

Kentucky's Critical Access Substance Abuse Project (CASAP)

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Kentucky Office of Rural Health



KORH

- Housed within the UK Center of Excellence in Rural Health in Hazard, KY.
- Operates 4 federal grant programs
 - State Office of Rural Health (SORH)
 - State Loan Repayment Program (SLRP)/NHSC Promotion
 - Medicare Rural Hospital Flexibility Program (Flex)
 - Small Rural Hospital Improvement Program (SHIP)
- The mission of the KORH is to support the health and well-being of Kentuckians by promoting access to rural health services.



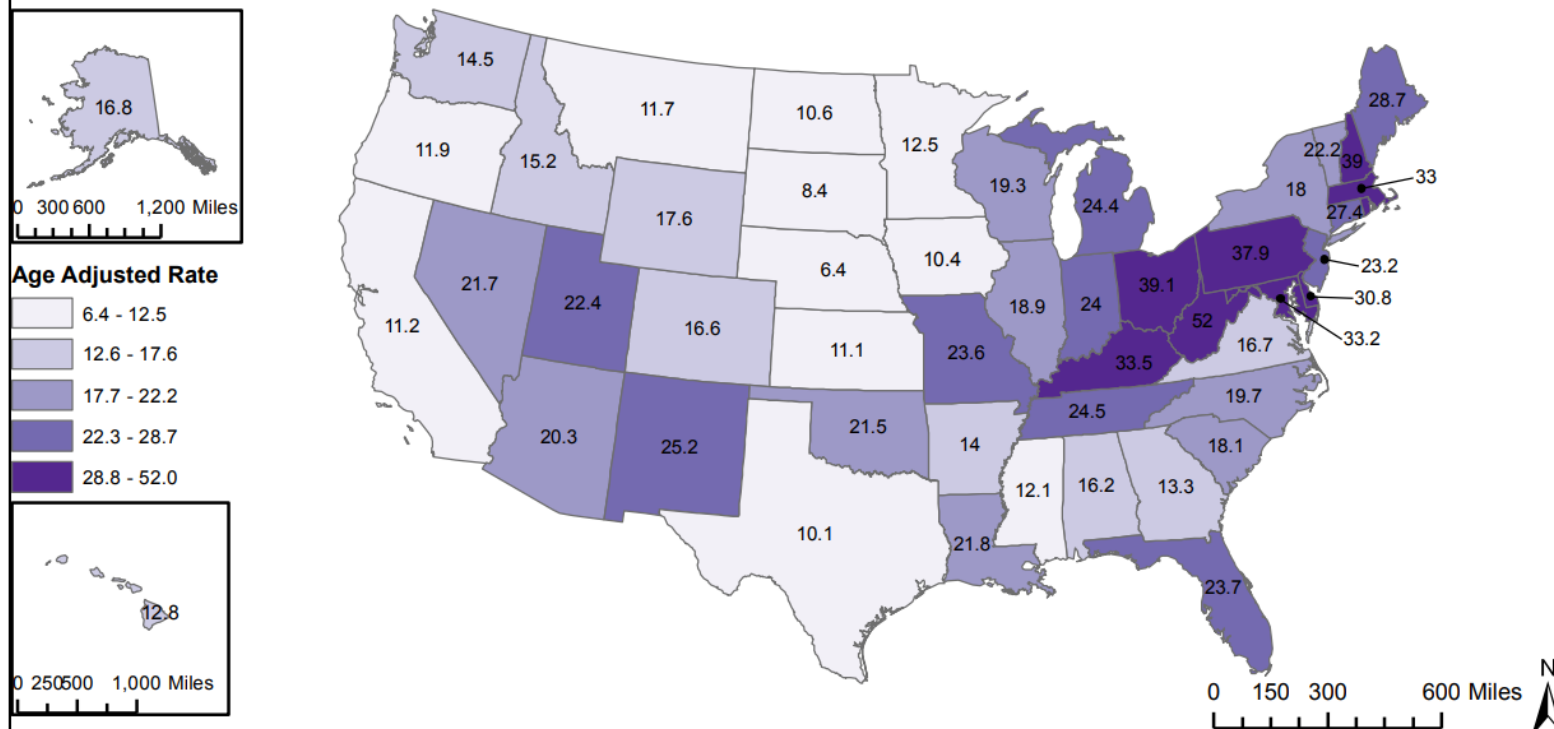
Kentucky Substance Use Statistics

- In 2016, KY was ranked 5th for overdose deaths in the US
- 19.4% increase in drug overdose Emergency Department (ED) visits from 2015 to 2016
- 13,190 ED visits for drug overdose in Kentucky
 - 4,600 involving heroin
 - 1,582 opioids other than heroin
 - Many cases are classified as “unspecified drug overdose”
- Highest rates of prescription overdoses are in the Appalachian Region

(Source: KIPRC data)



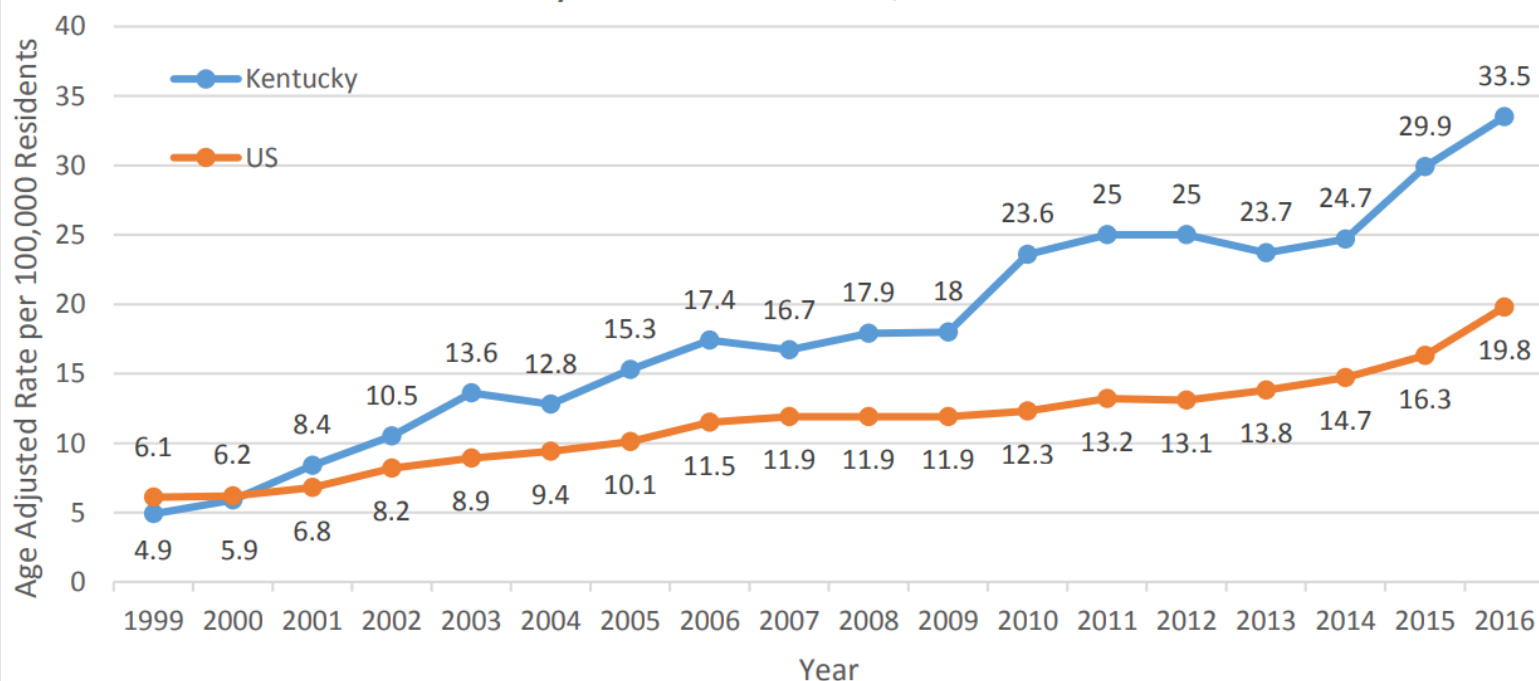
Figure 1: Age Adjusted Drug Overdose Mortality Rates by State, 2016



