



Building a collaborative response to the crisis in Kansas

Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan

November 2020 Annual Report

Kansas Prescription Drug and Opioid Advisory Committee Partners

Kansas Department for Aging and Disability Services
Kansas Department of Health and Environment
DCCCA
Kansas Board of Pharmacy
Kansas Board of Healing Arts
Kansas State Board of Education
Kansas Hospital Association
Kansas Foundation for Medical Care
Kansas Department for Children and Families
Kansas State Child Death Review Board
Kansas Pharmacists Association
Kansas Department of Corrections
Kansas Attorney General's Office
Kansas Medical Society
U.S. Department of Health and Human Services
U.S. Attorney's Office, District of Kansas
U.S. Department of Agriculture
Kansas Healthcare Collaborative
Substance Abuse Center of Kansas
Greenbush - Southeast Kansas Education Service Center
University of Kansas Medical Center
American Society of Addiction Medicine
KU Center for Telemedicine & Telehealth
Federal Bureau of Investigation KC Division
Alliance for Drug Endangered Children
University of Kansas

Kansas Bureau of Investigation
Kansas Association of Chiefs of Police
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Kansas Prescription Drug and Opioid Advisory Committee

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Chair

DCCCA

Adrienne Hearrell, MPH, CPTA

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KDHE

Stefanie Baines, MA, CHES

KPCC

Alexandra Blasi, JD, MBA

KBOP

Andrew Brown, MSW, KCPM

KDADS

Adrienne Byrne, MS

Sedgwick County Div. of Health

Nickolas Clasen

HHS

Maria Cristina Davila, MD

FASAM, DFAPA -ASAM

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Four County MHC

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KPhA

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KFMC

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KDHE

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TPD

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KBOP

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KDHE

John Fletcher

Kansas Sheriff's Association

Sarah Gideon, MBA

HINK

Lynne Hinrichsen

USDA

Sandy Horton

Kansas Sheriff's Association

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Wichita State University

Katie Baylie, JD

KBOHA

Ed Brancart

KSAG

Chris Bush, PhD

KDADS

Lisa Chaney, MS

Greenbush

Christi Darnell, LMSW, LAC

Blue Valley School District

Tabitha Davis

Teen Challenge

Gayle Donaldson, MBA

KBOP

Jessica Evans

FBI KC Division

Lydia Fuqua

DCCCA

Callie Grantham, LPC, LAC

KUMC

Deena Horst, MA

KS Board of Education

Shane Hudson, MS, LCP, LCAC

CKF

Lynnea Kauffman, LBSW

DCF

Kansas Prescription Drug and Opioid Advisory Committee

Aaron Lackamp, MD
KS Society of Anesthesiologists

Ed Klumpp
KACP

Chrissy Mayer
DCCCA

Lori Moriarty
DCCCA

Michele Reese
KDADS

Andrew Sack, MD
KUMC

Linda Sheppard, JD
KHI

Kim Templeton, MD
KUMC/KSBHA

Ericka Welsh, PhD, MPH
KDHE

Marsha Young
Topeka Treatment Center

Jaimie Katz, MPH
JCMH

Stephanie Lindemann, MPH
KDHE

Cissy McKinzie
KDADS

Mike Murphy
Midwest HIDTA

Andrew Roberts, PharmD, PhD
KUMC

Bri Schrader
The Phoenix

Katie Stone
First Call KC

Daniel Warren, MD
KUSM-W

Carl Williams
Teen Challenge

Reyne Kenton
KBOP

Katie Mahuron, RN
KDHE

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Boys & Girls Club Topeka

Theron Platt
Community Care Network

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KHC

Melanie Simpson, PhD, RN-BC,
OCN, CHPN, CPE - KUMC

Chris Sturgeon
TPD

Mary Beth Warren, MS, RN
KUMC

Shawna Wright, PhD, LP
KUMC

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Executive Summary

Background

In July 2018, the Kansas Prescription Drug and Opioid Advisory Committee published the Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan. The Strategic Plan was the result of a multi-sector collaborative effort among more than forty organizations and agencies to outline a systematic, coordinated approach to combatting the prescription drug and opioid crisis in Kansas. In 2019, the Advisory Committee published the first Annual Report to update the Strategic Plan.

Goals

The overarching goal of the Strategic Plan and Annual Updates is to identify and implement evidence-informed interventions around prescription drug and illicit opioid misuse, abuse, and dependence, to decrease fatal and non-fatal overdoses in Kansas. The Strategic Plan and Annual Updates present a rationale for continuing current efforts, showcase progress made, outline a path forward, and propose recommendations for consideration.

Priority Areas

Each priority area contains goals, SMART objectives, strategies, and activities that are planned and/or being implemented by stakeholders. The goals, objectives, and strategies outlined in the Strategic Plan are evidence-informed, driven by Kansas-specific data, and aim to address multiple levels of impact.

Implementation

The Strategic Plan guides internal and external strategy implementation, and provides the framework for monitoring progress toward short, intermediate, and long-term outcomes of the proposed strategies. Many strategies and activities are being implemented in coordination with advisory committee partners through state and federally-funded programs. Ongoing engagement and collaboration with a broad array of stakeholders is instrumental for certain aspects of this work, as well as assuring adequate resources in implementation years.

The Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan is a living document that continues to expand as priorities and resources change. While current goals, objectives, strategies, and activities are clearly outlined, data gathered from monitoring process and outcome indicators will inform revisions to these on an annual basis to ensure relevance.

2020 Annual Report

The purpose of the 2020 Annual Update to the Strategic Plan is to demonstrate the collective impact of Strategic Plan implementation, showcase success stories, and identify additional strategies, recommendations, and resources needed to reach targeted objectives.

