



**TN**

Department of  
**Health**

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**High-Impact Area Annual Report,  
September 2022-August 2023  
Overdose Response Coordination Office**

### **Acknowledgment from the Director**

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

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.

Additionally, substance use disorder remains a significant challenge for individuals, families, and communities across TN. The successful implementation of evidenced based programs and new initiatives as described in this report supports our goals of TN becoming one of the nation's healthiest states and a place young people can grow up safe, healthy, and ready to pursue opportunities for success.

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

In closing, I want to express my heartfelt thanks to all the public health staff, and leadership for their ongoing commitment to improving the health of all Tennesseans.

**Amy M. Murawski, M.S. C.C.S.**

Director, Overdose Response Coordination Office

## Acknowledgments

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**Special thanks to the report contributors (in alphabetical order)** Shannon De Pont, Jessica Jones, 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 106,539 estimated overdose deaths were recorded between June 2022 and May 2023 in the U.S. and 3,850 in Tennessee.<sup>1</sup> 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.<sup>2</sup> 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, the Overdose Response Coordination Office (ORCO) of the Tennessee Department of Health launched the HIA Program to address the increasing burden of SUD and overdoses in Tennessee. ORCO was able to create the HIA program with support of the Overdose Data to Action (OD2A) grant provided by the Centers for Disease Control and Prevention (CDC). The HIA program focuses on the areas in Tennessee that have a high burden of overdoses and overdose related deaths. The program collaborates 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.

ORCO launched the program following a multi-step strategy to include: 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.<sup>3</sup> 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 concluding achievements of the program.

The HIA program currently covers 31 out of Tennessee’s 95 counties. The 31 HIA counties accounted for 70% of the burden of all drug overdose deaths in the state in 2021.<sup>4</sup> The target population for the HIA program includes youths and 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 (SSPs), 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.

<b>Projects</b>	<b>East</b> Knox, Cocke, Jefferson, Roane, and Sevier	<b>Middle</b> Davidson, Dickson, Montgomery, Cheatham, Rutherford, and Wilson	<b>West</b> Shelby	<b>Northeast</b> All 8 counties	<b>Southeast</b> All 11 counties
Substance Use Prevention Multidisciplinary Taskforce	✓	✓	✓	✓	✓
Overdose Monitoring & Response Plan	✓	✓	✓	✓	
Prevention activities	✓	✓	✓		✓
Navigate patients to treatment and care	✓	✓	✓		
Emergency Department SUD initiated treatment & social services	✓	✓			✓
Syringes Services Program expansion	✓		✓		
Treatment access & navigation in correctional facilities	✓			✓	
Pre-trial diversion program				✓	

Table 1. Projects implemented by HIA.

This report details accomplishments of the HIAs during the 4<sup>th</sup> year of our 4-year grant, OD2A and covers the period of September 1, 2022, to August 31, 2023. Our next grant OD2A for States recently began in September 2023 and is a 5-year award. We hope that this report will help you learn more about the HIA 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.

## **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. There are two teams that implement HIA strategies in the East Region. One is located within the Regional Health Department in the East Region, and another is located within the Knox County Health Department. The team within the Regional Health Department oversees activities implemented in Jefferson, Sevier, Roane, and Cocke counties and strives to expand their reach to all counties in the East Region. The team at the Knox County Health Department oversees the activities conducted within Knox County. Both teams work together to make a greater impact in the East Region. This year, the Knox County team has been awarded the Overdose Data to Action – Local (OD2A - Local) grant and will be expanding their overdose response activities with the support of the OD2A – Local grant.

#### ***Multisector Task Force***

The East HIA has an active multisector task force made up of community organizations and agencies that meet regularly to discuss ways to implement effective overdose response in the region. This year, the task force had an average of 26 members representing local/state government, hospitals, nonprofit/prevention coalitions, public health entities, substance use treatment providers, SSPs, mental health providers, and recovery support. This year the East HIA taskforce met four times collectively. The task force mainly focused on identifying naloxone supply for the community. The task force also focused on identifying areas in the region that lacked resources for overdose prevention such as naloxone and medications for opioid use disorder (MOUD) and developed strategies to enhance access to these resources, especially in the resource-poor areas. Moving forward, the task force aims to restructure, define goals, and identify priority areas to increase its effectiveness.

