

DROSC

Davidson Recovery Oriented System of Care
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What is a ROSC?

- ▶ Recovery Oriented System of Care
- ▶ Not a new concept, but not a widely utilized one.
- ▶ History of ROSC
 - ▶ 2005 National Summit on Recovery (SAMHSA) reached a consensus on the guiding principles of recovery and elements of a recovery oriented system of care.
 - ▶ National Summit on Recovery <http://pfr.samhsa.gov/>
- ▶ Integrated services to provide a recovery support services system (RSS)
- ▶ 4 components
 - ▶ Continuum of care
 - ▶ Support resiliency
 - ▶ Service access
 - ▶ Support long-term recovery.

Mission:

- ▶ Improving health, wellness, and recovery for individuals and families with or at risk of substance use problems to promote healthy and safe communities.
- ▶ Key words
 - ▶ Health
 - ▶ Wellness
 - ▶ Recovery
 - ▶ Individuals and families
 - ▶ At risk
 - ▶ Healthy and safe communities

Values:

- ▶ Person-Centered
- ▶ Strength based
- ▶ Involvement of
 - ▶ Families,
 - ▶ Friends
 - ▶ Care givers
 - ▶ Allies
 - ▶ Community

Goals and Core functions:

- ▶ To prevent
- ▶ To intervene early
- ▶ To support recovery
- ▶ To improve outcomes

- ▶ Educate
- ▶ Raise Awareness
- ▶ Disseminate information
- ▶ Advocacy
- ▶ Implement policy and practical changes
- ▶ Provide a variety of services
- ▶ Coordinate services
- ▶ Ensure ongoing quality improvements
- ▶ Apply 10 essential services of public health

Elements of a ROSC

- ▶ Person Centered
- ▶ Inclusive
- ▶ Individualized
- ▶ Comprehensive
- ▶ Continuity of Care
- ▶ Anchored in the community
- ▶ Partnership-Consultant Relationship
- ▶ Peer Recovery Support
- ▶ Inclusion of voices and experiences
- ▶ Integrated services and communication
- ▶ Education, training and prevention
- ▶ Monitoring and outreach
- ▶ Outcomes driven
- ▶ Research based
- ▶ Adequately and flexibly financed.

Examples of Recovery Oriented Activities

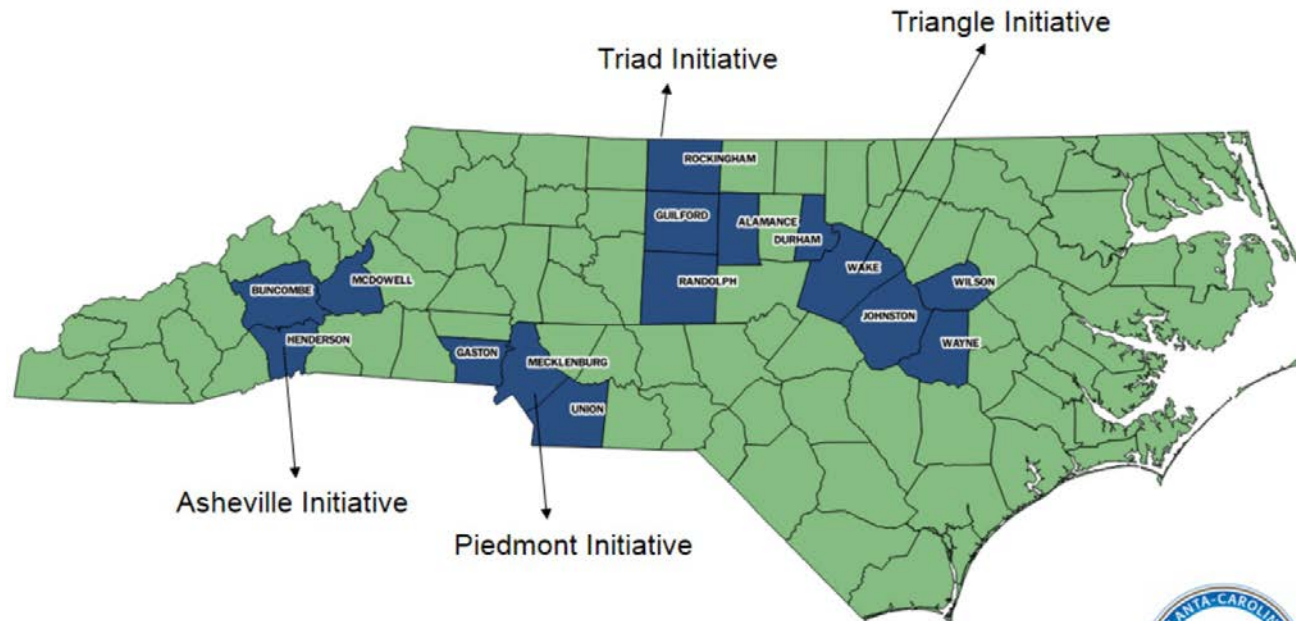
- ▶ Prevention:
 - ▶ Early screening
 - ▶ Collaborate with other systems: child welfare, VA, etc.
 - ▶ Stigma reducing activities
 - ▶ Education and outreach
- ▶ Intervention:
 - ▶ Early intervention: access to treatment
 - ▶ Recovery support services
 - ▶ Outreach
- ▶ Treatment
 - ▶ Referrals to treatment services
 - ▶ Recovery support services
 - ▶ Alternative services
 - ▶ Family support and education
- ▶ Post-treatment
 - ▶ Continuum of care
 - ▶ Recovery support services
 - ▶ On-going Follow-up
 - ▶ Self-monitoring

