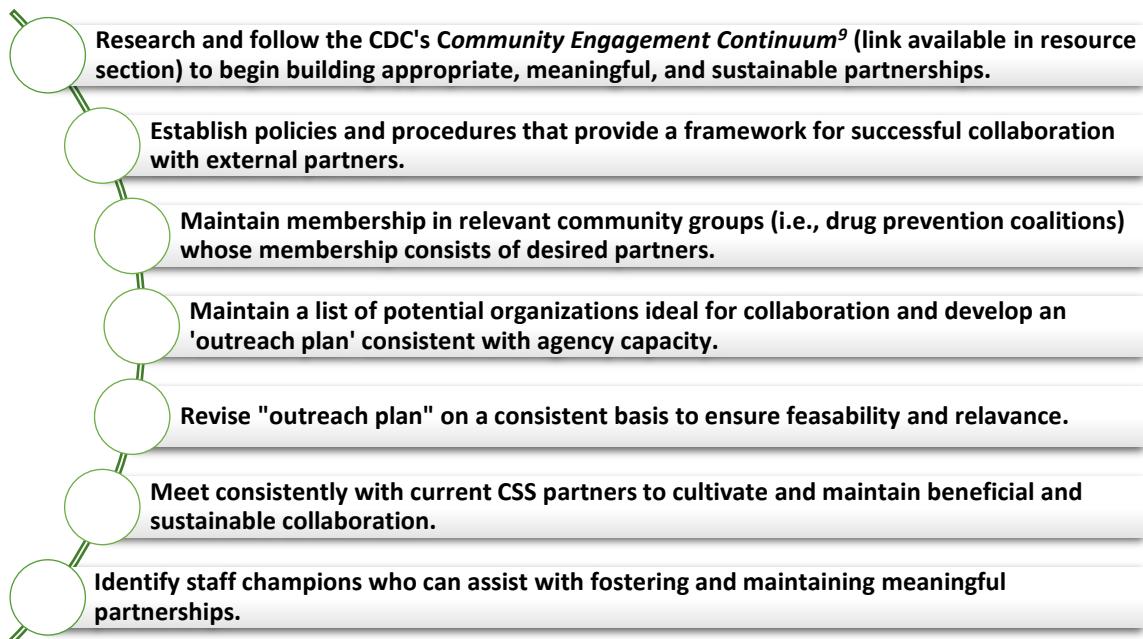


<sup>7</sup> Mace, S., Siegler, A., & Wu, K. C. National Council for Mental Wellbeing. (2021). Overdose Response and Linkage to Care: A Roadmap for Health Departments

# Generating Buy-in

Generating buy-in and fostering collaborative relationships are essential parts of onboarding and sustaining partnerships within a CSS. CSSs work to create partnerships with organizations that share a common focus and combine resources to implement joint activities.<sup>8</sup> However, there are many steps that an organization must take to generate buy-in and get community members and agencies onboarded for a sustainable partnership. In the graphic below, the LTC subcommittee has compiled a list of action steps that are useful when working to generate sustainable collaborations.

## Action Steps



8 [https://www.cdc.gov/oralhealth/funded\\_programs/infrastructure/partnerships.htm](https://www.cdc.gov/oralhealth/funded_programs/infrastructure/partnerships.htm)

9 [https://www.atsdr.cdc.gov/communityengagement/pdf/PCE\\_Report\\_508\\_FINAL.pdf](https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf)

# Resources

## Screening/SBIRT

[SAMHSA SBIRT Resources](#)

[Ohio Mental Health and Addiction Services \(OhioMHAS\) SBIRT free training - Ohio SBIRT 101: Introduction to SBIRT and Motivational Interviewing](#)

[OhioMHAS SBIRT free training - OHIO SBIRT 102: Foundational Skills of MI](#)

[OhioMHAS SBIRT free training - Ohio SBIRT 103: Reinforcing Change with Motivational Interviewing](#)

[Coding for Screening and Brief Intervention Reimbursement](#)

## Anti-Stigma

[Take Charge Ohio Champion Recovery Campaign](#)

[Overcoming Stigma, Ending Discrimination](#)

[Stigma Reduction](#)

## Harm Reduction

[www.HarmReduction.org](#)

