



Adirondack Health Institute

Collaboration • Catalyst • Community

# Becoming the Solution

## *Rural Communities Opioid Response Program – Planning Grant*

PRESENTED BY:

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## HRSA Rural Communities Opioid Response Program (RCORP)- Planning

### **Goal:**

To bring together a *consortium* that will support the planning and capacity-building goals and objectives to support treatment for and prevention of SUD, including opioid use disorder in rural counties that are at the highest risk.

How: By strengthening the organizational and infrastructure capacity of multi-sector consortiums to address focus areas of prevention, treatment and recovery.

### **Core activities will also include:**

1. Conducting an analysis to identify gaps in OUD prevention, treatment and recovery services, workforce and access to care. (*Needs Assessment*)
2. Develop a strategic plan to sustain beyond the one-year planning phase. (*Implementation Plan*)
3. Developing a regional blueprint for action. (*Priorities Identified and Outlined*)



# HRSA RCORP Goals & Partnerships



- Collaborate with partners to align efforts in prevention, treatment and recovery of OUD;
- Promote data-driven decision-making capability;
- Support the development of a qualified substance use disorders workforce;
- Support prevention plans and move towards standardization across consortium members;
- Develop analytical data tools to support ongoing analysis and sustain future objectives.



*Hometowns vs. Heroin & Addiction*



*Warren & Washington Counties  
Partnering for an Addiction-Free Tomorrow*

*Hope*

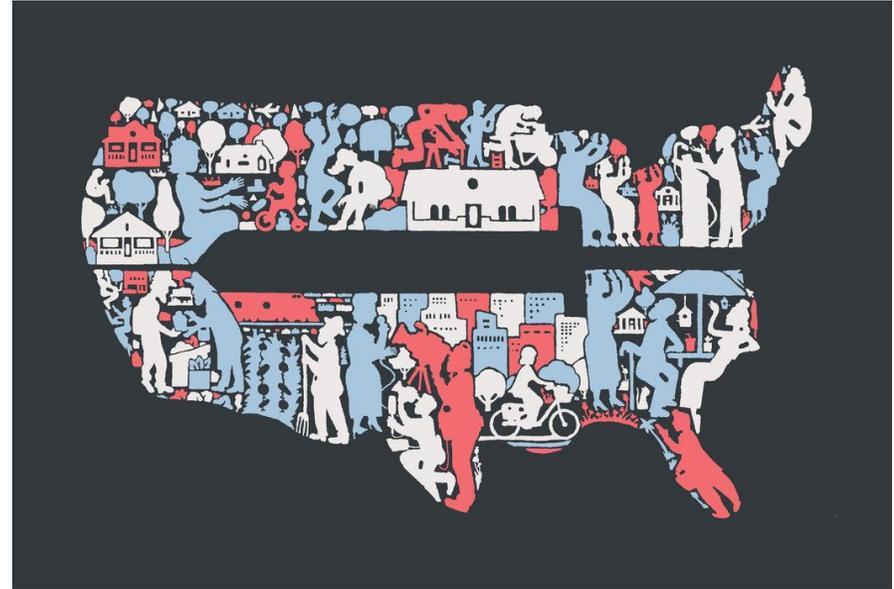




# Current State: How did we get here

## *The data reveals:*

- The amount of opioids prescribed is around 3x higher than 20 years ago
- More deaths from overdose than car accidents
- 71% Increase in drug related deaths in NYS from 2010-15
- In 2012, enough opioids were prescribed to give every adult in the US one prescription



## References:

<https://www.cdc.gov/drugoverdose/data/prescribing.html>

<https://rockinst.org/wp-content/uploads/2018/03/2018-03-14-By-The-Numbers-Opioid-Deaths-2.pdf>

<https://www.nytimes.com/interactive/2017/08/03/upshot/opioid-drug-overdose-epidemic.html>