So what is happening in Davidson County?

- ▶ Davidson Medical Ministries applied for a grant from KBR to write a strategic plan to develop a ROSC.
- ▶ Key stakeholders were contacted for community buy-in: Health Department, DSS, DayMark, Monarch, hospitals, Family Services, Salvation Army, Crisis Ministries.
- ▶ The Community Health needs assessment was used as the basis for our work.
- ▶ A facilitator was hired.
- ▶ The education process was started: GAP analysis, Who's doing What, etc.
- ▶ A community wide Barriers to Access to Care team was already in place and would serve as the sounding board for the grant.
- ▶ An administrative team assembled to work on the various elements of the plan.
- ▶ Participation in other community groups to ensure collaboration and co-operation.

WHY? Data supports the need

NC High Intensity Drug Trafficking Areas (HIDTA) Counties

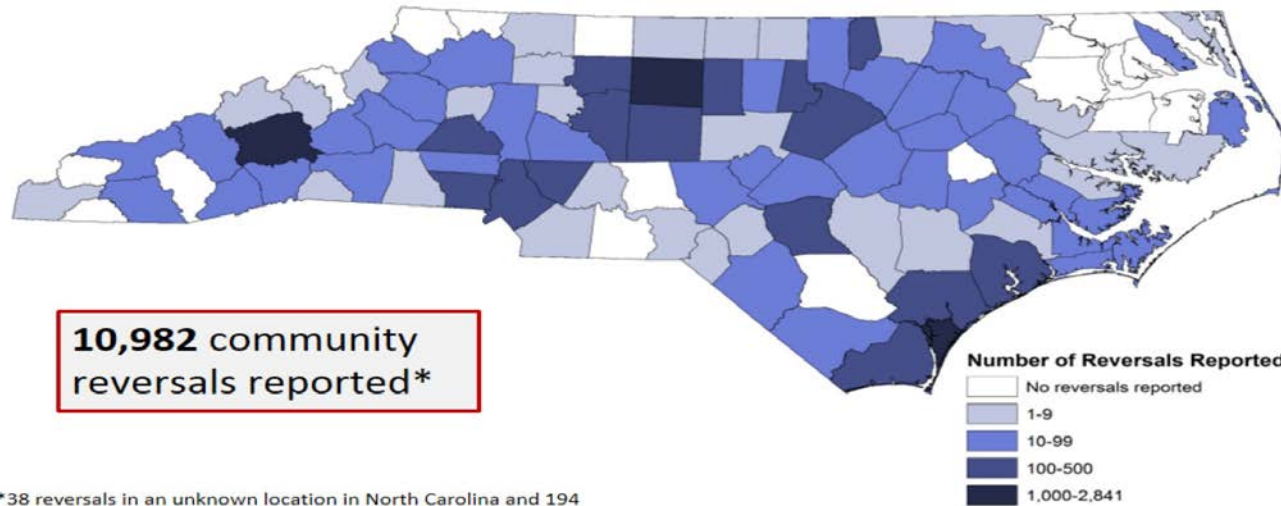


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What is being done?

Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition, 8/1/2013-5/31/2018



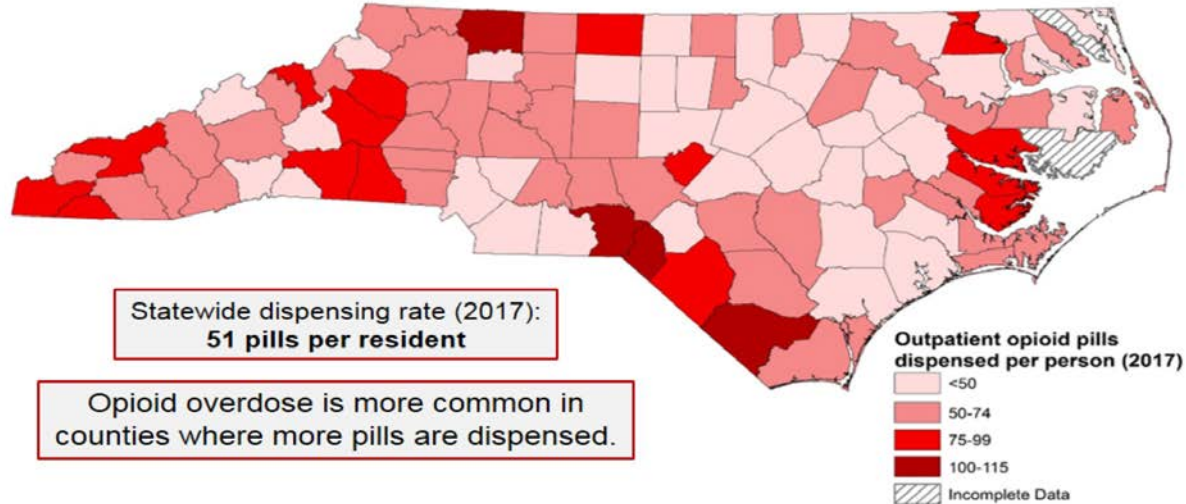
*38 reversals in an unknown location in North Carolina and 194 reversals using NCHRC kits in other states reported to NCHRC

Source: North Carolina Harm Reduction Coalition (NCHRC), June 2018
Analysis by Injury Epidemiology and Surveillance Unit

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The need is not going away:

Rate of Outpatient Opioid Pills Dispensed by County per North Carolina Resident, 2017

