

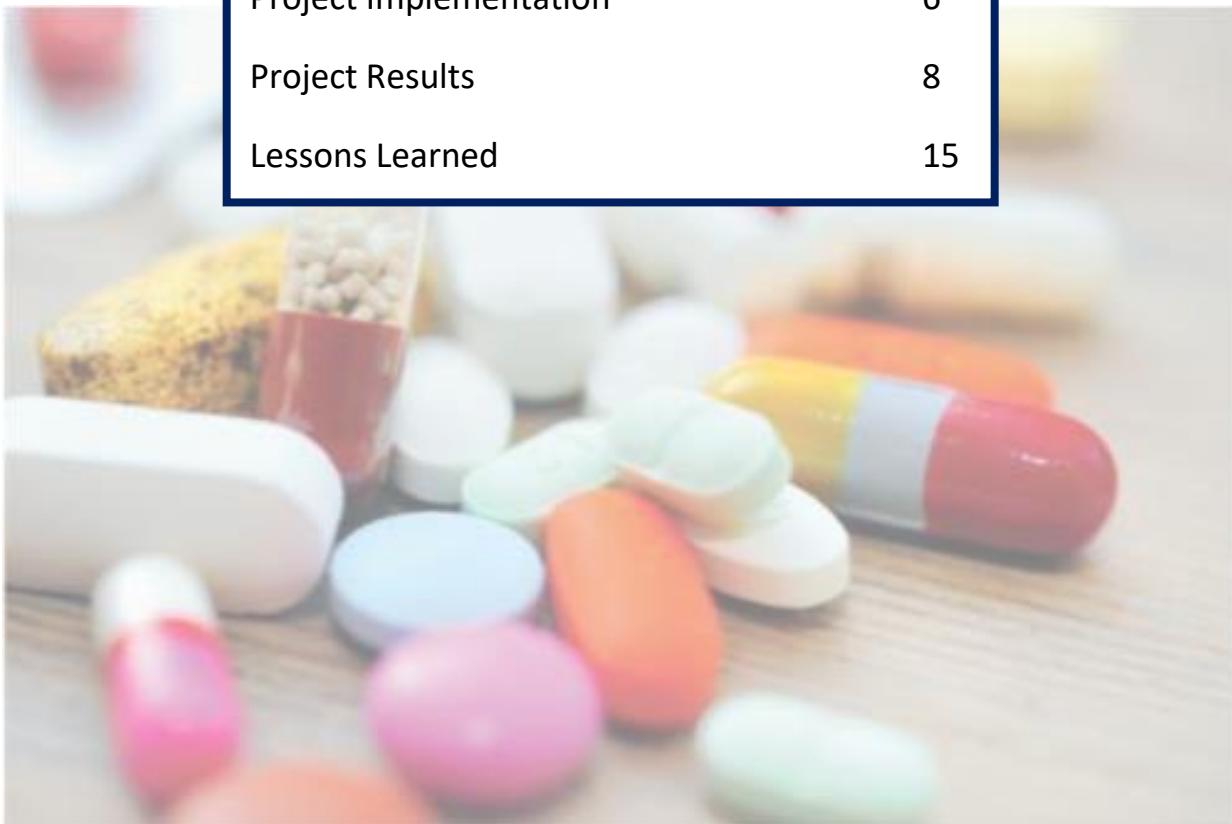
2017

Prescription Drug Overdose

Stark County Pilot Project Report

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Correctional Health Care Group, Inc.
CommQuest



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Stark Mental Health & Addiction Recovery (StarkMHAR)

Executive Summary

The Stark County Health Department was granted a Prescription Drug Overdose (PDO) Pilot Project from the Ohio Department of Health in January 2017, one of only two awarded in the state of Ohio. The goal of the project was to decrease the percentage of overdose deaths among incarcerated populations re-entering the community.

The Stark County Sheriff's Office screened offenders based on withdrawal symptoms, history of overdose, history of drug use, and participation in a treatment program. CommQuest, a behavioral service provider, then came into the jail and interviewed participants about their drug use. Correctional Health Care Group Inc., the medical provider within the jail, provided Narcan/ Naloxone training to those individuals prior to release, as well as referral to treatment.

The pilot project was an exercise in collaborating with multiple agencies, each with their own expertise, to achieve a common goal. It was the intent of this pilot project to develop a program within a jail system that could be replicated throughout the state. This report not only outlines the results of the project, but also outlines the process of the project. Project staff feel this program could be replicated with few resources in other jail systems.



