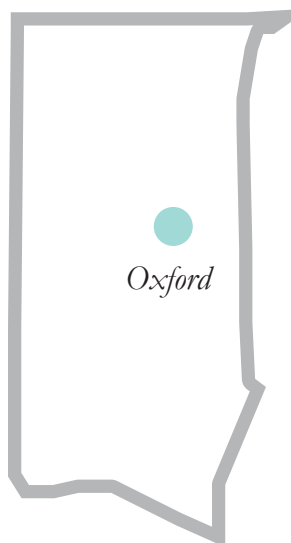


Multiple Programs in Granville Vance Public Health



CONTEXT

Granville Vance Public Health (GVPH) is the local district health department serving Granville and Vance Counties in the Piedmont region of North Carolina. Both counties are rural, with a population of around 60,500 in Granville County and just over 44,500 in Vance County in 2019.

In 2015, GVPH began engaging local stakeholders in work to address the opioid crisis in Granville, Vance, and the surrounding counties through Project VIBRANT and the Stepping Up Initiative.

Project VIBRANT (Vance Initiates Bringing Resources and Naloxone Training), used grant funds from the Health Resource Services Administration Federal Office of Rural Health Policy's Rural Opioid Reversal Program to purchase naloxone and provide training on how to recognize and respond to opioid overdose for individuals at risk for overdose, healthcare providers, law enforcement, and other community members. Through this work, GVPH began educating local stakeholders on the importance of harm reduction-informed overdose prevention work and established a partnership with the North Carolina Harm Reduction Coalition (NCHRC).

GVPH also became the coordinating agency for the five-county Stepping Up Initiative, involving Franklin, Granville, Halifax, Vance,

and Warren Counties in a regional effort to reduce the number of individuals with mental illness in jails and divert persons with mental illness from entering the jail system.

I mean, our job in public health is to be the convener, and the Chief Health Strategist. So, kicking barriers out of NCHRC's way if they came up is critical – and we would find out about other potential barriers with the coalition meetings. Also training and trying to encourage more trauma-informed work from those who just still needed to learn language change.

Through these coalitions, GVPH started convening regular meetings, helped foster partnerships with stakeholders including law enforcement, county commissioners, treatment providers, and community organizations, and enabled counties to share about efforts they were implementing to address the opioid crisis. This work allowed GVPH to learn from other counties' successes and challenges, and build strong community relationships that positioned GVPH well to implement programs that required formal collaboration among diverse stakeholders.

The positive relationship with the health department definitely helps. The positive relationship with treatment providers – we have a long relationship with the local methadone clinic. Once they started doing medication for opioid use disorder through primary care here at the health department that was great. That was another place we could refer people who were interested in medication, so having those strong community relationships helps.

PROGRAMS

Establish or expand syringe service programs (SSPs)

In 2015, GVPH partnered with NCHRC to implement a local SSP. Because they already had an established relationship under their Project VIBRANT work, the process to develop a memorandum of understanding and transfer funds had already been established.

The SSP started as a fixed site in Granville County in an office shared by a clinic providing HIV and Hepatitis C testing. However, because Granville and the surrounding counties are rural, transportation is often a challenge. The SSP then established mobile services that reach Granville, Vance, Warren and Franklin counties. The mobile service offers supplies and HIV/Hepatitis C testing, and has several specific locations they park and regularly provide services. Deliveries can also be arranged by reaching out to the SSP Peer Supports directly, and the SSP leverages peer distribution, providing supplies to well-connected individuals who can provide them to people in their social networks.

So, the health department does the coalition-building work and then at the Harm Reduction Coalition we do the direct services to people who use drugs. That has worked really, really well because we can connect with people who the health department may not be able to connect with, and then the health department has the ability to bring together those sort of professional people in a way that we can't. So, it's been a very good collaboration.

Connecting Justice-involved Individuals to Harm Reduction Services

Building further on the partnership between GVPH and NCHRC, NCHRC also began providing harm reduction services in the Vance County Jail. For this work, NCHRC Peer Supports lead outreach efforts, and the GVPH Medical Director's joint position at the health department and as the Medical Director of Vance County jail allows for the Peer Supports to engage in harm reduction outreach inside the jail.

We've had a pretty positive working relationship from the beginning with the Vance sheriff. They've always been part of the VIBRANT Coalition and we've done naloxone trainings for them.

Peer Supports visit the jail about once a week depending on the current capacity and availability of the jail nurse. The jail nurse provides a list of individuals currently in the jail, specifically noting individuals identified during intake as having potential to experience withdrawal and those who have indicated interest in talking to a Peer Support. The Peer Support, who has established relationships in the community, reviews the list to identify additional individuals who may benefit from receiving information about supportive services. Due to capacity, the Peer Support cannot see every person who enters the jail, so at this time, they prioritize individuals who are likely to experience withdrawal or are at risk of overdose upon release. The final list of identified individuals is provided to a Corrections Officer who asks each person if they would like to talk to the nurse and Peer Support about harm reduction and supportive services. The Peer Support meets one-on-one with those who agree, providing information on naloxone, syringe services, and other community resources, and providing an SSP participant immunity card and naloxone kit in their personal property so they have in their possession upon release. Although the current lack of communal space does not allow for group meetings with the Peer Support, GVPH and NCHRC hope to eventually implement group sessions so that the Peer Support can reach more individuals in the jail at a time.

TAKEAWAYS

Building strong, diverse partnerships through Project VIBRANT and the Stepping Up Initiative has been key for implementing the SSP and programs for justice-involved individuals, and is the foundation for planned future work including developing a post-overdose response team in Granville, Vance, and the surrounding counties. These collaborations also offer opportunities for education and advocacy with stakeholders, helping create an enabling environment for opioid overdose prevention work and other supportive services.

Availability of community resources such as accessible and affordable programs offering medication for opioid use disorder (MOUD) is vitally important to enable effective opioid

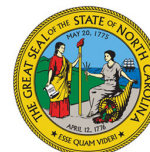
overdose prevention work. GVPH offers MOUD through primary care at the Granville and Vance health departments, creating a welcoming, non-judgmental environment where individuals interested in treatment can access medication, group sessions, and other supportive services. Securing grant funding to cover the cost of this treatment allows individuals who are uninsured to access these lifesaving services, however, sustainability of funding is always a challenge.

Partnering with a community organization that has experience and expertise working in harm reduction helps ensure that programs are designed appropriately for the focus population. The partnership between GVPH and NCHRC allows GVPH to take the lead in securing funding, bringing together key stakeholders, and navigating bureaucratic steps involved in implementation, while NCHRC can leverage their expertise in working with individuals who use drugs to guide development of programming and identify staff that are a "good fit" for the community-facing roles.

The key that everything else hinges upon is finding the right outreach worker. You can have everything else in place but if you don't have the right outreach worker then the program will not work. The right outreach worker has a combination of things: having lived experience, being from the community where they're providing services, being somebody who knows a lot of people and is well-known, somebody who people trust so they can have kind of the ripple effect that brings new people to services. And then, it's just a disposition thing. For some people it is innate, just being able to relate to people in a way that is warm and non-judgmental and that people feel good about. Some of that you can learn and some of that you just have built in.

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES