



TN

Department of
Health

**High-Impact Area Annual Report,
September 2021-August 2022
Overdose Response Coordination Office**

Acknowledgment from the Director

On behalf of the Overdose Response Coordination Office (ORCO), I am pleased to present our Tennessee (TN) High Impact Areas (HIA) Program Bi-Annual Report.

This report provides important updates on the overdose crisis in TN and the response efforts that are taking place. Our office is also doing everything in its power to aid response efforts to promote effective strategies and to increase access to tools that have been shown to be effective in decreasing overdose-related morbidity and mortality.

Substance Use Disorder continues to impact our nation and community. Locally and nationally there has been an increase in individuals and families who have been impacted.

Lastly, I want to acknowledge the incredible efforts of the ORCO team, our HIA Program staff, and community partners in keeping the Tennessee public health system operational during these challenging times. The work of ending overdose and addiction continues to grow in importance and value in society.

Our team and I along with our partners remain committed to this work. Thank you to all the partners and the dedicated communities and leaders across Tennessee who are on the front lines of the endeavor.

Amy M. Murawski

Director, Overdose Response Coordination Office

This report was supported in part by the Overdose Data to Action Cooperative Agreement number 1NU17CE924981-01-00, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the U.S. Department of Health and Human Services.

Acknowledgments

This report and the HIA Program would not be possible without the support and work of many stakeholders. We express our sincere gratitude to the HIA Program staff, our team at ORCO, the leadership in Regional and Local Health Departments, the Office of Informatics and Analytics, the Tennessee Department of Mental Health & Substance Abuse Services (TDMHSAS), and the Centers for Disease Control and Prevention (CDC) for your support and assistance.

Special thanks to the report contributors (in alphabetical order): Hector Carrasco, Shannon De Pont, Josh Love, Amy Murawski, Pooja Subedi, and Kristen Zak.

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Introduction

Drug overdose deaths in the U.S. continue to increase dramatically. Over 101,035 estimated overdose deaths were recorded between October 2020 and October 2021 in the U.S.¹ The most recent national survey estimates that at least 2.7 million people in the U.S. met the criteria for an opioid use disorder (OUD) in the past year.² The cost of the drug overdose epidemic includes psychological, emotional, and economic harm to caregivers, families, and communities in addition to the invaluable lives lost.

Effective response to the epidemic of drug overdoses requires acknowledging that Substance Use Disorder (SUD) is a chronic disease associated with multiple risk factors such as social factors (e.g., poverty, discrimination, and lack of social capital), concurrent mental disorders (e.g., depression, anxiety, and personality disorders), and personal experiences (e.g., peer pressure, trauma, and household dysfunction). This multifactorial nature of SUD adds many layers of complexity to drug overdose prevention efforts.

In 2019, with the support of the Overdose Data to Action grant provided by the Centers for Disease Control and Prevention (CDC), the Overdose Response Coordination Office (ORCO) of the Tennessee Department of Health (TDH) launched the High Impact Area (HIA) program to address the increasing burden of SUD and overdoses in Tennessee. The program focuses on the areas in Tennessee that have a high burden of overdoses and overdose related deaths and partners with public health jurisdictions, local authorities, community organizations, coalitions, and community members to fund, oversee, and implement activities aimed at preventing addiction, and reducing overdoses and overdose related deaths. The overall goal of this program is to establish a comprehensive, equitable, and locally managed response to SUD.

Launching the program followed a multi-step strategy that included 1) a state-wide needs and capabilities assessment, 2) the selection of evidence-informed activities by community partners, and public health departments, 3) hiring and onboarding of program staff, 4) the development of monitoring and evaluation systems, and 5) regular programmatic planning at the local level to add, reassess or redirect program’s activities.

The HIA Program utilizes a multi-tier strategy with public health actions across the continuum of care, representing an adapted version of the *Care Delivery Value Chain (CDVC)* framework, published by Dr. Kim et al in 2013.³ Under this strategy, the program has 27 projects covering multiple public health actions across the continuum (Figure 1).







PROMOTION	PREVENTION	EARLY DIAGNOSIS	EARLY TREATMENT	FOLLOW UP	HARM REDUCTION
Drug use prevention campaigns	Targeted child resilience trainings	OUD/SUD screenings in local health departments	Referring people who screen positive for OUD/SUD to the appropriate services	Navigation programs in multiple settings	Community overdose monitoring and response plans, SSPs and post-drug overdose outreach efforts in hospitals
					

Figure 1. Selected High Impact Areas projects throughout the continuum of care.

In addition to providing services across the continuum of care, the HIA program also aims to: 1) avoid duplication of efforts with colleagues also working on the overdose epidemic, 2) provide several evidence-informed project options to communities and health departments based on their needs and implementation capabilities, and 3) target vulnerable populations. The program has been highly regarded by local health departments, community-based organizations, state health department leadership, and most importantly, patients and their families. In this report, we will share details on the achievements of the program so far.

The HIA program currently covers 31 out of Tennessee’s 95 counties. The 31 HIA counties accounted for 71% of the burden of all drug overdose deaths in the state in 2020.⁴ The target population for the HIA program includes youths, adults at risk of developing an SUD, and all individuals with an SUD who are at risk for more adverse consequences. The HIA programs incorporate evidence-based public health actions recommended, including a broad range of multidisciplinary interventions such as developing multi-sector task forces, creating overdose monitoring and response plans, introducing Medications for Opioid Use Disorders in correctional settings, developing criminal justice diversion, supporting syringe service programs, launching drug use prevention education campaigns, and implementing navigation programs for patients at high risk of a drug overdose. Table 1 shows the projects being implemented in each HIA and the counties where they operate.