PDO Pilot Project

Identification of At Risk
Individuals Booked into
the Stark County Jail
(Stark County Sheriff's Office)

Interview Identified
At-Risk Individuals
(CommQuest)

Naloxone Training &
Treatment Referral to
Identified At-Risk
Individuals upon
release **(Correctional Health
Care Group)**

Family Naloxone Training (CommQuest)

Project Implementation

The first step in implementing the PDO Pilot Project was to identify partners within Stark County invested in combatting the opioid epidemic. Specifically, the agencies who could achieve the goal of decreasing the percentage of inmates experiencing an overdose within the first 30 days after their release. PDO Project Director, Amanda Kelly, identified the Stark County Sheriff's Office (SCSO) as the primary partner, and they subsequently identified Correctional Health Care Group Inc., and CommQuest as additional partners. The PDO Project Coordinator, Tonya Wagler, was contracted by the Stark County Health Department to handle data collection and analysis, and to facilitate the project. The first meeting between the partners was held on January 9th, 2017 at the Stark County Sheriff's Office. The project goal was discussed, and possible steps were outlined at this meeting. A second meeting was held on January 31st, 2017 at which CommQuest committed to the project and steps were discussed and finalized.

Figure 1. PDO Grant Deliverables

The partners agreed to be paid for the following deliverables:

Stark County Sheriff's Office	\$50.00 per at risk client identified
CommQuest	\$150.00 per client interviewed
	\$100.00 per Family Naloxone Training
Correctional Health Care Group	\$75.00 per Narcan training or referral

The partners agreed the goal of the project would be: 100 participants identified, interviewed and trained. Family Naloxone trainings were to be held two times per month, with a goal of 12 total, at the Stark County Jail training room. Partners were sent monthly reporting templates, and sample invoices after this meeting. Contracts were signed with each agency and the partners agreed to begin screening participants on February 21st.

On February 24th, 2017, the Stark County Health Department (SCHD) received the first screened participants from the Stark County Sheriff's Office (SCSO). The Project Coordinator set up a database to collect information from the screening tool. There was a delay from the time a client was screened to the time the interview was conducted, and another partner meeting was scheduled.

On March 10th, 2017, partners met to discuss participant interviews and family trainings. CommQuest provided an interview tool, and additions were made to include social determinants of health. Age and gender data were also added to the screening tool. Dates and times for the first family trainings were discussed, and fliers were developed by the Project Coordinator. The availability of Narcan/Naloxone was also discussed, as grant monies could not be used to purchase the kits. Several local agencies and national pharmacies were contacted to obtain Narcan kits for the project.

On July 19th, 2017, the United Way of Greater Stark County and Stark County Mental Health and Addiction Recovery (StarkMHAR) donated \$6,000.00 needed to purchase Narcan kits for the project. The addition of the kits significantly increased the number of participants who agreed to the training; with 34 refusals prior to Narcan and only 3 refusals after. Narcan kits were also made available to the Family Training program, but this did not generate higher attendance.

Partners continued to screen, interview and train participants until August 31st, 2017. Data were collected until that time. Partners will continue to provide this service to those willing to participate. Data collected were compared to the database kept by Correctional Health Care Group to ensure accuracy. At the end of the project 142 participants had been screened, 96 had been interviewed, and 55 had been trained.

This project was a successful collaboration of invested partners working together to achieve a measurable objective. Bi-monthly meetings were needed to discuss the status of the project, ensuring that each agency knew their role, and the status of the project collectively.

Communication between the partners was ongoing, and occurred on a weekly basis via email. This medium permitted the Correctional Health Care Group, Inc. to send client screening data to the Stark County Health Department for record keeping and analysis. All partners followed appropriate procedures for handling protected health information.

To ensure accuracy within the pilot project, the Stark County Health Department cross-checked its database with the one kept by Correctional Health Care Group, Inc. and with CommQuest. Inaccuracies within the data and questions in billing were resolved in this manner. Records were kept at the Stark County Health Department of each client who participated in the program. In the future, these names will be cross-checked with the coroner's overdose death report, indicating the success or failure of the project.

Initially, the role of the Project Coordinator was to facilitate communication between partners and assist with forms and documentation. After the first participants were screened, the coordinator compiled the database and maintained the data weekly. The database included questions from the screening form, information from the interview, and the Narcan training date. After Narcan kits were available, the date of Narcan given was also included.

