Expanding Harm Reduction in Rural New York

Successes and Challenges from Cortland County's Implementation of the HEALing Communities Study

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RHi | Rural Health Institute of New York

Who we are

Rural Health Institute of New York

We are a public health institute committed to helping rural communities across the state improve population-level health through use of

data

collaboration

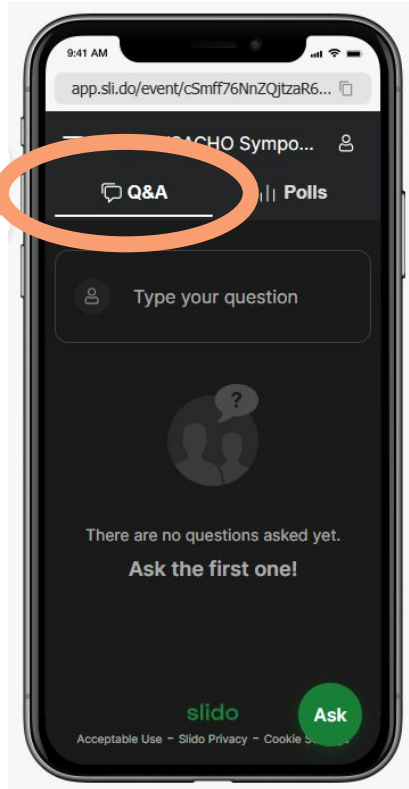**communication**

Slido for Questions

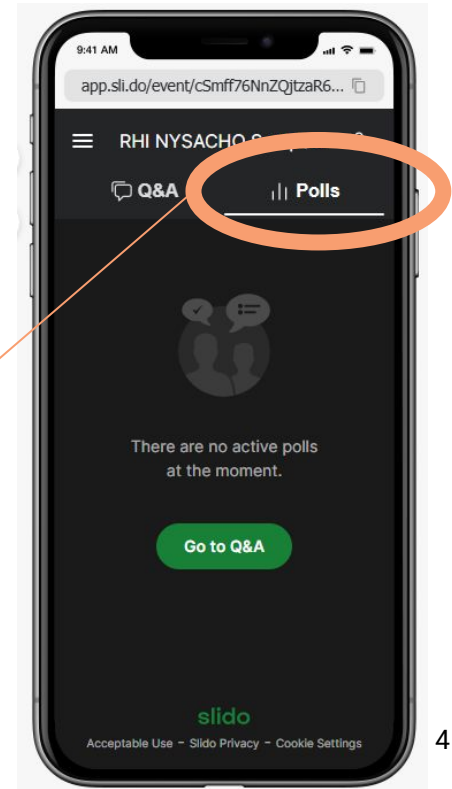Or go to **slido.com** and enter **#2632236**

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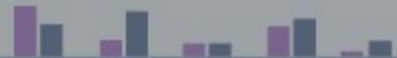
At any time, you can ask questions in the **Q&A tab**

When we have specific questions or prompts for you, they'll show up in the **Polls tab**

The HEALing Communities Study

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The HEALing Communities Study (HCS)