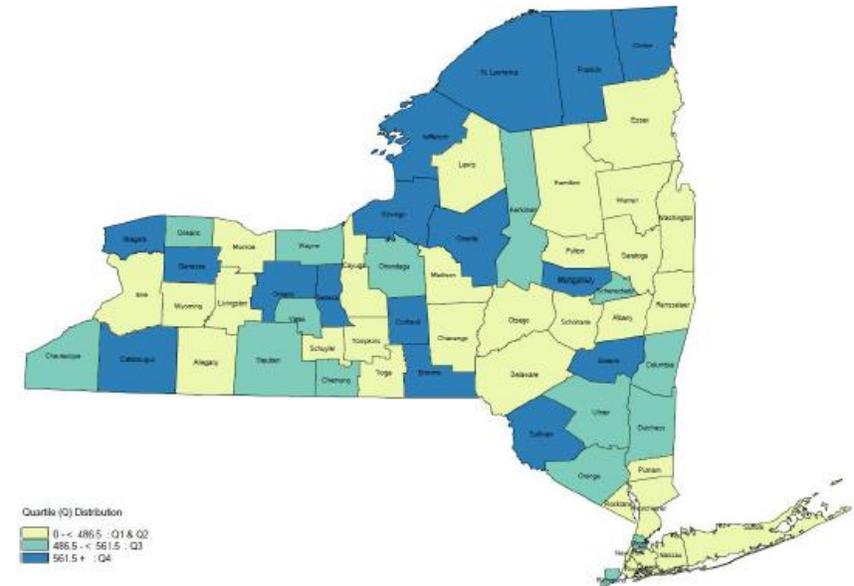
# Current State: Clinton County

## County data:

- Clinton County is in the top 16 counties for the highest amount of admissions to a treatment facility
- Clinton County is the highest in the North Country region for overdose deaths involving opioids

New York State Opioid Annual Report 2018

Figure 4.5 Unique clients admitted to OASAS-certified chemical dependence treatment programs for any opioid (including heroin), crude rate per 100,000 population, by county, New York State, 2017



Data source: New York State Office of Alcoholism and Substance Abuse Services (OASAS)

Data as of April 2018

For complete data on OASAS unique client admissions by age group, see [Appendix: Data Table 4.5](#).

Counties that had the highest crude rates in 2017 are shaded in blue. In 2017, the top 16 counties in the highest quartile (crude rates greater than or equal to 561.5 per 100,000 population) included Cortland, Genesee, Sullivan, Niagara, Oswego, Oneida, Cattaraugus, Montgomery, Greene, Ontario, Broome, Clinton, St. Lawrence, Seneca, Jefferson and Franklin.

	Region - 6 North Country		
Clinton	8	81,073	11.6*
Essex	4	38,102	10.2*
Franklin	2	50,409	4.6*
Hamilton	1	4,542	20.5*
Warren	5	64,567	10.9*
Washington	4	61,800	6.7*
North Country	24	300,493	9.0

References: 2018 New York State, Department of health, opioid Annual Data Report



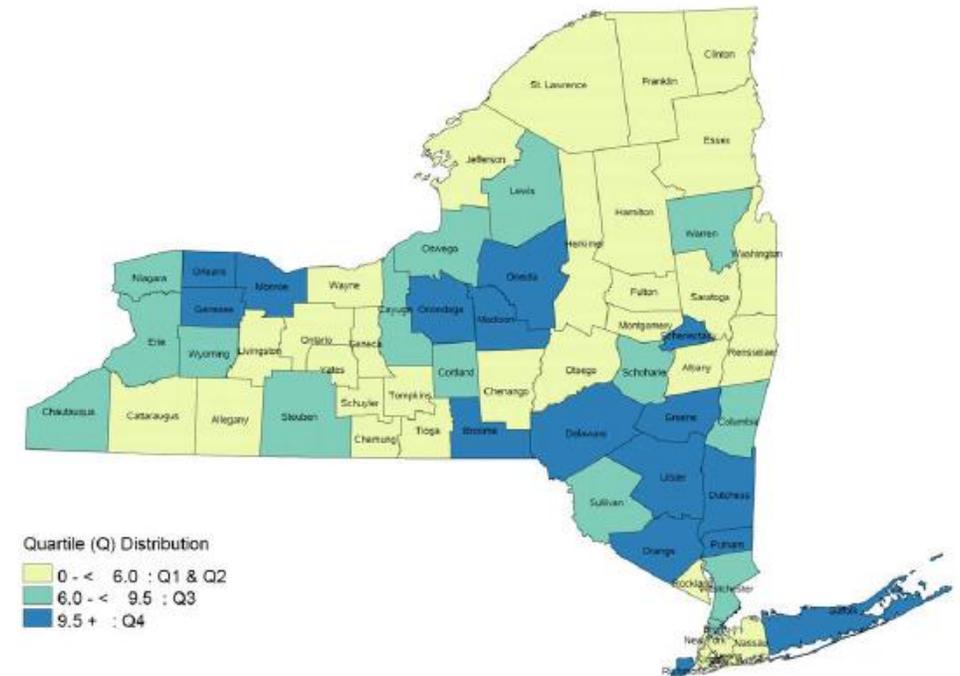
# Current State: Essex County

## County data:

- Essex County fell in the lower end of overdose deaths involving heroin
- Essex County is in the mid-range for statistics on overdose deaths involving any opioid

New York State Opioid Annual Report 2018

Figure 1.3 Overdose deaths involving heroin, age-adjusted rate per 100,000 population, by county, New York State, 2016



Data source: New York State Department of Health, Bureau of Vital Statistics; Data as of May 2018  
 For county data on overdose deaths involving heroin, see [Appendix: Data Table 1.3](#).