Project Results

The data presented will include the number (N) of participants for each data set. This became necessary as changes were made throughout the project to improve the efficacy and reach of the program. It is also important to note that each arrest counted toward the total population (N=133) and that several individuals (n=6) were arrested more than once in the duration of the program.

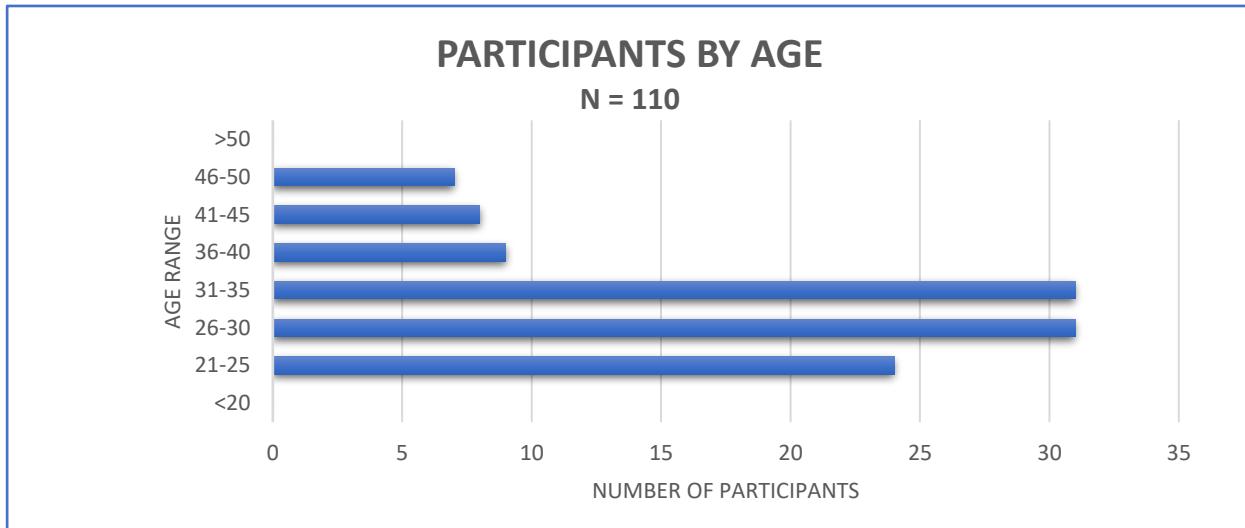


Figure 2. Participants by age. Participant ages spanned a generation, with the youngest clients at age 21, and the oldest clients at age 50. The age groups 26-30, and 31-35 had the largest number of participants at n = 31 for each age range. During the pilot project, there were no participants over 50 or younger than 20 years old. The age demographic was added to the screening form after the program began.

PARTICIPANTS BY GENDER

N = 132

■ MALE ■ FEMALE

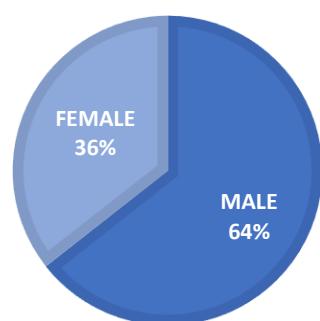


Figure 3. Participants by gender. The number of male participants was 85; while the number of female participants was 47. This data is representative of the discrepancy between male/female incarcerations and may not reflect male/female opiate use.

PARTICIPANTS CURRENTLY EXPERIENCING OPIATE WITHDRAWAL
N = 133

■ YES ■ NO

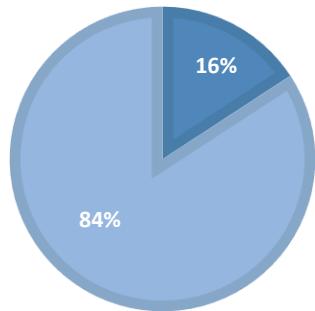


Figure 4. Participants currently experiencing opiate withdrawal. 21 participants experienced withdrawal symptoms from opiate use while incarcerated at the Stark County Jail. 112 of inmates screened did not present symptoms of opiate withdrawal.

