

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: December 2, 2019

SUBJECT: Community Linkages to Care Grant Award
NC Department of Health & Human Services (NC DHHS)

PRESENTER: Stacy Taylor, Community Health Improvement Director
Jodi Grabowski, Behavioral Health System Coordinator

ATTACHMENTS: 1. Community Linkages to Care Grant Notice of Award
2. Project Narrative – Henderson County Overdose Prevention & Response

SUMMARY OF REQUEST:

In coordination with multiple community partners, the Henderson County Department of Public Health submitted a proposal for the Community Linkages to Care grant in October 2019. The grant is directly related to our current community health priority of substance abuse and provides resources to support previously identified strategies for overdose prevention and response including recommendations from the Substance Abuse Task Force. The department received the formal notice of award on November 14, 2019. As outlined in the project narrative, the grant will support the formation of a post-overdose response team, made up of individuals who are Certified Peer Support Specialists. This team will reach out to people in our community who have experienced a recent overdose and who are risk of overdose. The initial dedication of funding is \$150,000 from December 2019 to May 2021. Additional funding of \$125,000 will be provided for the period of June 2021 to August 2022 if state funding remains available and appropriate outcomes have been achieved.

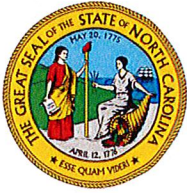
It is requested that the Henderson County Board of Commissioners approve receipt of the grant funds for the intended purposes as outlined in the project narrative. No county funds or county positions will be required for the initiative.

BOARD ACTION REQUESTED:

The Board is requested to accept the Community Linkages to Care grant award and authorize the appropriate budgetary actions necessary to implement the initiative as outlined subject to the funding limitations of the grant.

Suggested Motion:

I move the Board accept the Community Linkages to Care grant award for the Henderson County Department of Health and approve the necessary budgetary actions to implement the initiative subject to funding limitations of the grant.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

November 14, 2019

Steve Smith
Henderson County Department of Public Health
1200 Spartanburg Highway, Suite 100
Hendersonville, NC 28792

Dear Steve Smith,

Thank you for your application in response to the [Community Linkages to Care for Overdose Prevention and Response \("CLC"\)](#) Request for Applications (RFA #A371) issued by the North Carolina Department of Health and Human Services, Division of Public Health (DPH), Injury and Violence Prevention Branch.

The DPH Injury and Violence Prevention Branch received 34 applications in response to Part A of the RFA. We are pleased to announce that Henderson County Department of Public Health has been **approved** for an award. Congratulations!

Please notify us with an "Accept" or "Decline" of your award offer by email to beinjuryfreenc@dhhs.nc.gov no later than 5:00pm ET on Monday, November 18.

A press release will be issued by the Department in the next month that will include the names of the awardees who have accepted their award offer.

Funds for Agreement Addendum Term 1 will be available in the Aid-to-Counties database system starting December 1. Funds will be split by Fiscal Year 2020 and Fiscal Year 2021 Terms as budgeted in your approved application. The project period for Term 1 is December 1, 2019 through May 31, 2020; Term 2 is June 1, 2020 through May 31, 2021. The Agreement Addendum number assigned for this scope of services is **AA491 CLC Core Strategies: Community Linkages to Care for Overdose Prevention and Response**.

We are excited to work with you and appreciate your interest, time, and effort in partnering with us to prevent fatal and non-fatal opioid overdoses, increase access and linkages to care services for our most vulnerable populations, and build local capacity to respond to the opioid epidemic in North Carolina.

Sincerely,

Susan Kansagra, MD MBA
Chief, Chronic Disease and Injury Section
Division of Public Health

Cc: Alan Dellapenna; Amy Patel; MegAnn Smith; Beinjuryfreenc@dhhs.nc.gov

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

PROJECT NARRATIVE

Proposal Summary

Henderson County proposes to create a Post-Overdose Response Team. This project will serve people in Henderson County who are at risk of substance overdose and/or are justice involved.

The primary staff for the Post-Overdose Response Team will be two (.75 FTE) Peer Support Outreach Specialists (PSOS) for Henderson County. These Peer Support Outreach Specialists will utilize the data provided by the two local emergency departments as well as county EMS to engage in follow-up within 72 hours for those who have experienced an overdose and/or been resuscitated with Naloxone.