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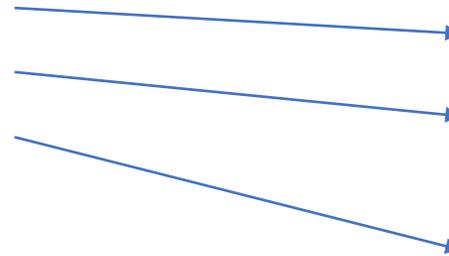
Developing the Consortium

Conducting a Detailed Analysis

Developing a Comprehensive Strategic Plan

Develop a Workforce Plan

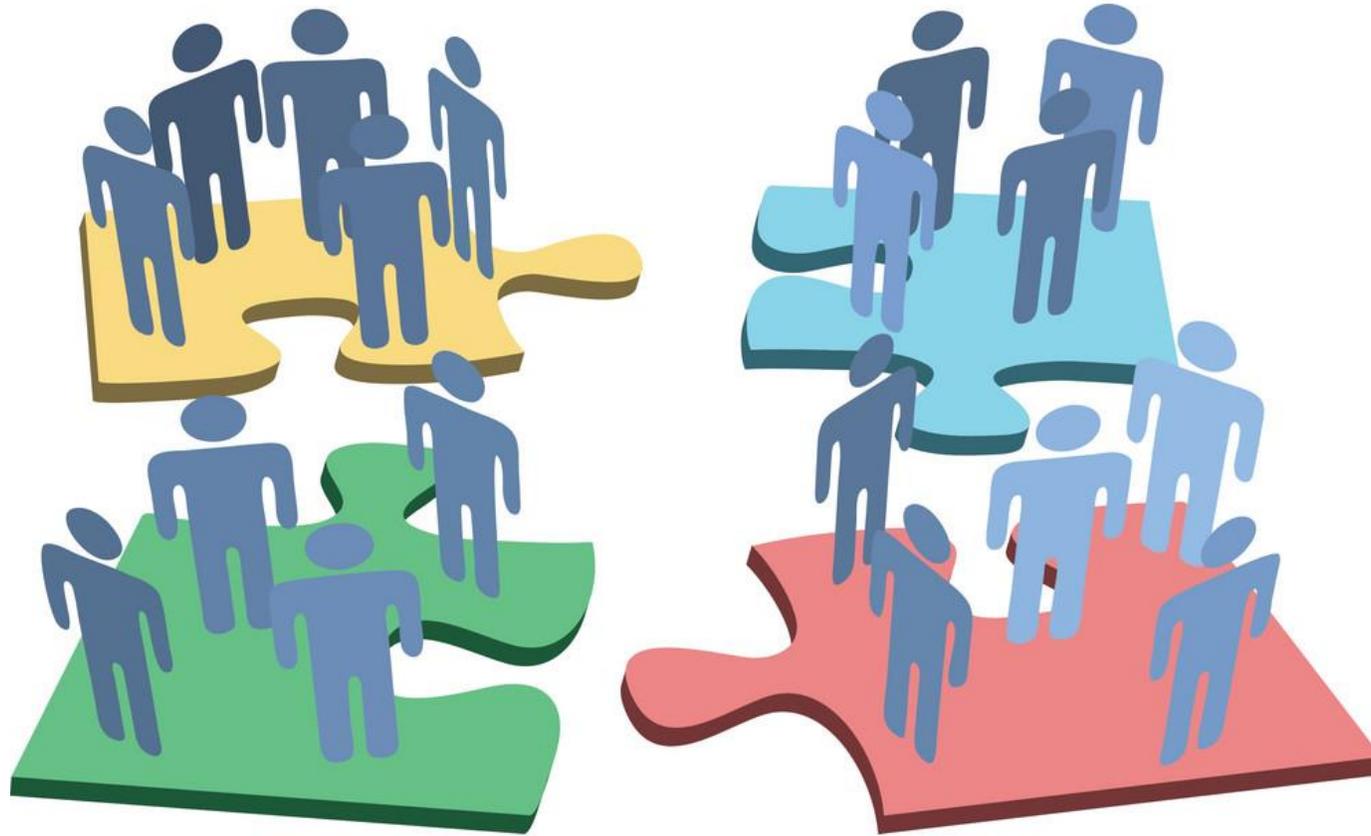
Complete a Sustainability Plan



- Collaboration with JSI
- Conduct Needs Assessment
- Present Report and Findings



# In Action: Needs Assessment





# Please Help: Your Input is Vital

**Prevention** - *What would it look like to have a community where there is no opioid use disorder (OUD)?*

**Treatment** - *What would it look like to have a community where those with OUD are able to get the treatment they need to move to recovery?*

**Recovery** - *What would it look like to have a community where those that have been treated for OUD and their caregivers to be put on a road to recovery and remain there?*

Thinking about what services exist within your community/service area and the idealized model, please answer the following.

**Where do you see significant gaps in services (e.g., lack of certain providers, insufficient capacity, etc.)?**

**What are the major barriers to accessing services (e.g., not able to recruit providers, services not covered by health insurance or other funding sources, etc.)?**





# Where to Learn More



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<https://ahihealth.org/ahi-rural-communities-opioid-response-program/>

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