<p style="text-align: center;"><u>Prevention</u></p> <ul style="list-style-type: none"> • Education and awareness • Community mobilization • Develop website • Statewide campaigns • Safe use, storage, and disposal • Data collection and analysis • Enhance and sustain prevention funding • Harm reduction strategies (2019) 	<p style="text-align: center;"><u>Law Enforcement</u></p> <ul style="list-style-type: none"> • Justice-involved treatment access • Naloxone utilization • Law enforcement education • 911 Good Samaritan Law • Community collaboration • Drug take-back days • Drug courts/diversion • ODMAP (2019)
<p style="text-align: center;"><u>Provider Education</u></p> <ul style="list-style-type: none"> • Educational opportunities • K-TRACS enhancements, funding, and utilization • Prescribing policies and guidelines • SBIRT • Requirements in higher education • Sex- and gender-based differences in pain (2019) • ED protocols (2019) • Academic detailing (2019) • Older adult considerations (2019) 	<p style="text-align: center;"><u>Treatment and Recovery</u></p> <ul style="list-style-type: none"> • Increase access to treatment • Expand MAT • Expand peer support • Workforce development • Increase access to sober living • Adequate insurance coverage • Integration of care • Telehealth • 2003 Senate Bill 123 expansion (2019) • Rural health approaches(2019)
<p style="text-align: center;"><u>Neonatal Opioid Withdrawal Syndrome</u></p> <ul style="list-style-type: none"> • Standardized screening and prevention • Increase access to treatment • Education • Vermont Oxford Network • Data collection and analysis • Tracking and monitoring • Referrals to Home Visiting (2019) 	<p style="text-align: center;"><u>Newly Identified</u></p> <ul style="list-style-type: none"> • Syringe services programs • Considerations for women of childbearing age & older women • Naloxone dispensation tracking through K-TRACS • Approaches to address racial disparities • COVID Lessons Learned • Expand toxicology testing to improve mortality data quality

For more information about the original state plan strategies please view the full [Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan](#).

Overview

Evaluation Stakeholder Workgroup

To develop an infrastructure for leading, coordinating, monitoring, and evaluating the implementation of the Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan, the Evaluation Stakeholder Workgroup (ESW) was developed and the monitoring and evaluation plan was created.

Key staff responsible for monitoring and evaluating the PDO Strategic Plan, as part of federal funding requirements, comprise the internal PDO Strategic Plan ESW. ESW members include the KS Opioid Overdose Prevention Program Manager, KS OD2A Program Coordinator, Opioid Program Director, KS OD2A Program Evaluator, KS PDMP Epidemiologist, DCCCA Program Coordinator and Chair of the Advisory Committee, KS PFS Program Coordinator and KS PFS Evaluators (Greenbush).

The primary purpose of monitoring and evaluating the Strategic Plan is:

(1) Opportunities: to identify opportunities for enhancing or expanding Strategic Plan implementation

(2) Support: to garner additional community, organizational, political and financial support for PDO Strategic Plan implementation and sustainability

The PDO Strategic Plan Monitoring and Evaluation Plan was guided by CDC's 6 Step Framework for Program Evaluation in Public Health and includes detailed information on data collection, reporting and use with a focus on both process and outcome evaluation.

Monitoring and evaluation rely on a variety of quantitative and qualitative data sources. Primary data collection sources include:

(1) Survey: the annual survey of funded state and community partners

(2) Stories: success stories from funded state and community partners

Survey results will provide information on which strategies in the PDO Strategic Plan are/are not being implemented, barriers to strategy implementation, partners' perceptions of supports needed to enhance or expand implementation and/or sustain the Plan, and coordination of strategy implementation across funded state and community partners.

Secondary data collection sources are those outlined in the State Plan Outcome Indicators table below. Monitoring outcome indicators will help demonstrate the overall impact of PDO Strategic Plan implementation, highlight successes, and identify areas that may require additional support to achieve targeted objectives. Qualitative success stories from each of the five priority areas will help contextualize quantitative outcomes data.

Monitoring and evaluation of the State Plan helps to ensure continuous quality improvement based on evaluation data and progress measures and guides the necessary adjustments to ensure successful State Plan implementation.

State Plan Progress and Outcome Indicators

Long-Term Outcomes (5+ years)					
State-level Indicator	Baseline (2016)	2017	2018	2019	Target (2022)
Morbidity					
Age-adjusted All Drug Non-Fatal Overdose Emergency Department Admission Rate per 100,000 population	129.2	133.4	135.9	130.3	115.5
Age-adjusted Non-Fatal Opioid Overdose (excluding heroin) Emergency Department Admission Rate per 100,000 population	19.0	19.3	17.6	14.2	17.2
Age-adjusted Non-Fatal Heroin Emergency Department Admission Rate per 100,000 population	2.5	3.1	3.7	4.1	2.2
*Age-adjusted All Drug Non-Fatal Overdose Hospitalization Rate per 100,000 population	91.1	94.1	98.7	100.9	82.4
*Age-adjusted Non-Fatal Opioid Overdose (excluding heroin) Hospitalization Rate per 100,000 population	19.8	17.6	15.6	13.9	18.0
*Age-adjusted Non-Fatal Heroin Hospitalization Rate per 100,000 population	2.1	1.4	2.2	2.0	1.9
Mortality					
Age-adjusted All Drug Overdose Deaths Rate per 100,000 population	10.9	11.5	12.4	13.9	10.2
Age-adjusted Drug Overdose Deaths Involving Opioids (excluding heroin) Rate per 100,000 population	5.0	5.0	5.6	6.4	4.6
Age-adjusted Drug Overdose Deaths Involving Natural and Semi-Synthetic Opioids Rate per 100,000 population	2.8	2.5	2.6	2.2	2.6
Age-adjusted Drug Overdose Deaths Involving Synthetic Opioids Other than Methadone Rate per 100,000 population	0.98	1.21	1.75	2.6	.9
Age-adjusted Drug Overdose Deaths Involving Methadone Rate per 100,000 population	0.3	0.6	0.5	.6	.06
Age-adjusted Drug Overdose Deaths Involving Heroin Rate per 100,000 population	1.2	0.8	1.2	1.6	1.0

Data Sources and Notes on Long-Term Outcome Indicators:

Morbidity: 2016-2022 ICD-10-CM Kansas Hospital Association Emergency Department Admissions; Kansas Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment. 2016-2022 ICD-10-CM Kansas Hospital Association Hospital Discharge Database; Kansas Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment*(EXCLUDES PATIENTS WITH CANCER). Data Notes: In 2019, the case definition for drug overdose morbidity changed. ICD-10 CM of substance abuse disorders (F codes) are no longer included in the case definition. Indicators were calculated using 2016 as a base line. In alignment with the 2020 Healthy People Substance Use goals, improvement from baseline was defined as a 10% reduction in the occurrence of a nonfatal overdose event by specific categories. Age adjusted rates for the target counts were calculated using the direct method and the US Census 2000 as a reference population.

Mortality: 2016 - 2022 Kansas Vital Statistics Mortality File; Kansas Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment. Indicators were calculated using 2016 as a base line. In alignment with the 2020 Healthy People Substance Use goals, improvement from baseline was defined as a 10% reduction in the occurrence of an overdose death by specific categories. Age adjusted rates for the target counts were calculated using the direct method and the US Census 2000 as a reference population.