PARTICIPANTS WITH HISTORY OF IARP*
N = 133

■ YES ■ NO

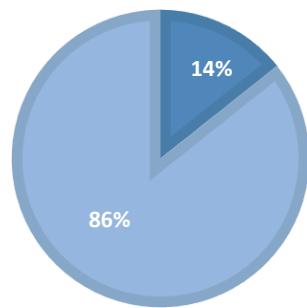


Figure 5. Participants with history of IARP. 114 inmates had no prior history of IARP treatment. 19 participants had completed or at least begun an IARP treatment program.

*IARP stands for Inmate Addiction Recovery Program, which is offered at the Stark County Jail.

PARTICIPATED IN VIVITROL**
PROGRAM
N = 133

■ YES ■ NO

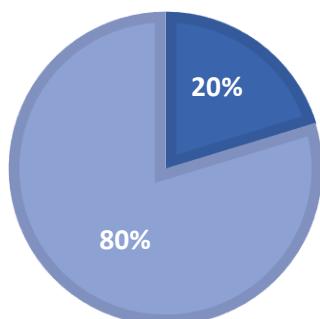


Figure 6. Participated in Vivitrol program. 27 inmates had experienced a Vivitrol program. 106 inmates participating in the pilot program had no prior history of Vivitrol treatment.
**Vivitrol is a prescription medication used to prevent relapse after opioid detox.

**PARTICPANTS TREATED FOR OVERDOSE
W/IN 12 MONTHS**
N = 133

■ YES ■ NO

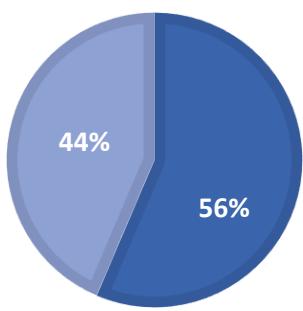
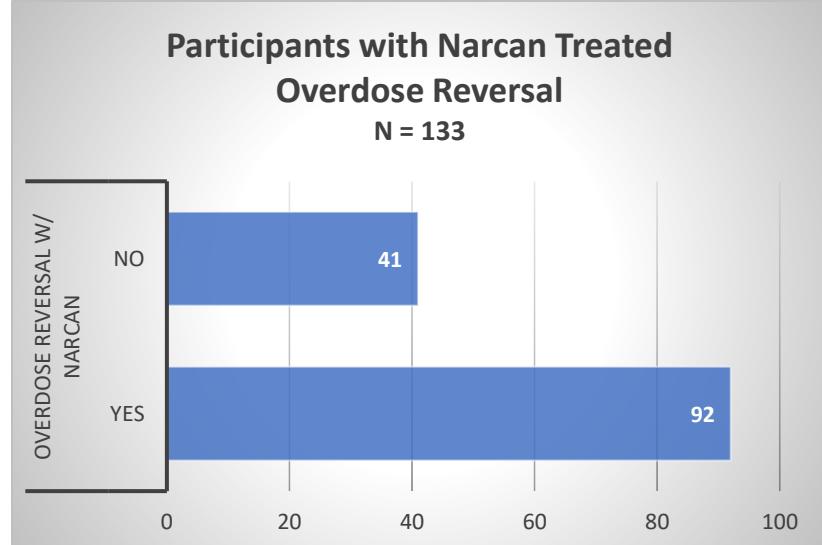


Figure 7. Participants treated for overdose within 12 months. 75 inmates were treated for an overdose; while 58 inmates reported not being treated for an overdose in the last 12months.

Figure 8. Participants with Narcan Treated Overdose Reversal. 92 inmates reported experiencing an overdose that was reversed with Narcan.



There is a discrepancy in the number of inmates who reported experiencing an overdose, n = 75; and those reporting an overdose treated with Narcan, n = 92. This may indicate differences in the participants identification of an overdose. If the overdose was reversed with Narcan, then perhaps the inmate did not identify the experience as an overdose. This clarification may be necessary in future program surveys.