Produced by the Kentucky Injury Prevention and Research Center (KIPRC), as bona fide agent for the Kentucky Department for Public Health, January 2017. Data sources: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Jan 8, 2018. Data are provisional and subject to change.



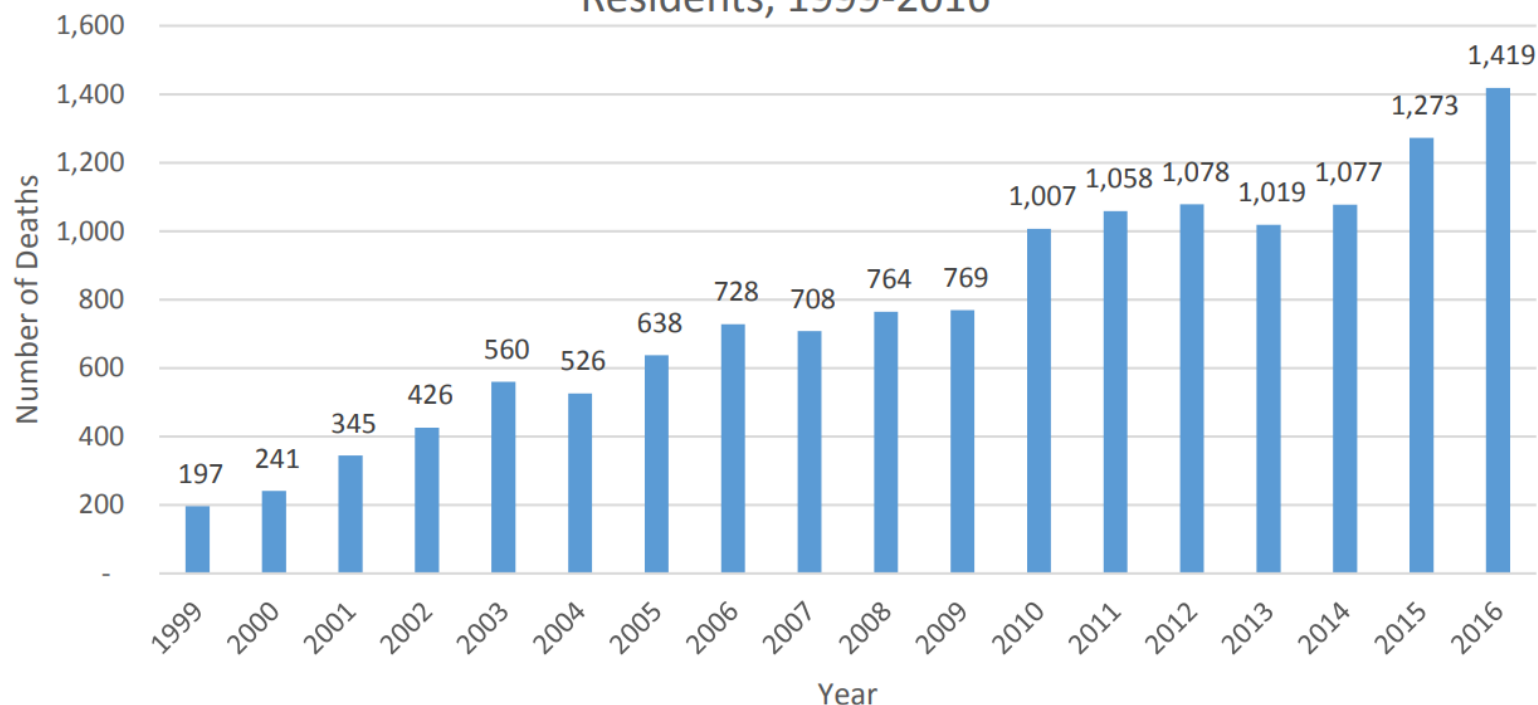
Figure 4: Age Adjusted Drug Overdose Mortality Rates for Kentucky vs. US Residents, 1999-2016