Evaluation

Intermediate Outcomes (2-5 years)					
State-level Indicator	Baseline (2017)	2018	2019	2020	Target (2022)
Misuse and Abuse of Prescription Drugs					
Percentage of youth in Kansas in grades 6th, 8th, 10th and 12th reporting use of prescription medications not prescribed to them in the past 30 days	3.70%	3.88%	3.96%	3.7%	1.20%
Percentage of young adults between the ages of 18-25 in Kansas reporting use of prescription medications not prescribed to them on one or more days*	6.40%	*	5.78%	*	3.90%
Prevalence of adults ages 18 years and older who report using prescription narcotics more frequently or in higher doses than as directed by a doctor in the past year	3.44%	3.45%	TBD	TBD	3.01%
Prevalence of adults ages 18 years and older at risk for opioid use disorder in the past year**	2.99%	2.49%	TBD	TBD	2.64%
Prevalence of adults ages 18 to 24 years who report using prescription narcotics more frequently or in higher doses than as directed by a doctor in the past year	4.86%	2.96%	TBD	TBD	4.31%
Prevalence of adults ages 18 to 24 years at risk for opioid use disorder in the past year**	6.77%	2.91%	TBD	TBD	5.51%
Use of Illicit Opioids					
State-level Indicator	Baseline (2016)	2017	2018	2019	Target (2022)
Hospitalization associated with drugs with potential for abuse and dependence; all drugs, heroin poisoning, cocaine poisoning, prescription opioid poisoning, benzodiazepine-based tranquilizer poisoning, amphetamine poisoning, cocaine abuse or dependence, opioid abuse or dependence (Age Adjusted rate per 100,000 population)	226.4	249.5	261.7	289.7	208.8
Hospitalization associated with Opioid abuse or dependence (Age Adjusted rate per 100,000 population)	60.1	59.7	60.0	60.1	55.6
Neonatal Abstinence Syndrome (NAS)					
Incidence of NAS in Kansas, per 1,000 birth hospitalizations	2.9	3.7	3.4	3.6	2.6

Data Sources and Notes on Intermediate Outcome Indicators:

Misuse and Abuse of Prescription Drugs: Kansas Communities That Care (KCTC) Student Survey, Kansas Young Adult Survey. *Not calculated annually due to this survey schedule. Kansas Behavioral Risk Factor Surveillance System (BRFSS)** Includes only those that were not excluded from the BRFSS 2017 OUD Module (Risk is defined as mild). 2019 Data unpublished at time of publication.

Use of Illicit Opioids: 2016-2022 ICD-10-CM Kansas Hospital Association (KHA) Emergency Department Admissions; Kansas Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment (KDHE)

NAS: 2014 - 2022 KHA Hospital Discharge Database; Kansas Bureau of Epidemiology and Public Health Informatics, KDHE. Data Notes: Data for 2016 and onward are based on ICD-10-CM and may not be comparable to previous ICD-9-CM estimates. Cases of neonatal abstinence syndrome were identified by ICD-9-CM diagnosis code 779.5 (drug withdrawal syndrome in newborn) and ICD-10-CM diagnosis code P96.1 (neonatal withdrawal symptoms from maternal use of drugs of addiction). Possible iatrogenic cases, identified by ICD-9-CM diagnosis codes 765.00-765.05, 770.7, 772.1x, 777.5x, 777.6 and 779.7, were excluded from the numerator; iatrogenic exclusion is no longer necessary in ICD-10-CM with the introduction of P96.2 (withdrawal symptoms from therapeutic use of drugs in newborn). Birth hospitalizations were identified by ICD-9-CM diagnosis codes V30.xx-V39.xx, where the 4th and 5th digit is either 00, 01, 10 or 11, and ICD-10-CM diagnosis codes of Z38.00, Z38.01, Z38.1, Z38.2, Z38.30, Z38.31, Z38.4, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.7, or Z38.8. Those with an indication of transfer from another hospital were excluded to avoid duplication.

Evaluation

Short-term Outcomes (1-2 years)								
State-level Indicator	Baseline (2017)	2018	2019	2020	Target (2022)			
Prevention								
Percentage of youth in Kansas in grades 6th, 8th, 10th and 12th who report there is “no risk” of harm in taking a medication not prescribed for you	10%	9.73%	10%	9.92%	6.80%			
Percentage of young adults between the ages of 18-25 in Kansas who report there is “no risk” of harm in taking a medication not prescribed for you*	2.70%	*	3.70%	*	1.5%			
Number of community coalitions addressing prescription drug misuse	10	10	17	18	15			
State-level Indicator	Baseline (2017 Q1)	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2	Target (2022 Q4)
Provider Education								
Total morphine milligram equivalents (MME) dispensed to patients per capita	196.8	127.9	125.4	122.7	120.5	115.5	112.5	75.0
Percentage of patients with 90+ Daily MME of opioids	11.1%	9.6%	9.1%	6.8%	6.7%	6.7%	6.5%	2.20%
Rate of patients with 5+ prescribers and 5+ dispensers in a 6-month period	15.4	6.1	6.2	6.4	5.5	5.0	3.5	0.42
Percent of patients prescribed long-acting/extended-release opioids who were opioid-naïve	8.7%	5.6%	5.6%	4.1%	4.5%	4.6%	4.3%	5.20%
Percent of days with overlapping opioids/benzodiazepines	17.7%	17.2%	16.4%	15.3%	14.2%	13.6%	16.3%	10.62%
Percent of days with overlapping opioid prescriptions	17.5%	16.3%	15.7%	15.5%	15.2%	14.8%	15.1%	10.50%

Data Sources and Notes on Short-Term Outcome Indicators:

Prevention: KCTC Student Survey, Kansas Young Adult Survey. * Not calculated annually due to survey schedule.

Provider Education: K-TRACS; Kansas Board of Pharmacy and Appriss Health Tableau Server (Dispensation Detail by Patient County [Filters include Opioid Drug = Yes, Provider out of State = No]), K-TRACS; Kansas Board of Pharmacy and Appriss Health CDC Report.