[CDC Resources on Naloxone](#)

## Linkages to Care

[Care Coordination in Treatment of Substance Use Disorders](#)

[What Are Peer Recovery Support Services?](#)

[OhioMHAS Certified Peer Recovery Supporter Training](#)

## Medication

[Addiction Medicine Toolkit - CDC](#)

[SAMHSA Medication Resources](#)

[OhioMHAS Opiate Project ECHO](#)

## Planning

[A Guide to SAMHSA's Strategic Prevention Framework](#)

[Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants](#)  
[Opioid Overdose Prevention Toolkit](#)

## **Community Engagement**

[Clinical and Translational Science Awards Consortium Community Engagement Key Function Committee Task Force on the Principles of Community Engagement](#)

# Sample Policies

The following pages consist of sample policies that CSSs program designers can reference as they work to incorporate sustainability into their current program design.

## Medication and Harm Reduction Integration Policy - Hancock County



Hancock Public Health / FRC / Spero

### MAT Harm Reduction Integration policy / procedure

This document describes the policy and procedure in place to ensure that Naloxone distribution and harm reduction education, access to peer support services and other community supports, and evidence-based treatments for clients of the MAT program at Family Resource Center (FRC) and Spero Health will continue as part of a comprehensive and sustainable system that has been built between Hancock Public Health (HPH), FRC, and Spero Health. The policy / procedure is effective on the 10th day of August, 2022, by and between HPH, FRC and Spero Health.

HPH serves as the primary provider of harm reduction and injury prevention services in Hancock County and has received grant funding through the Ohio Department of Health to create a comprehensive and sustainable system at the MAT programs at FRC and Spero Health which promotes the availability of Naloxone, involves support persons of MAT clients, increases connection of these individuals to community supports, other harm reductions services, and evidence-based treatments such as Naloxone and BIDPP (Bloodborne Infectious Disease Prevention Program). FRC and Spero Health operate MAT treatment programs in Hancock County, thus also serving individuals at high risk of overdose. Both agencies are committed to addressing the negative effects of the opioid epidemic and improving the overdose death rates in Hancock County:

#### HPH will:

- Maintain a primary and secondary contact for the MAT / harm reduction integration project.
- Provide any necessary training for identified staff of FRC to become harm reduction educators.
- Coordinate services between the HPH Harm Reduction Coordinator / Peer Support Specialists and FRC and Spero Health's MAT program staff to avoid duplication of services and maintain good communication.
- Provide the medical direction and standing orders for the provision of Naloxone across the FRC (Hancock County) system, but in the MAT program in particular.
- Provide Naloxone kits to the FRC and Spero Health MAT staff for the purpose of distribution to MAT clients or others who are in the position to respond to an opiate overdose (friends, family, or support persons of MAT clients).
- Provide the necessary forms to be completed upon distribution of the Naloxone kits.
- Order additional kits through the Ohio Department of Health and complete any necessary reporting.

- Have HPH Harm Reduction Coordinator / Peer Support Specialists meet in-person at least once per week with MAT clients during the MAT clinic hours to provide harm reduction education, offer same to their support persons, and any other service connections that clients ask about.
- Provide an "MAT client focus group survey", along w/ QR link and paper copies, to MAT program leadership for creation of a survey flyer to be posted within the MAT clinic encouraging clients to participate in the survey.

FRC and Spero Health will:

- Designate a primary and secondary contact for the MAT / harm reduction integration project.
- Identify staff and arrange for the training of such staff to become harm reduction educators. Currently, MAT staff are trained to do Narcan education and provision. Moving forward, FRC and Spero Health plan to have these staff persons, including their certified peer supporters, trained to do comprehensive harm reduction education to supplement and expand upon what is currently offered by the HPH Harm Reduction Coordinator.
- Identify patients and/or family members or support persons who might be at risk or in a position to respond to an opiate overdose and provide them with harm reduction education directly or through the HPH Harm Reduction Coordinator.
- Create a poster / flyer for display in the MAT offices of the "MAT client focus group survey" including QR code as well as offering paper copies of same and collecting any completed surveys for weekly pickup by the HPH Harm Reduction Coordinator / Peer Support Specialists.
- Accept and properly store Project DAWN kits from Public Health.
- Follow established protocol for the distribution of Project DAWN kits.
- Complete provided paperwork with the distribution of each Naloxone kit and hold for weekly pickup by HPH Harm Reduction Coordinator.
- Notify Public Health of the need to replenish supplies (Naloxone, surveys, other harm reduction information).
- Advise Public Health of any issues or problems identified through the project.
- Incorporate the use of release of personal information form for MAT clients (as appropriate); no protected health information (PHI) will be shared unless a HIPPA-compliant release of information form is executed. FRC and Spero will refer any MAT client who has been identified as at high risk of overdose (which could be all MAT clients) and who could benefit from harm reduction education, peer support, naloxone, other harm reduction services, or other community resources – either internally or to the HPH Harm Reduction Coordinator / Peer Support Specialists during their weekly visits. This communication will include any other relevant information on what HPH or

other services the individual could benefit from, but PHI will not be shared with HPH Harm Reduction Coordinator unless there is a signed release on file from the MAT client.

**Intent statement:**

The primary lesson that we've learned from the pandemic is that connection, especially for our MAT clients, is vital. Truly, connection is prevention. In that spirit, it is the ongoing intent of this policy / procedure that we commit to connecting MAT clients not only to the services and supports mentioned above, but other avenues to connect them and make them more a part of their community. We are active members of the Hancock Opioid and Addictions Task Force, and the Recovery Oriented Systems of Care leadership team and both of these groups will continue to provide more avenues of connection for our MAT clients, including giving our clients an opportunity to have their voices heard.

**Naloxone training and distribution process:**

- 1) MAT client or their support person requests naloxone kit from agency staff person or staff person recommends that client or support person accept naloxone kit as a prudent precaution;
- 2) MAT staff person provides Naloxone training to the client, has the client view the "Naloxone Project DAWN Training video" on YouTube, or otherwise confirms that the client commits to viewing the video after receiving the kit if there is not adequate time to view it during the interaction. At minimum, staff person reviews "flip guide" and ensures that client clearly understands how to recognize and overdose, how to administer Naloxone and understands the need to call 911 prior to using Naloxone;
- 3) Intake form is filled out by client / staff person;
- 4) Naloxone kit(s) are labeled with patients Name and Date of Distribution;
- 5) Kit is supplied to client;
- 6) Naloxone intake forms are picked up weekly by HPH Harm Reduction Coordinator along with replacement Naloxone kits;
- 7) Naloxone is logged in the Dispensing log by HPH staff person after receiving intake form along with client information.

**Harm Reduction Education process:**

- 1) FRC: MAT client and / or their support person is recommended to attend harm reduction education with HPH Harm Reduction Coordinator / Peer Support Specialists. Or, HPH Harm Reduction Coordinator asks any MAT clients present in the MAT waiting room during clinic if they wish to meet to discuss harm reduction. Spero: HPH Harm Reduction Coordinator / Peer Support Specialist will meet weekly with all MAT clients through the MAT group.
- 2) HPH Harm Reduction Coordinator/ Peer Support Specialists meets with MAT clients individually or in group to offer harm reduction information and education and answer any questions as well as inquiring about any support persons who might like

the information. This includes educating on the availability of Naloxone directly through their MAT treatment provider, information on the local syringe service program, overdose prevention information and safer use information, etc.

- 3) HPH Harm Reduction Coordinator / Peer Support Specialists offer any referrals requested by client or relays any needs to FRC and Spero treatment staff;
- 4) HPH Harm Reduction Coordinator / Peer Support Specialists encourage client to complete the "MAT client focus group survey" and explain that this will help us to gauge attitudes and understanding around harm reduction as well as giving leadership information on how to better serve them in the future. Survey results will be shared with FRC leadership quarterly.
- 5) HPH Harm Reduction Coordinator / Peer Support Specialists log # of contacts who were given harm reduction education on "Community Outreach Contact" sheet.
- 6) Number of harm reduction education contacts will be shared with FRC and Spero leadership at least quarterly and Harm Reduction Coordinator / Peer Support Specialists will meet with leadership monthly to discuss how best to encourage all MAT clients to engage in this service.
- 7) In meetings with leadership, Harm Reduction Coordinator / Peer Support Specialists will work toward preparing FRC staff, including FRC Peer Support staff, to deliver the harm reduction education toward taking this service over.

FRC:

Hancock Public Health:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)



## Naloxone Policy – Draft



[INSERT AGENCY NAME]

### Project DAWN (Deaths Avoided with Naloxone) Naloxone Administration Protocol

#### Clinical Pharmacology of Naloxone

Naloxone hydrochloride (naloxone) prevents or reverses the effects of opioids, including respiratory depression, sedation and hypotension.

Naloxone is an essentially pure opioid antagonist, i.e., it does not possess the "agonistic" or morphine-like properties characteristic of other opioid antagonists. When administered in usual doses and in the absence of opioids or agonistic effects of other opioid antagonists, it exhibits essentially no pharmacologic activity.

Naloxone has not been shown to produce tolerance or cause physical or psychological dependence. However, in the presence of opioid dependence, opioid withdrawal symptoms may appear within minutes of naloxone administration and subside in about 2 hours.

Naloxone may not reverse overdose in all cases, such as when high doses of opioids or particularly potent opioids (e.g., fentanyl or fentanyl-related compounds) have been consumed. However, that should not stop the rescuer from administering the dose, initiating rescue breathing and calling for EMS response.

#### Indications for Use of Naloxone

Naloxone is indicated for the complete or partial reversal of opioid depression, including respiratory depression, induced by natural and synthetic opioids.

#### Precautions, Contraindications, and Adverse Reactions

- Precautions
  - Use in Pregnancy:
    - Teratogenic Effects: no adequate or well controlled studies in pregnant women.
    - Non-teratogenic Effects: Pregnant women known or suspected to have opioid dependence often have associated fetal dependence. Naloxone crosses the placenta and may precipitate fetal withdrawal symptoms.
  - Nursing mothers: caution should be exercised when administering to nursing women due to transmission in human milk. Risks and benefits must be evaluated.
- Contraindications
  - Contraindicated in patients known to be hypersensitive to it or to any of the other ingredients in naloxone hydrochloride.
- Adverse reactions

- Adverse reactions are related to reversing dependency and precipitating withdrawal and include fever, hypertension, tachycardia, agitation, restlessness, diarrhea, nausea/vomiting, myalgia, diaphoresis, abdominal cramping, yawning and sneezing.
  - These symptoms may appear within minutes of naloxone administration and subside in approximately 2 hours.
  - The severity and duration of the withdrawal syndrome is related to the dose of naloxone and the degree of opioid dependence.
  - Adverse effects beyond opioid withdrawal are rare.
  - Always call EMS and start rescue breathing if indicated.

#### Authorization to Dispense Naloxone

Pursuant to section 4731.941 of the Ohio Revised Code (ORC), the following individuals are authorized to dispense naloxone without a prescription in accordance with this protocol:

- A trained employee, volunteer, or contractor of [AGENCY] which may include: [OTHER TITLES] and/or other trained staff.
- Supporting documentation of trained staff who are able to dispense naloxone will be provided to the Licking County Health Department on completion of training and updated as needed. Supporting documentation of currently trained staff will be attached to this protocol.

Upon completion of required overdose prevention and response training, naloxone may be dispensed to the following individuals:

- An individual who there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose;

This protocol authorizes the individuals listed above to dispense the following doses of intranasal formulations of naloxone:

- Two (2) Narcan 4mg Nasal Spray for Intranasal Use Only

Variation in dosage and/or formulation are permissible under the following circumstances:

- If suspected overdose victim remains non-responsive, additional doses of Narcan® Nasal Spray may be administered until emergency services arrives.

#### Training of Individuals Authorized to Furnish Naloxone

The above-named person participated in a training that included the following:

1. Risk factors for opioid overdose
2. Strategies to prevent opioid overdose
3. Signs and symptoms of opioid overdose
4. Response to opioid overdose, including calling 911 and performing rescue breathing
5. Procedures for assembling and administering naloxone
6. Information on naloxone, including possible adverse reactions
7. Proper storage of naloxone
8. Expiration date of the medication

9. Procedure for reporting an overdose reversal
10. Procedure for obtaining a replacement dose of naloxone
11. Information on where to obtain a referral for substance abuse treatment

**Labeling, Storage, Record-Keeping, and Administrative Requirements**

Each dose of naloxone received and dispensed, including refill doses, will be recorded in a dispensing log as per OAC 4729-9-22.

Records of receipt shall include:

- Description of naloxone received
- Kind and quantity of naloxone received
- Name and address of the person from whom naloxone is received

Records of distribution shall include:

- Description of the kind and quantity of naloxone dispensed
- Name and address of the person to whom, or for whose use, the naloxone was dispensed

This protocol for dispensing naloxone was reviewed and approved by:

\_\_\_\_\_  
Charles J. Marty, M.D.  
Medical Director  
Licking County Health Department  
675 Price Road  
Newark, OH 43055  
(740) 349-6535

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Administrator Name  
Title  
Agency Name  
Address  
Phone Number  
Email Address

\_\_\_\_\_  
Date

# Naloxone Sustainability Plan – Union County



## **Project DAWN (Deaths Avoided With Naloxone)** *Distribution Upon Discharge* **West Central Community Correctional Facility** **Sustainability Plan**

### **PURPOSE**

This document outlines a sustainability plan for the Project DAWN Distribution Upon Discharge program at West Central Community Correctional Facility (also known as West Central), located in Union County, Ohio. West Central Community Correctional Facility is listed as a "Project DAWN Satellite Location" under the Union County Health Department (UCHD). This UCHD Project DAWN program, in conjunction with West Central, will provide community-based Opioid Overdose Prevention Education and Naloxone Distribution to West Central residents and their families upon release.

West Central Community Correctional Facility will review this sustainability plan with the Union County Health Department Drug Overdose Prevention Coordinator. This sustainability plan will also be submitted to the Ohio Department of Health by UCHD on behalf of the project.

### **PROGRAM PROCEDURES**

*The following program procedures, provided by West Central Community Correctional Facility, will be reviewed and updated annually upon the program's initial start date. The UCHD Drug Overdose Prevention Coordinator and West Central staff will schedule a 30-minute meeting for program review. Any changes that need to be made to this section of the sustainability plan will be noted at the end of the section (See "Last Updated").*

1. All West Central residents, prior to discharge, are given the opportunity to receive a Naloxone Kit as part of the Project DAWN Program in conjunction with the Union County Health Department. Each resident receives information regarding Naloxone Distribution from the Reintegration Case Manager at the following times:
  - a. 30 days after entering West Central. This conversation will coincide during the discussion of the West Central Vivitrol Program.
  - b. 5 days prior to successful completion from the program
  - c. Flyers are provided as part of their Re-Entry packet on the day of discharge (for those who chose not to receive kits at time of discharge for future ordering)
  - d. Flyers posted in various spots throughout the Family Rooms.
2. Any resident interested in receive the Narcan Kit upon discharge will work with the Reintegration Case Manager to complete the following:
  - a. General Public Training Video
  - b. "Test Your Knowledge" Form

- c. Naloxone Intake Form
  - d. Naloxone Contact Info Form
3. All information is forwarded to the Medical Department, who enters the appropriate information into Ohio Department of Health Website (RedCap Project DAWN Naloxone Intake Form)
  - a. The resident receives the Narcan Kit in their Re-entry packet on the day of discharge
4. Resident Families can receive information on how to order free Narcan Kits through the Union County Health Departments the following ways:
  - a. During the West Central Visitor Orientation class
  - b. The West Central Community Correctional Facility website
  - c. Various flyers posted in both male and female lobbies

All discharging Residents and their families are provided with information to order Narcan kits via Union County Health Department website at [www.UCHD.NET/PROJECT-DAWN-NARCAN.com](http://www.UCHD.NET/PROJECT-DAWN-NARCAN.com) should they decide they would like to obtain a Narcan kit after successful completion of West Central.

|                         |
|-------------------------|
| Last Updated: 5/29/2020 |
|-------------------------|

#### STAFFING

Staff of the Project DAWN Satellite Location, under the supervision of the Medical Director, will register and train West Central residents and their families to administer nasal naloxone (Narcan®) to individuals experiencing an opioid overdose.