They will meet with the individual and any support person available to provide support and information about resources for care. They will work closely with County EMS and the local Emergency Departments. The Peers will also follow up with identified people who have recently been released from detention. These will be people who agreed to participate in the program prior to release. The Peers will carry and distribute Naloxone kits (provided free from The Free Clinics) as well as harm reduction information and materials as determined by the County and will be knowledgeable about resources and referral processes.

Organizational Readiness and Assessment of Need

Henderson County is well-positioned for collaborative efforts to support our community members who are struggling with substance misuse and who are justice involved.

Henderson County Department of Public Health (HCDPH) has worked diligently over the years to improve the health of residents in Henderson County. In both the 2015 and 2018 Henderson County Community Health Assessment's (CHA's) Mental Health and Substance Abuse were identified by community health stakeholders as major priorities. HCDPH and The Partnership for Health have been addressing these priorities along with a collaboration of stakeholders from our community. This group, known as the Behavioral Health Summit, is comprised of stakeholders from various community organizations with the intention of addressing the gaps and barriers in our system and working together to find solutions.

In 2019 the Behavioral Health Summit determined that a "Behavioral Health System Coordinator" was needed to drive their collective efforts, and the County Commissioners agreed. This role is held by Jodi Grabowski, MACP, LPA. Jodi is examining what is working, where we have opportunities for improvement, and what we can learn from other communities.

Additionally, HopeRX is a key partner in Henderson County's Partnership for Health and the Behavioral Health Summit. Based upon the successful Project Lazarus model, HopeRX is a community-based substance abuse initiative centered on education, prevention, and recovery, developed as a community collaborative to educate the public about the dangers of prescription

drug abuse in Henderson County and to help identify effective environmental strategies for prevention as well as treatment options. HopeRX is the recipient of a federal Drug-Free Communities grant focusing on prevention efforts, especially targeting youth and young adults. As part of their efforts, the staff of HopeRX attends the Community Anti-drug Coalitions of America (CADCA) conference annually, bringing best practices for prevention, harm reduction, and recovery to our Henderson County community. In 2017, HopeRX created a packet of materials about local services for treatment and recovery which they supplied to the county EMS for distribution at the scene of a call for an overdose and resuscitation.

The 2018 Henderson County Community Health Assessment noted that, "In 2017, 88.9% of all opioid overdose deaths involved heroin, fentanyl or fentanyl analogues" and that Henderson County's rates are higher than the states for these overdoses" (2019, May 6).

As is the case for most communities in our state, the emergency departments for our two hospitals have become the default safety net for behavioral health care. This of course includes persons who have recently experienced overdose and may be seeking treatment.

Henderson County is among the 41 counties in North Carolina identified as an "opioid high risk" county in a recent study published in the Journal of the American Medical Association.

"Counties were deemed 'high risk' if they had higher than the national rate of 12.5 opioid-related deaths per 100,000 people, and lower than the national rate of 9.7 providers of medication-assisted treatment, or MAT, for opioid use disorders" (2019, July 23).

Henderson County EMS response data indicate that EMS administers Narcan to an average of 15 people per month. While most are transported to one of the county's two hospitals, so far in 2019, at least 12 people among those who responded favorably to the Narcan administration were not transported to a hospital (e.g., refused care, AMA, or released). This is concerning given that people who have been revived via Narcan are at high risk of overdose due to the physical need to reverse the effects of the opiate blocker.

Though Henderson County currently does not enjoy robust services for harm reduction, some efforts have been in place for over six years. The Free Clinics has offered Naloxone free through its Community Pharmacy for six years; coordinated efforts with students of Wingate School of Pharmacy have sought to educate the community and have increased distribution of Naloxone. The county leadership is, however, in process of creating a task force to explore additional harm reduction options that will work in our county. In the meantime, we will utilize the wealth of materials available for distribution about safe injecting and how to get in touch with places that they can access harm reduction materials. These materials include a rack card created and distributed by the Buncombe County Department of Public Health regarding safe injecting and wound care. This rack card can be reprinted for our purposes.

Additionally, the county has invested in a new position, a Discharge Engagement Navigator attached to the county detention center. The HCDPH is contracting with The Free Clinics for this new position which will serve as a resource for all persons released from the detention center, supporting and navigating them to needed resources, including substance misuse, behavioral

health, medical, and human service agencies. This new position should be hired, trained, and imbedded at the detention center before the end of 2019. This position will be the key point of referral to the Post-Overdose Response Team for those justice-involved persons dealing with issues of substance misuse.

Project Description and Sustainability

Under the leadership of the Henderson County Department of Public Health (HCDPH), the Behavioral Health Summit, and HopeRX and with the support of The NC Department of Health and Human Services, Henderson County will create a Post-Overdose Response Team.

The Department of Public Health will contract with a local nonprofit experienced in working with vulnerable populations, including homeless, justice-involved, and dealing with behavioral health challenges and substance misuse. The HCDPH has identified The Free Clinics as the contracted agency for this project.

The Free Clinics (TFC) will create and hire the Post-Overdose Outreach Team, which will consist primarily of two 0.75 FTE positions. By utilizing two Peer Support Outreach Specialists, we seek to ensure their safety during post-overdose home visits, which may sometimes take the team to potentially unsafe areas of the community. The team will be supported by TFC's Patient Health Advocates including one based full-time at the county detention center, Psychiatric Nurse Case Manager, and Clinical Services Director, as well as the Henderson County Behavioral Health System Coordinator. TFC and HCDPH will ensure training for the Peer Support Outreach Specialists, including such topics as harm reduction, recovery, safe injecting, Naloxone, de-escalation, and personal safety and boundaries.

The involvement of peers in harm reduction has long been recognized as essential in the engagement of individuals struggling with substance misuse. "Harm reduction is a pragmatic, non-judgmental approach to drug addiction and one that recognizes the importance of peers in supporting behaviour change." (2006) The addition of this team will greatly enhance the services offered by the professionals of the participating agencies.

TFC and HCDPH will initiate Business Associate Agreements to enable data sharing by the two local hospitals, county EMS, and county detention center to the Post-Overdose Response Team. Data will be shared several times each week, on a regular schedule, to ensure that all persons who experience an overdose are contacted and visited within 72 hours of the incident.

In addition to the services described in the Proposal Summary, the Peers will gather data about the experience of the individuals they serve to inform our efforts toward improving services and resources in Henderson County. They will connect with overdose survivors, as well as families and friends of the deceased, to create a road map of any efforts and services undertaken by the affected individual and their loved ones. This will inform our Living Road Map Action Team and the larger Behavioral Health Summit as to the gaps in services and barriers to care that the individual may have experienced.

The Peer Support Outreach Specialists will work closely with their supervising entity to document the efficacy of this position. The intention is to demonstrate a savings to county services, reduction in detention center recidivism, and reduced impact on the first responders of Henderson County.

Timeline for the project will be:

December 2019	Hire two Peer Support Outreach Specialists
December-January	Initiate BAAs with two local hospitals, county EMS, and county detention
December-January	Train Peer Support Outreach Specialists
February 2020	Initiate Post-Overdose Outreach Team, obtaining data from local sites and contacting all persons within 72 hours
February 2020	Application for renewed funding for Post-Overdose Response Team
Spring 2020	Monthly meetings with Post-Overdose Response Team, BH Systems Coordinator, and leadership team of HCDPH and TFC to track progress, identify challenges, and modify the program as appropriate
June 2020	Report successes, challenges, and progress for year one to NCDHHS
October 2020	Report successes, challenges, and progress for year two to NCDHHS
June 2021	Report successes, challenges, and progress for year three to NCDHHS

Evidence of Collaboration/ Partnerships

The above-mentioned Behavioral Health Summit intends to support the improvement or creation of behavioral health systems that will better coordinate and deliver services, maximize resources, & pursue policies that promote an integrated network of partners to facilitate positive change for our neighbors most in need.

