

# LOCAL HEALTH DEPARTMENT'S ROLE IN OPIOID MISUSE AND ABUSE PREVENTION



### NALOXONE TRAINING

In 2020, a core group of Wright County Health & Human Services staff will be trained to carry and administer naloxone. Wright County Public Health (WCPH) also works with faith communities, worksites, and other partners to train community members.

### LINKING SUBSTANCE USE DISORDER & MENTAL HEALTH

Wright County Public Health (WCPH) works closely with local behavioral health organizations to educate, de-stigmatize, and bring awareness to how the social determinants of health intersect with substance use disorder and mental health. This includes co-presenting at events, developing advocates, and connecting health care providers.

### MEADA (MENTORSHIP, EDUCATION, & DRUG AWARENESS)

As a local coalition dedicated to decreasing drug use and abuse in Wright County, MEADA offers mini-grants to local efforts aimed at creating awareness and fostering mentorship. 2020 Drug Free Communities grant applicant.

### PATIENT EDUCATION TOOLS

The Wright County Opioid Action Team developed tools (i.e. brochures, flyers, etc.) aimed at educating patients about opioids and empowering them to make informed decisions about their treatment.

### MEDICATION DISPOSAL

In a partnership with local senior centers, seniors who receive meal deliveries have an opportunity to rid their home of unused, unwanted, or expired medications when law enforcement co-visits with meal delivery services twice per year.

### NEONATAL ABSTINENCE SYNDROME (NAS)

To treat and prevent cases of NAS, WCPH partners with healthcare systems to ensure a standard substance use screening process for pregnant women and newborn babies that is preceded by appropriate immediate treatment and long-term follow-up.

### OVERDOSE DETECTION MAPPING SYSTEM

In partnership with the Wright County Sheriff's Office, local health systems, and the Bureau of Criminal Apprehension, efforts are underway to allow the health systems to enter overdoses that are seen in their emergency departments. This fills a data gap; overdoses are only tracked if law enforcement responds to them, but many people are brought to the hospital by friends/family.

### PRESCRIPTION DRUG MONITORING PROGRAM

WCPH worked with clinic partners to develop a standardized process to check the PDMP prior to prescribing controlled substances and equip prescribers with the knowledge to see the signs of substance use disorder and intervene.

### MEDICATION ASSISTED TREATMENT (MAT)

Local health systems are partnering with the Wright County Jail and Health & Human Services to establish a system where jail staff refer interested inmates to an MAT provider while in jail and/or post-incarceration. A social worker is available to provide follow-up after the induction of MAT.

