RCORP-TA

RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE

News Connection: Bridging Rural Communities

September 2021 ● Volume 17

*In this newsletter you will have the opportunity to learn more about your fellow grantees, HRSA Project Officers, JBS Technical Expert Leads, and the Best Practice of the Month! Periodically, this newsletter will also highlight funding opportunities, upcoming events, and other helpful resources. For additional information on other grantees and to access previous newsletters and resources, please visit the RCORP-TA Portal **here**.*

Quick links (click to navigate directly to the content)

Implementation I Grantee

Washington County Rural Heath Network: The project serves Washington County, **Missouri,** and focuses on three areas: prevention, treatment, and recovery. For the ***prevention*** area, the project has targeted the general community by holding a town hall and a community education night, conducting community surveys, and speaking at community meetings throughout the county. The project has also targeted school districts by introducing prevention education in county schools. A speaker with real-life experience has presented at schools and talked to students about his personal battle with opioid misuse. This talk was received well by students and staff, and we received positive feedback from everyone involved. On the ***treatment*** side, the project

has set up medication-assisted treatment (MAT) in primary care clinics. Currently, the project has 12 MAT-waivered providers. Individual counseling is also offered to patients. The ***recovery*** focus of the program includes two community health workers who assist patients in recovery with such things as transportation, housing, employment, and parenting classes.

We use a medication first model for treatment. Our patients can refer themselves or be referred by law enforcement, a hospital Emergency Department (ED), or the Department of Social Services, to name a few referral avenues. Anyone can reach out to us, from the patient and family members to friends seeking help for their loved ones. We offer same-day walk-in appointments with office induction of medication. We also do ED induction with next day referral to one of our clinics for continued treatment.

Washington County Rural Health Network Consortium Members

- Washington County Hospital, critical access hospital with four rural health care clinics
- Great Mines Health Center (FQHC)
- Washington County Health Department
- Washington County Ambulance District
- Washington County Community Partnership (non-profit community resource center).

In addition, 4 school districts, law enforcement, Division of Family services and Southeast Missouri Mental Health Center have been invited to join.

When COVID-19 hit our community, we determined early on there would be no interruption in the treatment of our medications for opioid use disorder (MOUD) patients. We offered telephone, car-side, and in-office appointments. We continued to offer services to new patients and in-office medication induction.

Recently, we have started a new program of treating hepatitis C patients in our primary health care clinics. Once a patient has been diagnosed with hepatitis C, we offer a 12-week treatment course in our clinics close to home. We believe this is a game changer for many patients. These patients will no longer have to make the 65-mile trip to St. Louis to see a specialist for treatment. Our goals are to increase treatment compliance, reduce the burden on the patient and family and ultimately cure the patient of hepatitis C.

We are committed to serving our community by offering treatment for OUD, providing prevention education to our community and students, and assisting our patients with the basic needs of living in a world full of challenges. Every day is a new day, with hope and promise for a new life. Giving up is not an option. We are here for our patients when they are ready; first, second, or tenth try at beating this disease. Never Give Up!

Implementation II Grantee

Trustees of Indiana University: The Fayette County Rural Communities Opioid Response Program-Implementation (FC RCORP-I) project is a three-year, community-engaged effort to implement SUD/OUD prevention, treatment, and recovery activities in rural Fayette County, **Indiana**. This collaboration between the Indiana University School of Public Health and Family Services and Prevention Programs is intended to strengthen existing resources, initiate new services, and increase cooperation between the FC RCORP-I consortium and key community stakeholders, such as law enforcement, employers, and the local high school. With a

reliance on evidence-based and promising practices; real-world data; the Department of Health and Human Services (HHS) five-point Strategy to Combat Opioid Abuse, Misuse, and Overdose; and rigorous scientific processes, the FC RCORP-I project will have a measurable positive effect on a significantly disadvantaged community in rural Indiana. Most importantly, FC RCORP-I is intended to bring substantial relief to individuals with SUD/OUD in Fayette County through improved access to education, additional availability of vocational services, increased provision of medication-assisted treatment, improved prevention and recovery efforts, reduced barriers to SUD/OUD treatment, and the application of compassion and common sense to the difficulties experienced by those with substance use or opioid use disorders.

Our key activities address aspects of SUD/OUD throughout the fields of prevention, treatment, and recovery. Our ***prevention*** goals include leveraging community-based efforts to reduce the morbidity and mortality associated with SUD, such as through addressing stigma and providing education and training opportunities for community members. Our ***treatment*** goals include improving access to SUD treatment (including MAT) by addressing the complex treatment needs of individuals in Fayette County and collaborating with law enforcement to explore pre-trial diversion strategies that focus on treatment rather than punishment. Our ***recovery*** goals include increasing the amount of recovery support through the development of the Fayette County Connection Café and advocating for the implementation of fair hiring practices among local businesses for people in recovery with an SUD-related criminal record.