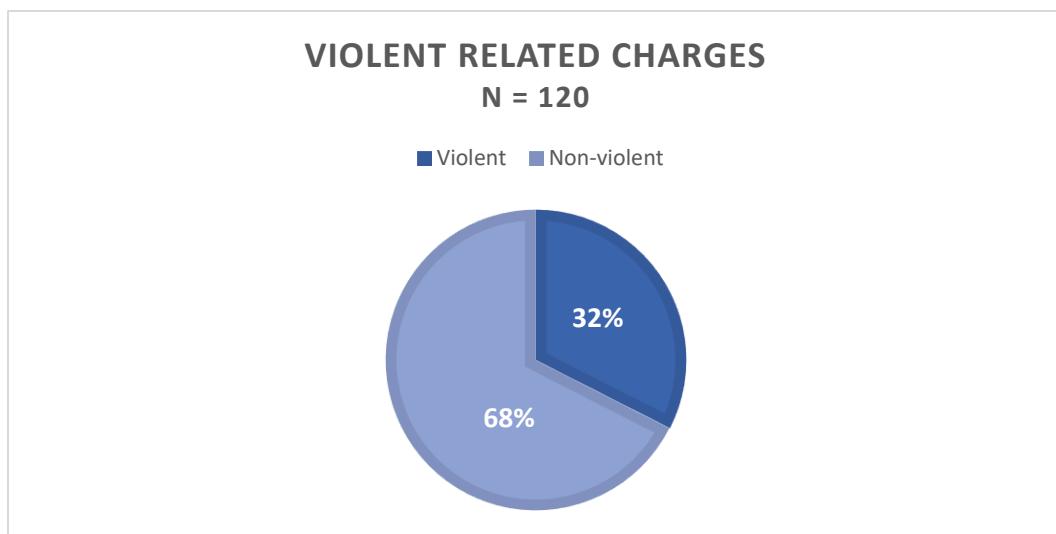


Figure 9. Violent related charges. The number of inmates charged with a violent crime was 39, while non-violent crimes numbered 81.

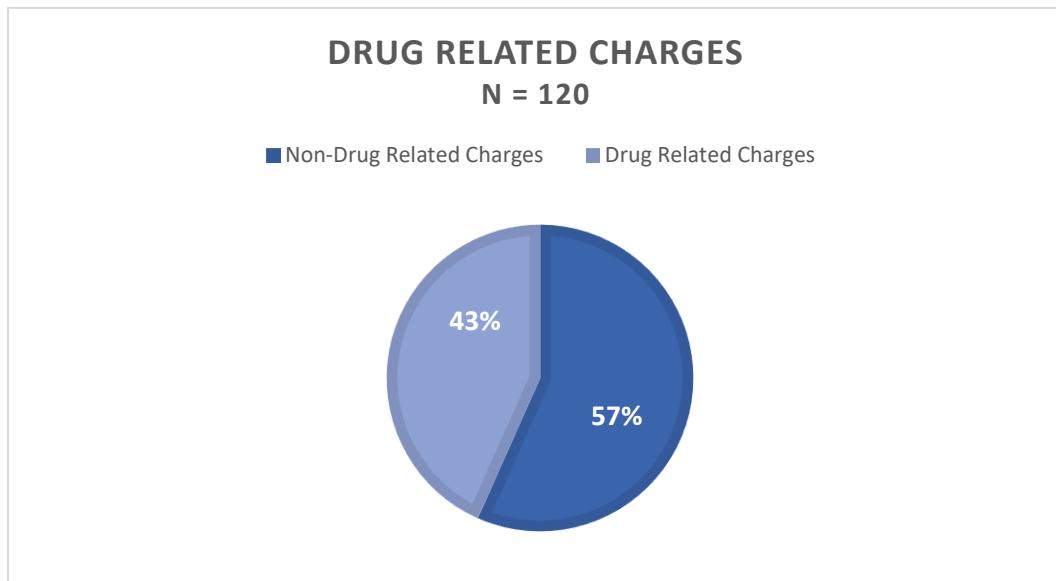


Figure 10. Drug related charges. The number of inmates with drug related charges was 52; while non-drug charges numbered 68.

Classification of inmate charges was based on the most serious offense. Charges including 'aggravated' and 'armed' were classified as violent. All possession charges were included in the drug-related charge category.