Produced by the Kentucky Injury Prevention and Research Center (KIPRC), as bona fide agent for the Kentucky Department for Public Health, January 2017. Data sources: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> Jan 8, 2018. Data are provisional and subject to change.



Figure 3: Number of Drug Overdose Deaths among Kentucky Residents, 1999-2016

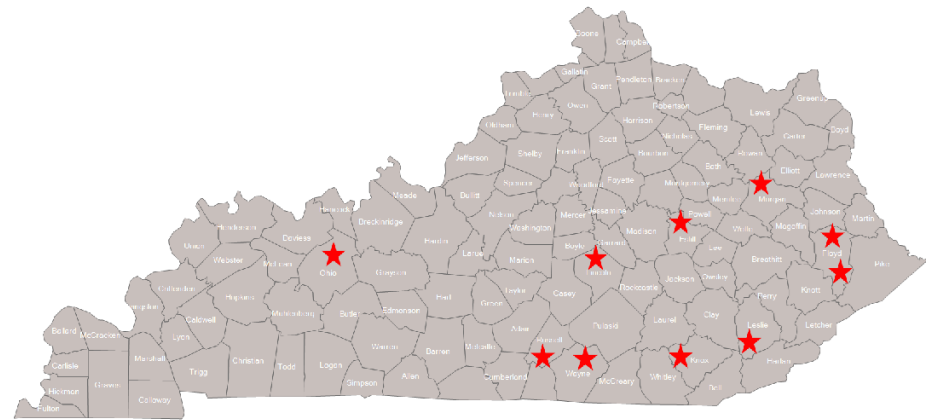


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Background

- 10 Critical Access Hospitals (CAHs) were eligible for the project, one declined participation but we later picked up an additional CAH
- Hired rural project manager, Johnnie Lovins, to be responsible for carrying out the supplemental funding project
- Decided to focus on substance abuse issues in these 10 communities with a few additional Flex activities



The Beginning

- The project was titled **CASAP**, Critical Access Substance Abuse Project
- Each hospital received a survey before their on-site visit
- Between Johnnie, Kevin and Kayla, each hospital had a personal site visit to meet about the project, measures and future steps. Each hospital community was assessed for strengths and weaknesses regarding substance abuse
- Johnnie started to attend local substance use coalition meetings
- Planning started for a CASAP summit



Measures

- Required Measures:
 - Days Cash on hand
 - Operating Margin
 - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Question 22
- Chosen Measures:
 - Doses of controlled substances prescribed (decrease by 5%)
 - Number of patients given education for substance abuse (increase by 20 patients)
- Utilized the Recommendation Adoption Progress (RAP) Interview created by the National Rural Health Resource Center



RAP

1. On a scale of 1-5, please rate the extent to which your hospital has implemented your project activities.
2. What is the status of the project? Speak specifically about what's going well.
3. What are your expected next steps toward full project implementation?
4. Aside from the measurable outcomes what are some of the other benefits you've seen through participating in this project.
5. What additional support or resources do you need to continue to move towards full implementation of your project?



