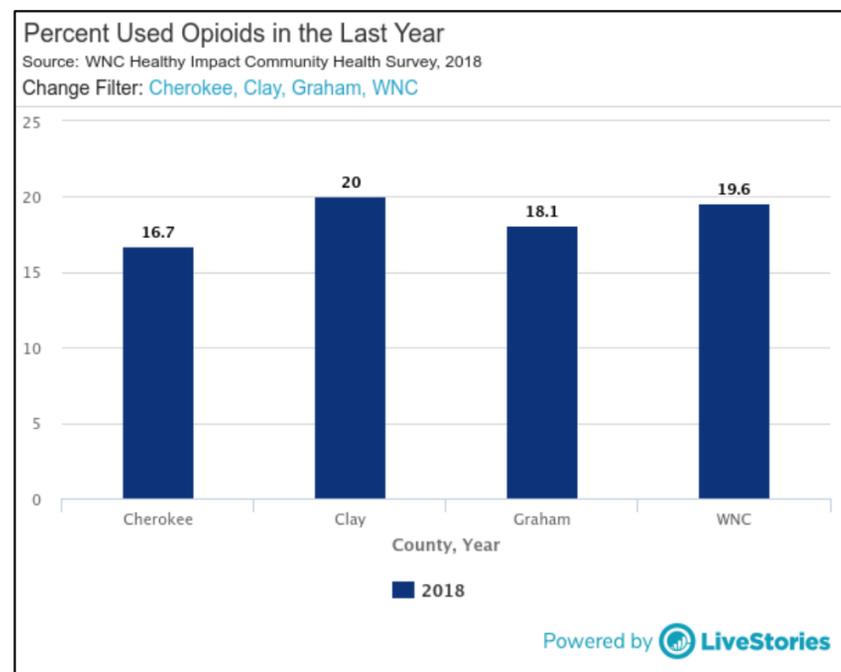
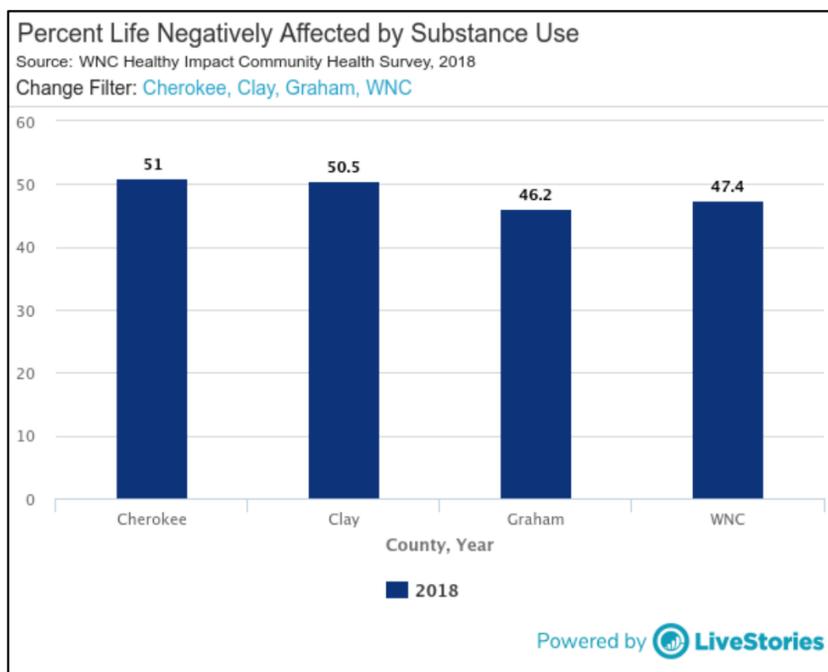


WNC Opioid Response Consortium

The result we have in mind: Cherokee, Clay, and Graham Counties are thriving, resilient, empowered communities.

Cherokee, Clay, and Graham Counties are experiencing enormous social, health, and economic burdens due to substance misuse, of which opioid use is a significant contributor.

- Nearly one in five residents of the tri-county region report using opiates or opioids in the past year, and approximately half of residents say their life has been negatively affected by substance abuse. (WNCHN – WNC Healthy Impact Community Health Survey, 2018)



- The tri-county region has among the highest volume of opioid pills dispensed per person in the state.
 - In 2016, 105.1 opioid pills were dispensed per person in the tri-county region; this is 37 percent higher than the statewide opioid dispensing rate. (Center for Disease Control and Prevention, Opioid Overdose, U.S. Opioid Prescribing Rate Maps, 2018)
- In 2016 alone, total costs related to drug-related deaths in the tri-county region were \$15,273,204. (NC DHHS, Injury and Violence Prevention Branch, County Overdose Slides, 2017)
- Hepatitis C due to injected opiates has increased 900% statewide between 2007 and 2016, with the highest rates of increase in the western counties. (NC DHHS, Epidemiology, Communicable Disease, Hepatitis C, 2016)
- Department of Social Services staff in all three counties say that substance use is a factor in the vast majority of cases in which a child is removed from a home and placed in foster care. (AMCHC, 2019)

About the Consortium

The WNC Opioid Response Consortium (“the Consortium”) was formed in response to the Centers for Disease Control and Prevention (CDC) identification of **Cherokee, Clay, and Graham** as three of the top 200 counties in the United States at high risk of outbreak for HIV and/or Hepatitis C Virus (HCV) because of the opioid epidemic.

The Consortium has been working together since November 2018 to systematically assess gaps and opportunities in the three-county region related to **substance use disorder/ opioid use disorder (SUD/ OUD) prevention, treatment, and recovery**. This assessment, which included listening sessions with people in recovery, key informant interviews, and data analysis, has informed the development of a strategic plan to maintain gains made in the region over time.

Consortium Members:

Appalachian Mountain Community Health Center
Cherokee County Health Department
Clay County Health Department
Graham County Health Department
Meridian Behavioral Health
Mountain Area Health Education Center (MAHEC)
Vaya Health
MountainWise
UNC Gillings School of Public Health

Strategic Directions

Support local and regional primary prevention-focused activities, particularly in schools.

Why is this important?

The Consortium recognizes that “addressing the needs of the whole person” is a critical component in preventing potential SUD/OD. Listening session participants and key informants say social supports for and among youth, adults, and families, as well as engaging youth and their families in education, peer support, counseling, and building healthier environments, can prevent SUD/OD. Schools will be a primary community agency in which these efforts will take place.

How will our communities be better off?

Community members and organizations (including faith-based organizations) in the tri-county region are informed and aware about SUD/OD and have accurate perceptions about those experiencing it. Parents, families and caregivers served by Consortium members are supported to make positive choices. Students in the local school districts are resilient and supported to cope with adverse experiences. Staff of local school districts (including school nurses, counselors, and coaches) are knowledgeable about ACEs and how they can support students who have experienced them. Providers of Consortium members who provide behavioral health and/or substance use-related services identify potential misuse among patients through routine use of the NC Controlled Substances Reporting System and Prescription Monitoring Program Gateway.



“...Someone like me could tell a child it’s okay to tell someone [they need help]. If I heard that as a child maybe my life would have went a different route.”

-Listening session participant

What strategies will we use to make a difference?

Implement the “Miss Kendra” curriculum in local school systems; develop a regional communications campaign in partnership with More Powerful NC; host local drug take-back events; conduct ACEs training for local school district staff; create a Midnight Basketball League for local youth and families; support positive parenting classes; support partnerships between local health departments, departments of social services, and local drug-free coalitions; and conduct the PRIDE survey locally.

How will we know when we’re doing better?

The number of providers, paraprofessionals, and community members who have received general education and training about SUD will increase.

Assess and address substance use disorder/ opioid use disorder workforce shortages in the tri-county region.



“...They can detox at a hospital, but there’s...a desperate need of mental health and addiction services.”

-Key Informant Interview participant

Why is this important?

There is an extreme and persistent shortage of mental health and SUD/OD providers and services to address prevention, treatment, and recovery in the three-county region, including: primary care providers, mental health providers, medication-assisted treatment (MAT) providers, peer support specialists, office-based and out-patient treatment providers, and emergency or transitional housing personnel.

How will our communities be better off?

Providers & clinic support staff of Consortium members who provide integrated healthcare, including behavioral health and/or substance use-related services, are adequate in number to meet demand within the region and have the appropriate training to provide evidence-based substance use treatment, including capacity to screen for and treat SUD in under-resourced areas. People who use substances and people seeking treatment and/or recovery support who are served by RCORP Consortium members have access to adequate and appropriate SUD services, either through remote support or locally. The care they receive is non-stigmatizing and includes prevention services.

What strategies will we use to make a difference?

Hire two peer support specialists to serve the tri-county region; advance telehealth and remote consultation to provide MAT; and explore and adopt provider recruitment and retention programs such as the National Health Service Corps.

How will we know when we’re doing better?