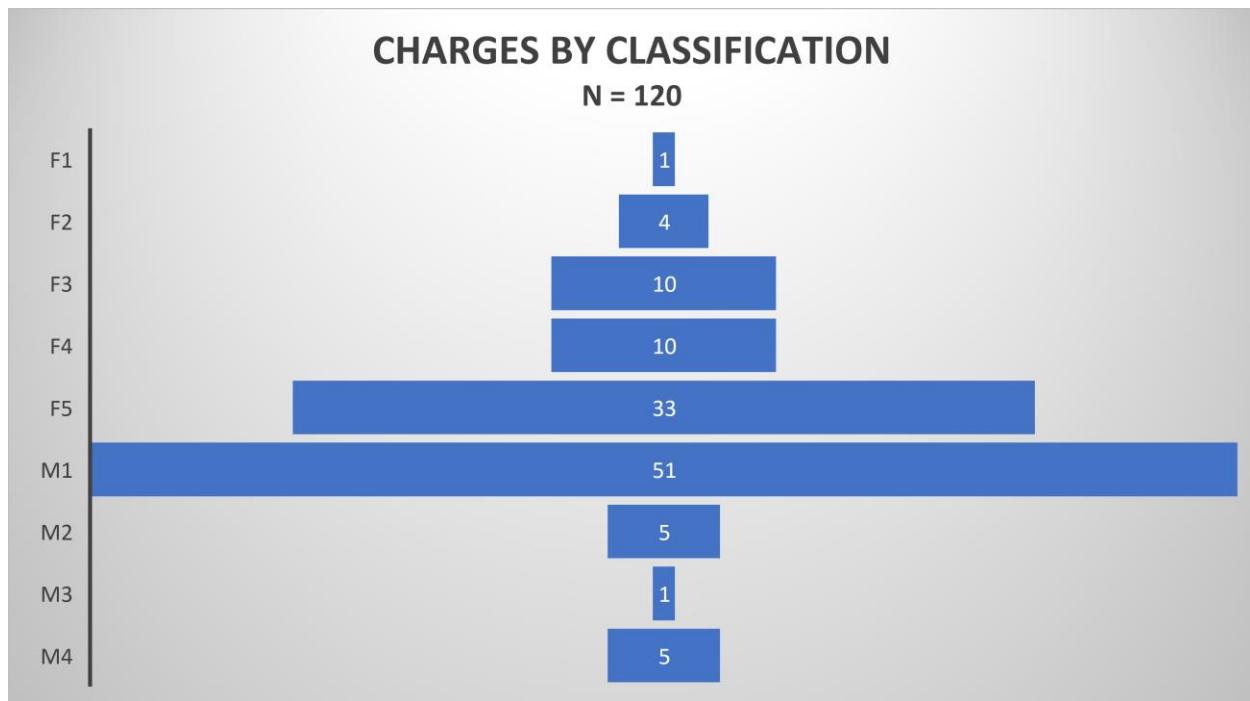


Figure 11. Charges by classification. Classification of most serious charge for each participant, as found in Criminal Justice Information Systems (CJIS). The most serious charge was identified during the screening process. Several of these charges/clients were not found in CJIS, therefore N = 120. The most common charges of participants were M1 and F5. First degree felonies, labeled F1, are the most serious charge, and fourth degree misdemeanor, labeled M4, are the least serious charge.

This data suggests there may be a correlation between the type of charge; drug or violent, and the classification, M1 or F5.

The Stark County Sheriff's Office screened these inmates, and then referred them to CommQuest to be interviewed.

CommQuest conducted an interview with each participant after receiving a referral from the Stark County Sheriff's Office. The following table lists the questions of the interview along with the number of responses to each question.

COMMQUEST INTERVIEW (N = 95)	YES	NO
1. Have you used drugs other than those prescribed for medical reasons?	92	3
2. Have you abused prescription drugs?	80	15
3. Have you abused more than one drug at a time?	78	17
4. Can you get through the week without using drugs?	43	52
5. Are you able to stop using drugs when you want to?	36	59
6. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	90	5
8. Have you overdosed on drugs before?	77	18
9. Have you returned to use after a period of abstinence or detox?	83	12
12. Does anyone you live with use drugs? *	20	73*

* Two participants did not respond to this question, N = 93.

The following question provides more information about participant history surrounding treatment for opiate disease. Included in this data set are qualitative responses describing why an inmate chose not to attend a treatment program.

COMMQUEST INTERVIEW	YES	NO	N
7. Have you been offered treatment for your drug use?	73	22	95
7.a If yes, did you attend the treatment?	66	7	73
7.b If you chose not to participate please share why you chose not to go to treatment.	7		
1. "No time between work, kids"			
2. "Lack of medical coverage, I did not do IARP"			
3. "Didn't want treatment"			
4. "Chose drugs instead"			
5. "Because of physical condition"			
6. "Arrested day before appointment"			
7. "Because I thought I could do it myself"			

The following questions were added to the interview tool after the project began. As health educators, the Stark County Health Department wanted to better understand the social determinants surrounding opiate disease.