Projects	East Knox, Cocke, Jefferson, Roane, & Sevier	Middle Davidson, Montgomery, Cheatham, Rutherford, Wilson & Dickson	West Shelby	Northeast All Eight Counties	Southeast All Eleven Counties
Substance Use Multisector Task Force	✓	✓	✓	✓	✓
Overdose Monitoring & Response	✓	✓	✓	✓	✓
Prevention Activity	✓	✓	✓		✓
Patient Navigation	✓		✓		
Emergency Department Substance Use Disorder Protocol Initiation	✓	✓			✓
Syringe Service Program Expansion	✓		✓		
Treatment & Navigation in Correction Facilities	✓			✓	
Pretrial Diversion Program				✓	

Table 1. Projects implemented by HIA.

In a short period of time, the HIA program has benefited a large number of people. We have observed a steady increase in the number of individuals served since the inception of the program. Increasing numbers of individuals in need are being reached by the program due to 1) the expansion of the program to new geographic locations, 2) the program gaining recognition and trust in the community, and 3) outreach and education.

Since the beginning, the HIA program has navigated 1,447 individuals from syringe services programs, 1,214 individuals from health departments, 480 individuals from hospital settings, and 52 individuals from a jail to treatment, harm reduction and social services. Additionally, the HIA program has provided the substance abuse prevention education program– Botvin LifeSkills training to 1,253 elementary, secondary, and high school students. Finally, the safe syringes programs supported by ORCO have distributed approximately 1,014,000 syringes and collected approximately 658,000 used syringes (Figure 2).

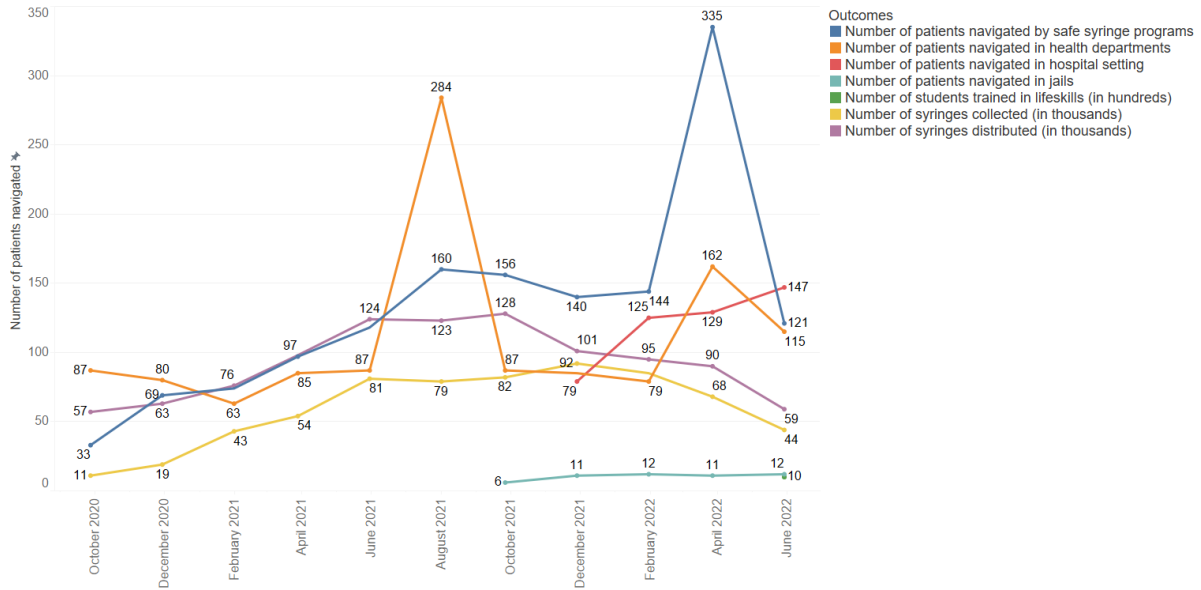


Figure 2. Metrics for a selected type of HIA project.

We hope that this report will help you learn more about the High Impact Area program and follow the efforts and progress of each one of our HIA teams as we work together to address the drug overdose epidemic in Tennessee. In the following sections, we describe the projects implemented by each HIA team and highlight some significant achievements.

High Impact Areas Timeline

2019

- OD2A Grant application submission (Office of Informatics and Analytics & ORCO)
- HIA designations and confirmation
- HIA workshops with American Institute for Research (AIR)
- Introduce evidence-based activities

2020

- Onboard HIA staff and initiate program activities
- Develop monitoring and evaluation plans
- Initiate learning collaboratives
- Look for additional funding opportunities

2021/22

- Grant activities in full operation
- OD2A funding extended to 2024
- Expand full funding to Northeast & Southeast HIAs
- Impact evaluations analysis
- Apply for new funding

Project Updates

East HIA

The HIA Program in East Tennessee was launched in 2020. Currently, activities under this program are being implemented in five counties in East Tennessee – Knox, Jefferson, Sevier, Roane, and Cocke. From August 2021 to July 2022, the East HIA team has made significant progress on community overdose response including the initiation of a new harm reduction navigation program in the Fort Sanders Regional Medical Center and Cocke County Health Department, expansion of their multi sector partnerships, and the establishment of a medications for opioid use disorder program in the Jefferson County Jail.

Multisector Task Force

The East HIA team recognizes that an effective overdose response requires the active involvement of a wide range of community members/organizations. As such, building a dynamic multi sectoral partnership has been one of the priorities for overdose response in East HIA. The goal is to link community members together to create a collective approach to addressing substance use disorder in the region. Currently, the East HIA multisectoral task force successfully engages partners such as law enforcement officials, EMS, school administrators, elected officials, treatment providers, and people and families affected by drug addiction. The task force also has representatives from faith-based organizations, non-governmental organizations, and substance use prevention-related coalitions. In the past year, East HIA task force and planning committees met at least 166 times to discuss the overdose response plans in the region, plan prevention education programs, plan MAT and naloxone access in correctional facilities, develop emergency department protocols for substance use disorder, expand syringe service programs, and promote linkage to care programs.

