LINN COUNTY OPIOID ACTION PLAN

Turning the Tide on Opioid Use Disorder
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Message from Board of Health and Health Director

Dear Neighbor,

This report comes to you at a time when opioid use disorder (OUD) has become a serious challenge and major public health epidemic in the United States; Linn County is no exception. In 2017 alone, Linn County witnessed 20 deaths and nearly one hundred emergency department episodes linked to opioid overdose. This epidemic required an immediate intervention. Consequently, Linn County Public Health (LCPH) led the charge to ensure that OUD was our priority, and we are working collaboratively to address all things opioid here in our community.

In the fall of 2017, the Linn County Board of Health created an Opioid Steering Committee to study the scope and burden of problems associated with OUD. Nearly three dozen organizations from law enforcement to the criminal justice system, from pharmaceutical and research organizations to first responders, from hospitals and treatment clinics to elected officials, from consumers and family members to faith community members, all came together to discuss the problem and develop a solution. This report is the result of those discussions.

The report presents a detailed set of recommendations from five subcommittees, which can be summarized in the following three themes:

1. Manage pain using a safe and effective range of treatment options that rely less on prescription opioid
2. Reduce opioid-related deaths by expanding access to treatment for OUD
3. Use data to inform targeted prevention, outreach, and treatment efforts

LCPH and its partners are committed to the health and wellbeing of every resident of Linn County, and will not leave any stone unturned to fulfill its commitment. Let us join our hands together, as we always have, to address OUD in our community. Thank you!

Sincerely,

Mark Taylor
Linn County Board of Health

Pramod Dwivedi, DrPH (c)
Health Director, Linn County Public Health
Letter from Steering Committee Chairs

Dear Linn County Community,

As you may already be aware, 2015 brought a major turning point in our community. The national opioid epidemic was no longer taking place only in the big cities, it was here at home and something needed to be done to save lives. Although substance use has always been evident in Linn County, the national opioid epidemic was taking its toll and bringing a new wave of challenges.

In 2015, our separate entities; harm reduction, healthcare, treatment and recovery, justice, public health and public safety, began to see an increase in opioid overdoses and opioid overdose fatalities that coincided with a national opioid overdose epidemic. In that time, more than 3,000 opioid-related overdoses have been reported in Linn County.

Before 2017, many agencies had already begun looking internally, determining what could be done within their own walls to make a difference. Clinics began assessing the techniques their medical professionals used when prescribing opioids. Providers applied for funding to provide the most evidence-based treatment options for those with OUD. These were real and concrete actions being taken by separate organizations to stem the tide and flatten the curve of opioid overdose fatalities, but as a community we knew we could do more. Our community is resource-rich, with numerous agencies offering excellent prevention, treatment and recovery services to address OUD. However, an interconnected, multi-agency effort that would result in the greatest impact was missing.

Because of this, the Linn County Board of Health determined opioids presented a public health emergency and formed the Linn County Opioid Steering Committee. This committee brought together health care providers, hospitals, clinics, treatment and recovery, law enforcement, justice, emergency medical services, city, county, state and federal agencies, non-profits, harm reduction and others to the table. We shared what we were all doing with one another, looked for sensible partnerships, provided training, built relationships, and worked to identify and connect evidence-based approaches with genuine compassion to create an action plan to help those already in need in our community, as well as prevent a larger-scale problem from occurring.

Thank you to all the organizations and individuals who have taken the time to come along on this journey with us. We could not have done it without the knowledge and genuine passion of the many people involved on this committee.

“Individually we are one drop, together we are an ocean.” - Ryunosuke Satoro

Sincerely,

Erin Foster, ACPS
Director of Prevention Services, Area Substance Abuse Council Steering Committee Chair

Andrew Olesen
Assistant Fire Chief, City of Cedar Rapids Steering Committee Chair
Acknowledgements

Thank you to all of the organizations and community members who provide vision and expertise to make this action plan a reality.