Initial Activities

- CASAP Summit, held on March 7-8th 2018 in London, KY
- Provided support for 2 representatives from each of the 10 CAHs to attend the National Rx Drug Abuse and Heroin Summit in Atlanta, GA
- Created partnerships with other stakeholders (UNITE, Kentucky Injury Prevention and Research Center (KIPRC), Cabinet for Health and Family Services (CHFS), Recovery Centers, etc.)
- Reporting/RAP Interviews (in person)



National Rx Drug Abuse and Heroin Summit

- The National Rx Drug Abuse & Heroin Summit is the largest national collaboration of professionals from local, state, and federal agencies, business, academia, treatment providers, and allied communities impacted by prescription drug abuse and heroin use. It is *the* event for decision makers and allied professionals working to address this public health emergency.
- 2 representatives from each CAH were able to attend the summit (April 2018) with support from the Flex supplemental funding.
- KORH coordinated a group meeting with Congressman Rogers during the Summit, allowing the involved hospitals to share their unique perspectives on what is and is not working in their communities for combating the substance use disorder epidemic.



CASAP Summit-Topics Covered

- Kentucky Response to the Opioid Epidemic
- Collaborative Hospital and Community Strategies to Address Rural Substance Abuse
- Plan of Safe Care for Families with Neonatal Abstinence Syndrome
- The Opioid Crisis: Ky Drug Overdose Prevention Program
- Wellcare Opioid Reduction Initiative
- Kentucky State Police Heroin Initiative,
- An Ounce of Prevention: Our Opioid Misuse Reduction Strategy
- Operation UNITE: Saving Lives, Providing Hope
- Why in the World Would We Give Needles to People Who Inject Drugs
- Treating the Whole Patient
- Addiction Medicine in Primary Care Medicine
- Pregnant and Parenting Women: Prevention, Treatment, and Recovery Services
- Kentucky's Plan to Address the Opioid Crisis
- Innovations to Address the Overdose and Substance Use in Communities
- Best practices identified within the CAHs participating in the project
- Residential Treatment Services for Substance Abuse, Recovery Kentucky
- Solutions to the Drug Epidemic- Treatment and Training
- Coalition Building by the UNITE Coordinators



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CASAP Summit Feedback

- “I am now aware of many agencies and services available that prior to the summit I had no idea existed.” ~ Bill Kindred, CEO of Russell County Hospital
- “Thank you for an excellent experience in learning about Kentucky's response to the opioid addiction crisis. I am proud to be a part of the effort and movement toward a healthier Kentucky” ~ attendee comment on summit evaluation
- “I am a former UofL basketball player, I missed both of their tournament games to come to this meeting...IT WAS WORTH IT!” ~ attendee comment on summit evaluation



Recap Meeting (May 1, 2018)

- Education for all staff regarding compassion, needle exchange, resources, understanding addiction, etc.
- A community resource tool as a living document, would be personalized for each community
- Webinars from organizations who can provide detox/Substance Use Disorder (SUD) services
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) education
- Naloxone education for hospital staff and the communities



Educational activities that followed

- Disease of Addiction Continuing Education (CE) Event (July)
- Community Events (Narcan/Naloxone training, HEP C and HIV testing, community education)
- Addiction Recovery Specialists CE Event (September)
- Excellence in the Emergency Department Conference (August)
- High Reliability Organization Workshop (July)



Results

- Required Measures:
 - Days Cash on hand
 - Operating Margin
 - HCAHPS Question 22
- Chosen Measures:
 - Doses of controlled substances prescribed (decrease by 5%)
 - Number of patients given education for substance abuse (increase by 20 patients)

Measure	Baseline (3Q17)	6 months of data	12 months of data	Project Total (includes post project data, 5Qs total)
Doses of controlled substances prescribed	15,478	33,862	27,433	75,022
Number of patients given education for substance abuse	31	416	609	1,191





NATIONAL
RURAL HEALTH
RESOURCE CENTER

HOSPITAL SPOTLIGHT

Mary Breckinridge Appalachian Regional Healthcare (ARH) Hospital

Critical Access Substance Abuse Project (CASAP)

[Mary Breckinridge ARH](#), located in Hyden, Kentucky, is a 25-bed critical access hospital (CAH) with a rich history of providing care and services to rural Kentucky. In 2017, supplemental funding was awarded to the Kentucky Office of Rural Health Flex Program support CAHs located in rural communities with high rates of poverty, unemployment and/or substance abuse. Mary Breckinridge ARH utilized the supplemental funds based on the identified need in the area of substance abuse.



