



Bureau of Justice Assistance (BJA)-Supported
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)
**Successful Strategies for Addressing the Opioid
Epidemic in Rural Communities: Response Teams**

The **Rural Responses to the Opioid Epidemic (RROE) project**, co-funded by the Bureau of Justice Assistance, the Centers for Disease Control and Prevention, and the State Justice Institute, supports 21 rural sites across the country to develop or enhance efforts to strengthen epidemiologic surveillance and public health data infrastructure; implement effective community-level opioid overdose prevention activities; and establish or enhance public safety, public health, and behavioral health collaborations. Sites may also expand peer recovery and recovery support services that help people start and stay in recovery.

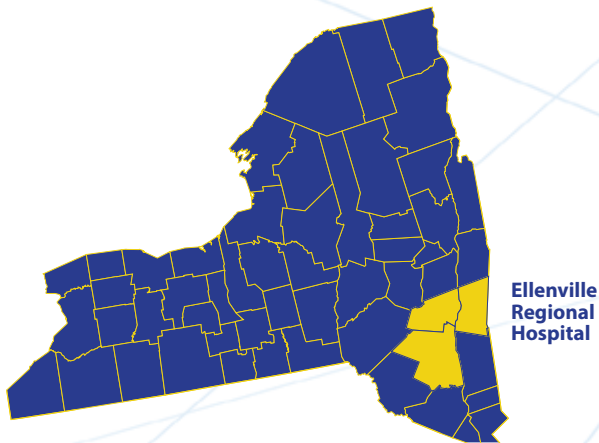
Learn more about the RROE project at <https://rural.cossapresources.org/>.

Communities all over the United States are experiencing a record-high number of overdose incidents in the midst of the COVID-19 pandemic. Rural areas, where isolation is pervasive and substance use/mental health services are difficult to access, are being hit particularly hard.

Rural communities across the country are coming up with innovative ways to respond to overdose spikes in their communities through community outreach and response teams, which make contact with individuals and families who have experienced overdose to offer support and connections to services and treatment. This brief is one in a series highlighting projects that are part of the RROE project.

Topics in Successful Strategies for Addressing the Opioid Epidemic in Rural Communities Series

- Engaging With Faith-Based Organizations
- Law Enforcement- and First Responder-Led Diversion Programs
- Engaging the Local Business Community
- Youth and Families Prevention and Intervention
- Harm Reduction
- Transportation
- Response Teams
- Jail-Based Programming



Ellenville Regional Hospital

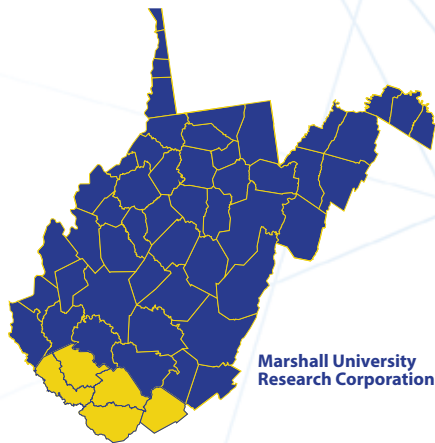
[Ellenville Regional Hospital \(ERH\)](#) is a critical access hospital serving the western, rural communities in Ulster County, New York; it is one of only two hospitals in the county. In 2020, the emergency department saw 183 opioid-related visits, with overdoses accounting for 57 of those visits. Ulster county, in total, had 462 opioid overdoses with 68 fatalities in 2020.

These events prompted the improvement of one already existing opioid response team embedded within the sheriff's office and the creation of a new team that had a slight difference in its workflow from a traditional response team model. Instead of responding to an overdose that has already taken place, the Overdose Prevention Response Team (OPRT) responds to "red-flag events" that a team of care coordinators and recovery support specialists are able to share with each other. This multiagency team consists of staff members from law enforcement, substance use disorder (SUD) treatment agencies, peer support agencies, hospitals, and local health and mental health departments who meet weekly to discuss a shared caseload of clients and ensure that those responsible for the care of a client are fully aware of any issues that have arisen. The variety of providers involved in the response ensures that any

situation that may make a person more vulnerable to an overdose can be caught and flagged by the team.