Large Randomized, Multistate NIDA Funded Study
67 highly affected communities in 4 states; 16 NYS Counties
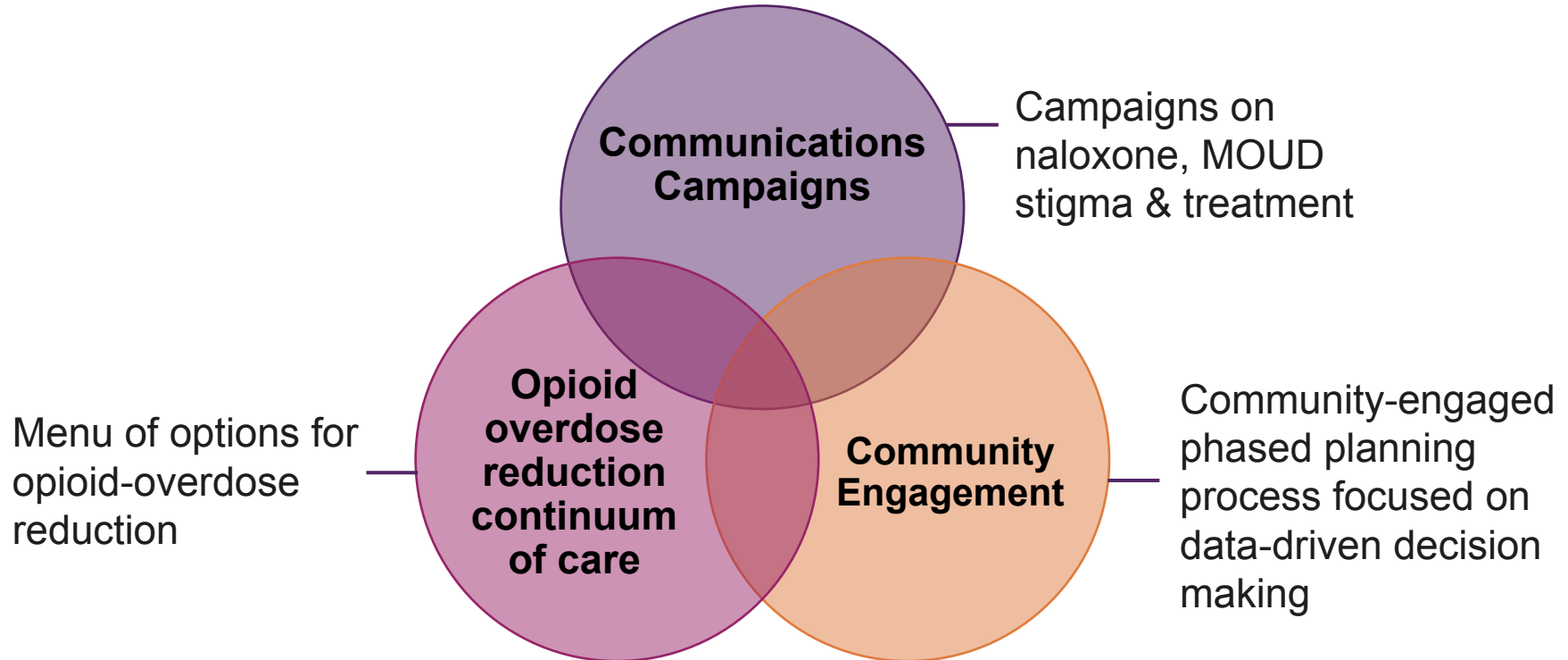
The Communities That HEAL Intervention (CTH)
A community-engaged intervention that results in a data-driven community action plan designed to increase dissemination and adoption of evidence-based practices (EBPs)

Primary Outcome Goal
Reduce Opioid Overdose Deaths by 40% by the end of the study

Study Intervention–Communities That HEAL (CTH)

Campaigns on naloxone, MOUD stigma & treatment

Communications Campaigns

Menu of options for opioid-overdose reduction

Opioid overdose reduction continuum of care

Community Engagement

Community-engaged phased planning process focused on data-driven decision making

Was your county involved in HCS?

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What Cortland did with the HCS

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HCS in Cortland: Staffing, Support, and Funding for Direct Service

- Cortland County contracted with RHI (then CACTC) to manage the project
  - A team of 3 full-time staff