Overdose Monitoring and Response (OMAR)

East Tennessee Regional Office (ETRO)

OMAR Plan: ETRO HIA staff developed their OMAR plan in 2021. The plan is comprehensive in scope and includes detailed sections on: 1) surveillance and monitoring utilizing public health and public safety data systems; 2) overdose activity threshold calculations and response actions; 3) communication framework in the event of acute/anomalous overdose activity; 4) data/information from partnering agencies and organizations to validate surveillance and monitoring analyses; and, 5) after action reporting to document response efforts. Further, the plan details an internal response team, communication tree, and a contact list of numerous partnering agencies in the region.

OMAR Implementation: As with the other public health regions and metros, ETRO is currently utilizing public health surveillance systems including syndromic surveillance and reportable disease to monitor overdose activity in the region. ETRO is also planning to hold their own internal tabletop meeting within the next several months and, based on that meeting, look to start planning an external tabletop exercise in 2023 with partner agencies. Current barriers include a lack of resources for SSPs, naloxone and fentanyl test strip availability, and other harm reduction services in the area. Further, the absence of any acute increases in overdose activity, as captured by public health surveillance systems, will necessitate a shift towards identifying long-term trends for future, data-informed response efforts. ETRO HIA staff and ORCO epidemiologists will be working closely over the next several months to address this issue.

Knox County Health Department (KCHD)

OMAR Plan: In 2021, KCHD finalized and initiated their Overdose Monitoring and Response (OMAR) plan. This finalized plan for the metro area was accomplished through community collaboration and intentionality to respond to drug overdoses from a multi sector perspective. Specifically, East HIA utilized the East HIA Task Force to form five focus groups consisting of stakeholders from various sectors, to assess local assets, gaps, protocols, and perspectives which helped form the KCHD OMAR plan. After initiating the response plan, KCHD met internally with their lead epidemiologist to discuss the drug overdose spike response in an after-action meeting. The planning was led by the CDC Foundation (CDCF) Public Health Analyst for Tennessee, who leveraged a relationship between KCHD and the CDCF. The KCHD OMAR plan has been presented and was well-received by a working group of epidemiologists from various OD2A-funded jurisdictions. It contains several sections covering all core components of an effective plan including: 1) surveillance and monitoring systems with a brief data system inventory; 2) anomalous activity analysis steps; 3) overdose activity threshold calculations to detect acute increases; 4) response and communication strategies between internal and external partners; 5) validation from other data/information sources and a decision tree; and 6) after action reporting and debrief activities.

OMAR Implementation: With public health surveillance systems in place and the Overdose Detection Mapping Application Program (ODMAP) expected to go live in Fall 2022, KCHD is ready to detect emerging overdose activity and coordinate multi-sector response efforts as they arise in the county. Current barriers expressed by HIA staff are centered around the development and integration of on-the-ground response strategies which could include the acquisition and distribution of naloxone. HIA staff are also planning on modifying the OMAR to enhance response efforts and will conduct a tabletop exercise over the next several months to test the plan's effectiveness with partnering agencies. Lastly, KCHD has recently brought on additional epidemiological support from the Council of State and Territorial Epidemiologists (CSTE) to focus on quality improvement in data collection and validation, while a patient navigator from the CDCF will focus on quality improvement in communications and on-the-ground response efforts going forward.

Substance Use Prevention Education

Prevention Coalitions have established and well-documented successes in galvanizing communities to address substance use disorder. In collaboration with established coalitions such as the Metro Drug Coalition and the Prevention Alliance of Tennessee, the East HIA has been promoting the establishment of prevention coalitions in counties where coalitions do not exist. Last year the East HIA created a comprehensive prevention coalition development toolkit to help new prevention coalitions take shape, and disseminated the toolkit to Morgan, Cocke, and Grainger counties. In addition, the Prevention Alliance of Tennessee provided technical assistance for coalition development to Claiborne, Cocke, Campbell, Morgan, and Fentress counties. As a result, Claiborne, Cocke, Campbell, and Morgan counties established their own coalitions this year. In addition, significant work is being conducted in Grainger County with the goal to establish a prevention coalition.

This year the East HIA's collaboration with the Metro Drug Coalition and Morris Creative Group also led to a successful social media campaign on drug use prevention education targeting youths aged 12 to 17 years. This campaign targeted youths in Roane, Sevier, Jefferson, Cocke, and Knox counties and reached 7,359 youths on Facebook and Instagram, and 23,736 youths on Twitter.

Medications for Opioid Use Disorder (MOUD) in Jefferson County Jail

Research shows that Medications for Opioid Use Disorder (MOUD) services reduce the likelihood of death due to drug overdose among individuals with opioid use disorder by 85% in the first month after release from incarceration.⁵ This year the East HIA, in collaboration with correction officials and health professionals, made significant progress in developing a program to deliver MOUD and other care services in correctional settings. The program continued to screen inmates in Jefferson County Jail for opioid use disorder and provided MOUD services to those who were eligible and willing to receive the services. From August 2021 to July 2022, 107 inmates in the Jefferson County Jail were assessed for the program among which 55 enrolled and received the treatment services.

In addition to providing treatment services to incarcerated individuals in Jefferson County Jail, East HIA also aims to decrease the number of opioid-related overdoses after release from the county jail. As such, the program employs a Corrections Navigator who works with patient inmates to connect them with community treatment options prior to release, ensuring continuity of care. The Navigator provides assistance in securing other resources that will aid in the individual's path to recovery, including housing and social services. This year, the East HIA helped 55 inmates create treatment and care reentry plans and provided continued support for treatment and recovery after their release from the county jail.