### CHILD PROTECTIVE SERVICES AND FAMILY HOME VISITING

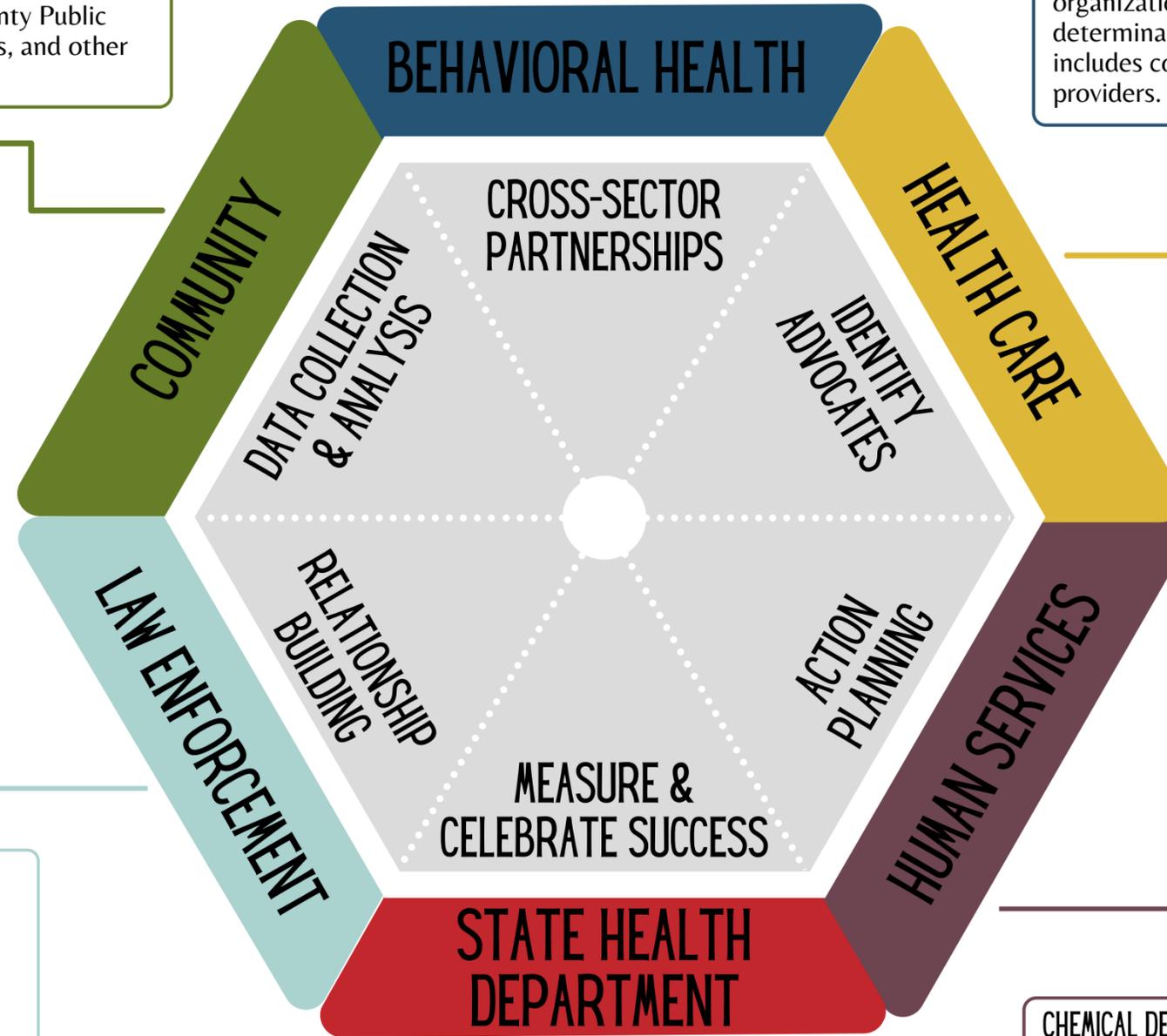
Advocates within Wright County Health & Human Services are working together to evaluate processes and expand services offered to individuals and families impacted by substance use disorder,