- Around $500,000 and other resources to implement evidence-based strategies to reduce overdose deaths
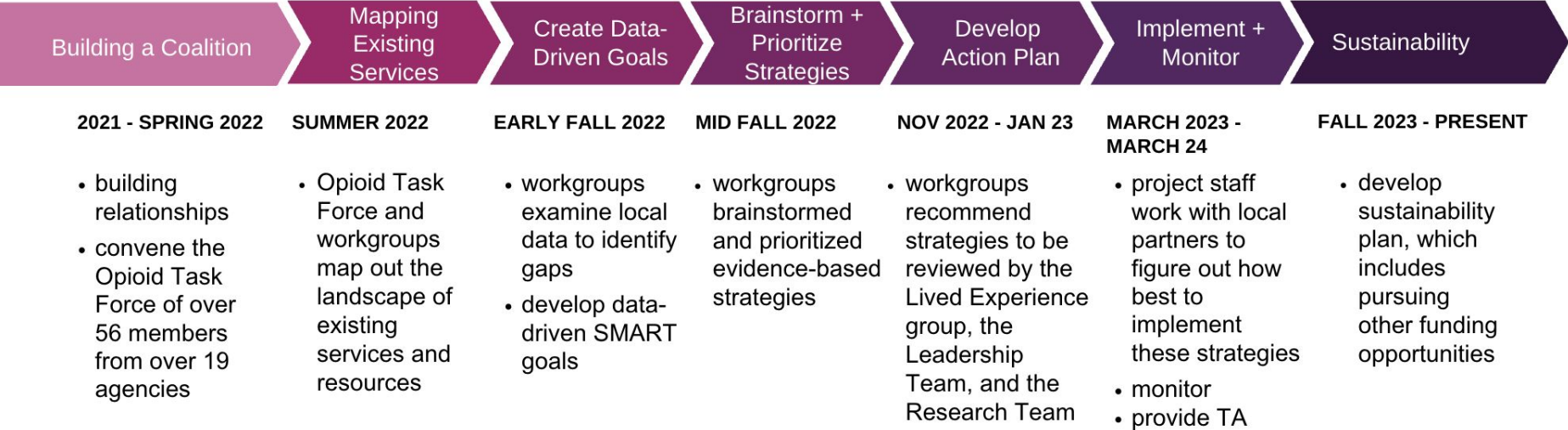
As part of HCS, Cortland created the Opioid Task Force (OTF) in summer 2022

The Healing Cortland Team established and facilitated the OTF to

- **Engage a diverse group of stakeholders**, including people with lived experience

- **Use local data to select strategies** shown to reduce overdose deaths, allocate resources and monitor implementation

- **Conduct 3 communications campaigns** to raise awareness and reduce stigma

Project Timeline

Building a Coalition	Mapping Existing Services	Create Data-Driven Goals	Brainstorm + Prioritize Strategies	Develop Action Plan	Implement + Monitor	Sustainability
2021 - SPRING 2022	**SUMMER 2022**	**EARLY FALL 2022**	**MID FALL 2022**	**NOV 2022 - JAN 23**	**MARCH 2023 - MARCH 24**	**FALL 2023 - PRESENT**
• building relationships • convene the Opioid Task Force of over 56 members from over 19 agencies	• Opioid Task Force and workgroups map out the landscape of existing services and resources	• workgroups examine local data to identify gaps • develop data-driven SMART goals	• workgroups brainstormed and prioritized evidence-based strategies	• workgroups recommend strategies to be reviewed by the Lived Experience group, the Leadership Team, and the Research Team	• project staff work with local partners to figure out how best to implement these strategies • monitor • provide TA	• develop sustainability plan, which includes pursuing other funding opportunities

Strategies and Goals

Medication for Opioid Use Disorder (MOUD)

Goal: By December 2023, 395 individuals in Cortland County will be receiving MOUD

- Expanding access & availability, including to methadone
- Scaling up low-threshold tele-health MOUD
- Improving linkages to MOUD
- Improving retention on MOUD with enhanced peer services

Overdose Education and Narcan Distribution

Goal: By December 2023, distribute 3,000 naloxone kits to individuals in Cortland County

- First responder Narcan leave-behind
- After-hour distribution (evenings and weekends)
- Distribution targeting unhoused people
- Rural distribution
- Installation of public Narcan boxes (N-PODs)

Safer Opioid Prescribing & Med Disposal

- Primary care provider education
- Promotion of the county-wide Drug Disposal Program

What are some of the local overdose-related priorities you've identified?