Area Ambulance
Area Substance Abuse Council (ASAC)
Cedar Rapids Community Schools
Cedar Rapids Fire
Cedar Rapids Medical Education Foundation
Cedar Rapids Police Department
Cedar Rapids Treatment Center
City of Cedar Rapids
Community Health Free Clinic
Community Resources United to Stop Heroin
CR Care Pharmacy
Eastern Iowa Health Center
Echo Hill Presbyterian
Hiawatha Police Department
His Hands Free Clinic
Iowa Harm Reduction Coalition
Linn County Board of Health
Linn County Board of Supervisors
Linn County Public Health
Linn County Sheriffs Office
Marion Police Department
Medical Examiner
Mercy Medical Center
Mt. Vernon Community Schools
Mt. Vernon Police Department
The Gazette
UI College of Pharmacy
United Way 2-1-1
UnityPoint
US Attorneys Office
Introduction

“With the opioid epidemic moving across the country and into the Midwest, community organizations are joining efforts to prevent and respond to outcomes associated with opioid use disorder. The opioid epidemic is a public health concern and county specific data has indicated opioid misuse to have a negative health impact within our community.” Katie Reasner, Senior Health Education Specialist at Linn County Public Health.

In 2017 alone, there were 20 opioid-related deaths in Linn County, an age-adjusted rate of 8.9 per 100,000, and countless non-fatal overdoses. To address this public health threat, LCPh and the Area Substance Abuse Council (ASAC), along with numerous collaborative partners, joined together to form the Linn County Opioid Steering Committee which was approved and supported by the Linn County Board of Health. The steering committee, an oversight committee that oversees five subcommittees, chose to model evidence-based strategies after efforts in Franklin County, Ohio following research of similar collaborative groups forming across the country. This model, in conjunction with the practical experience of committee partners, works to address the epidemic on a community level.

The Linn County Opioid Action Plan outlines the short-term efforts of this committee to stabilize the issue of opioid overdoses in Linn County while prioritizing sustainable systems change through cross-sector collaboration. The plan focuses on these four overarching goals:

1. Prevent opioid misuse and addiction
2. Reduce opioid-related deaths
3. Provide training to first responders
4. Inform stakeholders to improve advocacy

About Linn County, Iowa

Linn County is located in east-central Iowa and contains 18 incorporated communities and 11 villages. It is the second most populous county in Iowa with an estimated population of 220,008 residents (American Community Survey 5-yr estimates, 2013-2017). More than half (n = 130,330) of the county’s population resides in the city of Cedar Rapids, making the county primarily urban. The majority of the population are white, with 195,466 people (88.8% of all Linn County residents). Black or African American residents account for the largest minority group, constituting 4.9% of the population, followed by Hispanic/Latino at 3.1% and “Two or more races” at 2.7%. While incremental, the demographic characteristics in Linn County has continued to shift overtime. Between the 2000 and 2010 census, the smallest minority population, Native Hawaiian/Pacific Islanders increased by 97.8% with an increase of 89 people. The largest racial minority population, Black or African American increased by 69.7% during this time, an increase of 3,427 people. With increasing numbers of immigrants and refugees in Iowa, continued diversification of Linn County’s population is expected.

1: Map data ©2019 Google
Development and Committee Structure

Steering Committee Structure
- Leading execution of the plan by stakeholder agencies
- Meeting bi-annually to discuss subcommittee action
- Recommending or appointing members to subcommittees, or appointed by organizations involved
- Overseeing subcommittees, with chairs sitting on the steering committee:
  - Prevention and Community Education
  - Healthcare, Treatment and Harm Reduction
  - Law Enforcement and First Responders
  - Advocacy
  - Data
- Coordinating activities within expertise
- Developing and expanding community-level metrics
- Creating progress reports for Linn County Board of Health, stakeholders and the public
- Identifying and pursuing advocacy and policy change

Operating Principles
- Collaborating with existing groups
- Designing and implementing process to collect data
- Developing relationships and collaborating with state and local researchers
- Continuing to recruit members to subcommittees
- Formally supporting subcommittees who are seeking additional funding
- Identifying gaps and making recommendations
- Creating public report protocol
- Creating procedure for lobbying and advocacy efforts needing action
- Operating with cultural competency
Data and Metrics

“Data is used to inform decisions of the Linn County Opioid Steering Committee and track progress toward achieving committee goals overtime.”
Dr. Amy Hockett, Epidemiologist at Linn County Public Health.