Our greatest accomplishment during the first year of our grant period was the launch of the Fayette County Connection Café, which provides harm reduction and recovery services to the southeastern region of Indiana. The implementation of the Connection Café was originally scheduled to occur midway through our second year of the RCORP-I grant. However, through a tremendous amount of community support and volunteering of services, the Connection Café officially opened in June 2021. Since then, Connection Café leadership and peer recovery coaches have been busy promoting our services to local organizations and garnering support from statewide entities, including the Indiana State Health Department, Indiana Recovery Network, Overdose Lifeline, and Mental Health America of Indiana.

The Connection Café lives up to its mission and vision every day by accepting everyone regardless of their chosen pathways to recovery, while also engaging with the community and creating an environment that empowers anyone who walks through their doors. The existence of the Connection Café is proof that harm reduction services have a place in a traditionally politically conservative area. This monumental feat would not have been possible without Charmin Gabbard, director of the Connection Café and Fayette County native, whose passion, optimism, and love of her community are exemplified in everything she does. To learn more about the Connection Café's origins, services, and activities, please visit www.harmreductioncafe.org.

Planning III Grantee

Intermountain Healthcare: The Central **Utah** Community Opioid Response Effort (Central UT CORE) was developed to perform community opioid use disorder (OUD) strengths and needs assessments and to plan activities in the central Utah counties of Juab, Sevier, Sanpete, Millard, Piute, and Wayne. The Central UT CORE aims to strengthen and expand the capacity of our rural communities to engage high-risk populations and provide SUD/OUD prevention, treatment, and recovery services. The short-term goal of this project is to develop a consortium that will leverage innovative telehealth-based and in-person programs for rural Utah opioid prevention, treatment, and recovery. The long-term goal of our work is to reduce morbidity and mortality resulting from SUD, including OUD, in the target high-risk rural communities.

Together, the consortium is working on increasing the number of MAT providers in the region and providing additional training and mentorship for MAT providers. The group is also working to expand telehealth services for those dealing with SUD, with special attention to the needs of rural and highly religious communities. Other projects of the consortium include research and delivery of virtual courses on SUD and stigma, increasing "Sober Socials" across the six counties in the target for community members and those in recovery, and workforce development through planning for peer recovery specialist training and certification at Snow College.

Stakeholders of Central UT CORE

- Intermountain Healthcare
- Utah Office of the Medical Examiner
- Central Utah Public Health Department
- Central Utah Counseling Center (local mental health authority)
- FourPoints Health (owned and operated by the Pauite Indian Tribe)
- Peer recovery specialists
- Sanpete and Sevier County's Sheriff Offices
- Snow College (local community college)
- Wayne Community Health Center (FQHC)
- Various individuals who work in area schools

The strengths and needs assessment that came out of the planning grant has helped the Central UT CORE advocate for and begin planning longer-term projects in the region and beyond. Most recently, we've been able to use this assessment to apply for *(and receive)* additional targeted grants to bring better telehealth services to veterans dealing with SUD and living in rural parts of the state. We are partnering with the Sanpete County Sheriff's Office to begin a new research study with first responders and near overdoses. Finally, we are working with The Other Side Academy to build a "tiny clinic" in their new tiny homes community for folks who are unhoused, with special attention to care for substance use disorders.

Resources & Upcoming Events

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September is National Recovery Month!

Now in its 32nd year, Recovery Month celebrates the gains made by those in recovery from substance use disorder, just as we celebrate improvements made by those who are managing other health conditions such as hypertension, diabetes, asthma, and heart disease.

Each September, Recovery Month works to promote and support new evidence-based treatment and recovery practices, the emergence of a strong and proud recovery community, and the dedication of service providers and community members across the nation who make recovery in all its forms possible. For additional resources and to find events near you, visit the Faces and Voices of Recovery webpage.

National Consortium of Telehealth Resource Centers (NCTRC)

The National Consortium of Telehealth Resource Centers (NCTRC) is a collaborative of 12 regional and 2 national Telehealth Resource Centers (TRCs) committed to assisting organizations implement their telehealth programs for rural and underserved communities. Funded by the Health Resources and Services Administration, TRCs across the nation provide timely and accurate information on telehealth. TRCs across the nation are equipped to provide technical assistance, education, and resources on various telehealth topics. The NCTRC is here for you!