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Overdose Education and Naloxone Distribution Data Collection

Prior to the study we collected:

- Number of naloxone kits distributed

Several new data collection measures were implemented:

# of kits distributed after hours (outside Monday-Friday 9am-5pm)

# of kits distributed at selected locations targeting unhoused people

# of kits distributed in rural areas (outside of the city center)

Demographics of people receiving kits or being trained: age, race and sex

After-hours, Rural, and Targeting Unhoused Naloxone Distribution

- After-hours and rural distribution were expanded through:

  - Community events

  - Evening tabling

  - Passive distribution boxes (rural only)

- 52% of the kits distributed by the partners were a targeted strategy

- 18% were more than one strategy at once
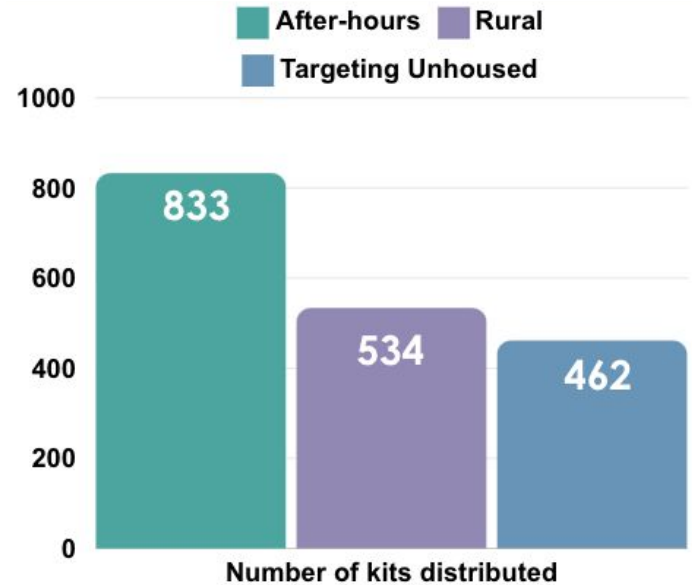
Naloxone Distribution Outcomes

- **Fatal overdoses** decreased by 1 from 2022 to 2023

- **Narcan Distribution** increased by 32% from 2022 to 2023
  - Over 3,000 kits were distributed in 2023

- **Bystander naloxone administration** reported in the City of Cortland increased in 2022 and 2023 (49%) from 2021 (41%) with bystanders administering narcan in nearly 50% of reported overdoses where naloxone was administered

- Data collection went from paper to digital

Bystander Naloxone Administration
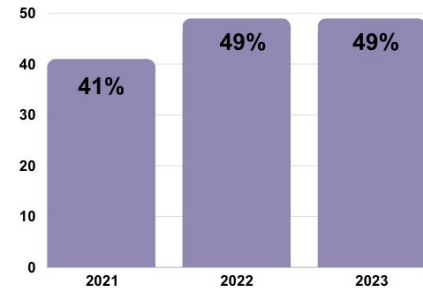
MOUD Data Collection

- Prior to the study, some partners were not regularly tracking the number of patients receiving MOUD

  - They created a variable/dataset so they could better assess their population receiving MOUD

- The following monthly measures were implemented:

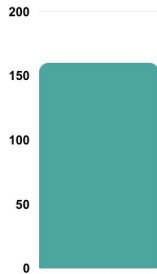| Number of patients receiving MOUD |
|---|
| Number of new inductions onto MOUD |
| Number receiving MOUD for 6 months or more (retention) |
| Number of patients receiving MOUD + peer support |
| Demographics of patients receiving MOUD |

MOUD Referrals/Linkages and Inductions

160 Referrals/Linkages

90 Inductions
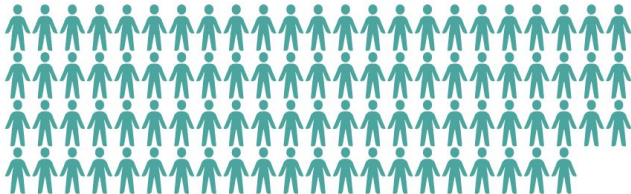
- Partnerships were formed between our county's SEP and OTP, and low-threshold providers and local service agencies
  - These efforts led to 160 referrals/linkages
- Providers worked to improve access to MOUD at their practice and reduce stigma
  - The referrals and these efforts translated to 90 inductions

What We Learned from HCS

What did we learn about Narcan?