A data subcommittee associated with the overall steering committee drives the collection and dissemination of relevant data to inform action of the overall committee. Initial overdose trend data was collected and presented to the steering committee in August of 2018 to inform the direction of each of the four subcommittees moving forward. The initial data included rates of both fatal and non-fatal overdose incidents overtime, including opioid-related deaths and emergency department and hospitalization rates in Linn County. In addition, demographic and geographic characteristics of overdose victims were outlined to inform potential strategies for the development of targeted interventions. Moving forward, the initial baseline data will continue to be updated and available to committee and community members as new data is obtained. Opioid-related data is currently available through partnership with the Linn County Medical Examiner’s Office, City of Marion Police Department, Iowa Poison Control Center, and through a data sharing agreement between LCPH and the Iowa Department of Public Health. Additional data is collected using publicly available sources such as CDC WONDER and CDC Opioid Prescribing Rates. The data subcommittee is working to enhance opportunities for cross-agency data sharing with the intent of building shared capacity for real-time action in addressing this emerging issue. The goal of the subcommittee in the upcoming year is to identify additional data collected across the county related to opioid and drug overdoses, create a secure mechanism for participating agencies to both access and share opioid-related data, and identify opportunities to trigger a multidisciplinary response team. Data currently collected by this subcommittee includes:

- Opioid-related deaths with demographic and geographic characteristics
- Types of drugs that contribute to both opioid and non-opioid related overdose deaths
- Opioid prescription rates overtime and by counties in Iowa
- Opioid-related hospitalizations overtime with demographic and geographic characteristics
- Opioid-related emergency department visits with demographic and geographic characteristics
- Calls for service overtime with geographic and demographic characteristics and past offenses
- Opioid-related calls to Iowa Poison Control by year, age of victim, drug type, and reason for exposure
- Frequency of naloxone administration reported to Iowa Department of Public Health through the 2018 mandatory reporting directive

Current data may be accessed at [https://www.linncounty.org/1287/Opioid-Steering-Committee](https://www.linncounty.org/1287/Opioid-Steering-Committee)

1: CDC WONDER
Prevention and Community Education
Prevent Opioid Misuse and Addiction

“As we work locally to provide resources for our community, it will not be enough to solely focus on those with opioid use disorders. It is vitally important to keep those who are not misusing opioids from ever starting.” Erin Foster, Director of Prevention Services at Area Substance Abuse Council.

In conjunction with preventing initiation of OUD, it is also important to create a system in Linn County to provide the lifesaving drug, naloxone, to those most vulnerable in our community. The United States Department of Health and Human Services identified naloxone distribution as one of the top three strategies for addressing the opioid epidemic.

Goals and Objectives

**Educate community on opioid use by December 31, 2019**
- February – July 2019: Create opioid response, treatment and recovery resource cards and brochure to distribute to first responders and the public
- By September 30, 2019: Offer opioid resources to 11 of 22 first responder agencies to distribute resource cards and brochures
- By December 31, 2019: Participating agencies will evaluate resource through Survey Monkey

**Increase accessibility of naloxone by December 31, 2019**
- February – April 2019: Assess gaps and needs and create a plan addressing naloxone accessibility within department of correctional services
- By September, 30 2019: Implement the naloxone accessibility plan
- By December, 31 2019: Evaluate the naloxone accessibility plan

**Educate community on count, lock and dispose by December 31, 2019**
- By December 31, 2019 assess opportunities with state pharmacy entities to provide count, lock and dispose information at point of sale

Explanation of Goals

Although the opioid crisis has been discussed widely in the last few years, education will continue as a large piece of the solution and specific, targeted education to more vulnerable populations is crucial. One population identified as needing education on resources in the community is post-overdose patients and/or loved ones or family members of these patients. An avenue to provide this education is utilizing first responders to have education and resources on hand during these situations.
Another piece of education and still one of the most evidence-based approaches to decreasing accessibility of prescription opioids is the continual discussion of monitoring, proper storage and proper disposal of unwanted or expired drugs. Linn County has done an amazing job providing drug drop box locations to many communities, but continuing to provide residents reminders of this service is still needed. Utilizing medical providers and pharmacists as point of contacts for these educational discussions is important.

Finally, the increased accessibility of the lifesaving opioid reversal drug, naloxone, must be on the forefront of any prevention work regarding this crisis. This subcommittee assessed the ongoing work of providers disseminating naloxone and found gaps in services. This subcommittee created a plan to fill these gaps and will continue to provide education on and supply of the reversal drug to those in need.

**Recommendations**

1. Support increasing the accessibility of naloxone in our community, focusing on populations within the Department of Correctional Services, organizations that support those in need and the general public.

   *The subcommittee aims to increase accessibility of naloxone to those agencies in the community who work with high risk populations as well as the general public seeking to provide naloxone to loved ones. After assessment of naloxone outreach occurring in Linn County, those leaving corrections have additionally been identified as a vulnerable population in need of additional resources.*

2. Support community education on opioid use including overdose prevention, harm reduction, responding to an overdose, treatment, recovery and community resources.