New Locator Tool for Accessing Monoclonal Antibody Treatment for COVID-19

The Department of Health and Human Services (HHS) has launched an online locator for individuals seeking access to monoclonal antibody therapeutic treatment for COVID-19. Monoclonal antibodies treatments are laboratory-made proteins that mimic the immune system's ability to fight off harmful pathogens such as viruses. Monoclonal antibodies treatments are given to help treat patients with COVID-19.

Individuals can use the interactive map or search for locations that have received the various therapeutic treatments. This data is based on shipments reported by the distributor and is not a guarantee of availability.

Note: Patients should coordinate with their respective physician or care provider before contacting a location to receive treatment. A call center is available to answer questions and provide information related to monoclonal antibody therapeutic treatments at the following phone numbers: 1-877-332-6585 (English Language); 1-877-366-0310 (Spanish Language)

CDC's Health Equity Guiding Principles for Inclusive Communication

CDC's Health Equity Guiding Principles for Inclusive Communication emphasize the importance of addressing all people inclusively and respectfully. These principles are intended to help public health professionals, particularly health communicators, inside and outside of CDC ensure their communication products and strategies adapt to the specific cultural, linguistic, environmental, and historical situation of each population or audience of focus.

Learn more about health equity considerations for inclusive communication by visiting CDC's Health Equity Guiding Principles for Inclusive Communication website.

CDC Funding Opportunity: Comprehensive Community Approaches Preventing Substance Misuse (CCAPS)

With support from the Centers for Disease Control and Prevention (CDC), the National Association of County and City Health Officials (NACCHO) is pleased to announce a funding opportunity to support the implementation of evidence-based approaches to prevent overdose, SUD, adverse childhood experiences (ACEs), and other potentially traumatic events in the homes and families of those most at risk of overdose. Through this funding opportunity, NACCHO and CDC will award up to seven applicants to implement or expand programs that prevent SUD or overdose and that also have the potential to simultaneously prevent ACEs within the selected communities and populations of focus. Applicants may request up to $450,000. Applications are **due by 5:00pm ET on Wednesday, October 13, 2021.**

For full details about the funding opportunity, please review the Request for Applications. Questions about the RFA and application process can be directed to IVP@naccho.org.

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Best Practice of the Month

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Each month we will feature an RCORP relevant best practice. Please email rcorp-ta@jbsinternational.com with best practices you would like to see highlighted!

Long-Acting Buprenorphine

This best practice provides a brief background on long-acting buprenorphine and some thoughts about the role of long-acting buprenorphine in meeting the needs of people in your community. Buprenorphine is a medication for OUD that reduces OUD-related morbidity and mortality and may be prescribed or dispensed in physicians' offices. (More information about buprenorphine and guidelines for its use, see the Best Practices section of the May 2021 RCORP-TA Newsletter.)

Basics of long-acting buprenorphine

The only way to make buprenorphine long-acting is to inject it in the muscle or under the skin in a formulation that allows its slow release into the bloodstream. Studies comparing the use of long-acting buprenorphine to film and tablet forms indicate that long-acting forms of buprenorphine are comparable to oral buprenorphine in terms of safety, tolerability, and efficacy (Andhorn, Haight, Shinde, et al., 2020; Lofwall, Walsh, & Nunes, 2018; Ling, Nadipelli, Aldridge, et al, 2020). Patients must have moderate to severe opioid use disorder to be considered for treatment with long-acting buprenorphine. At present in the U.S., there is only one long-acting buprenorphine on the market: Sublocade. Another long-acting form in use in Europe called Brixadi may reach the U.S. market in the coming months. For Sublocade, the patient must have been treated with tablet or film buprenorphine for at least a week to stabilize them before their first dose by injection. People who have been on buprenorphine for months or years can also switch to the long-acting form. Sublocade only comes in two strengths 300mg and 100 mg. (For comparison, 100 mg of Sublocade is equivalent to 8 mg of Suboxone.) The 300 mg dose is meant to be given for the first two months, after which the 100 mg dose is used. The lack of dose flexibility has been a barrier to wide use of Sublocade. Brixadi will come in a wider range of doses and can be used weekly or monthly.

Consortium and other community members' perspectives

From the perspective of members of your community or consortium, long-acting buprenorphine may be appealing because it cannot be diverted in the way that, e.g., opioid pain relievers can. However, the cost may make its wide-spread use incompatible with good stewardship of limited funds. Let's look at these two issues in turn.

Diversion happens when prescription medications are obtained or used illegally (for example, when someone illegally distributes their legitimately prescribed medication to others). This is a sensitive issue, especially in communities where the opioid epidemic was triggered or sustained by prescription opioid pain relievers. It's important to know that oxycodone and hydrocodone are diverted four times more often than buprenorphine and methadone *combined*. Further, the primary driver of buprenorphine diversion is the lack of access to treatment; most diverted

buprenorphine is used to relieve withdrawal or reduce substance use. Some people will misuse buprenorphine to experience euphoria, but its rewarding effects are so blunt that this misuse is rarely sustained. Compared to full-agonist opioids (oxycodone, hydrocodone, heroin, and fentanyl), buprenorphine is much less likely to result in overdose. For more details about buprenorphine diversion, see the Resources section.