Emergency Department Discharge Protocol for Patients with Substance Use Disorder

Research shows that having a standardized protocol to discharge patients after a drug overdose from emergency departments significantly increases engagement in addiction treatment, reduces self-reported illicit opioid use, and reduces subsequent overdoses.^{6,7} The East HIA developed a program with Covenant Health's hospital system to place peer navigators in emergency departments and connect patients, who experienced drug overdose or are diagnosed with substance use disorder, with further treatment and harm reduction services after discharge. This year the East HIA stationed peer navigators at Covenant Health's Fort Sanders Regional Medical Center. From November 2021 to July 2022, the navigators at Fort Sanders Regional Medical Center successfully contacted 447 patients and referred 342 of those to further treatment and harm reduction services.

Linkage to Care Services in Health Departments

The East HIA has established Harm Reduction Navigators in local health departments in four counties – Knox, Roane, Sevier, and Cocke counties. The navigators help the individuals, who screen positive for substance misuse, visiting these health departments receive non-judgmental support for their recovery journey. The navigators provide overdose prevention and harm reduction education and refer individuals to services including Hepatitis C treatment, syringe services, naloxone distribution, in-patient and out-patient substance abuse treatment, MOUD, mental health care, and social services. The navigators also receive referrals from community organizations and individual connections. From August 2021 to July 2022, the navigators in the Knox County Health Department contacted 1,104 individuals with substance use disorder, and of these 496 individuals accepted linkage to care services. During the same period, the navigators in Roane County contacted 80 individuals with substance use disorder, with 46 being linked to care services. Since the initiation of navigation services in the Sevier County Health department from December 2021 to July 2022, the navigators in Sevier County contacted 29 individuals with substance use disorder, and 26 of these individuals were linked to care services. Finally, the newest harm reduction navigation program was established in Cocke county in June 2022. The East HIA aims to expand the harm reduction navigation programs to additional local health departments, provide support to individuals with substance use disorder, and connect them to additional treatment and harm reduction services.

Stories from the field: The mother of a potential client reached out to the Harm Reduction Navigator and requested help for her son. The Harm Reduction Navigator informed the mother her son would have to contact the Harm Reduction Navigator himself. The client called about two hours later and asked for help with his addiction. At the end of the session, the client agreed to go to treatment for detox and residential services (28 days program). However, the client did not have any resources to be able to complete the paperwork for admission or to print it. The Harm Reduction Navigator reached out to several family members to no avail. In order to help his client, the Harm Reduction Navigator met the client in-person 50 miles away to complete his admission paperwork. The client was admitted to treatment the next day. The client was allowed two phone calls and used one of his calls to call the Harm Reduction Navigator and express his gratitude for the help offered by the navigator and the Knox County Health Department. The patient's mother also called to express her gratitude and mentioned that she herself works in the fields of addiction and mental health. The patient called again several days later and informed the Harm Reduction Navigator that he wanted to attend a Sober Living facility after treatment. During this call, he said, "I am an ACE-certified mechanic and I want my life back," showing that he was ready for a new chapter in his life.

Syringe Services Program Expansion

According to the CDC, Syringe Services Programs (SSPs) are a key component of overdose prevention strategies. SSPs can facilitate the access to, and uptake of, services and interventions to reduce overdoses, reduce the risk of blood-borne infections, enhance health and wellbeing, and improve public health and public safety.⁵ The East HIA collaborates with an established community-based organization, Choice Health Network, which provides syringe services programs in Cocke County. As an SSP, Choice Health Network also provides HIV and Hepatitis C testing and counseling, on-site lab testing for HCV confirmatory tests, education, and referrals to STI screenings, MOUD referrals, Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) services, Hepatitis C education and outreach, on-site laboratory testing, and peer navigator services. From August 2021 to July 2022, the SSP implemented by CHN in Knox County served 231 new clients and 3,559 total clients. In the same time period, the SSP distributed 144,800 new syringes and collected 128,773 used syringes. Finally, the program referred 15 clients to additional treatment services.

Stories from the field: A client of Choice Health Network's SSP shared that after getting out of jail, he immediately came to the syringe service program. His partner was being released from jail later the same day, and he picked up supplies for her as well. He made sure that he had plenty of naloxone when he left so that they would both be safe.

Another client shared that people from an apartment complex behind her house came to her home because they knew that she had naloxone. She reversed two overdoses involving two people that she did not know in the same day and said, "If I wasn't at home with the Narcan you gave me they wouldn't have made it." She expressed that while it was a very stressful day for her, she was glad she was able to save two people's lives.

Middle HIA

The Middle HIA Program, launched in 2020, includes six counties — Cheatham, Davidson, Dickson, Montgomery, Rutherford, and Wilson — and is led by the Mid-Cumberland Regional Health Office and the Metro Public Health Department of Nashville/Davidson County (MPHD). Among their multiple achievements in 2021 and 2022, they added two counties to the HIA program, (Dickson and Wilson), utilized ODMAP — a drug overdose mapping visualization and analytics interface for near real-time suspected overdose surveillance data — to target Naloxone distribution efforts, and developed collegiate prevention education campaigns. The Middle TN HIA continues to develop partnerships and revise program approaches to meet the current challenges of overdose increases in Middle TN.

Multisector Task Force

The Middle Tennessee HIA Task Force organizes relevant community representatives from multiple sectors to respond effectively to the current drug addiction epidemic in their communities. The Task Force includes public health, law enforcement and EMS agencies, school administrators, elected officials, faith-based organizations, non-governmental organizations, treatment providers, and substance use prevention-related coalitions.

The Task Force continues to meet quarterly to present and discuss overdose trends in HIA counties, update the Task Force on HIA funded projects, exchange information and insights, and strategize on future goals and work. MPHD is also finalizing a strategic planning process to make recommendations for future HIA work. The Mid-Cumberland Regional Health Office also held a strategic planning session in 2022 to gain further insights from community leaders and make recommendations for future work. The Task Force will be a vital resource for galvanizing community stakeholders to pursue additional priorities that are being identified through these processes.