   *The subcommittee aims to continue offering basic opioid-related information to the community including presentations, trainings, town hall meetings, media campaigns and other means of information dissemination.*


   *Providing the community information on the importance of count, lock and disposal practices of prescription drugs continues to be an ongoing campaign at the local and national level. This subcommittee aims to disseminate information to prescribers, those who receive opioids and caregivers.*
Healthcare, Treatment and Harm Reduction
Reduce Opioid-Related Deaths

“Healthcare, treatment and harm reduction providers play a pivotal role in decreasing the impact of the opioid crisis to both those with opioid use disorders as well as those with higher risks.” Sarah Ziegenhorn, Executive Director of Iowa Harm Reduction Coalition.

Studies have shown that these three key groups of stakeholders can hold the main reins of exponentially changing the rates of morbidity and mortality regarding opioids. While all three groups can have separate ways of doing so, working together only strengthens the impact they can have in our community.

Goal and Objectives

Reduce opioid overdose fatalities in Linn County by 15% and eliminate one-year mortality following non-fatal opioid overdoses by December 31, 2021

- January 2019: Develop post-overdose response team intervention overview
- February – May 2019: Develop full length project funding proposal and seek NIH R01/R21 funding to support implementation
- June 2019: Submit funding proposal

Explanation of Goal

Post-overdose response teams are an emerging initiative around the United States to combat the current overdose crisis. In December 2018, the Centers for Disease Control and Prevention (CDC) released a report to summarize effective cross-sector initiatives and policy approaches for the reduction of fatal opioid overdose at the community-level.¹ The report summarized an emerging body of research that supports the following strategies regarding post-overdose response including targeted naloxone distribution and initiating buprenorphine-based medication assisted treatment (MAT) in emergency departments. However, implementation of buprenorphine initiation in emergency departments has not been readily implemented due to the difficulties in connecting patients to providers for follow-up treatment and engagement in care.

A 2018 report from Massachusetts revealed that in a cohort of individuals reporting to an emergency department with opioid toxicity, the group achieved a 12% one-year mortality rate.² This study suggests that for individuals who experience an opioid overdose, they have a 12% risk of experiencing a fatal overdose within the next year, representing a critical time-point for delivering a public health intervention. Post-overdose response teams address this increased risk of mortality by offering a range of services that have an established evidence-base for improving rates of morbidity and mortality among the target population.
Recomendations

1. Support expanding committee membership to meaningfully involve those community members who are directly impacted by the “opioid crisis” and individuals who are at risk of overdose.

Many substance use related efforts have shown that if they follow the “Nothing About Us Without Us” mentality, programs have great outcomes. The steering committee is in support of continuing the recruitment of key stakeholders in the community to proceed further with the activities identified.

2. Support for local professionals to collaborate with other experts both locally and around the country that have developed similar programs to provide guidance and technical assistance to emergency department staff, steering committee members and other program implementers.

Many efforts of the steering committee, including the structure itself is mirrored off other efforts occurring around the country. By the Board of Health supporting continued collaboration with other professionals locally as well as nationally, the steering committee will continue to assess and evaluate best practices for combating the opioid crisis at the local level.

3. Provide letters of support for RFP submissions to those attempting to secure funding for tasks identified by the steering committee that align with Board of Health priorities.

As more programs are created within efforts of the steering committees work, opportunities for community based grant funding may come available. The steering committee would look to the Board of Health to provide letters of support to strengthen the proposals submitted.
Law Enforcement and First Responders
Provide Training to First Responders

“Ensuring training on signs and symptoms of an opioid overdose and the use of naloxone among first responders is crucial in decreasing opioid overdose mortality in Linn County.” Andrew Olesen, Assistant Fire Chief for the City of Cedar Rapids Fire Department.

Naloxone is a medication that reverses respiratory depression from an opioid overdose if given in time. This medication is safe, highly effective and will only work if an individual is overdosing on an opioid. When Iowa became one of many states to expand accessibility of naloxone, all first responders became eligible to carry this lifesaving drug; increasing the role first responders played in reducing overdose deaths. With increasing the amount of personnel who can carry the drug, however, came responsibility of truly understanding the crisis from signs of an overdose to resources in the community. First responders became key players in the prevention of further increased rates of overdose and providers of relevant information to those they serve.