#### ***Overdose Monitoring and Response (OMAR)***

Since establishing comprehensive OMAR plans in 2021, both the metro and regional HIA teams in the East HIA have worked with epidemiology staff to utilize multiple surveillance systems to monitor overdose activity. In October 2022, Knox County implemented the Overdose Detection and Mapping Application Program (ODMAP), a near real-time surveillance system aimed at assisting public health and public safety personnel in mitigating the overdose epidemic. Upon ODMAP implementation, Knox County has detected and notified community partners of overdose activity requiring public safety response in the community. In addition, ODMAP was also available in one regional county at the time of this report and regional HIA staff continue to work with partners to pursue implementation at the local level.

Both teams have been busy conducting data-related meetings with key partners as well. Over the last year, there have been 30 planning and 8 response meetings led by the East HIA team.

#### ***Substance Use Prevention Education***

This year, the East HIA focused on providing evidence-based Botvin *LifeSkills Training* (LTS) to middle school students. At least six trainings were provided to the middle school students in Cocke County during this year. The students showed heightened interest and were found to be participating actively during the training. The implementing

teachers also found the program to be very effective. However, the length of the program and the turnover of the educators are huge barriers to implementing the program widely and consistently.

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

The East HIA collaborated over the past two years with the Jefferson County Jail and The McNabb Center to deliver MOUD and other linkage to care services in the Jefferson County Jail. This year, the program continued to screen inmates in Jefferson County Jail for OUD and provided MOUD services to those who were eligible and willing to receive the services. From August 2022 to August 2023, 254 inmates in the Jefferson County Jail were assessed for OUD. Among those, 135 were assessed by the navigator and 46 were initiated into MOUD services.

Incarcerated populations are at high risk of overdoses especially soon after their release back to the community. Research shows that MOUD services reduce the likelihood of death due to drug overdose among individuals with OUD by 85% in the first month after release from incarceration.<sup>5</sup> 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 helps to secure other resources that will aid in the individual's path to recovery, including housing and social services.

### ***Emergency Department (ED) Discharge Protocol for Patients with Substance Use Disorder***

Research shows that having a standardized protocol to discharge patients after a drug overdose from EDs significantly increases engagement in treatment, reduces self-reported illicit opioid use, and reduces subsequent overdoses.<sup>6,7</sup> In collaboration with Covenant Health's hospital system and the East HIA, peer navigators have been placed in the EDs of Fort Sanders Regional Medical Center in Knoxville. Any patient who visits the ED who is suspected to have a SUD, is at risk of overdose, or is presenting as an overdose is referred to the navigators. The navigators help to identify the needs of the patients such as needs for treatment, harm reduction, social services, mutual aids, and make appropriate referrals to the patient. Depending on the patient's needs, willingness, and availability of the services, the navigators also help the patient get their first appointment to the services. From August 2022 to August 2023, the navigators at Fort Sanders Regional Medical Center successfully contacted 665 patients and referred 494 of those to further treatment and harm reduction services. In addition, at least six navigators at the center also received training on stigma and harm reduction during this year. The navigators are equipped to provide stigma-free and trauma-informed services to clients with the goal of reducing any further harm.

### ***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 visiting these health departments who screen positive for substance misuse 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. This year, the navigators at the East HIA started receiving a significant number of referrals from patrons affiliated with different ministries, homeless shelters, local jails, and Alcoholics Anonymous. This is a great indication of the acceptance of the navigator in the community and their effectiveness. From August 2022 to August 2022, a combined total of 265 individuals were successfully referred to additional treatment or harm reduction services by the East HIA navigators from the four county health departments and community sources. The East HIA



navigators have also been engaging in community events such as drug take-back days and overdose awareness days. Their active involvement and compassion for their communities have made a significant impact on the community members.

### **STORIES FROM THE FIELD**

*"...the event I helped organize for Overdose Awareness Day was especially impactful though. This brought the community together in ways I couldn't have anticipated. I mentioned this event to the women who attend the 12-step meeting I facilitate in the jail, so they could write down names and have family members bring photos of the loved ones they'd lost to overdose to place on our banner. Once they found out about the event, they not only provided names and photos for the banner, but with the help of the Program Director in the jail, they made purple ribbon keychains using a key ring and clay. No 2 ribbons were the same, and they made 70+ to be given out free of charge at the event. A woman currently incarcerated who attends the 12-step meeting and helped make the keychains also wrote a poem that the Program director typed up with the Tennessee redline number to put in small bags with the keychains. The health educator here at the health department made stickers to give away. We had a limited number of shirts to give away bought by a community partner. Then the turnout was absolutely amazing. The mother of the woman who wrote the poem also showed up to support the event and was able to video call her daughters who were incarcerated and show them the faces of their loved ones on the banner. Those moments were not only impactful for those individuals, but they were for me as well. Most of the fellowships active in our community also set up tables as well as behavioral health providers in the area. We had activities for kids like face painting and a nearby playground. During our speaker, a little girl, probably 8 years old, went onto the stage and asked to say a few words. The speaker happily handed over the microphone, and the little girl proceeded to talk about a woman she had lost to an overdose and how sometimes we have feelings because of the loss we've experienced and how it's "ok to have feelings." It was very emotional to hear. I believe this event was a healing experience for many. A young boy also "played" a few songs on the live musician's guitar. I was told by many individuals after the fact that the event had a "welcoming energy" and was a "great night." Children also said, "it was the best party ever." I am so grateful to have been a part of such a powerful evening."*

**- McKayla Gallaher, Harm Reduction Navigator**

### **STORIES FROM THE FIELD**

*"... a woman who I worked with while she was incarcerated. She had been coming to the 12-step meeting consistently for about a year. She didn't let me know she needed help finding a treatment facility until she was a few days away from being released. I then scrambled to find her a bed at a facility, and I did. However, her bed date was 3 weeks away. She didn't have a reliable form of communication or transportation. She would call me on friends' phones after being released. She expressed needing help with a ride. I reached out to a community resource and was able to secure her a ride and gas card to get to treatment. I called the best number I had for her to let her know and couldn't get ahold of her. I was concerned she had fallen back in her prior lifestyle which is so easy to do without a supporting environment. I got a message from her about a week later, and I soon got to speak with her on the phone. She let me know that she was still clean and had found her own way to treatment. She had left the friend's place whose phone she had been using because she was afraid she'd use again and she used the time until her bed date to find a ride. She completed the program and is now in a halfway house. She plans to start work soon."*

**- McKayla Gallaher, Harm Reduction Navigator**

### **Deploy Outreach Team to Areas Heavily Impacted by Substance Use Disorder**

This year, the East HIA initiated a new program to reach high-risk populations in the with prevention education and recovery resources. Under this program, the East HIA used the overdose surveillance data to identify localities/areas that had high incidences of overdoses and implemented an outreach program with a team of outreach navigators and other professionals. From August 2022 to August 2023, the East HIA conducted at least 26 outreach events in

high-risk areas. During these events, 211 clients were engaged and 30 were referred to treatment services for Hepatitis C or other STIs, social services, Regional Overdose Prevention Specialists (ROPS), and SSPs. The outreach program helped strengthen relationships of East HIA with various community organizations such as the homeless service agencies, recovery houses, and youth health board. In response to the outreach events, these community organizations have initiated activities to promote harm reduction and STI education.

### ***Syringe Services Program Expansion***

According to the CDC, 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.<sup>5</sup> For the past couple of years, the East HIA has been collaborating with an established community-based organization, Choice Health Network, to provide safe syringe services in Cocke County. In addition to the distribution of safe syringes, the 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 2022 to August 2023, the SSP implemented by Choice Health Network in Knox County served 125 new clients and 1,105 total clients. In the same period, the SSP distributed 79,270 unused syringes and collected 76,185 used syringes. Finally, the program referred 87 clients to additional treatment or social services.