Top Accomplishments

Mary Breckinridge ARH is located in Leslie County, which has one of the highest instances of Hepatitis C nationally. With support from the Kentucky Medicare Rural Hospital Flexibility (Flex) Program, Mary Breckinridge has formed partnership to help reduce the rates of Hepatitis C in Leslie County, as well as to bring awareness to the opioid epidemic and initiate implementation of a needle exchange program.

"We take the approach of hospitality and compassion and create a judgement free zone to provide care. We're just doing what's right." -Mary Breckinridge ARH Administrator

Positive Outcomes

- The number of patients given patient education on substance abuse increased 255% in the first year of the project.
- The Board of Education and local law enforcement carry Narcan as a result of a free Narcan clinic hosted by Mary Breckinridge ARH.
- Although utilization is currently low, Narcan prescriptions are being written in conjunction with opioid prescriptions.

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Successes and Challenges

- Local coalitions are the key, involving them was very beneficial
- CASAP Summit
- Teaching CAHs that they can be an integral part in addressing substance use issues
- Many of the CAHs who had the most to improve really took ownership in the project
- Reporting can be a challenge
- Whole community needs to be involved, not just the CAH, can be a challenge in small communities
- The stigma still exists for those working in healthcare



Moving Forward



United Way of Madison County's QUICK RESOURCE GUIDE

This is a list of frequently requested community resources. It is not a comprehensive list but those non-profits United Way funds and/or is a partner with in the community.

24/7 RESOURCE & REFERRAL HOTLINE

Find Help (of any kind) Fast..... Dial 211

Online referral database www.connect2help211.org

FINANCIAL STABILITY RESOURCES & ASSISTANCE

Pete's Pantry

Food assistance765-724-7566

Alternatives Inc

Abuse Shelter (Women & Children).....866-593-9999

Anderson Trustee

Financial Assistance.....765-644-1267

Aspire

Medical, mental health & insurance assistance .765-649-8161

Community Hospital Anderson

Insurance and Medical assistance765-298-3300

Covering Kids & Families

Insurance assistance.....765-608-3062

Dove Harbor

Shelter (Women & Children)765-642-1853

Elwood Trustee

Financial assistance765-552-0871

First United Methodist Church (Anderson)

Food & financial assistance765-643-6977

FSSA (Family and Social Services)

Medicaid, HIP, SNAP, TANF, Disability,

Aging & Job Training.....1-800-403-0864

Interlocal Community Action Program

Utility assistance765-298-8086

Jane Pauley Community Health Center

Insurance and Medical assistance765-400-2144

Lafayette Township Trustee

Financial and Utility Assistance765-640-0977

Madison County Community Health Center

Medical and Insurance assistance765-641-7499

Open Door Health Services

Medical and Insurance assistance765-286-7000

Operation Love

Food, medicine, housing, clothing and

financial assistance765-644-2121

Park Place Food Pantry

Food765-374-4662

St.Vincent Anderson Regional Hospital (RUAH)

Insurance and Medical assistance765-646-8240

St.Vincent Mercy Hospital (RUAH)

Medical and Insurance assistance765-552-4562

St.Vincent DePaul Society

Clothing, housing items & financial assistance ..765-642-5401

- Scholarships to conferences/workshops addressing substance use issues
- Community resource guides
- Partnering with other agencies to bring additional education to the state

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A close-up photograph of a dark chalkboard. The word "Questions?" is written in white chalk. A hand is visible at the bottom right, holding a piece of white chalk and pointing it at the end of the word.

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