The number of full-time equivalent positions that provide SUD/OD treatment services will increase.

Increase local capacity to connect individuals with substance use disorder/ opioid use disorder to community-based resources for treatment and recovery.

"I've been through thousands of hours of court-ordered stuff...Even then, all those thousands of hours and all that, it wasn't nothing like when I finally walked into the room at [recovery group]. They just hold a whole different atmosphere, a different feel...it was the compassion that surrounds you."

-Listening session participant

Why is this important?

Key informants, local people in recovery, and Consortium members have identified a lack of adequate community-based resources to address the SUD/ODU crisis, including support groups, treatment options, recovery programs, and resources addressing social determinants of health (i.e. transportation, housing, jobs, etc.). There is a need to build more community-based resources and to train providers on how to better identify, screen, and refer individuals to these resources.

How will our communities be better off?

People who use substances and people in treatment and/or recovery who are served and supported by RCORP Consortium members readily access community-based resources to meet their needs. Consortium providers who offer behavioral health and substance use services have the training, tools, and support they need to systematically identify, screen, and refer people with SUD/ODU to the appropriate services and supports. Community partners who provide behavioral health and/or substance use-related services and supports are connected to people who need or are seeking their services.

What strategies will we use to make a difference?

Train peer support specialists to use NCCARE360, the SMART Recovery model, and connect them to existing case management systems; promote adoption of SBIRT and NCCARE360 among providers; integrate resources and services with local criminal justice and law enforcement partners to support referrals to local community-based resources upon release from jail; address social determinants needs of people who use substances and people in treatment or recovery through partnerships and connections to employment and housing.

How will we know when we're doing better?

The number of individuals screened for substance use disorder in the project service area will increase; and case management activities will be successful.

Increase access to medication-assisted treatment and other evidence-based substance use disorder/ opioid use disorder treatment.

Why is this important?

County residents in recovery say that, because of the lack of early intervention treatment in the region, many individuals wait until they are in crisis to seek treatment. They say that more outpatient treatment options, including MAT, as well as more social and peer support, would help people in the community move from active substance use into treatment and/or recovery.

How will our communities be better off?

People who use substances and people in treatment and/or recovery who are served and supported by RCORP Consortium members, including incarcerated individuals and women in the perinatal period, and people who use substances who are at risk for HCV and/or HIV, receive MAT and/or other evidence-based SUD/ODU treatment that is most appropriate for them. Providers & clinic support staff of Consortium members who provide behavioral health and/or substance use-related services deliver MAT and other evidence-based SUD/ODU treatment effectively and appropriately.

What strategies will we use to make a difference?

Train providers to become eligible to prescribe MAT and serve pregnant women who use substances; connect local providers to Project ECHO; train local provider practices to bill for SUD/ODU services; implement mobile MAT services; promote adoption of screening and referral systems for people with HCV and HIV; and develop new partnerships with emergency departments.

How will we know when we're doing better?

The number of individuals screened for substance use disorder in the project service area will increase.



"If there was a clinic here I'd gotten help a long time ago."

"There needs to be local facilities that can help [people] in this community."

-Listening session participants

Implement evidence-based harm reduction interventions, particularly through local partnerships with providers, law enforcement, and first responders.



Why is this important?

Evidence-based interventions exist to reduce fatalities from opioid overdoses and also prevent HCV and HIV among people who inject drugs. The Consortium has identified gaps in availability of some of these interventions in the three county region, particularly in naloxone access and syringe services programs.

How will our communities be better off?

People who use substances and people in treatment and/or recovery who are served and supported by RCORP Consortium members, including youth, have access to evidence-based harm reduction interventions that are supported and encouraged by providers, law enforcement, and first responders. Community partners, particularly local law enforcement, first responders and community-based harm reduction workers, are equipped to respond effectively to overdose situations and prevent further harm to people with SUD/OD.

What strategies will we use to make a difference?

Identify best practices from the NC Harm Reduction Coalition model related to opioid overdose reversal and naloxone availability; identify and address local law enforcement and first responder barriers to provide emergency treatment to individuals experiencing overdose; and implement local syringe services programs.

“[A] needle exchange would cut back on diseases and the transfer of [Hepatitis C and HIV] people have.”

-Listening session participant

How will we know when we're doing better? The number of non-fatal opioid overdoses in the region will increase (relative to fatal opioid overdoses).

Learn More & Get Involved

To view the complete Strategic Plan and to get involved, visit:

<https://www.amchc.org/consortium>

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