Overdose Monitoring and Response (OMAR)

Metro Public Health Department of Nashville/Davidson County (MPHD)

OMAR Plan: The Overdose Response Program at MPHD created the first version of their OMAR plan in September 2020 with the latest update in May 2022. The plan includes sections detailing: 1) surveillance and monitoring procedures; 2) acute/anomalous activity detection and analysis; 3) a tiered, data-driven response that is guided by the local response team; 4) communication strategy; and 5) employing a public health and public safety framework to monitoring and response efforts.

OMAR Implementation: The MPHD HIA Coordinator implemented the OMAR plan 13 times between August 2021 and July 2022 in response to overdose spikes. Further, the MPHD HIA Coordinator facilitates data reviews with TDMHSAS Regional Overdose Prevention Specialists (ROPS) and Metro Nashville Police Department to help inform naloxone distribution efforts and identify areas with high drug overdose activity. In 2022, these data-driven, multi-agency meetings led to two multi-sector community outreach events where naloxone was distributed to community members at risk of overdose. There are additional outreach events that are being planned for the upcoming months at the time of this report that will seek to involve more organizations providing vital services to the substance use population.

Mid-Cumberland Regional Office (MCRO)

OMAR Plan: HIA program staff at MCRO created the first regional OMAR plan in April 2021. The plan includes sections detailing: 1) surveillance and monitoring procedures; 2) acute/anomalous activity detection and analysis; 3) communication and response strategy; and 4) confidentiality agreement template to support data/information sharing between partnering agencies.

OMAR Implementation: Overdose monitoring and surveillance are being scaled up in the other counties in the Middle HIA and currently leverage syndromic surveillance and TDH Drug Overdose Reporting (DOR). Moreover, ODMAP is currently available in Cheatham and Montgomery counties, onboarding is imminent in Rutherford County, and relationships are being built with EMS partners in Dickson and Wilson counties to potentially pursue implementation. At this time, data-to-action meetings, similar to those occurring in Davidson County, are expected to expand to additional counties in the region, especially where ODMAP is implemented.

Prevention Activities

The Middle HIA continues to focus on prevention education and community prevention activities particularly in the Mid-Cumberland counties.

LifeSkills Training: The Botvin LifeSkills Training program is an evidence-based substance abuse and violence prevention program that is uniquely designed to be flexible and interactive.⁸ The curriculum has been extensively tested and proven effective at reducing tobacco, alcohol, opioid, and illicit drug use by as much as 80%. After success in implementing LifeSkills in Rutherford County, the HIA team is targeting training for health educators and community leaders in Montgomery, Rutherford, Wilson, and Dickson counties, and exploring implementation of a new prevention program called Everfi.

Partnership with Universities: The Middle HIA has a goal to increase awareness around prevention efforts with media campaigns promoting the Tennessee REDLINE and the CDC Rx Awareness initiatives, (with media focused on the harmful effects of opioids and on knowledge to reduce stigma. This media campaign has been implemented with athletic department marketing teams at Middle Tennessee State University in Rutherford County and at Austin Peay State University's in Montgomery County. Through these partnerships, the Middle HIA has been able to have one-on-one interaction with fans through radio announcements and digital posters throughout the universities. On MTSU's campus, an average of 12,351 attendees visit Floyd Stadium over 173,361 students visit the Campus Recreation Center, 189,928 students and visitors ride the Raider Xpress bus, and over 6,450 visitors and fans attend women's and men's basketball games in Murphy Center, where mirror clings, signs, and radio ads with the Tennessee REDLINE and CDC Rx Awareness campaigns are promoted. TDH has successfully managed the media campaign on MTSU's campus since 2021. TDH was able to expand this campaign to the Austin Peay State University campus in August 2022 and hopes to continue the campaign in 2023. The Middle HIA is currently working on expanding the campaign to Cumberland University in Wilson. The Middle HIA is focused on expanding these campaigns into all the HIA counties, including Dickson and Cheatham counties.

SMART Program: The Self-Management and Recovery Training (SMART) Program is a fresh approach to addiction recovery that is evidence-based. The SMART Program was created for people seeking a self-empowering way to overcome addictive problems. The SMART Program is an accessible method of recovery, grounded in science and proven in 25 years of teaching practical tools that encourage lasting change. In 2022 and 2023, HIA Coordinators will work to get local community members, leaders, and organizations trained in the SMART Program to be resources to those at high-risk for developing SUD and who may actively have SUD.

Linkage to Care: Nashville Fire Department-Emergency Medical Services (NFD-EMS) and Mental Health Cooperative

In 2021, NFD-EMS responded to more than 7,400 suspected overdose incidents and expects the number of incidents to be higher in 2022. This project is staffed by a Fire Captain at NFD-EMS and two navigators at the Mental Health Cooperative. The Fire Captain identifies patients treated by NFD-EMS for overdose within 72 hours and attempts to link patients rapidly to experienced Navigators at the Mental Health Cooperative. This center has extensive

experience in crisis response and diversion and has the infrastructure and personnel to provide treatment and services to people with SUD. The Fire Captain implementing this project is based in the NFD-EMS office and is a bridge between recent overdose patients and the Mental Health Cooperative. From August 2021 to August 2022, 142 patients were referred to the navigators and 85 of those patients were placed into treatment and services.

Northeast HIA

The HIA Program in Northeast Tennessee initially launched in 2020, expanded in March of 2021 and currently includes eight counties: Hancock, Hawkins, Greene, Washington, Unicoi, Carter, Johnson, and Sullivan. Tennessee's northeast region has longstanding historical ties to the opioid epidemic and is well-suited for an official health department response in collaboration between the region's county health departments and Sullivan County Regional Health Department. The activities described below represent the work of the Northeast HIA in addressing the addiction crisis in their communities and building upon their existing efforts and experience in the community.