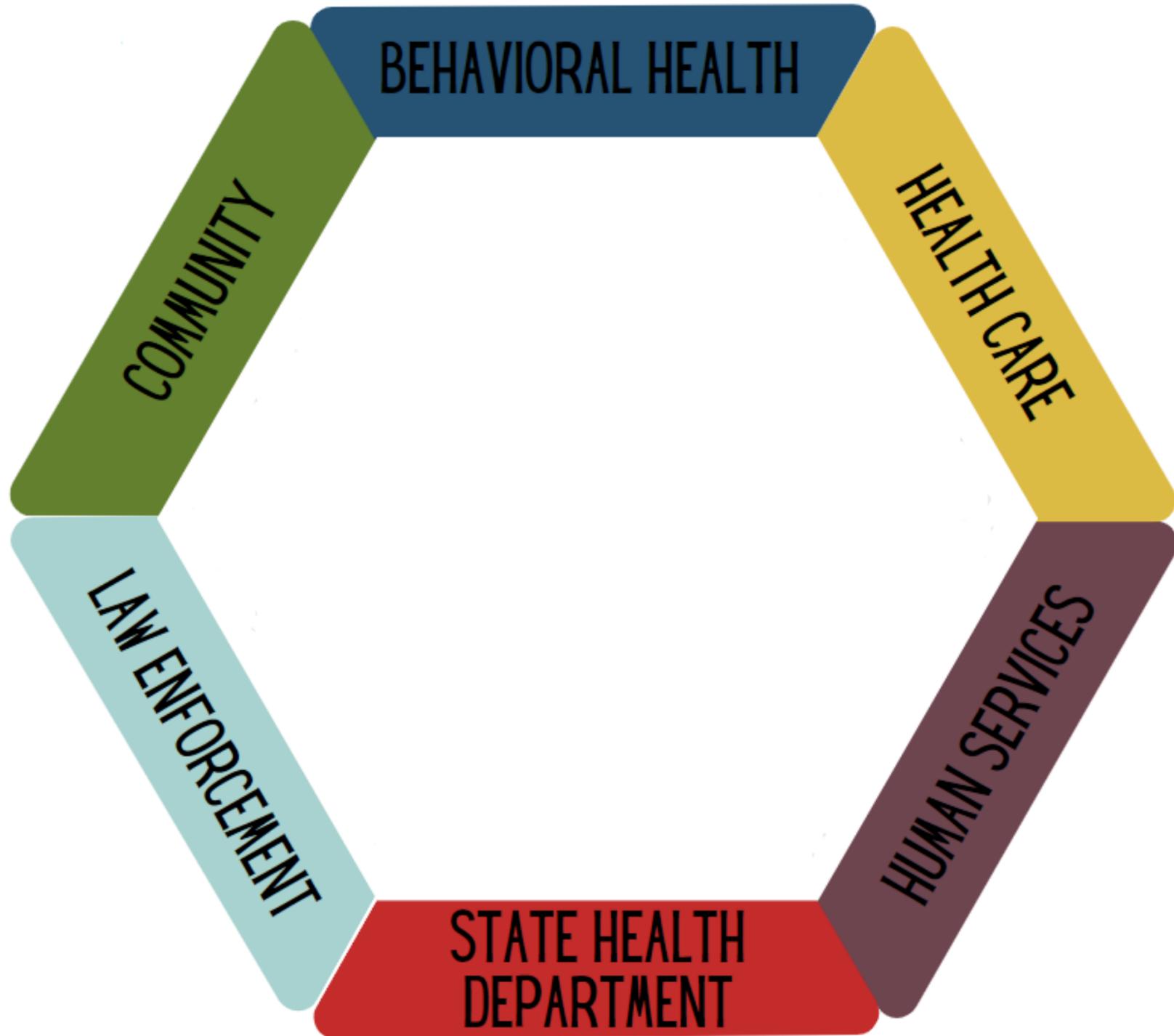
### OVERDOSE TO DATA ACTION GRANT - PEER 2 PEER

As part of a federal CDC grant, we are developing an adult learning curriculum. In small cohorts, public health agencies will learn how to identify collaborative partners and build relationships to expand local substance use prevention efforts. This will be offered across the state of Minnesota with a plan to expand nationwide.

### CHEMICAL DEPENDENCY TREATMENT FUNDS (RULE 25)

With support from WCPH, Rule 25 assessors have worked to promote a streamlined process, clarify guidelines, and increased awareness efforts about the availability of CDT funds for individuals needing diagnostic assessments, MAT, or drug/alcohol treatment.





