

2020 Opioid Preparedness Learning Community

Request for Applications

I. Project Summary

The overall purpose of this project is to increase state capacity to respond to the needs of communities experiencing a sudden surge in fatal and non-fatal overdose numbers and support communities that have experienced a recent clinic closure that places patients at risk.

Earlier this year, ASTHO conducted two opioid preparedness tabletop exercises with Georgia and Utah on opioid emergency events. These exercises were based on an ASTHO created guidebook for states responding to overdose cluster response and pain clinic closure response. States brought together stakeholders to run through their response to opioid emergency scenarios, strengthen collaboration, and cultivate ideas to enhance their state specific protocols. Stakeholders included public and private state health partners, such as emergency preparedness, substance use, law enforcement, hospital coalitions, risk communication, PDMP administrators, pain clinic closure directors, and local health departments. From these exercises, as well as input from subject matter experts, ASTHO refined the guidebooks and wishes to share and exercise it with states for the learning community. This learning community will focus specifically on the pain clinic closure response.

- **Request for Applications Released:** November 18, 2019
- **Applications Due:** December 20, 2019
- **Selection Announcement:** January 13, 2020
- **Project Period:** January-July 2020
- **ASTHO point of contact:** Mandy Deutsch, Director, Public and Behavioral Health Integration, adeutsch@astho.org

II. Learning Community Overview

a. Purpose/Goals

1. Connect on strategies to promote cross-collaboration between state/ territory opioid and preparedness team leads for conducting opioid preparedness activities.
2. Support peer learning and relationship building opportunities to identify evidence-based and experience-based practices for engaging in collaborative responses to sudden pain clinic closures.
3. Develop tools and resources to help learning community states and others engage in effective responses to pain clinic closures.

b. Commitments

1. Attend up to four ASTHOConnects webinars between January 1 and July 31, 2020, including a kick-off webinar on Thursday, January 23rd from 3-4pm EST.
2. Participate in a 2-day, ASTHO funded, site visit to practice preparedness/tabletop exercises on pain clinic closure response (optional).

- ASTHO will provide the meeting space and other logistical support, working lunch, and as needed will cover travel costs for attendees and speakers to attend the workshop and tabletop exercise.
- Day 1 will be a workshop, consisting of a review of your state’s opioid preparedness protocol and cross-walking it with components in one of ASTHO’s response guidebooks.
- Day 2 will be the tabletop exercise, where ASTHO’s preparedness team will run through scenarios for state stakeholders to discuss.

III. Eligibility

1. States/territories experiencing pain clinic closures. States in the Appalachia region are especially encouraged to apply.
2. States/territories with an established relationship between emergency preparedness/opioids teams.
3. Use of incident command structure in the past to respond to emergency preparedness situations.
4. State/territory collaboration with local jurisdictions (e.g. local opioid rapid response teams).
5. State/territory participation in ASTHO’s preparedness policy committee and/or prevention policy committee is a plus.

IV. Application Process

To apply, please fill out the application below and send email submissions to [Mandy Deutsch](#) or fill out an [electronic application](#).

Please provide a short explanation of why your state/territory would like to participate in this project.

Questions related to eligibility criteria (maximum 250 words per field)

What has been your experience with pain clinic closures within the last few years?

Has your health department been working with emergency preparedness to respond to pain clinic closures? Other public health crises?

How many times has your state set up incident command for emergency preparedness situations, in the past 2-5 years? For which situations?

To what extent does your state collaborate with local jurisdictions, in response to pain clinic closures, or in response to the opioid crisis in general?