Evaluation

Short-term Outcomes (1-2 years)					
State-level Indicator	Baseline (2018)	2019	2020	Target (2022)	
Treatment and Recovery					
Number of Buprenorphine waived prescribers practicing in Kansas	97	176	230	150	
Ratio of substance use disorder treatment providers in Kansas that accept clients on opioid medication	0.57	0.78	0.59	0.65	
Ratio of detoxification facilities in Kansas that accept clients on opioid medication	0.42	0.95	0.46	0.63	
State-level Indicator	2016	Baseline (2017)	2018	2019	Target (2022)
Treatment and Recovery					
Rate of Kansas prescribers who prescribed buprenorphine opioids indicated for Medication-assisted Treatment (MAT) per 100,000 residents	7.1	10.2	10.5	19.9	9.08
Rate of Kansas patients who filled buprenorphine opioids indicated for Medication-assisted Treatment (MAT) per 100,000 residents	90.2	97.5	108.8	114.7	87.70
Percentage of Kansas counties with prescribers who prescribed buprenorphine opioids indicated for Medication-assisted Treatment (MAT)	27%	39%	31%	35%	100%
State-level Indicator	Baseline (2017)	2018	2019	2020	Target (2022)
Law Enforcement					
Percent of city/county law enforcement agencies that have an established naloxone carrying and use policy	-	-	34.4%	38.7%	50.0%
Number of Kansas law enforcement officers who receive the Kansas Law Enforcement Training Center's (KLETC) opioid crisis training	0	62	368	300	750
State-level Indicator	Baseline (2017)	2018	2019	2020	Target (2022)
Neonatal Abstinence Syndrome					
Ratio of birthing centers in Kansas in which the Vermont Oxford Network (VON) NAS Universal Training Program is implemented	0%	49.2%	52.4%	55.0%	76.9%

Data Sources and Notes on Short-Term Outcome Indicators:

Treatment and Recovery: SAMHSA DATA Waivered Practitioners Locator, SAMHSA Treatment Locator, K-TRACS; Kansas Board of Pharmacy and Appriss Health Advanced Analytics Report.

Law Enforcement: Kansas Law Enforcement Naloxone Survey (Administration began October 2019), KLETC Course Records.

*KDHE Survey of Kansas Law Enforcement Agencies Attitudes and Beliefs about Naloxone Administration & Use, former indicator: number of law enforcement agencies carrying Naloxone.

NAS: Kansas Perinatal Quality Collaborative, 33 of the 60 birthing centers in KS.

Annual Stakeholder Survey

The Advisory Committee conducted the first annual stakeholder survey in April 2019 to assess the status of Strategic Plan implementation. This Survey was conducted again in May 2020. This survey was specifically designed to collect information on which strategies within the Strategic Plan are and are not being implemented by state and community partners, barriers to strategy implementation, and perceived supports needed to implement strategies.

Approximately 120 state and community partners engaged in prescription drug and opioid related initiatives were invited to participate in the electronic survey and 39 respondents completed the survey. 61.5% of respondents reported implementing prevention and/or response strategies at the community-level only. Nearly half (48.0%) of respondents used KDHE Opioid Overdose Crisis Response Cooperative Agreement funding. Additional funding sources included Kansas Department for Aging and Disability Services (KDADS) State Opioid Response (SOR) (8.0%), KDADS Partnerships for Success (PFS) (8.0%), Health and Rural Services Administration (HRSA) (8.0%), Department of Children and Families (DCF) (12.0%), Bureau of Justice Administration (BJA) (16.0%), Drug Enforcement Administration (DEA) (4.0%), and Other (44.0%).

Overall, respondents indicated widespread implementation of Prevention and Provider Education strategies. Commonly cited barriers to Prevention and Provider Education strategy implementation included inadequate funding and COVID-19. Additionally, a lack of provider buy-in was a commonly cited barrier to Provider Education strategy implementation. Treatment & Recovery, Law Enforcement and Neonatal Abstinence Syndrome (NAS) strategies were implemented with relatively lesser frequency among respondents. Commonly cited barriers to implementing Treatment & Recovery and Law Enforcement strategies included lack of funding/funding restrictions, as well as lack of buy-in from law enforcement.

Among the respondents, more than two-thirds (69.2%) reported that the COVID-19 pandemic has affected their ability to implement prescription drug and opioid misuse and overdose prevention and response strategies. Specific barriers reported include inability to implement programming in schools, inability to meet face-to-face with partners, delayed trainings, and partners redirecting their focus to COVID-19 preparation and response. In response to these barriers, trainings, conferences, coalition/stakeholder meetings have been moved to a virtual setting and additional prevention trainings have been held. In example, DCCCA developed a toolkit to assist communities in facilitating meetings and events virtually. DCCCA and WSU also partnered to develop and deliver the Operation Prevention program virtually through the SOR grant from KDADS.

The Advisory Committee used survey findings to generate recommendations for the 2020 Annual Update to the Strategic Plan, including identifying opportunities for enhancing, expanding, and sustaining Strategic Plan implementation, and identifying new strategies that may have not been included in the original Strategic Plan or previous Annual Update.

Success Stories

Lawrence Memorial Hospital's Opioid Stewardship Committee

To help combat the opioid epidemic and reduce opioid use, Lawrence Memorial Hospital's (LMH) Opioid Stewardship Committee worked with the emergency department (ED) to adapt the Alternatives to Opioid (ALTO) protocol in early 2020. The goal of the project was to reduce the amount of opioids administered during each patient visit and to reduce the amount of opioid prescriptions given at discharge while avoiding a negative impact on the patient's ED visit experience. Comparisons of February and March resulted in a 6% and 10% reduction of morphine milligram equivalent per administration, respectively ($p < 0.16$; $p < 0.01$). There was a significant decrease in opioid prescriptions written at discharge per encounter in all groups ($p < 0.01$). These findings suggest that implementation of an ALTO pain management protocol in the ED results in a significant decrease in opioid usage without reducing patient satisfaction.

Reno Recovery Collaborative

The responsibility of identifying locally-driven solutions to the opioid crisis has in-part fallen on communities. In Reno County, Kansas, there is a lack of services and elevated community concern regarding the amount of opioid prescriptions. In response, the *Reno Recovery Collaborative* was developed. It is comprised of a variety of community stakeholders to develop solutions to these concerns. After implementing a multi-sector approach, Reno County now has one provider offering MAT. Additionally, a K-TRACS training was held which demonstrated the scope of the crisis and how using K-TRACS can decrease opioid prescriptions in the community. The majority of providers in Reno County are checking K-TRACS and are eager to see the extent to which opioid dispensation changes over time. Members of the recovery community have also expressed great appreciation for the MAT services. In fact, community members that have experienced difficulty with discontinuing substance use have now successfully completed treatment and attained recovery with the availability of local MAT services.

Crawford County

The Crawford County Sheriff's Office partnered with the Community Health Center of Southeast Kansas (CHCSEK) to launch an innovative treatment program at the Crawford County Jail. Treatment includes addiction counseling, MAT, and aftercare. This pilot program provides the opportunity to facilitate addiction treatment by qualified medical personnel. One of the biggest challenges in treating incarcerated persons is that their stay is not long enough to successfully complete an addiction program. Once they are released, they often relapse because they are no longer in a safe environment, resources for treatment are limited, and financial barriers. This program is unique as it bridges the gaps that come with justice involved populations that suffer from addiction and behavioral issues.

Safe Streets Wichita

Safe Streets Wichita increased their capacity and reach throughout their Partnerships for Success 2015 Prescription Drug Initiative. In areas of capacity as measured by the annual Coalition Capacity Survey, Safe Streets Wichita increased for 57 of 58 measures from 2019 to 2020 (98.3%). Additionally, the Safe Streets Wichita coalition worked to expand its reach despite barriers including the COVID-19 pandemic. In-person outreach continued through the end of the grant and included distribution of Detera bags, It Matters materials, and resource pamphlets. Radio spots were added to increase the reach of the information dissemination component of the strategic plan. Radio messaging included 282 radio spots with a youth reach of 84,600, and an adult reach of 132,802 in August 2020.

Live Well Finney County

The Peak Performance (Life of an Athlete) program was implemented in Finney County, Kansas with the goal of influencing risk factors related to youth misuse of prescription drugs and other substances. The program started with an initial presentation, followed by kick off events for each sports season. Students were presented with a code of conduct and parents were given a pledge document. A student leadership team was selected to ensure program implementation throughout the county. Program evaluation was completed and demonstrated encouraging results. Participant improvement was demonstrated for many measures including avoidance of substance use and parent willingness to address sensitive topics. Of particular note is the increase in students indicating their friends would feel it was wrong or very wrong for them to misuse prescription drugs (% answering wrong or very wrong: pre 86.7%, post 100.0%). Students showed increased knowledge regarding risk of harm of prescription drug misuse. When asked, "How much do you think people risk harming themselves (physically or in other ways) if they use prescription drugs that are not prescribed to them," more students answered "great risk" at the time of the post-survey (% answering great risk: pre 73.3%, post 93.3%). Students were also less likely to indicate that it was very easy to get some prescription drugs not prescribed by a doctor at the time of the post-survey (% answering very easy: pre 53.3%, post 26.7%).

DCCCA Naloxone Program

DCCCA applied for and was awarded SOR dollars from KDADS to implement a naloxone program starting in May of 2020. DCCCA utilized the KDHE law enforcement naloxone survey and further assessed the availability of naloxone in the state. DCCCA then developed a program to provide training and naloxone for free to individuals and organizations in Kansas. As of 9/10/20, DCCCA has provided 598 naloxone kits and training to 180 individuals across the state.

KDHE Overdose Data to Action

In 2019, KDHE was awarded the Overdose Data to Action (OD2A), an approximate \$3.1 million dollar a year, 3-year cooperative agreement from the CDC to support prevention efforts to address the opioid and drug overdose crisis. OD2A is comprised on two components, prevention and surveillance, and eleven strategies. The goal of this initiative is to prevent opioid-related harms and nonfatal/fatal overdose by:

- Statewide analysis and interpretation of emergency department overdose data;
- Collecting and abstracting cause and manner of death circumstances for suspected overdoses to better understand the drug overdose epidemic. Entering data into the State Unintentional Drug Overdose Reporting System (SUDORS);
- Expanding post-nonfatal overdose and post-mortem toxicology to ascertain contributing causes to drug overdose;
- Implementing innovative surveillance projects;
- Using morbidity, mortality, and innovative projects data to monitor trends and guide prevention efforts;
- Providing technical enhancements to Kansas's prescription drug monitoring program, K-TRACS, to promote universal use among prescribers, pharmacists, and their delegates;
- Funding local health departments, community coalitions, and non-profit organizations to implement locally-driven overdose prevention initiatives;
- Facilitating the Kansas Prescription Drug and Opioid Advisory Committee to promote stakeholder engagement, and advance strategic plan implementation and evaluation;
- Developing an overdose fatality review committee (OFRC);
- Providing training to providers to obtain their Drug Addiction Treatment Act of 2000 waiver, to enable permissions to provide medication assisted treatment to patients;
- Connecting at-risk individuals to services through outreach by community health workers and peer navigators;
- Coordinating educational opportunities and quality improvement initiatives for Kansas healthcare providers, to improve access to alternative therapies for pain management, recognize and treat addiction, and facilitate referral to services;
- Implementing the Overdose Detection Mapping Application Program (ODMAP);
- Implementing public awareness campaigns to increase awareness of prevention, treatment, and recovery resources;
- Enrolling substance-exposed infants and their families in a home visiting pilot program;
- Serving as a national subject matter expert for peer-to-peer learning activities among states, for meaningful use of prescription drug monitoring programs.

KDADS State Opioid Response

In 2020, KDADS was awarded another round of State Opioid Response (SOR) funding from SAMHSA. KDADS was awarded \$8,277,029 per year for two years. This grant will provide access to MAT, to reduce unmet treatment needs, and to reduce overdose deaths for Kansas suffering from an opioid or stimulant disorder. Strategies and interventions will include prevention, treatment, and recovery services. The primary substances of focus will consist of prescription opioids, heroin, fentanyl and its analogs, and psychostimulants.