Goal
Train 10 of the 23 Fire/EMS agencies in Linn County on the signs and symptoms of opioid overdose and treatment options in surrounding area by December 31, 2019

Explanation of Goal
As rates of opioid overdose continue to increase in more rural areas, education on opioids and access to naloxone becomes more and more important to rural, especially volunteer, EMS departments. A study published on rural EMS departments has shown between a 5.7 and 10.2 minute reduction of naloxone delivery when rural first responders carry the drug.¹

Recommendations
1. Support ongoing education to local first responders on local opioid trends, harm reduction, overdose identification, treatment and recovery services.

Initial assessment data revealed a gap in training and accessibility of naloxone to local first responders, especially those in rural Linn County. Through collaboration among metro Cedar Rapids EMS agencies, several rural communities were trained. The subcommittee aims to continue implementing training to address these gaps.

2. Collaboration among first responders and law enforcement agencies.

Advocacy

Section 4
Inform Stakeholders to Improve Advocacy

“Recently, substantial attention has been given to the opioid epidemic as a major public health crisis in the United States. At the local level, the Linn County Opioid Steering Committee has been working with its key partners to make recommendations to our stakeholders in an effort to curb the epidemic.”

Pramod Dwivedi, Health Director at Linn County Public Health.

The steering committee strongly believes that its efforts to address the morbidity and mortality of OUD, a chronic disorder of the brain that can be effectively treated, must be built upon scientific evidence.

Goals

Educate elected officials and key stakeholders on opioid-related data in Linn County and provide guidance to any policy or legislative issue at a yearly meeting prior to the legislative session

Provide ongoing education during the legislative session and a wrap-up meeting once the session has ended

Recommendations

1. Support legislation to keep Medicaid strong and extend coverage to adults who are not covered due to incarceration, work requirements and/or drug testing. Given the needs of patients served by Medicaid and Medicare, it is critical that both programs provide comprehensive MAT coverage.
2. Reduce the disparities in reimbursement to mental health and substance use providers through legislation. Inadequate reimbursement limits access to services.
3. Ease the process of obtaining prior authorization for services and/or dispensing of medications through legislation. Prior authorization for an OUD often delays treatment to lifesaving care.
4. Increase the number of clinicians who can prescribe MAT. Alleviate workforce shortage and mitigate the stigma associated with treatment.
5. Support the use of telehealth and integrated care models.
6. Support harm reduction models such as needle-exchange program through legislation.
7. Educate elected officials about addiction as a chronic brain disorder that can be effectively treated with evidence-based interventions.
8. Support funding to increase the availability and targeted distribution of naloxone throughout Linn County.
9. Partner with organizations to ensure effective, evidence-based treatment is available to everyone.
Community Successes

- Collaborated efforts in the creation of opioid response, treatment and recovery resource cards to distribute to Linn County first responders.
- Educated over 1,300 community members including organizations, community groups, and individuals during 2018 and 2019.
- Disseminated over 3,300 naloxone kits during 2018 and 2019. Note: Iowa Harm Reduction Coalition notes over 170 individuals reporting on their overdose reversals.
- Collected over 3,000 pounds of prescription drugs from Linn County drug drop boxes during 2018 and early 2019.
- Hosted a town hall meeting and resource fair in collaboration with the Eastern Iowa Heroin Initiative and the Prevention and Community Education Subcommittee.

General Recommendations

1. Support committee recruitment and encourage cross-sector data sharing related to opioid use.

   *Ongoing data collection provides guidance on assessment and evaluation of activities identified by the steering committee to make evidence-based and data driven decisions and to recommend policy.*

2. Support local efforts of steering committee by assisting with communication across agencies and the Iowa Department of Public Health.

   *One final assessment of gaps identified by the steering committee listed miscommunication between agencies involved with opioid-related efforts and the Iowa Department of Public Health. Utilizing the Board of Health as an avenue to move information will improve communication across all agencies.*
The Future of the Opioid Steering Committee

During the June 2019 meeting, the Linn County Opioid Steering Committee finalized recommendations for the Linn County Board of Health. During this meeting the steering committee also decided to continue meeting bi-annually in December and June unless a significant community change or national event impacting the subcommittee’s work has occurred.

Connect With Us

The Linn County Opioid Steering Committee maintains a website located under Community Partnerships at linncounty.org/publichealth, where opioid-related resources and steering committee minutes and publications are accessible to the public.

Linn County Opioid Steering Committee Meeting, 6/11/19