COMMQUEST INTERVIEW (N = 80)	YES	NO
10. Did your drug abuse with prescription medications?	49	31
13. Are you employed?	32	48
14. Do you have access to transportation?	56	24

COMMQUEST INTERVIEW (N = 80)
11. Describe your current living situation.
House Rent with Someone Homeless Unstable/Incarcerated
29 6 30 7 8

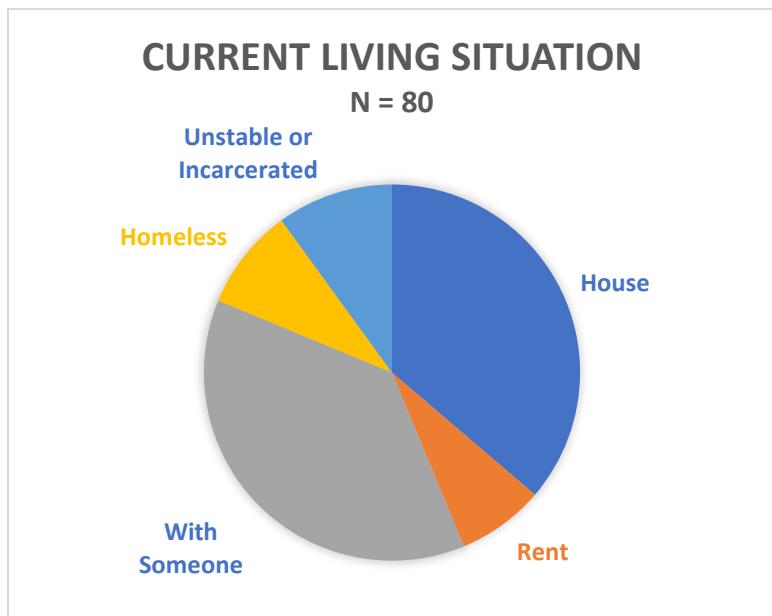


Figure 12. Current Living Situation. Inmates described their current living situation at the time of their incarceration. 30 participants reported they lived with someone, i.e. partner, family member or friend. 29 stated they lived in their own home.

After being screened and interviewed, inmates were offered Narcan training. To date, a total of 55 participants completed training with Correctional Health Care Group, Inc.

Lessons Learned

The pilot project followed these steps: screening, interview, and then Narcan training. Correctional Health Care Group, Inc., the partner responsible for Narcan training, recommended screening, training, and then the interview. It was suggested the interview process delayed the efficacy of the program in reaching as many people as possible due to quick turnover time in the jail system. There could also be another benefit to making the interview the last step of the program, because it would allow CommQuest to make a referral to a treatment facility when appropriate. This would create a soft hand-off between the jail system and treatment facility.

This pilot project experienced low attendance at family Narcan trainings. Holding the family training at the Stark County Jail may have had an impact on attendance. Another factor may have been marketing, and not having kits available when the trainings began.

It was important to have Narcan/Naloxone kits for this project. Before Narcan kits were available, 34 participants refused the Narcan training; but after Narcan kits were on hand, only three participants refused.

Working with a local behavioral health provider, CommQuest, provided a referral to treatment facilities for participants ready to take recovery steps.

The pilot projects' parameters for identifying at-risk individuals may have been too strict. Correctional Health Care Group identified many more potential participants that lay outside the screening criteria. Including inmates interested in the program would be beneficial, even if they are outside the screening guidelines.

PDO Narcan Program for:

Inmate Last Name, First _____
Inmate Number _____

Initial Contact Date (SCSO Assessment): _____
Date Given to CommQuest: _____
Date of Assessment or Release: _____
Date Received for Training: _____
Date of Training: _____
Date Narcan Given: _____
Date of Inmate Release: _____
Other Date with Explanation: _____

NAME: _____ DATE: _____

Please answer yes/no to the following ten questions. Space is provided to share any additional information related to the question.

Question	Please explain	YES	NO
1. Have you used drugs other than those prescribed for medical reasons?			
2. Have you abused prescription drugs?			
3. Have you abused more than one drug at a time?			
4. Can you get through the week without using drugs?			
5. Are you able to stop using drugs when you want to?			
6. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?			
7. Have you been offered treatment for your drug use? If yes, did you attend the treatment?			
8. If you choose to not participate please share why you choose not to go to treatment.			
9. Have you overdosed on drugs before?			
10. Does anyone you live with use drugs?			