## **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 2022 and 2023, they launched a new patient navigation program, focused on a new prevention education program, made progress in onboarding additional counties respond to local increases in overdoses and added referring partners to their post overdose response program. 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. The Task Force will continue to be a vital resource for galvanizing community stakeholders to pursue additional priorities that are being identified through these processes.

### ***Overdose Monitoring and Response (OMAR)***

In the Middle HIA, there were more than 50 planning and 40 response-related activities conducted among the metro and regional teams. Currently, data-to-action groups are routinely held in Davidson and Montgomery counties to review overdose trends with plans to identify partners to hold these meetings in the other middle HIA counties. Middle HIA staff have also participated in the Rutherford County Overdose Fatality Review (OFR) panel which was

established by the Rutherford County EMS/Medical Examiner's Office in 2022. The middle HIA region has also expanded surveillance coverage with ODMAP being implemented in Cheatham, Davidson, Montgomery, and Rutherford counties while access to local medical examiner data is being pursued to supplement coverage of public health data systems. The middle HIA staff are currently identifying areas of high overdose activity to implement outreach events across the region.

### ***Prevention Activities***

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

**SMART (Self-Management and Recovery Training) Recovery:** SMART Recovery is an application used with any smart phone to influence progression from addictive behaviors to move through the stages of change, towards achieving sobriety. SMART Recovery is a powerful recovery community that includes passionate volunteers who recovered with SMART who are driven to help others. Peers and professionals working together to fuse science and experience to help people build healthy and balanced lives. During our reporting period, 128 individuals were trained and provided access to the SMART Recovery app.

**LifeSkills Training;** Botvin *LifeSkills Training* (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. Validated by more than 30 scientific studies and recognized as a Model or Exemplary program by an array of government agencies including the U.S. Department of Education and the Center for Substance Abuse Prevention, LifeSkills teaches students the necessary skills to resist social (peer) pressures to smoke, drink and engage in drug use. During the period covered by this report, 17 teachers were trained to deliver the LifeSkills program in the Mid-Cumberland public health region where 140 students were delivered the program.

**Partnerships with Universities and Community:** The Middle HIA continued to work with university partners at Middle Tennessee State University in Rutherford County, Austin Peay State University in Montgomery County and Cumberland University in Wilson County. The HIA Coordinators in the Mid Cumberland Region continue to work with these university partners in providing prevention education to students and during the period for this report participated in 20 university events.

In addition, the HIA Coordinators developed a prevention education presentation titled "What You Should Know about Substance Misuse". This presentation was given 38 times to 200 individuals during this reporting period.

### ***Post Overdose Response Program: Nashville Fire Department-Emergency Medical Services (NFD-EMS) and Mental Health Cooperative***

In 2022, NFD-EMS responded to more than 5,726 suspected overdose incidents. 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 liaises between patients with recent overdose and the Mental Health Cooperative. From September 2022 to August 2023, 526 patients were contacted by EMS for assistance, 14 were successfully contacted and referred to treatment and other recovery-oriented services. The Mental Health Coop also accepts referrals through other sources, including the Nashville Police Department; through this program an additional 168 patients were navigated to treatment and care.

**Linkage to Care: Wilson County Health Department:** Middle HIA launched a new linkage to care program during this reporting period. A Harm Reduction Navigator began in September 2022 to provide screening to all health department patients and engagement with patients who were interested. The Navigator provides patient engagement, brief counseling, identifies goals, and works with the patient to connect them to services that will assist them in their path to recovery such as treatment, harm reduction, housing, social services, and employment. During the period, 494 patients were screened, 99 screened as being at risk and 34 and accepted referral to services.