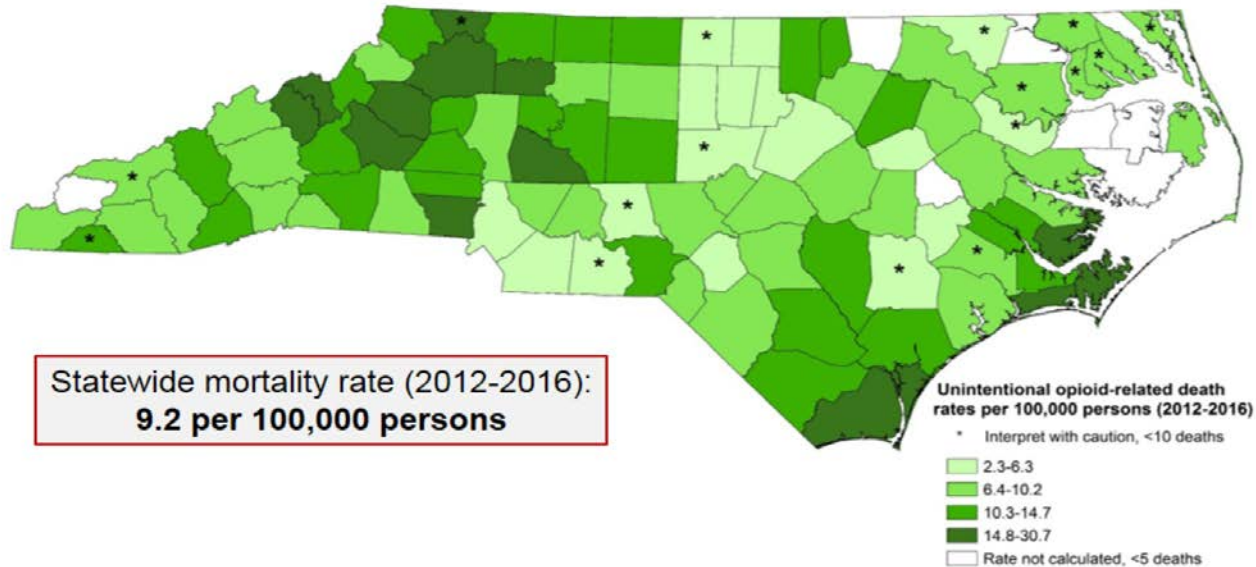


Source: Opioid Dispensing – NC Division of Mental Health, Controlled Substance Reporting System, 2017;
Population- National Center for Health Statistics, 2017
Analysis: Injury Epidemiology and Surveillance Unit

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Nobody expects to die from drugs, but they do.....

Unintentional Opioid-related Death Rates by County per 100,000 North Carolina Residents, 2012-2016

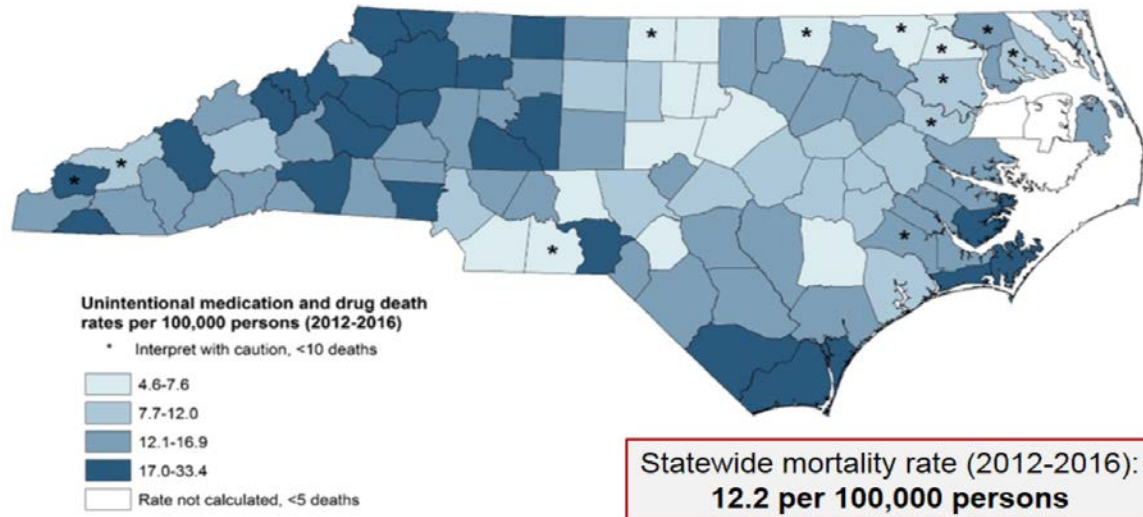


Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2012-2016, Any mention of T40.0 (opium), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid) and unintentional intent (X40-X44)/Population-NCHS, 2012-2016
Analysis by Injury Epidemiology and Surveillance Unit

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Being the highest is not the best.