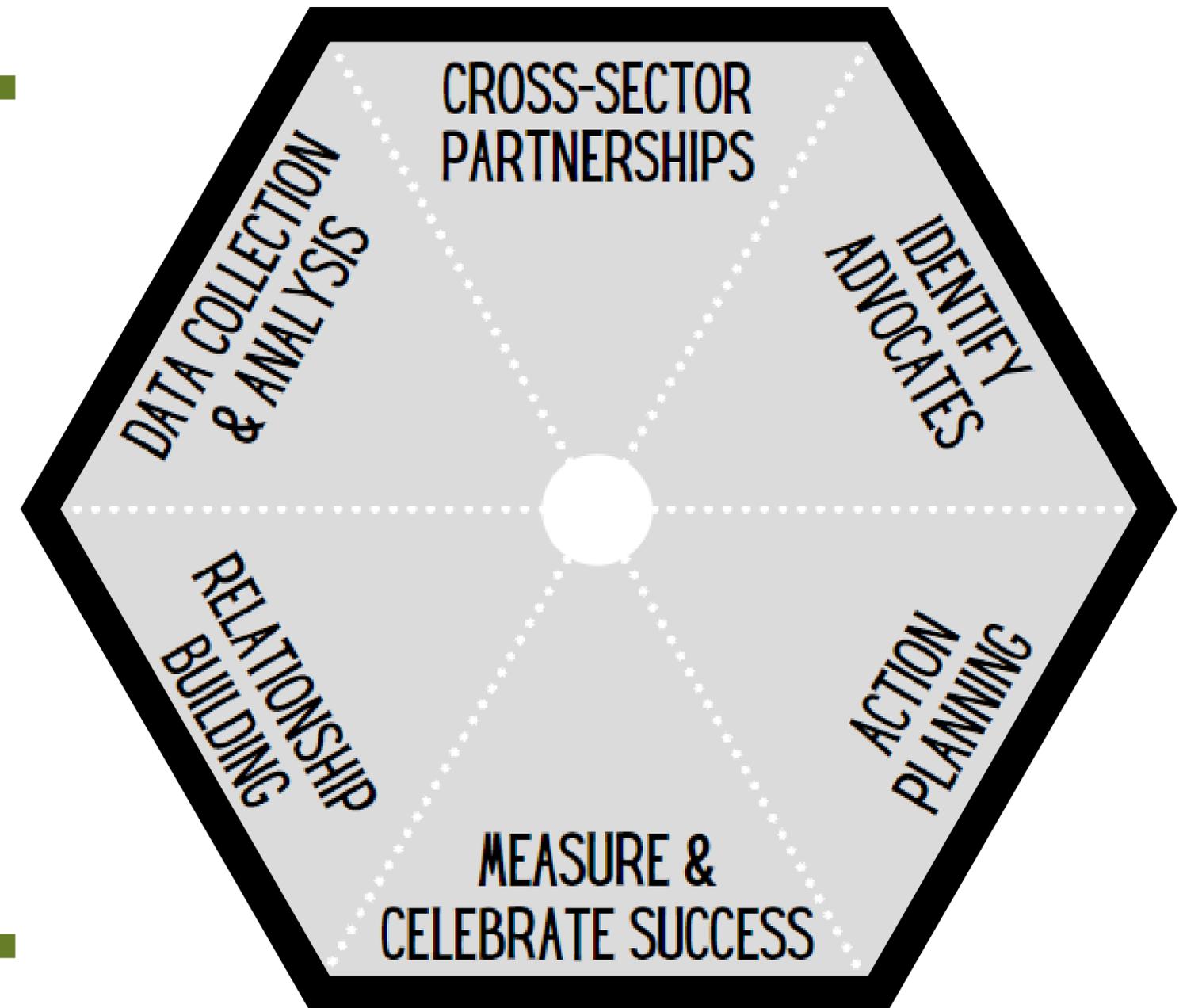
## KEY PARTNERS

Our cross-sector partnerships leverage the knowledge and experience of individuals in their respective organizations. These relationships, with healthcare systems, social services, professionals in the behavioral health field, law enforcement/corrections, civic organizations, and other community partners, have resulted in an increased capacity to respond to the opioid epidemic using co-created projects.

## KEY CONCEPTS

Much of our success is related to our focus on building resilient relationships with our partners. By doing this, we have been able to understand their perspective, know their policies, identify barriers they have experienced, celebrate their successes, and support them in their future planning.

Six intertwined categories allowed for a well-rounded public health approach.



# TIMELINE OF EVENTS

2017

## OPIOID PILOT

We were chosen as one of two community health boards to use state funds to explore opioid misuse and abuse prevention. The four main focus areas were prescriber guidelines & clinic protocols, SBIRT (screening, brief intervention, and referral to treatment), safe disposal & needle exchange, and community impact & awareness.

2018

## OPIOID ACTION TEAM

Comprised of local health systems, behavioral health organizations, public health, and more; this team originally focused on assessing prescriber guidelines/protocols and evaluating prescribing patterns using the Prescription Drug Monitoring Program.