### STORIES FROM THE FIELD

*Late March of 2023, a male patient was referred to me by the doctor here at the Wilson County Health Department. This client was a patient with a few health issues and struggling with alcohol misuse. Meeting with him for the first time, he mentioned his struggles with drinking, mental health, and transportation being an issue as well.*

*As our conversation continued, I assessed his stage of change at preparation (ready), because of his other health issue that were demanding as well. So, I referred him to a facility that provides outpatient treatment services. As well as connecting him to a few community transportation services. We stayed in touch over the next few months and I'd following up in-person after his regularly scheduled appointments, here at the Health Department. During this time, he progressed to the next stage of change (Action) and began reducing the amount of alcohol he consumed daily.*

*Along with outpatient counseling, he was making notable progress, in which we would celebrate those successes as he moved toward recovery on his own terms. Around June, we started communicating on a weekly basis. He was consistent with his counseling sessions and continuing to reduce his alcohol consumption. As we continued to talk over the next month or so realistic goals were set, and I provided him with relapse prevention education.*

*With that said, over the past few months we've built a great relationship, in which he refers to me as his mentor. By August, he started abstaining from alcohol and has been sober for over 45 days now. He expresses that he feels great and will continue to practice maintenance in his recovery. By moving along the stages of change, this client has been a true example of the harm reduction paradigm, as a client that wants to make a positive change to improve his overall health, though individual self-direction.*

**- Jermonde Bey, Wilson County Harm Reduction Patient Navigator**

### NORTHEAST HIA

The HIA Program in Northeast TN includes eight counties- Carter, Greene, Hancock, Hawkins, Johnson, Unicoi, Sullivan, and Washington. 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 Northeast Regional Health Office 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 existing efforts and experience in the community.

### ***Overdose Response Stakeholder Group***

Each county in TN's northeast region strategically participated in the Northeast Region Overdose Response Stakeholder (ORS) group. Development of the ORS group was based on stakeholder interest and focused on overdose monitoring and response (OMAR) efforts. TDH's HIA Coordinator provided programmatic oversight and leadership of the ORS group which consists of representation from substance use prevention coalitions, healthcare, academia, youth-serving organizations, faith-based organizations, and health departments. The ORS group meets bi-monthly to discuss overdose trends and address overdose response in a collaborative manner.

### ***Overdose Monitoring and Response (OMAR)***

The Northeast HIA coordinator has been involved in numerous OMAR activities during the fourth grant year. Over this period, there have been more than 150 planning and 30 response activities conducted. In addition, the HIA coordinator investigated and facilitated a local response in September 2022 that was initiated after a community partner communicated concerns over overdose activity in a particular area in the region. 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.

The Northeast HIA coordinator and Sullivan County Health Department epidemiologist also participate in a regional workgroup formed in early 2023 involving public health and public safety staff including Overdose Response Strategy public health analysts and drug intelligence officers from Maryland, Tennessee, Virginia, and West Virginia. The objectives of the workgroup include sharing information across sectors and regions to track overdose trends and activity.

### ***Pretrial Diversion Program***

The Northeast HIA has developed and implemented a pretrial diversion program for individuals with SUD 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. Currently, the program is implemented in two criminal courts, four general sessions courts, one juvenile court, enrolling a total of 85 clients during this reporting period. The pretrial diversion program team continues to coordinate alternative treatment services for those engaged in lieu of jail time and discussions to expand continue. 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. Two OD2A funded Corrections Navigators assist participants and work with partners to develop and implement the program. This work includes developing policies and procedures, and training jail staff and stakeholders to reduce stigma. The Corrections Navigators work 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. Navigators use the Gather, Assess, Integrate, Network, and Stimulate (GAINS) checklist, Recovery Wellness, or Recovery Capital Scale to assess needs and create a re-entry plans. Corrections Navigators also provided overdose response training/education, naloxone education, and one-on-one assistance connecting to treatment and recovery support services. Washington County Detention Center has referred 387 clients to the correctional navigation program, and of those, 84 received reentry plans. Additional

referrals were made from local Day Reporting Centers and the Carter County Detention Center; totaling 89 referrals for which 31 received reentry plans.