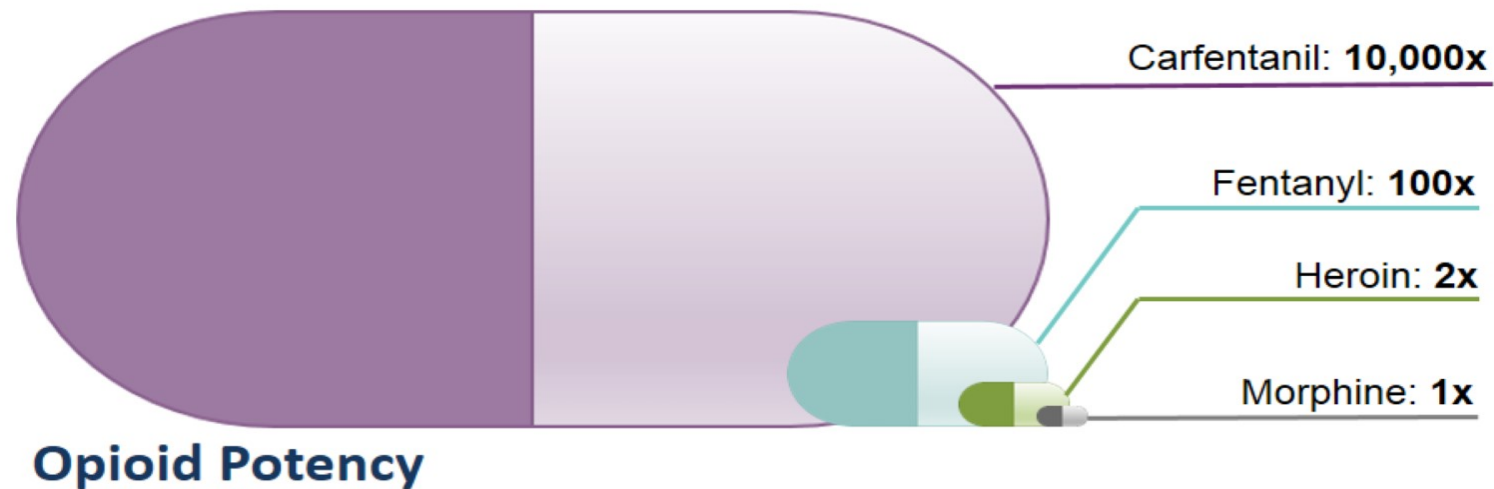
Unintentional Medication & Drug Deaths by County North Carolina Residents, 2012-2016



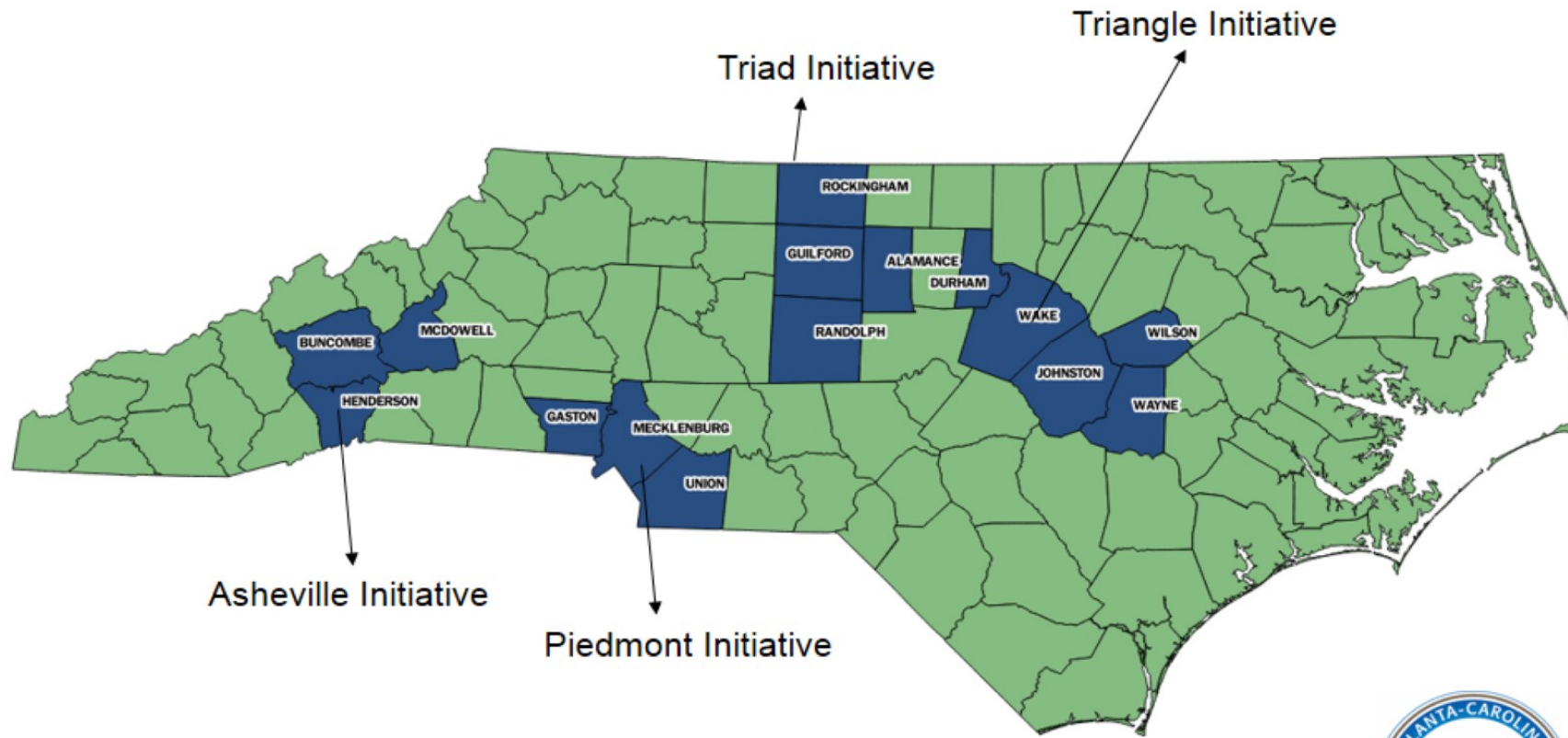
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2012-2016,
Unintentional medication or drug overdose: X40-X44/Population-NCHS, 2012-2016
Analysis by Injury Epidemiology and Surveillance Unit