2019

## NATIONAL RX AND HEROIN SUMMIT

Staff attended a national conference with pillar advocates in the substance abuse and prevention field and brought back a wealth of knowledge, excitement and urgency to address the problem helped launch our opioid work to new levels.

2019

## OPIOID ACTION PLAN

Internally, we began planning and documenting related work to better guide and measure our projects and successes. This plan is fluid and allows us to reflect and easily share our work with others.

2020

## MEADA (founded in 2004)

MEADA (Mentorship, Education, and Drug Awareness) provides mini grants to local youth prevention initiatives and recently applied for a Drug Free Communities grant in order to expand their work.

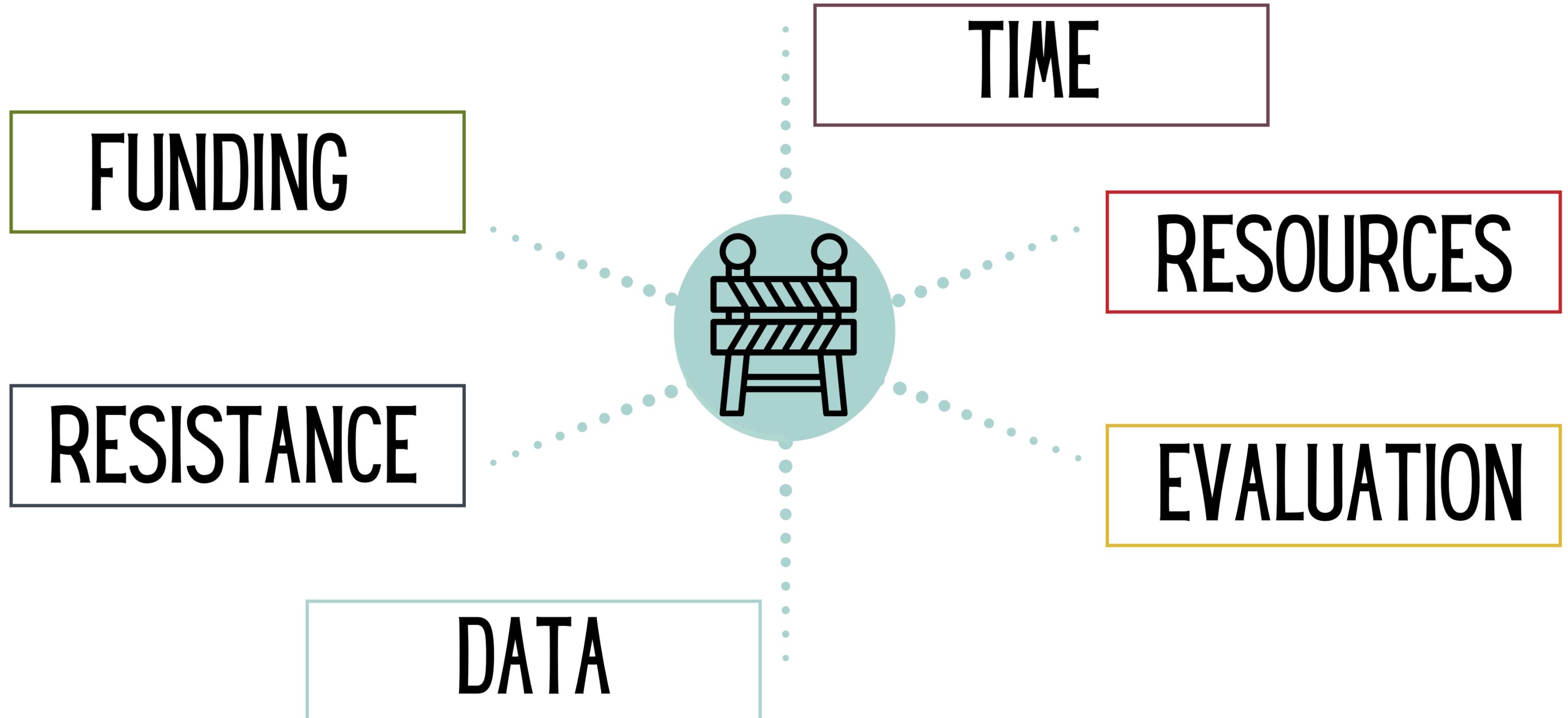
2021

## FUTURE PLANNING

Continue local efforts by expanding cross-sector partnerships, strengthening current relationships, and aligning our work with our state health department.

