Evidence-based Practices for OUD in Rural North Carolina

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Today

• Review how to build a strong consortium
• Share key needs in a rural setting and how to work collaboratively to implement evidence-based strategies
• Discuss how to leverage additional private funds
• Share lessons learned
Consortium building

- FirstHealth is non-for-profit health care system in South, Central North Carolina
- Serve as backbone organization for opioid efforts
- Initial drug prevention efforts began in 2007
- Established the Sandhills Opioid Response Consortium
- Focus on multisector partnerships
- Actively engage members in work
Identification of four key needs

- Regional prevention, recovery and treatment resources in one place
- Lack of peer support program
- Need to address stigma
- Need to collaborate to link individuals to treatment and recovery; uninsured seeking treatment
Resources

• Challenge: No central location for resources
• Developed a comprehensive website
  • prevention
  • harm reduction
  • treatment (MAT clinics, treatment facilities)
  • recovery resources
  • peer support
• Developed marketing materials to promote website
  • Business cards
  • Pens
  • Magnets
• Result: 435 hits since August
Peer Support Program

- Challenge: No established peer support program

- Researched certifications
- Dedicated funds for training
- Engaged consortium partners to recruit individuals with lived experience
- Provided support for additional 20 hours
- Dedicated funds to peer support specialist coordinator
- Identified consortium partner organization to contract with peers
- Dedicated funds to pay for peer time
- Engage partners in peer placement
Peer support results

- 24 peers trained
- 10 peers fully certified
- 2 peer support coordinators
- Peers placed:
  - MAT clinics
  - Department of Social Services
  - Daymark
  - Treatment Centers
  - Homeless Shelter
  - Transitional housing
  - Correctional facilities
  - Emergency Departments
  - EMS teams
  - Rapid response teams
Addressing Stigma

- Challenge: Poor language being used in health care and community
  - Peers extremely effective leaders for this effort
  - Continuing medical education event
  - Community presentations
  - Utilizing harm reduction opportunities to train law enforcement and first responders (narcan distribution)
- Language Matters
- Emergency Department Quality Committee
- Podcasts (future)
Results of stigma training

- Stigma training for Southern Pines Police Department
- Trained all EMS personnel in Montgomery County
- Trained Department of Social Services personnel
- Shared with emergency providers (advancing to work with operations committee)
- Published language in regional magazine
- Will continue to offer trainings with narcan distribution
Linking Individuals to Treatment

• Challenge: Uninsured seeking treatment and recovery
  • Identified need through partners
  • Worked to partner with treatment providers in each county
  • Established relationships with private pharmacies
  • Leveraged initial pilot $25,000 from private foundation

• Result
  • Assisting 35 unique individuals with treatment and recovery
  • Leveraged an additional $25,000
  • Pursing a private bank to engage in work
  • Include in grant budgets as permitted
## Lessons Learned

### Resources
- Engage partners in development of website
- Keep website updated
- Promote website as resource

### Peer Support Program
- Two years active recovery
- Support the peers recovery
- Peer coordinator position
- Funds for training and paying for placement time
- Engage partners in identifying potential peers

### Addressing Stigma
- When initially offered, law enforcement was open
- Peers are key; sharing their story opens people’s eyes
- Effective in changing minds

### Linkage to Treatment
- Need for guidelines for assistance
- Sustainability challenge
- High demand, most in need, no resources
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