"What do we know is usually an indicator that an overdose may be coming?" asks Brandon Bogert, executive director for the Rural Health Network at ERH. "The things that we came up with ended up being things like missing a treatment appointment, leaving treatment early against medical advice, maybe having an upcoming court appearance, or successfully being discharged from treatment or jail." The peer support specialists and care coordinators have had success in helping those that enter these vulnerable situations navigate treatment and recovery. Currently, seven different organizations join weekly collaboration meetings. On any given week, there are 10 to 15 clients who are actively in a high-risk situation requiring collaborative care by the team, with about 10 new clients consenting to receive help from the multiagency group each month.

The Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grant, along with other funding sources, has enabled ERH to gather a large network of partners with whom to collaborate on the RROE project. These partnerships and the services they provide—including emergency housing, transportation, and childcare vouchers—have been instrumental in the OPRT's success and its ability to help fill the gaps in care for their clients. Another important component of this work is maintaining constant communication with the peer recovery advocates/care managers through weekly meetings. "That has helped not only iron out some of the workflow issues before they really become issues, but it has helped our peers feel a little more supported," says Bogert. "It does feel like we are keeping them really motivated and happy with what they are doing within a really hard job to do."



Marshall University Research Corporation

[Marshall University Research Corporation's \(Marshall\)](#) RROE project area encompasses the five southernmost coalfield counties in West Virginia. This region is 2058 square miles and is located entirely in Appalachia. In 2016, the state of West Virginia had an age-adjusted drug overdose rate of 52 per 100,000, which increased in 2017 to 58.3. In the target area, the number of drug poisoning deaths per 100,000 ranges from 46.9 to 67.8.

To help combat these statistics, Marshall supports and provides technical assistance to quick response teams (QRTs) as part of its COSSAP grant funding with the goal of having a QRT in each of the five counties that are working collaboratively for the region. These teams are composed of a coordinator, a peer support specialist (PSS), emergency medical services personnel, and law enforcement officers who respond to overdose calls and connect individuals with SUD and their families to recovery services. The Logan County, West Virginia, QRT has partnered with the local hospital and has embedded recovery coaches in the emergency room to make contact with overdose survivors as they come in, as well as report any overdoses to the QRT. Once contact is made with

a client, the individual is given one-on-one naloxone training on-site. Mingo and Wyoming counties in West Virginia have implemented mobile units in their communities, each with different services based on their specific needs ranging from hepatitis/HIV testing to Narcan training. All counties offer Narcan broadly across their respective populations.

Community outreach, especially Narcan training, is a big part of the efforts in the region. Narcan distribution sites are being set up in places like gas stations, fire departments, and pharmacies just to get more people from the community to come in to get the training done and receive Narcan. The QRTs are conducting monthly meetings with their members across the region to discuss challenges and barriers, celebrate accomplishments, and share relevant information; these meetings have been excellent opportunities for the QRTs to provide support for each other and hopefully improve outcomes for their communities. Marshall is looking forward to more plans coming in the future, including quarterly naloxone "save a life" days rather than just once a year to get more naloxone out in the community.

Lessons Learned

Engage partners to identify important information and provide valuable services. ERH engaged many stakeholders and people working in the field during its planning phase to develop its list of red-flag events that may precipitate an overdose. This collaborative effort ensured that numerous events or occurrences at many different times in an individual's life could be considered as input points for their system to trigger outreach to at-risk individuals and helps fill the gaps in overdose outreach that are not reported through 9-1-1 or emergency services. ERH's collaboration with childcare centers, hotels, and transportation services provides wraparound care to individuals in urgent situations, while Marshall's engagement with nontraditional locations, like gas stations, helps increase support in areas where these resources can be scarce.

Frequent check-ins with team members can curb potential snags. ERH and Marshall both use frequent check-in calls with their teams to brainstorm solutions to common barriers or streamline procedures. It is also a way to provide support and boost morale to maintain motivation and momentum. This work is difficult, and support systems are essential for its success.

Social media is a powerful tool. ERH and the QRTs use social media in a variety of ways. Logan County's QRT uses it to publish local overdose data to enhance community awareness of the drug issue in their region. ERH uses social media to reach individuals on a more personal level and lends itself to being a resource rather than a referral to resources. Both programs also use social media to alert the public of overdose trends in the area.

Visit the COSSAP Resource Center at www.cossapresources.org.

About BJA

The Bureau of Justice Assistance (BJA) provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit www.bja.gov and follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice's Office of Justice Programs.

This work was supported by Grant No. 2017-AR-BX-K003 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions are those of the authors and/or presenters and do not necessarily represent the official position or policies of the U.S. Department of Justice.