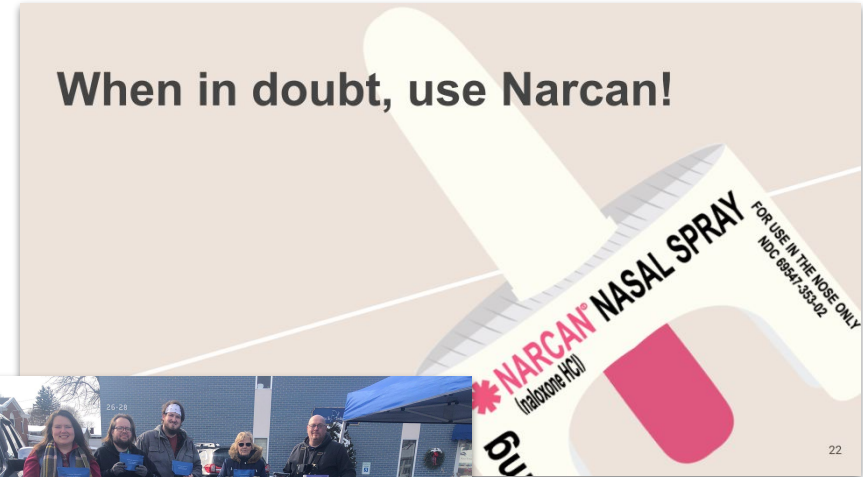**One size doesn't fit all**, trainings must be tailored

Staffing isn't the determining factor we thought it was

One size doesn't fit every need

Quick trainings to lower barriers to Narcan access

But there's still **a role for longer** trainings in reducing stigma

When in doubt, use Narcan!

FREE TRAINING AND NARCAN KITS

Staffing is Important for Narcan Distribution, but Not In Different Ways Than We Thought

- Maximize staff time with **targeted trainings** based on data-based gaps

- **Passive distribution** allows for more flexibility, especially after hours and in rural areas

What did we learn about Stigma and Engaging People with Lived Experience?

Stigma is a complicated barrier that requires consistent, diverse effort to address

It's hard—but critical—to meaningfully include and engage people with **lived experience**

Asking people with lived experience to give input **without meaningfully integrating it erodes trust** (and the study/contract constrained this)

Stigma is a complicated barrier that requires consistent, diverse effort to address

- Communications Campaigns

- Trainings and Conversations

- Repetition

It's hard–but critical–to meaningfully include and engage people with lived experience

- Lived Experience Group
- Support for and from the RCO
- Input and Trust

How can health departments and other agencies build trust?

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What did we learn about Data-Driven Collaboration?

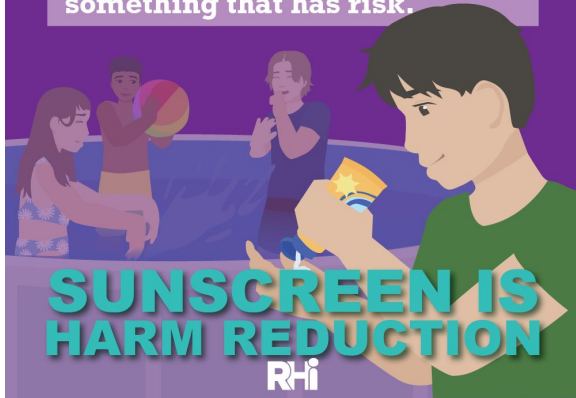We started out collecting the **wrong data** (and the study constrained this)

It took work to **make the data meaningful** to the relevant stakeholders

Data-driven action faced many barriers

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Future Work: Normalizing Harm Reduction and Expanding Services