County-level Substance Use Task Forces

Each county in Tennessee's northeast region will strategically create, develop, and initiate a substance use task force. Development of the county task forces will be based on stakeholder interest and availability and will focus on a combined task and overdose monitoring and response (OMAR) planning effort. Washington County is on target to hold its first task force meeting in October of 2022. The northeast region counties will each meet for introduction, initiation, feedback, and follow-up into the OMAR planning efforts. TDH's Northeast Regional Coordinator will provide program oversight and leadership of the county-level substance use task forces.

The Sullivan County Task Force has been established and has held its first meeting. The Sullivan County Task Force will continue to meet quarterly to guide the implementation of identified priority activities, review data trends, and address any programmatic barriers. Program oversight and leadership of the task force will be provided by Sullivan County Anti-Drug Coalition in partnership with TDH.

Each county-level substance use task force in the northeast region, to include Sullivan County, will have representation from law enforcement, first responders, the justice system, anti-drug coalitions/drug prevention coalitions, treatment providers, civic organizations, youth-serving organizations, faith-based organizations, and health departments.

Overdose Monitoring and Response (OMAR)

Northeast Regional Health Office (NRHO) and Sullivan County Health Department (SCHD)

OMAR Plan: The Northeast HIA created two OMAR plans — one for the public health region (Carter, Greene, Hancock, Hawkins, Johnson, Unicoi, and Washington counties) and one for the metro of Sullivan County. Like other HIA OMAR plans, both are comprehensive in scope and provide a monitoring and response framework that includes: 1) current and future data systems to be utilized for monitoring and surveillance; 2) ODMAP and syndromic surveillance analysis methodology; 3) investigation considerations and action steps based on data/information available; and 4) after-action reporting procedures.

OMAR Implementation: In addition to utilizing syndromic surveillance and the DOR system to track hospital-related nonfatal overdose activity, HIA staff have worked with Sullivan County EMS to onboard ODMAP in Fall 2022. This will allow for near real-time tracking of overdose activity requiring public safety response in the community and provide further context when used in conjunction with other surveillance systems.

In early September 2022, HIA staff were involved in a multi-sector response to an increase in fatal drug overdoses, reported by a local stakeholder, which included mobilizing partnering agencies to gather information and engage in the impacted area within 24 hours. The HIA staff investigation involved reaching out to local EMS, EMA, and law enforcement to inquire about any recent activity related to the incident, following up with the medical examiner's office to verify the information reported by the local stakeholder, and participating in multi-sector meetings to discuss information and determine next steps. This particular response highlights the role in which HIA staff can serve to gather information from the community and facilitate response efforts involving multiple partners.

Pretrial Diversion Program

The Northeast HIA has developed and implemented a pretrial diversion program for SUD individuals in the justice system in Sullivan County, Tennessee's Second Judicial District. The program is a collaboration with working group representatives from law enforcement, jail staff, judicial staff, certified peer recovery specialists, faith-based organizations, mental health, and prevention coalitions. The program includes education and addiction training for law enforcement, court system staffs, and judges about the evidence for diversion using existing tools such as *Pretrial Risk Assessment Tools: A Primer for Judges, Prosecutors, and Defense Attorneys*. Since its initiation, the program has formed multiple relationships with judicial staff leading to 15 eligible referrals directly from Judges inside and outside of court. Thus far, two of the 15 referred clients have completed treatment requirements and are housed in a sober living facility. The pretrial diversion program team continues to coordinate alternative treatment services for those engaged in lieu of jail time. This program is the first-of-its-kind funded through OD2A and will serve as a learning opportunity to replicate in additional judicial districts.

Correctional Setting Navigation

The Northeast HIA has implemented a navigation program in the Washington County Detention Center using HIA funds. The program funds a Corrections Navigator and Program Manager who work with partners to develop and implement the program. This work includes developing policies and procedures, and training jail staff and stakeholders. The Corrections Navigator works with individuals identified through a relationship with the existing RESET Program, featuring Certified Peer Recovery Staff, who screen and refer individuals to the Corrections Navigation Program. The RESET Program assesses individuals for eligibility using the Gather, Assess, Integrate, Network, and Stimulate (GAINS) checklist, and facilitates referral to the Corrections Navigator who is able to provide overdose response training/education, naloxone education, and one-on-one assistance connecting to treatment and recovery support services.

Southeast HIA

The HIA Program in Southeast Tennessee initially launched in 2020, expanded in February 2021, and includes Franklin, Marion, Grundy, Sequatchie, Bledsoe, Rhea, Meigs, McMinn, Bradley, Polk, and Hamilton counties. Stakeholders from county health departments in the southeast region counties, to include the Hamilton County Health Department, came together to prioritize substance use disorder prevention and response activities. The activities described below represent the work of the Southeast HIA to address the addiction crisis in their communities and build upon existing efforts and experience in the community.

Multisector Task Force

The Southeast HIA has established a Multisector Substance Use Task Force, which has convened eight times since its

formation in December 2020. The Southeast HIA has focused specifically on recruiting members from all sectors needed for an effective response and ensuring that all counties in the region are represented. The Task Force meets quarterly and is focused on identifying of grant activities, sharing data, examining data governance issues, and forming of workgroups to create support and accountability for HIA activities. The Southeast Task Force and its Regional Coordinator have been credited for the reinstatement of the Rhea County Anti-Drug Coalition following a presentation on increased rates of hospital-reported, nonfatal opioid overdoses to the Rhea County Health Council. Highly active advocates serve on the Southeast Multisector Substance Use Task Force, and these members have made it a priority to increase stakeholder knowledge and to find solutions that meet community needs, especially in rural counties.

Overdose Monitoring and Response (OMAR)

Hamilton County Health Department (HCHD)

OMAR Plan: Currently, HIA staff are developing an OMAR plan for Hamilton County.

OMAR Implementation: While working on the OMAR plan, HIA staff are concurrently setting up local monitoring and surveillance that will drive meaningful and data-driven implementation. This includes leveraging available public health data systems such as syndromic surveillance and the TDH DOR to examine overdose activity. There will be more updates on implementation progress in upcoming reports.