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With unprecedented availability of cheap heroin and fentanyl... MORE PEOPLE ARE DYING



NC High Intensity Drug Trafficking Areas (HIDTA) Counties



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NC Opioid Action Plan: FOCUS AREAS

- **Create a coordinated infrastructure**
- **Reduce oversupply of prescription opioids**
- **Reduce diversion of prescription drugs and flow of illicit drugs**
- **Increase community awareness and prevention**
- **Make naloxone widely available and link overdose survivors to care**
- **Expand treatment and recovery oriented systems of care**
- **Measure our impact and revise strategies based on results**

<https://www.ncdhhs.gov/opioids>





N.C. Overdose Data: Trends and Surveillance

**Division of Public Health
Injury and Violence Prevention Branch**

As of July 2018

Overview

- Statewide Medication and Drug Overdose Deaths
- Statewide Opioid-related Overdoses
- NC's Response Coordination

County Level Overdose Data are available at

[https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/
Poisoning.htm](https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm)

Opioid Action Plan 2.0

- ▶ Prevention:
 - ▶ Educate: parents, teachers, students, churches
 - ▶ Stronger campaign: greater publicity
 - ▶ Out of the box thinking: community readiness assessment
- ▶ Harm Reduction:
 - ▶ Non—medical interventions
 - ▶ Peer support
 - ▶ Syringe exchange
 - ▶ Increased CSRS access
 - ▶ Naloxone access
 - ▶ Lock boxes
 - ▶ STOP act
- ▶ Connections to Care:
 - ▶ Access to Treatment and recovery programs
 - ▶ Medication Assisted Treatment: MAT
 - ▶ Recovery and Support long term
 - ▶ Care management: assessment, referrals, peer support, follow-up

Shocking statistics and meaningful statements:

- ▶ Approximately 5 people die every day in North Carolina from OD.
- ▶ Criminal justice re-entry is 40x more likely to OD
- ▶ 50% of substance use disorder individuals are uninsured.
- ▶ People who are prescribed opiates, 20% are addicted in 10 days.
- ▶ Opioid Crisis was made in America: 5th vital sign
- ▶ “We are not going to prosecute our way out of this dilemma.”
- ▶ “ I would rather step on his/her toes, than step on his/her grave”
- ▶ “The Opioid Epidemic is non discriminatory.”

What is being done in your area?

- ▶ Prevention:
 - ▶ Collaborative work
 - ▶ Community partnerships
 - ▶ Schools, law enforcement, mental health, DSS, health department, safety nets,
- ▶ Harm reduction:
 - ▶ Naloxone, lock boxes,
 - ▶ Methadone, Suboxone
 - ▶ CSRS reporting: physicians, pharmacies, dentists, veterinarians
 - ▶ Peer Support Specialists, AA, NA, CR
 - ▶ HIV, HEP C screenings
 - ▶ Syringe exchange programs
- ▶ Connections to Care:
 - ▶ Assessment for emergency assistance
 - ▶ Community resources network
 - ▶ Ongoing support, data collection, outcomes

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