## **SOUTHEAST HIA**

The HIA Program in Southeast Tennessee initially launched in 2020, expanded in February 2021, and includes 11 counties- Franklin, Marion, Grundy, Sequatchie, Bledsoe, Rhea, Meigs, McMinn, Bradley, Polk, and Hamilton counties. There are two teams that implement HIA strategies in the Southeast Region. One is located within the Southeast Regional Health Department and another is located within the Hamilton County Health Department. Stakeholders from all county health departments in the southeast region 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 established a Regional Substance Misuse Task Force, which has convened quarterly since its formation in December 2020. The Southeast HIA has worked strategically to include representation from all counties in the region and effectively represent sectors, to include academic institutions, hospitals, nonprofits, public safety, substance use treatment providers, mental health professionals, recovery support specialists, social services, and those that specialize in harm reduction. The Task Force is focused on identifying collaborative opportunities, sharing information between state and local agencies, examining data governance issues, and formation of workgroups to support the HIA projects and activities. Collaborations across the region have identified priorities to include facilitation of evidence-based intervention for substance misuse in acute healthcare settings, community prevention education for youth, and linkage to care via health department navigation programs.

### ***Overdose Monitoring and Response (OMAR)***

During year 4, Southeast HIA coordinators conducted more than 80 planning and 46 response-related activities. Southeast HIA coordinators and epidemiologists continue to utilize multiple surveillance systems to track overdose activity in the region. In September 2023, the Hamilton County Health Department, in partnership with local EMS, implemented ODMAP and have begun exploring the development of a spike alert notification system for the community. In terms of response efforts, the Hamilton County team, with collaboration from the Southeast HIA regional coordinator, local law enforcement, and public health and public safety officials from northwest Georgia investigated an increase of fatal and nonfatal overdoses in the region which occurred in early 2023. This effort demonstrated the strength of partnerships in the area as well as identified the need for ODMAP to be implemented in this region in Tennessee.

### ***Hamilton County Addiction and Dependency Committee***

A notable success by the Hamilton County Health Department (HCHD) is the establishment of the Addiction and Dependency Committee, consisting of 25+ agencies. This monthly meeting includes stakeholders (fire, EMS, medical examiner, treatment providers, harm reduction, courts, etc.) that discuss emerging drug trends, community awareness, and methods of collaboration to reduce substance misuse and overdoses in Hamilton County.

### **Prevention Education: Prevention Education in Schools and Youth Substance Misuse Summit for Educators**

The Southeast HIA coordinated implementation of a comprehensive Substance Use Prevention Education program in conjunction with school systems in Marion and Polk counties beginning in 2021 utilizing the evidence-based

Botvin LST program. The TDH Southeast Regional Office (SERO) collaborated with the Hamilton County Health Department to host the first annual Youth Substance Misuse Summit for Educators on July 25, 2023. Approximately 115 teachers, coaches, counselors, school resource officers and other staff on were provided education on emerging drug trends and information about prevention and resources to address substance misuse among students.

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

The Southeast HIA's STEPS Project involves partnerships with multiple hospitals and healthcare systems across the region to develop and implement discharge protocols in emergency departments for patients with SUD. Three OD2A funded Tennessee Recovery Navigators provide navigation services for Eds 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 Project Manager and a Physician Consultant. The STEPS Project continues to serve 17 hospitals across southeast TN with the objective implementing of five evidence-based practices: targeted screening for SUD, access to naloxone, facilitated referrals, peer recovery services, and initiation of MAT/MOUD for eligible patients. Navigators contacted 684 ED patients during the reporting period, of which 541 patients accepted peer navigation. Of the patients navigated, 448 accepted a referral to a treatment provider.

#### **STORIES FROM THE FIELD**

*Comments working with the Recovery Navigators in the STEPS Project...*

*"Your protocol has made the process quite easy."*

*"It's so helpful to have resources."*

*"That was the first time I had tried BUP (buprenorphine) Therapy, and I was pleasantly surprised by how well it worked!"*

*"I find those cases more rewarding than much of what we do."*

**- Providers participating in STEPS Project**

#### **WEST HIA**

The West Tennessee HIA Program encompasses Shelby County, TN 's largest county in both geography and population size. Shelby County has witnessed a substantial increase in overdose deaths over the past few years. In 2022, Shelby County had 549 fatal overdoses, or 99 more than in 2021.<sup>4</sup>

The West HIA Program has made great strides in planning and implementing projects targeted toward overdose prevention. Some noteworthy achievements include building partnerships with the University of Memphis, Rhodes College, and University of TN to share prevention and harm reduction messaging and holding highly successful community outreach events such as the Opioid Summit and Community Halloween Block Party. Additionally, Shelby

County Health Department (SCHD) began naloxone distribution in July 2023 in partnership with local community partners that contribute to this lifesaving initiative by serving as distribution hubs. Moreover, SCHD began the process to add their first naloxone distributing vending machine which will be placed in one of the largest clinics in Shelby County to serve a community greatly impacted by the opioid and overdose crisis.