Southeast Regional Office (SERO)

OMAR Plan: Southeast HIA staff developed an OMAR plan for the region in May 2022. The plan covers several core components of overdose monitoring and response including: 1) an outbreak response algorithm to determine level of escalation of incident; 2) surveillance and data inventory; 3) communication strategy; and 4) incident command structure.

OMAR Implementation: HIA staff, with support from the Southeast Regional epidemiologist, are diligent in examining emerging trends and activity in the other ten counties in the Southeast HIA. By conducting routine monitoring of available surveillance systems, HIA staff detected and responded to two incidents occurring in Franklin and Bradley counties, respectively, in 2022.

Franklin County

In late March 2022, HIA staff were informed by healthcare partners of recent, unusual overdose activity in Franklin County. Ground level information was compared with historical data and emerging trends and detected through routine monitoring of surveillance systems. HIA staff reached out to regional prevention coalition partners and determined that communication from the local health department would bolster community awareness and response to the overdose crisis in Franklin County. The Southeast HIA released a public drug overdose advisory on April 1, 2022, and this was the first public health-initiated, county-level advisory for a Tennessee rural community.

Bradley County

In June 2022, HIA staff observed an increase in the weekly number of suspected nonfatal overdoses captured by syndromic surveillance among Bradley County emergency departments. As a result, the HIA staff alerted partner agencies, and the community of the activity by creating a drug overdose advisory. The advisory heightened awareness of the overdose crisis affecting the county and provided helpful information and available resources. This is an example of how to share timely information with the public regarding overdose activity while also describing

how to access resources.

Prevention Education- Social Media Campaign and LifeSkills Prevention Education in Schools

In the winter of 2021, the Hamilton County Health Department launched a social media campaign to run through the summer of 2022. The campaign utilized effective practices in substance use prevention messaging, targeted individuals in recovery, their families, and youth and adults in the at-risk age for overdose (25 to 44 years old), and focused on community-wide stigma reduction. Prior to the project being paused due to staffing changes, the video campaign 'Let's Talk Chattanooga' is credited with 9,292 views on Facebook and 903 views on Instagram, in February 2022. The Hamilton County Health Department intends to reinstate its social media efforts in the coming grant year.

The Southeast HIA has coordinated and implemented a comprehensive Substance Use Prevention Education program in conjunction with school systems in Marion and Polk counties during the 2021 to 2022 school year, utilizing the evidence-based Botvin Lifeskills Training program. In addition to coordinating the training program for multiple educators in Polk and Marion counties, the Regional Coordinator facilitated the delivery of the curriculum to almost 1000 students in the last school year within the respective counties. Finally, the Regional Coordinator took on the role of trainer and taught the program to a group of students within the Marion County School System.

Southeast Tennessee Emergency Departments Protocol for Substance Use Disorder (STEPS) Project

The Southeast HIA's STEPS project has worked to establish partnerships with multiple hospitals and healthcare systems across the region to develop and implement discharge protocols in emergency departments for SUD patients. OD2A funds have supported hiring and placing an additional three Tennessee Recovery Navigators to enhance the existing Navigator services in the region. The Navigators are employed and supervised by the Council for Alcohol & Drug Abuse Services (CADAS) — a regional treatment provider. The HIA STEPS project is further supported by the STEPS core project workgroup and the Physician Champion. The STEPS Project serves 17 hospitals across southeast Tennessee with the objective implementing of five evidence-based practices: targeted screening for SUD, access to naloxone, facilitated referrals, peer recovery services, and initiation of medication-assisted treatment (MAT)/medication for opioid use disorder (MOUD) for eligible patients. At the end of year-one project, two large hospitals have established a comprehensive protocol, with most hospitals now utilizing the Tennessee Recovery Navigator program and exploring the other five objectives.

In addition to the tremendous accomplishment found in the creation and implementation of the STEPS project, the Southeast HIA Regional Coordinator was invited to present on the project during the Rx and Illicit Drug Summit, April 2022, by the Center for Disease Control and Prevention.

Stories from the field: Desperation is the only way to describe my thoughts and feelings of guilt overwhelmed me as I lay in the ER at Tennova Hospital in Cleveland. I had no clue how to get help once I was able to leave there. Then I was visited by a guy from TN Navigators. He was serious about alcohol and drug abuse and his personal recovery. He told me he could help me in my search for detoxing and then rehab. He didn't try to convince me that I was [an] alcoholic, I already knew it. Next thing I knew I was home packing for a detox program in Nashville that my Navigator strongly recommended. These folks know the ropes involved in early recovery. The best facilities, insurance concerns, etc. After a few days there, I went home for a weekend and then to a twenty-eight-day rehabilitation program in South Carolina. This place was also high on my Navigators list. The Navigators provide help for you to find the front door to a new, clean and sober life. But you have to open the door yourself and take charge of your recovery program. I'm so grateful to God and my Navigator for being my GPS to a better life.

West HIA

The West Tennessee HIA Program includes Shelby County, which is the largest county in Tennessee, both in terms of geography and population size. Shelby County has witnessed a substantial increase in overdose deaths over the past few years. In 2020, Shelby County had 450 fatal overdoses, or 268 more than in 2019.⁴

The West HIA Program has made great strides in planning and implementing projects targeted towards overdose prevention. Some noteworthy achievements are building partnerships with universities and high schools to target youth prevention efforts and expand harm reduction services.

Multisector Task Force

The Opioid Response Taskforce in the West HIA operates as a collective, multi-sector community effort. This Task Force created an Opioid Epidemic Response Plan for Shelby County with five main pillars: (1) data usage and integration; (2) prevention and education; (3) treatment and recovery; (4) first responders and law enforcement; and (5) harm reduction. These pillars form the foundation for various projects under the West Tennessee's HIA Program. The Task Force and pillar committees continued to meet and establish priorities during 2021 and 2022.