Federal 42 CFR Revisions

42 CFR Part 2 was revised in 2020 to facilitate improved care coordination for patients in response to the opioid crisis while continuing to maintain appropriate confidentiality protections.¹

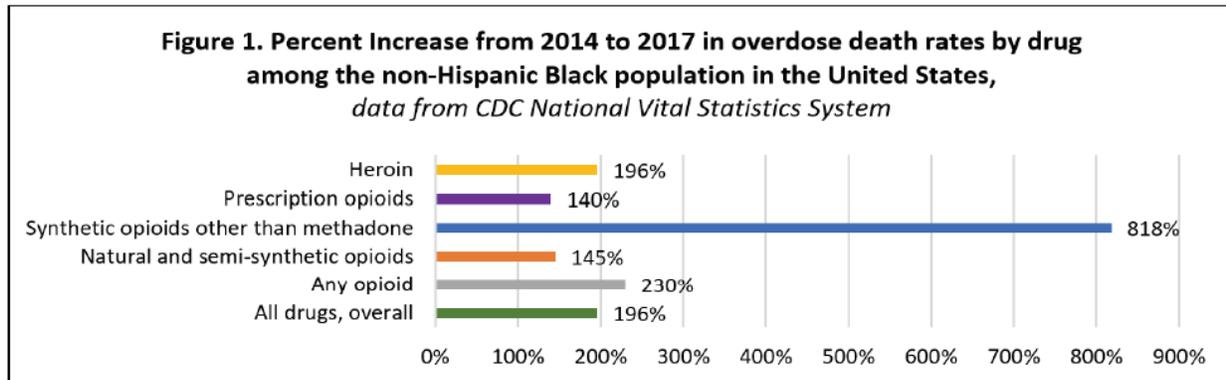
Revisions were made regarding the following: Applicability and Re-disclosure, disposition of records, consent requirements, disclosures permitted with written consent, disclosures to central registries and PDMPs, medical emergencies, research, audit and evaluation, and undercover agents and informants. 42 CFR Part 2 continues to prohibit the use of SUD patient records during criminal prosecutions without a court order.¹

To learn more about the revisions to 42 CFR Part 2 visit SAMHSA's Fact Sheet at <https://www.samhsa.gov/newsroom/press-announcements/202007131330>.

Prevention

Approaches to Address Racial Disparities

SAMHSA reports that Non-Hispanic Blacks are disparately affected by synthetic opioid death rates compared to other populations in the U.S. as shown in Figure 1.² Not only is this population experiencing the highest percentage of synthetic opioid deaths, but they also experience many challenges as it relates to prevention and treatment of OUD.



SAMHSA cites that some of the challenges that the Black/African American population may experience associated with OUD are:

- Stereotyping and stigma – stigmatized for both being minority and for their SUD “doubly stigmatized”;
- Intergenerational SUD and polysubstance use;
- Fear of legal consequences -due to historical mistrust of systems;
- Lack of awareness of SUD as a chronic disease and resources available, addiction may still be seen as a moral failing; and
- Lack of culturally competent and responsive care, treatment and prevention efforts.²

It is also important to note that other racial and ethnic minorities, including the Hispanic and Native American populations, as well as the LGBTQIA+ population may also experience similar challenges associated with OUD.

Recommendations

- Ensure the inclusion of the Black/African American, Hispanic, Native American, and LGBTQIA+ populations in planning processes for prevention, treatment, and recovery programs.
- Improve public awareness campaigns to include people of color and ensure the messaging is relevant to and representative of the population.
- Partner with Black/African American, Hispanic, and Native American faith-based organizations.

Newly Identified Strategies and Recommendations

- Create a culturally competent and diverse workforce at all levels.
- Meet people where they are, physically go to them when possible to initiate services rather than expecting individuals to come to you. This could help engagement by building rapport and trust.

Support the KCC's Recommendation for Opioid Settlement Funds

In May 2020, Kansas joined the 18-20 state class action suit. The KCC recommends that the **State consider making a plan to allocate potential Opioid Settlement funds to address prevention and treatment needs of Kansas citizens.** The State should consider recommendations put forth by the Legal Action Center (LAC)

<https://www.lac.org/resource/opioid-settlement-recommendations-from-the-addiction-solutions-campaign> for how these monies may best be allocated, including but not limited to:

- Invest in a Consumer Guide to Prevention and Treatment;
- Implement public awareness campaign focused on parents that show prevent effective steps they can take to help limit youth access and associated overdose;
- Commission a state-wide review of school-based prevention to assure that schools are properly trained, organized and equipped to deliver evidence-based prevention interventions;
- Mandate education and training in addiction in all state-funded medical, nursing and pharmacy schools;
- Establish a state Screening and Brief Intervention (SBI) program and educate, train, and incentivize health care professionals to understand correct methods for identifying risk factors and promoting positive behavioral change — particularly in pediatric and school healthcare settings. In addition, ensure fair insurance reimbursement for Screening & Brief Intervention (SBI) and approved addiction medications in states' Medicaid programs and essential health benefits (EHB) benchmark plans; and
- Increase the availability of medication-assisted treatment (MAT) for opioid addiction. Review state Medicaid and Block Grant guidelines to assure there are no undue restrictions of availability of and reimbursement for FDA-approved medications to treat addictions.³

Provider Education

Women of Childbearing Age and Older Women

In a recent review of 49 state opioid plans in the U.S., Kansas was the only one to receive a perfect score on issues regarding women within the scoring system developed at Columbia University. The action plans that did discuss women's issues were limited in scope. The scoring criteria analyzed for the inclusion of 15 variables covering provider education in gender differences, pregnancy-related topics, and discussion of gender-based differences in opioid addiction and treatment.

One important recommendation that has been discussed by the KPDOAC this year is the inclusion of a recommendation related to women of childbearing age and contraception care. This recommendation was included in the previous annual report appendix section, however we felt it important to include it again in this annual report.

It is also important for us to note that older adults are more likely to be prescribed opioids and more likely to fall. However, older women in particular are more likely to be prescribed opioids, to fall, and are more likely to sustain a fall related injury than men. In addition to women being at higher risk of falls, they also have a higher likelihood of secondary consequences due to comorbidities. Older women also tend to be prescribed opioids at a higher frequency, which in turn can place them at higher risk for falls.

Recommendations

- Women of reproductive age who are prescribed opioids or who access the healthcare system because of an overdose or for treatment of addiction should undergo a pregnancy test.
- Those who are pregnant should be referred for appropriate prenatal services.
- Those who are not pregnant should be offered all options for contraception, including long-acting, reversible methods.
- Provide education to providers on the implications of older adult falls and opioid prescribing on patient outcomes.

K-TRACS Pharmacy Naloxone Tracking

Currently in Kansas pharmacists are able to provide Naloxone without a prescription by signing the statewide Naloxone protocol. Those pharmacists that have signed the statewide protocol are monitored by the Board of Pharmacy. There is map displaying the location of each pharmacist's place of employment on the K-TRACS website. However, current legislation does not require pharmacies to report Naloxone via K-TRACS. The proposed 2021 K-TRACS legislation includes language that will allow K-TRACS to collect data on the dispensation or administration of emergency opioid antagonists, such as Naloxone and data related to an overdose event. It is expected that this legislative change, if passed would go into effect July 1, 2021.