The Behavioral Health Summit identified four Strategic Directions for improving Behavioral Health for Henderson County:

1. Provide needed services at the right place at the right time.
2. Connect people and providers to resources and education.
3. Collaborate and advocate across organizational boundaries.
4. Enhance the community-based system to fully support relationship-based, personalized care.

The Summit defines the “local system” as a collection of local environments, actors, and organizations – each with its own set of strengths, gaps, barriers, and opportunities. “Systems change” is defined as efforts focused on realigning and coordinating these factors. Systems change work emphasizes shared responsibility and accountability in order to increase efficiencies, provide more comprehensive care, and improve behavioral health outcomes. In 2018 the Summit leaders crafted a memorandum of understanding to demonstrate our commitment to a community-wide system of care and to guide our collective work.

Current list of agencies/organizations represented in the BH summit:

AdventHealth Hendersonville
Blue Ridge Health
Children & Family Resource Center
Community Foundation of Henderson County
Council on Aging
Crossnore School and Children's Home
District Attorney's Office
Family Preservation Services
The Free Clinics
Henderson County Department of Public Health
Henderson County Department of Social Services
Henderson County Emergency Management Services
Henderson County Public Schools
Henderson County Sheriff's Office (and Detention Center)
HopeRX
MAHEC
Pardee UNC Hospital
Safelight
Sparc Foundation
Thrive
United Way of Henderson County
Vaya Health
Youth Villages

In addition to their ongoing work in the area of substance misuse prevention, HopeRX has engaged in bringing national speakers to the community to raise awareness and promote conversation about the opioid crisis. In 2018, 750 community members and stakeholders attended a presentation by Sam Quinones, author of [Dreamland: The True Tale of America's Opiate Epidemic](#). On November 5, 2019 HopeRX will host Ryan Hampton, author of [The American Fix: Inside the Opioid Addiction Crisis- and How to End It](#). These events have enjoyed support from community partners and Henderson County leadership.

As a result of the collaborative work of the Behavioral Health Summit, our service providers have remained apprised of the needs of their constituents and have responded by adjusting and adding to their service menus. For examples, Blue Ridge Health has greatly expanded MAT services and locations and AdventHealth has begun treating Dually Diagnosed patients in their Women's Behavioral Health Unit.

Two Action Teams have resulted from the Behavioral Health Summit in the past year. The first is a "Living Road Map" group that is in process of mapping out the journey of services for various populations and needs within behavioral health. The end-result will be a digital, web-based platform for consumers to utilize an online option of "no wrong door" to access the right care for them.

The other Action Team is addressing After-hours and Crisis Care. In a recent meeting this team agreed that one of the most nimble actions this group could promote is that of social workers and/or peers with lived experience who can meet people where they are in support of the efforts of our county's first responders and emergency departments.

Henderson County is fortunate to have this established collaborative of leaders addressing the many-faceted issues we face in behavioral health. We believe it is efforts such as these that support that work toward building healthier, more resilient communities.

Performance Measures/ Evaluation Plan

We are interested in impacting the rate of overdoses and overdose deaths in Henderson County.

Outcome Measures:

From EMS: We will measure the number of calls that EMS receives and the number of Narcan administrations. This data includes the outcome of the Narcan administration (improved or unchanged) and the disposition of the patient.

From Hospital Emergency Departments: We will measure the number of people who present to the Emergency Departments due to substance overdose.

From Henderson County Detention Center: We will measure the rate of recidivism of engaged individuals and cost savings attached.

For all of the above: We will determine who the High Utilizers of services are in Henderson County. We will document the usage rates of these individuals and assign a value to any savings to those county departments that may result from this program.

The Peer Support Outreach Specialists will reach out to Henderson County residents who are:

1. Seen by EMS and identified as having experienced an overdose
2. Discharged from Emergency Departments after having experienced an overdose
3. Released from detention and had been identified as having Substance Use Disorder

Ongoing Measures:

The goal will be to connect with each person within 72 hours of an event or discharge or release.

The Peer Support Outreach Specialists will document time spent on crisis calls, outreach calls, and community outreach work. They will also document how much time is spent searching for individuals, travelling to see them, and providing care coordination.

Additionally, the Peer Support Outreach Specialists will document their response time for meeting with the individual as well as the number of times the individual could not be found or refused the service.