Overdose Monitoring and Response (OMAR)

Shelby County Health Department (SCHD)

OMAR Plan: West HIA staff finalized and approved their OMAR plan in early 2021. The response plan includes an exhaustive list of multi-disciplinary teams in the region crucial for implementing the plan in the event of an overdose spike. In addition, the team has worked diligently to keep the plan updated given the dynamic nature of responses in case of overdose spikes, and to update partner agencies on overdose trends and hotspots.

OMAR Implementation: SCHD has access to multiple data sources for overdose surveillance such as ODMAP, syndromic surveillance, West Tennessee Regional Forensic Center, Shelby County Fire Department, and the other police and fire departments in the county. SCHD has demonstrated the ability to leverage multiple data sources to identify acute/anomalous activity, conduct a comprehensive data analysis, create spike alert reports, and mobilize community partners for outreach efforts. Finally, SCHD has served as a model for overdose surveillance and response, during years prior to HIA program creation. In fact, SCHD was the first health department in the state to

onboard ODMAP and disseminate spike alerts to the public.

Substance Abuse Prevention Education Program

West HIA established an early commitment to community prevention education and continues to lead in this area. From August 2021 to July 2022, the West HIA hosted four STOP events, which target those most at-risk of overdose in a community in order to connect them with treatment and harm reduction services. They also held 19 other community outreach events and 17 speaker’s bureaus, providing factual community education on the substance misuse epidemic with a goal of reducing stigma.

In October 2021, SCHED held a social media contest where more than 800 student groups created and posted Tik Tok videos focused on substance abuse prevention and education. The Tik Tok videos were judged by a panel of experts. SCHED is planning similar events in more high schools during this school year. The team also created a youth educational module about opioid stigma and trained eight social workers, who have presented the module in at least 13 schools to 544 students. A commercial on stigma was also developed and will air in late 2022 through 2023.

Syringe Services Program (SSP)

SCHED partners with two SSPs, A Betor Way (ABW) and Memphis Area Prevention Coalition (MAPC), to provide access to comprehensive harm reduction services and reduce negative outcomes of substance use disorders.⁵ SSPs provide free sterile needles, syringes, and other injection equipment; safe disposal containers; HIV and viral hepatitis testing and linkage to treatment; overdose prevention and education; referrals to substance use disorder treatment, medical providers, and social services; and, HIV, STIs, and viral hepatitis prevention education.

These organizations help hundreds of individuals every year on their journey towards recovery from substance use disorders. These providers have shown consistent expansion in reaching more people and connecting clients to vital services. They have also cultivated tremendous community support through their volunteer programs and partnerships with organizations in Shelby County. The table below lists the number of individuals served by these SSPs from August 2021 to July 2022.

SSP	Total served	New clients served	Syringes collected	Syringes distributed	Referrals to treatment and other services
A Betor Way	5055	329	172,139	223,069	567
MAPC	4,222	437	99,179	146,729	501

Stories from the field: Chris is one of our former clients. He first heard of what a syringe service program is by word of mouth. He made his first visit about two years ago and brought in some returns -- he was surprised by all of the additional resources and services provided (clothing, food, naloxone, etc.) He also utilized on-site HIV and HCV testing. After testing positive for HCV, Chris received referrals and assistance with treatment and is now in remission. The SSP was truly (in his words) the beginning of his recovery journey. He later completed a treatment program and moved into a sober living home, where he is now fifteen months sober. He has stated that he wants to volunteer with our SSP to give back and offer hope! Chris is a shining light in our community, and we are so excited to see his success. It makes all the hard work truly worth it.

Identification and Follow-Up of Individuals at Risk of Overdose (Motivational Interviewing)

Motivation-based interventions are established predictors of recovery from substance use disorders.⁹ West HIA offers motivational interviews to individuals who have experienced a non-fatal overdose and to those who have lost a loved one to an overdose. The targeted populations are identified using the West Tennessee Forensic Center-reports on fatal cases and ESSENCE systems to identify recent overdoses who have visited emergency room in the Memphis-Shelby area. This program has recruited interviewers and conducted some interviews during this reporting period. The staff received training from the National Harm Reduction Coalition with a focus on stigma reduction around substance use disorders. More importantly, the program has put protocols in place to connect individuals to care services when needed. One of these protocols requires the interviewers to notify the Cocaine and Alcohol Awareness Program Inc. (CAAP Inc.) when an individual needs assistance with recovery navigation services. From August 2021 to July 2022, 36 interviews were conducted with individuals who experienced a recent nonfatal overdose and with family members of victims of fatal overdose. The West HIA team is evaluating this project to encourage more participation in the coming year.

Peer Support and Navigation Services for Emergency Patients

Through the SCHED and CAAP, Inc. partnership, emergency department patients are identified, treated for overdose or complications of substance use disorder, and connected to treatment and care through an experienced CAAP Inc. Navigator. From August 2021 to July 2022, 70 patients were successfully navigated to treatment and care. The program also works to provide education to area youth on substance misuse prevention.

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Conclusion

Drug addiction is a multifaceted public health issue that has proven hard to mitigate. For drug addiction, there are no quick fixes or one-approach-fits-all. It is the combination of organized communities, overdose outbreak response plans, harm reduction, access to treatment, behavioral and navigation services, pre-trial programs, and drug use prevention and anti-stigma campaigns that will decrease the drug addiction epidemic in Tennessee.

Multidisciplinary interventions with a strong public health component — like the Tennessee HIA Program — are exactly the type of programs that should be implemented, expanded, and strengthened while in the middle of the drug overdose epidemic, a nationally-declared public health emergency that is negatively impacting the population and driving down the quality of life.

We have a golden opportunity to improve well-being and save lives by reversing the trends on drug addiction. Let's continue giving our best to fulfill our commitment to a healthier and more prosperous Tennessee.

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