CommQuest Narcan Training Registration

Name: _____ Birth: _____ Age: _____ First Name: _____
Medication Allergies: _____

State: _____ Zip code: _____

At-risk for opioid overdose? Yes No
able for a Narcan Kit? Yes No
a family representative receiving the training to obtain a Narcan kit? Yes No

on checklist:
- If you choose to not participate please share why you choose not to go to treatment
- Overdose, mixing drugs and health risk factors
- Staff initials
- Including repeat administration (in 2-5 minutes)
- May be given to a family member or friend to carry with recipient

Stark County

Prescription Drug Overdose Prevention Logic Model December, 2016

Priorities	Inputs	Activities	Participation	Short-Term Outcomes	Intermediate Outcomes	Project End Outcomes
In 2014, the number of people seeking opiate treatment since 2006 has increased more than 200% in Stark County. In a local community survey 15.3% of respondents stated knowing someone who has taken OxyContin or another prescription drug to get high. The number of unintentional drug overdose deaths in Stark County has sharply increased from 10 in 2003 to 75 in 2015 (OD deaths in County) 67 were residents of Stark County.	<ul style="list-style-type: none"> • SCOTF • Stark County Coroner • Stark MHAR • SCHD • Partnerships with hospitals, media, data, content and marketing experts • Schools • Law Enforcement • Project Dawn • Drug Free Stark County • Crisis Intervention • Canton City Health • CommQuest • Center for Market and Opinion Research • OARRS • Ohio Guidelines prescribing Opioids • Stark County Medical Professional Tool Kit • Epi-Center • Stark County Community Health Needs Assessment • Stark County Medical Society Newsletter 	<ul style="list-style-type: none"> • Coalition/task force evaluation • SCOTF Training • Data surveillance activities with Epi-Center • Establish a PDR Board • Focus group of prescribers • Training/education for prescribers • Increase use of OARRS • Standardized pain management guidelines • Expand the naloxone education and distribution program • Media campaign 	<p>PDO Coordinator</p> <ul style="list-style-type: none"> • 10% Coalition Building • 10% Data surveillance • 20% Healthcare Prescribing guidelines • 5% Education • 20% OARRS • 20% Naloxone • 10% PDR • 5% PDO Awareness • Media <p>Coalition</p> <ul style="list-style-type: none"> • 10% Coalition Building • 10% Healthcare • 10% OARRS • 10% Naloxone • 10% PDR • 40% PDO Awareness • 10% Data surveillance 	<ul style="list-style-type: none"> • Add 3 additional coalition members each grant year • SCOTF Members Trained • Decrease overdose deaths by 5% • PDR Board reviewed all overdose deaths. • # of physicians interviewed • physicians provided education • Increase # prescribers using OARRS • Increase # physicians using standardized pain management guidelines • Increase school districts and law enforcement agencies utilizing Naloxone • Identify the highest risk schools districts for need of naloxone • Identify community based organizations serving at risk populations for overdose • Improved community PDO awareness 	<p>Decrease fatal prescription opioid overdose deaths by 5% in 2017 and 10% by 2018.</p> <p>Poison Death Review Board met and reviewed all overdose deaths.</p> <p>School districts that have implemented policies and procedures for naloxone use</p> <p>Community based organizations serving high risk populations will develop and implement naloxone use policies and procedures</p>	<p>Fatal prescription opioid overdose death rates for Stark County will be reduced by 15% by 2019</p> <p>A sustainable taskforce/coalition with governance structure</p> <p>Number of policy changes related to prescription drug use and opioid prescribing in the county</p>

Assumptions

By using evidenced based interventions the number of fatal overdoses in Stark County will be reduced. Continued funding from the State and coordination with our local SCOTF, Coroner, and Stark MHAR.

External Factors

Media recognition of problem, increased community awareness, lack of enough available treatment facilities, support for families

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Above statistics were provided by: 2015 Stark County Community Health Needs Assessment; *Stark County Mental Health and Recovery Services Board, Community Survey, 2014 Ohio Drug Overdose Preliminary Data: General Findings, Ohio Department of Health, National Drug Intelligence Center and Ohio Department of Alcohol and Drug Addiction Service*