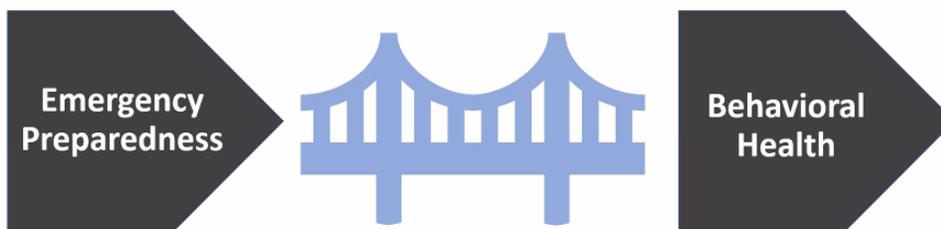
Pain Clinic Closure Response Plan

The potential for emergencies involving misuse, abuse, and diversion of controlled substances continues to grow in the U.S.; necessitating development of appropriate emergency response protocols. An example of this is an unexpected closure of a pain clinic. It is important that Kansas develops a rapid response protocol in the event of a pain clinic closure to ensure the health and safety of our residents.

An abrupt pain clinic closure can leave patients without continuity of care. Many complications may arise including lack of access to healthcare, lack of connection to support services, among other outcomes. This resultantly increases the incidence of patients seeking illicit substances for pain management and/or medication diversion. This can increase the risk of substance use disorder, fatal and non-fatal overdose, suicide, among other adverse outcomes. This is especially debilitating in rural areas, giving consideration to provider shortages, lack of treatment resources, and transportation barriers.

KDHE, in partnership with the CDC and ASTHO, hosted the Pain Clinic Closure Response Workshop for stakeholders across Kansas to initiate development of a multi-sector, collaborative public health emergency rapid response protocol to pain clinic closures in Kansas. The final protocol is not contained in this annual report but will be posted on the www.preventoverdoseks.org website when finalized.

Bridging Emergency Preparedness and Behavioral Health Crisis Response



Recommendation

- Convene a committee of multi-sector partners to develop a comprehensive, coordinated statewide emergency response protocol to a pain clinic closure.
- Evaluate and revise the protocol as needed to ensure effective implementation.

Treatment and Recovery

Harm Reduction

Across the U.S., the opioid crisis has led to an increase in intravenous (IV) drug use and unsafe injection practices that increase individuals' risk of overdose and contracting infectious diseases, such as hepatitis C virus (HCV) and human immunodeficiency virus (HIV). Harm Reduction strategies such as syringe service programs (SSPs) have demonstrated improvements in treatment outcomes and reduction of disease transmission.⁴ SSPs have demonstrated effectiveness in saving costs, reducing incidence of HCV and HIV, while increasing the likelihood of an individual entering treatment and achieving recovery, decreasing overdose risk and protecting the public and first responders by safely disposing of used needles. Contrary to many assumptions, evidence suggests that SSPs do not lead to increased illegal drug use nor criminal activity.⁴

Unfortunately, Kansas is one of only 12 states with a law that prevents the implementation of SSPs.⁵ For example, providing clean needles can be considered as distributing paraphernalia as indicated in KSA 21-5710 subsections (c) and (d) prohibiting the manufacturing or distribution of paraphernalia when one "knows or under circumstances where one should know" the paraphernalia will be used to inject illegal drugs. KSA 21-5710 would need to be amended if Kansas statute is changed to allow SSPs.

Another strategy is to raise awareness of alternative harm reduction strategies such as not sharing needles and safely disposing of needles to prevent transmission of infectious diseases. There is mixed evidence to support the method of sterilizing needs by using a concentrated bleach solution. In laboratory settings, submerging used syringes in undiluted bleach for at least 30 seconds has been shown to kill viruses, such as HIV.⁶

HHS describes an SSP as a comprehensive prevention program for people who inject drugs (PWID) that should include the provision of "sterile needles, syringes, and other drug preparation equipment and disposal services" to include the following components: comprehensive counseling and HIV risk reduction, infectious disease screening, naloxone provision, referrals and linkages to preventative care and treatment services, linkages to virus vaccines, and referral to primary care, substance use disorder treatment and recovery services, as well as mental health services.⁴

Recommendations

- Revise legislation to allow for the provision of comprehensive SSPs to improve treatment outcomes and reduce the disease transmission.
- Raise awareness of alternative harm reduction strategies such as safe needle disposal and not sharing needles.

Support KCC Recommendations for COVID-19 and Telehealth Lessons Learned

Giving patients options to attend services in person or via telehealth from home on a permanent basis would meet patients where they are at, improve access, improve engagement, and lead to better health outcomes than requiring all patients to attain services in person.

The current social, economic, and environmental climate of the State poses new challenges for the upcoming year. We have chosen to highlight lessons learned from COVID-19 that have implications for addiction prevention and treatment services moving forward. As in previous years, the most critical needs of the addiction field remain focused on funding, service accessibility and integration, workforce crisis, and prevention. The following is a detailed report of our recommendations.

Lessons Learned from COVID-19

People are dynamic and have to manage dynamic life circumstances. Patients accessing addiction health care services are no different. Having flexible options to access services is necessary and it has never been as apparent as it is in the context of COVID-19. During COVID-19, outpatient services were often only offered as telehealth services. The **option of telehealth service delivery proved to be a benefit** and the following components must be noted:

- **Access:** Patients who never before had an opportunity to engage in addiction treatment services were able to sign in from home, decreasing the burden of trying to attain a service via traveling a great distance. More providers (counselors and peer mentors) were made available by giving employment opportunities from home vs having to live near a treatment center to offer their services.
- **Attendance:** Attendance rates for outpatient and intensive outpatient services saw an increase with some providers reporting increases of 10% or more. Specific examples such as a mother with a newborn child being able to attend treatment groups whereas that same mother would not have been able to attend an in-person group in the past. Barriers, as noted by patients, that were overcome include cost of travel, time it takes to travel, lack of transportation, lack of child care, lack of time off work, and more patients speaking in group due to being in comfort of own home during the service.
- **Billing Codes:** Service codes for assessment (H0001), admission by person centered case manager (PCCM) (H0006), peer support individual (H0038), peer support group (H0038HQ), outpatient individual (H0004), outpatient group (H0005), and intensive outpatient (H0015) were all allowed as telehealth services. Additionally, staff were allowed to provide the services from home and patients were allowed to access the services from home. Clinical supervision of these services was able to occur at an even greater rate than when offered in person.