Cost is a significant concern for the use of long-acting buprenorphine in community healthcare. Long-acting buprenorphine costs 7 times more per month than tablet or film buprenorphine for each person treated. Exact pricing may shift with a new product coming on the market, but formulary coverage is likely to remain limited. Higher cost makes them not a great use of grant or 340B or other limited pools of funding unless their use is highly selective. However, in a correctional setting it may be possible to off-set the higher cost of the medication with the significantly reduced burden on staff administering long-acting buprenorphine compared to daily tablet or film. This will become more feasible when Brixadi, with its broader range of doses, becomes available. The pharmaceutical manufacturer may offer reduced-cost medication for a few patients, but the burden of obtaining and storing it will rest with the healthcare professionals.

Healthcare providers' perspectives

It is a dream of all healthcare providers that their patients (not just patients with addiction) fully comply with their medication. This gives long-acting formulations a special allure. In fact, long-acting buprenorphine may be just the ticket for two types of patients: those who struggle to keep their medication safe and those who have trouble obtaining their medication. The first type of patient may be someone experiencing homelessness, while the second type of patient may be someone who lives in a remote location or travels for work.

However, there are some important clinical considerations here. First, using long-acting buprenorphine with these patients has clinical consequences for the healthcare provider who finds that they have little leverage to bring the patient to the office between injections. Careful thought should be given to the clinical cost-benefit of using long-acting buprenorphine for a given patient. For example, a patient who receives counseling elsewhere or via telehealth may not need more frequent interaction, while a socially unstable patient with active drug use might still be safer on long-acting buprenorphine even if it means close supervision is harder to maintain. This is a decision only the healthcare provider and patient can make. A further clinical consideration has to do with the limited range of dosing currently available. The recommended monthly dose of Sublocade is 100 mg (effectively equivalent to 8 mg of Suboxone), which is on the lower end of the therapeutic range. This dose may be too low for many patients.

In addition to these clinical considerations, there are logistical challenges to supplying long-acting buprenorphine for the healthcare provider. Many, if not most, buprenorphine prescribers do not store buprenorphine in their offices; they will have to do so if they wish to use long-acting buprenorphine. Long-acting buprenorphine cannot be ordered and dispensed by retail pharmacies, so the healthcare provider must have the capacity to order it from a restricted distribution pharmacy and store it on site until the patient comes in to receive it. For information on DEA requirements for ordering and storing controlled substances, additional training required for ordering Sublocade, and where to order it from, see the Resources section.

Patient Perspectives

Long-acting buprenorphine may have therapeutic or practical benefits for those who can tolerate receiving their medication by injection. Buprenorphine tablets or film are meant to be taken once a day and generally need to be taken at the same time each day to maintain an even blood level of the medication. This can be a challenge for people who work irregular schedules or who are caregivers for small children or frail adults. Long-acting buprenorphine assures a therapeutic blood level until the next injection, which can be a great benefit in terms of functional and emotional stability for a person who can't always take their medication right on time. Receiving buprenorphine by injection may also confer some additional privacy for people who live in communal settings and relieve them of having to lock up their medication or always keep it on their person. As with any injection, it can be painful to receive Sublocade, and the site where it is injected can become red, swollen, and painful. Although this may not sound like much, it can be a significant deterrent for people with opioid use disorder for a few reasons. First, people who have experienced opioid dependence often have heightened pain sensitivity, so what might be a little painful for someone else is significantly more painful for them. Second, people who have used drugs by injection may find being stuck with a needle, even for medical reasons, triggers cravings. Lastly, people who have experienced opioid withdrawal dread the experience. The idea of being on a fixed dose without recourse to a dose adjustment if withdrawal symptoms breakthrough can make the convenience or safety of using long-acting buprenorphine not worth the risk.

Summary

Ideally, long-acting buprenorphine should be available for those patients to whom it can deliver a clear benefit, but cost and logistical challenges related to ordering and storing the medications as well as the current limited dosing flexibility are barriers to its use. Use of long-acting buprenorphine in correctional settings may become more feasible when additional products reach the U.S. market.

Resources

- SAMHSA Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder
- ASAM National Practice Guideline for the Treatment of Opioid Use Disorder
- What is the treatment need versus the diversion risk for opioid use disorder treatment?
- Where to buy Sublocade
- Steps needed to be able to purchase Sublocade
- DEA requirements for medication storage