- **PROJECT DAWN SATELLITE COORDINATOR:** The individual employed by the Project DAWN Satellite location who has an overall responsibility for administrative procedures of the program. Each Satellite location will provide a project coordinator to oversee the program within their jurisdiction and will follow the Union County Health Department's policies and procedures with minor modifications if necessary.
- **PROJECT DAWN OVERDOSE PREVENTION SITE EDUCATOR:** A person or persons who have been trained by the Project DAWN Project Coordinator, under the supervision of the Medical Director, to conduct Opioid Overdose Responder training.

West Central Community Correctional Facility staff participating in the Project DAWN Distribution Upon Discharge program are listed below. Any staff person(s) currently participating in this program have completed the online Project DAWN Site Educator/Site Coordinator training, provided by the Union County Health Department, and were issued a Certificate of Completion. At least once every year, online Project DAWN Site Educator/Site Coordinator training will be issued to new and existing staff person(s), who are participating in this program. Information will be provided by the UCHD Drug Overdose Prevention Coordinator, and updated below.

| POSITION (COORDINATOR/EDUCATOR)    | STAFF PERSON(S) | DATE OF APPROVAL |
|------------------------------------|-----------------|------------------|
| Project DAWN Satellite Coordinator | Sasha Baltazar  | 5/27/2020        |

|                                |                  |           |
|--------------------------------|------------------|-----------|
| Project DAWN Site Educator     | Kay Raypholtz    | 4/28/2020 |
| Project DAWN Site Educator     | Cheryl Tossey    | 4/27/2020 |
| Project DAWN Site Educator     | Cynthia Morgan   | 4/20/2020 |
| Project DAWN Site Educator     | Bonita Burroughs | 4/3/2020  |
| Project DAWN Site Educator     | Craig Shumaker   | 4/3/2020  |
| Project DAWN Site Educator     | Scott Zwiezinski | 4/2/2020  |
| <b>Last Updated: 5/29/2020</b> |                  |           |

#### **FUNDING**

This project is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Office of Health Improvement and Wellness Violence and Injury Prevention Section and as a sub-award of a grant issued by the Centers for Disease Control and Prevention under the Overdose Data to Action grant, grant award number 1 NU17CE924989-01-00, and CFDA number 93.136. This funding source is available from September 1, 2019 to August 31, 2020.

**FUNDING SUSTAINABILITY:** To ensure continuation of the Project DAWN Distribution Upon Discharge program, after August 31, 2020, Naloxone kits will be provided by the Union County Health Department Project DAWN Program. Resources for staffing will be covered by the WCCCF budget.

#### **METRICS**

Over the course of four quarters (Q1 - Q4), every year (September - August), the following data will be collected and recorded to ensure sustainability of the Project DAWN Distribution Upon Discharge program:


- Total # of kits distributed to West Central residents upon release
- Total # of kits distributed to West Central (families/friends) upon release
- Total # Project DAWN Naloxone Intake Forms completed
- Total # of Test Your Knowledge Surveys completed

This online assessment tool will also be used to ensure program sustainability:

<https://sustaintool.org/psat/write-your-plan/#anchor-c>



## Follow Up Protocols and Procedures - Union County

|                                                                                                                             |                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
|  <b>UNION COUNTY<br/>HEALTH DEPARTMENT</b> | <b>30,60,90-Day Follow-Up Program</b><br><br><b>Document Type:</b> Protocols & Procedures<br><b>INTERNAL USE ONLY</b> |
| <b>Last Updated:</b> 08/03/2020<br><b>Approved by:</b> Union County Health Department                                       | <b>Agency:</b> Union County Health Department<br>(in conjunction with West Central Community Correctional Facility)   |

### INTRODUCTION

West Central Community Correctional Facility, located in Marysville, Ohio, is a 144-Community Based Correctional Facility (CBCF), serving Champaign, Clark, Delaware, Logan, Madison, Marion, Morrow, and Union counties. West Central is a secure treatment facility that provides a local alternative to prison, with the primary purpose of rehabilitation for non-violent male and female felony offenders. In September 2019, West Central Community Correctional Facility partnered with the Union County Health Department to coordinate and implement the 30,60,90-Day Follow-Up Program, which targets West Central residents upon reentry into the community. Any individual participating in the 30,60,90-Day Follow-Up program must meet the following requirements:

- Recently released resident from West Central Community Correctional Facility (within 30, 60, 90 days from his/her release date) AND/OR;
- Previously enrolled in West Central Community Correctional Facility's Medication Assisted Treatment (MAT) Vivitrol program AND/OR;
- Participant of the Project DAWN Distribution Upon Discharge program

Any individual who meets the above criteria, automatically qualifies for enrollment in the 30,60,90-Day Follow-Up Program. Every West Central Community Correctional Facility resident that signs a consent form at the beginning of their Orientation allows the Union County Health Department to follow-up with the Resident.