### ***Multisector Task Force***

The Opioid Response Task Force 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 West Tennessee's HIA Program. The Task Force and pillar committees continued to meet and establish priorities during 2022 and 2023.

### ***Overdose Monitoring and Response (OMAR)***

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.

Since last year, West HIA staff have conducted 12 planning and 10 response-related activities to exercise their OMAR plan. Further, Shelby County Health Department (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. Moreover, an overdose epidemiologist was hired in 2023 to focus on surveillance and analysis activities.

### ***Substance Abuse Prevention Education Program***

West HIA established an early commitment to community prevention education and continues to lead in this area. From 9/1/22 to 8/31/23, the West HIA hosted two Street Team for Overdose Prevention (STOP) events. STOP is a grassroots initiative founded in January 2018 between multi-sector community partners, STOP target those most at risk of overdose in a community to connect them with treatment and harm reduction services and prevent as many overdose-related deaths as possible in Shelby County

In July 2023, SCHD advised ORCO and all other HIAs on best practices concerning replicating Strategic Team Accessing Recovery and Treatment (START) and STOP events in each of the HIAs for the next iteration of the OD2A grant cycle.

STOP events are targeted towards areas experiencing elevated numbers of overdoses (as identified by data scientists), and engage community and provide overdose prevention education, naloxone distribution, referral to treatment, and guidance to SSPs. Best practices for conducting successful STOP events include collaboration with other community partners such as local coalitions, Tasks Forces, and stakeholders, and utilizing existing events with a community audience such as Drug Take Back Days. Additionally, SCHD has an agreement with local law enforcement to ensure safety without compromising community attendance, using locations with access to utilities,



and if possible, seeking sponsorship for food or other types of incentives to increase attendance.

START events are family and kid-friendly spaces to start the conversations about prevention. SCHED raises awareness about the dangers of opioids and provide treatment and recovery resources to families. SCHED equips families to talk to their loved ones, understand SUD, and help them take the first steps towards recovery and start the recovery process.

***Syringe Services Programs (SSPs)***

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. 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 SUDs. 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 2022 to August 31, 2023.

SSP	Total served	New Clients Served	Syringes collected	Syringes distributed	Referrals to treatment and other services
<b>ABW</b>	6,307	478	205,942	265,370	1,185
<b>MAPC</b>	5,375	421	161,253	186,915	209

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

Motivation-based interventions are established predictors of recovery from substance use disorders.<sup>9</sup> West HIA conducted 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 were identified using the West Tennessee Forensic Center reports on fatal cases and ESSENCE systems to identify recent overdoses who have visited an emergency room in the Memphis-Shelby area. This program recruited interviewers and conducted interviews during this reporting period. The interview staff received training from the National Harm Reduction Coalition with a focus on stigma reduction around SUDs. The program put protocols in place to connect individuals to care services when needed. This project came to its conclusion during this grant year, however, one of the project accomplishments was referral to Cocaine and Alcohol Awareness Program, Inc. (CAAP Inc.) when an individual needed assistance with recovery navigation services.

***Peer Support and Navigation Services for Emergency Patients***

Through the SCHED and CAAP, Inc. partnership, emergency department patients were identified, treated for overdose or complications of a substance use disorder, and connected to treatment and care through an experienced CAAP, Inc. Navigator. Though this project reached completion at the end of this grant year, 191 patients

were successfully navigated to treatment and care. The program also worked to provide education to area youth on substance misuse prevention, as well as successfully advocating for increased treatment beds in Shelby County.

## **Conclusions**

Drug addiction is a multifaceted public health issue that has proven hard to mitigate. When working to address 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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