# OVERCOMING BARRIERS

Barriers come in various forms and often vary by organization. We've confronted multiple barriers during our time spent on opioid use prevention, all of which we've learned from and adapted our course of action.



# TIME

Many organizations recognize the importance of the work but don't have the staff time to dedicate and although the desire to do the work is there, this can greatly limit the ability to get things done.

Ways to overcome:

- Use data to highlight the need
- Find a champion within your organization
- Talk with management and key decision makers about the importance of the work
- Start small in your action planning and grow as time allows

Example: Forming the Opioid Action Team required only commitment and time, but has proven to be beneficial to members.

# RESOURCES

Some communities are better equipped to tackle substance use than others. Having MAT providers, accessible pharmacies, treatment facilities, etc. in close proximity make the work slightly easier.

Ways to overcome:

- Know what other efforts are occurring in your community
- Determine what organizations are open to hearing more
- Find ways to make a difference that don't require funding
- Be brave and reach out to new people in your community

Example: Learning about OD Map pilot in our area, connecting to the right people, and getting our own access.

# EVALUATION

Without a baseline, it's hard to determine any amount of success. Measuring your efforts is the key to knowing what works and what doesn't, however, this isn't always done correctly or effectively.

Ways to overcome:

- Develop a tracking system and update it regularly
- Think big and work towards your goals
- Track your momentum and tweak things that aren't working
- Bring in an outside perspective to assist with evaluation

Example: Following our Opioid Action Plan allows us to readdress ideas, track progress, and keep us moving forward.

# FUNDING

One of the most common barriers and one that will often stop initiatives dead in their tracks. Lack of funding can be detrimental to the work you were doing but there are ways around it.

Ways to overcome:

- Identify actions that don't require funding
- Search for grants you may qualify for
- Incorporate substance use prevention work into other programs already funded

Example: Found applicable grants, like the Drug Free Communities grant and are partnering with MDH on the Overdose Data to Action grant.

# RESISTANCE

There are many champions in the prevention world, but there are also individuals who resist the idea. When these individuals are in decision-making positions, things get more challenging.

Ways to overcome:

- Use data to highlight the need
- Find a champion within your organization
- Talk with management and key decision makers
- Have prevention champions share their knowledge and experience

Example: Continuing to push the idea of initiating MAT in our county jail and upon release even though initially there was resistance.

# DATA

Data is often collected by organizations, but infrequently used to guide or change workflows. This ultimately makes the data ineffective and prevents collaborative efforts from moving forward.

Ways to overcome:

- Stress the importance of collecting AND analyzing data to key organizations
- Identify ways to help dissect and summarize data with/for partners
- Find unique ways others have utilized data and share with partners

Example: Working to obtain and analyze Rule 25, Child Protection, Neonatal Abstinence Syndrome, Emergency Dept., and overdose response data.

# ONE FINAL NOTE

The work we all do takes a deep commitment to the cause and although it can be draining and leave you feeling defeated, it is important and worth the effort.



**We assure you, your work matters!**



Find people who are passionate about the same things you are - there is strength in numbers. Barriers are inevitable. You will encounter them at some point and to varying degrees. Continue to push forward and approach them from different angles.

If your agency is interested in beginning work on substance use prevention, please consider joining our Peer to Peer cohort, funded by the CDC's Overdose Data to Action grant. More details to come, but interested agencies can reach out to [eleanor.vanasse@co.wright.mn.us](mailto:eleanor.vanasse@co.wright.mn.us).



**WRIGHT COUNTY**  
PUBLIC HEALTH