Newly Identified Strategies and Recommendations

- **Opportunities:** Giving patients options to attend services in person or telehealth from home on a permanent basis would truly meet patients where they are at, improve access, improve engagement, and lead to better health outcomes than requiring all patients to attain services in person. Providers would be able to hire more qualified staff if given the option to work from home. The state should support and advocate that all payers allow those billing codes listed above as reimbursed telehealth services with provider and patient being able to connect from home.

Kansas is **observing variation in system needs by population served and level of care**. At present, we do not have sufficient data to understand how referral sources and service availability are being affected by COVID-19.

For example:

- Due to State closures in Spring 2020, organizations report reduced referrals of clients to needed services from criminal justice sources.
- Residential services have had to close temporarily and/or downsize to accommodate social distancing protocols, likely functioning at a deficit.
- Outpatient services may have increased during this time due to telehealth access; however, consumers vary in their access to technology and personal preferences, suggesting a need for multiple modalities.
- Recovery-oriented services, particularly recovery-oriented housing and mutual aid groups, have had to make similar adjustments to minimize isolation occurring for many clients in recovery.

These conditions are likely resulting in **both savings and costs** to addiction services. For example, savings are likely to arise from staff working remotely, increasing availability of professional staff due to telehealth endeavors, and minimizing travel for both consumers and staff. However, other costs are being reported associated with downsizing of some types of services and increased costs for PPE & associated safety precautions. **Along these lines, the KCC encourages the State to:**

- Obtain more data about these potential savings and costs to services;
- Continue to consider ways that services adapting to COVID-19 have the potential to enhance services moving forward; and
- Work closely with institutional settings (inpatient, residential, and supportive housing) that are at higher risk of experiencing virus transmission and have health departments work with organizations to create safety protocols for different treatment contexts.

Summary

The Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan is a living document that will expand as priorities and resources change.

While current goals, objectives, strategies, and activities are clearly outlined, data gathered from monitoring process and outcome indicators will inform revisions to these on an annual basis to ensure relevance.

Goals of the Annual Update



New Resources

Kansas Opioid Vulnerability Assessment

This report was prepared by Tufts University School of Medicine, Department of Public Health and Community Medicine for the Kansas Department of Public Health and Environment. The report identifies Kansas counties that are the most vulnerable to opioid-related mortality.

http://www.preventoverdoseks.org/download/Kansas_Opioid_Vulnerability_Assessment_Accepted.pdf

Rural Community Action Guide: Building Stronger, Healthy Drug-Free Rural Communities

The Office of National Drug Control Policy (ONDCP) developed the Rural Community Action Guide to assist rural community leaders in building an effective local response to the crisis of addiction. The purpose of the Guide is to arm rural leaders with information they can put into immediate action to create change. It provides background information, recommended action steps, and promising practices to help manage the impact of substance use disorder on local communities and help persons with the disease.

<https://www.usda.gov/sites/default/files/documents/rural-community-action-guide.pdf>

DCCCA Naloxone Program

DCCCA is providing free naloxone (Narcan) nasal spray and training to community organizations and any Kansas resident. DCCCA is funded for this project by the Kansas Department of Aging and Disability Services (KDADS) through the State Opioid Response (SOR) grant initiative from the Substance Abuse and Mental Health Services Administration (SAMHSA). To request naloxone and training visit: <https://www.dccca.org/naloxone-program/>

Learn. Lock. Lead Opioid Media Campaign

DCCCA and WSU partnered to develop a new opioid media campaign to align with the existing It Matters KS campaign focusing on opioid prevention and utilizing the positive social norming framework. To learn more and view materials developed visit:

www.Knowmoreks.org

Hope Starts Now Media Campaign

The Hope Starts Now campaign launched in 2020 and focuses on encouraging pregnant and parenting women experiencing opioid use disorder or substance use to seek support and treatment by calling the Parent Helpline at 1-800-CHILDREN.

http://www.kansaspowerofthepositive.org/hope_starts_now.htm

Provider Consultation Line for Perinatal Behavioral Health: (833) 765-2004

Health care and social service providers can call the KCC Consultation Line, toll free at (833) 765-2004, Monday-Friday, 8 a.m. – 5 p.m. Your call will be answered by a Social Worker, with training in perinatal mental health and substance use assessment who will gather information

to assess your patient’s needs and help determine the best next steps. This could include a same-day telephone consultation with a Clinical Psychiatrist, assistance making a referral for an in-person evaluation with a mental health or substance use specialist or other case-dependent resources.

Public Alert – The Rise of Brorphine — A Potent New Synthetic Opioid Identified in the Midwest

Brorphine is a potent synthetic opioid with structural resemblance to fentanyl and its analogues. However, brorphine is not controlled in the U.S. under core-structure scheduling of fentanyl related substances. Recent detections in drug related deaths leads us to believe this new synthetic opioid has the potential to cause widespread harm and is of public health concern. As of mid-July 2020, brorphine was confirmed in seven blood specimens associated with fatalities in the U.S.

<https://www.npsdiscovery.org/the-rise-of-brorphine-a-potent-new-synthetic-opioid-identified-in-the-midwestern-united-states/>

SAMHSA’s Guide for the Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders (November 2020)

This guide reviews interventions for people living with substance use and mental disorders who are at risk for or living with HIV. Selected interventions are in alignment with goals of the federal “Ending the HIV Epidemic: A Plan for America” (EHE) initiative.

https://store.samhsa.gov/product/Prevention-and-Treatment-of-HIV-Among-People-Living-with-Substance-Use-and-or-Mental-Disorders/PEP20-06-03-001?referer=from_search_result

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Disclaimer

The views and opinions expressed in this publication are those of the Kansas Prescription Drug and Opioid Advisory Committee and do not necessarily reflect the official policy or position of the Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, or any of the listed agencies.

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Contact Information

Krista Machado
Kansas Prescription Drug and Opioid Advisory Committee Chair
DCCCA Prevention Services
3312 Clinton Parkway Lawrence, KS 66047
kmachado@dcca.org
(785) 841-4138



Mission: To protect and improve the health and environment of all Kansans.



Mission: To provide social and community services to improve the safety, health, and well-being of those we serve.



Mission: To foster an environment that promotes security, dignity and independence for all Kansans.