### Project DAWN Distribution Upon Discharge Program - Data Collection

The Union County Health Department Drug Overdose Prevention Coordinator will reach out to the Project DAWN Site Coordinator at West Central Community Correctional Facility **every 5th of the month** (i.e. January 5th, February 5th, etc.). The UCHD Drug Overdose Prevention Coordinator will request the following information from the Project DAWN Site Coordinator:

- Contact Information Cards (includes name, kit #, address, & phone number)
- Test Your Knowledge Surveys

\*Disclaimer: The contact information cards and Test Your Knowledge Surveys collected above will ONLY be Project DAWN Distribution Upon Discharge information. This information will NOT

include West Central residents who did not participate in the Project DAWN Distribution Upon Discharge Program.

**Message Template:**

Dear [Project DAWN Site Coordinator Name]:

I hope you are doing well! I am checking in with you to see if you are in need of any more Project DAWN Distribution Upon Discharge kits? If you are, please let me know how many you need and I will be able to drop them off at West Central once they are delivered to the Health Department. Also, can you please send over the Project DAWN information from this [month] for the 30,60,90-Day Follow-Up Program? If you put the contact information cards and Test Your Knowledge surveys in a folder, I can stop by and pick them up as soon as they are ready! Thank you for your help and please let me know if you have any questions or concerns in the meantime.

All my best,  
[UCHD Drug Overdose Prevention Coordinator]

**Non-Participant Data Collection**

The UCHD Drug Overdose Prevention Coordinator will reach out to the Court Services Coordinator or Deputy Director at West Central Community Correctional Facility **every 5th of the month** (i.e. January 5th, February 5th, etc.) to receive the following information in an Excel spreadsheet:

- Release Date (XX/XX/XXXX)
- Resident (Last, First Name)
- Resident Address
- Phone Number

Residents released from West Central Community Correctional Facility, who did NOT participate in the Project DAWN Distribution Upon Discharge program, will be contacted for the 30,60,90-Day Follow-Up program under the following protocols & procedures:

**PROTOCOLS & PROCEDURES**

**Step 1. Participant eligibility check.**

Any individual(s) participating in the 30,60,90-Day Follow-Up program must meet one or more of the following requirements:

- Recently discharged from West Central Community Correctional Facility;
- Previously enrolled in the Medication Assisted Treatment (MAT) program at West Central;
- Project DAWN Distribution Upon Discharge program participant

Any individual who meets the above criteria, qualifies for automatic enrollment in the 30,60,90-Day Follow-Up Program. Every West Central Community Correctional Facility Resident must sign a consent form at West Central (either during or after Orientation) that allows the Union County Health Department to contact Residents upon release.



## **Step 2. Collect contact information from West Central.**

There are two points of Contact at West Central Community Correctional Facility, in which the Union County Health Department collects Resident contact information from the Project DAWN Site Coordinator and West Central Court Services Coordinator.

1. **Project DAWN Site Coordinator:** The UCHD Drug Overdose Prevention Coordinator is responsible for reaching out to the West Central Project DAWN Site Coordinator **every 5th of the month** (i.e. January 5th, February 5th, etc.). The UCHD Drug Overdose Prevention Coordinator will request the following information from the West Central Project DAWN Site Coordinator:

- a. Contact Information Cards (includes name, kit #, address, & phone number)
- b. Test Your Knowledge Surveys

It's important to note Resident contact information collected above *ONLY* includes Project DAWN Distribution Upon Discharge participants. This information does not include West Central Residents who did not participate in the Project DAWN Distribution Upon Discharge Program.

2. **Court Services Coordinator:** The UCHD Drug Overdose Prevention Coordinator will reach out to the West Central Court Services Coordinator or Deputy Director at West Central Community Correctional Facility **every 5th of the month** (i.e. January 5th, February 5th, etc.) to receive the following information:

- Release Date (XX/XX/XXXX)
- Resident (Last, First Name)
- Resident Address
- Phone Number

It's important to note Resident contact information collected above *ONLY* includes non-participants of the Project DAWN Distribution Upon Discharge program. In other words, this information does not include West Central Residents who participated in the Project DAWN Distribution Upon Discharge Program.

Once Resident contact information from West Central Community Correctional Facility is collected above, the UCHD Drug Overdose Prevention Coordinator will input this data into an Excel Spreadsheet on the S: drive at the Union County Health Department.

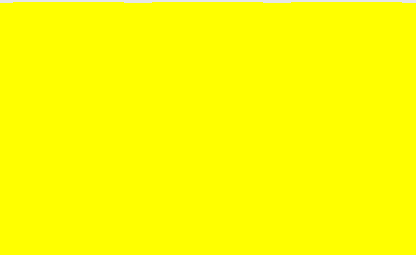
***S: Drive > Health Education > Health Education Only > Juliet McAdam > FollowUp Program***

## **Step 3. Download & print a copy of the 30,60,90-Day Follow-Up form.**

1. Download & print a copy of the 30,60,90-Day Follow-Up form. A copy of the 30,60,90-Day Follow-Up form can be found on the S: Drive at the Union County Health Department, under the Health Education Only folder (see above). A copy of this form can also be found in the Appendix.
2. Once a copy of the form is successfully downloaded, it must be printed for participant and their follow-up. All participant files will be stored at the Union County Health Department in a secure office.

**Step 4. Check Resident release dates from West Central Community Correctional Facility.**

1. Open the Excel Spreadsheet on the S: Drive that contains all West Central Resident contact information.
2. Identify the “Date of Distribution” or “Release Date” next to each contact on the list.
3. Then, determine the 30, 60, & 90-day follow-up date(s) based on the Resident’s “Date of Distribution” or “Release Date”. For each participant in the follow-up program, fill in the 30, 60, 90-Day dates on their follow up form:

| Contact Name                                                             | Phone | Home Address | 30 Day                                                                               | 60 Day | 90 Day |
|--------------------------------------------------------------------------|-------|--------------|--------------------------------------------------------------------------------------|--------|--------|
| _____                                                                    | __    | _____        |  |        |        |
| _____                                                                    | -     | _____        |                                                                                      |        |        |
| 80GRF_____                                                               | __    | _____        |                                                                                      |        |        |
|                                                                          | -     |              |                                                                                      |        |        |
|                                                                          | __    |              |                                                                                      |        |        |
|                                                                          | __    |              |                                                                                      |        |        |
| Would like to be removed from the follow-up program? Yes ____ No ____ No |       |              |                                                                                      |        |        |
| Response _____                                                           |       |              |                                                                                      |        |        |

### Step 5. Schedule follow-up calls (initial contact).

1. Download & print a blank copy of the 30,60,90-Day follow-up form.
2. Look at the Excel spreadsheet, containing West Central contact information, and choose Resident who has not been follow-up with yet.
3. Write the Resident's name on their follow-up form, including identification code (i.e. 80GRFX) or mark N/A if the Resident did not participate in the Project DAWN Distribution Upon Discharge program. Also, add the Resident's phone number and home address.
4. Once the above is complete, call the Resident (at their 30-Day mark) using the follow-up form.
  - a. **Initial Contact:** The UCHD Drug Overdose Prevention Coordinator will call Residents in the morning between 9:00 AM – 12:00 PM.
    - i. If the Resident does not answer, leave a voicemail. Call the Resident back in the afternoon hours between 1:00 PM – 3:00 PM. If the Resident does not answer the second call in the afternoon, or does not call the UCHD Drug Overdose Prevention Coordinator back within 72 hours, the Resident will be removed from the program.
    - ii. If the Resident does respond to initial contact, use the follow-up form and refer to the community resources guide packet (Appendix).
5. Residents who have successfully reached the 30-Day mark of the follow-up program will receive a follow-up call on their 60 & 90-Day mark. Follow the same protocol above, if the Resident does not respond on the 60 or 90-Day follow-up call.