

Guilford **STOP**
Guilford **S**olution **T**o the **O**pioid **P**roblem –

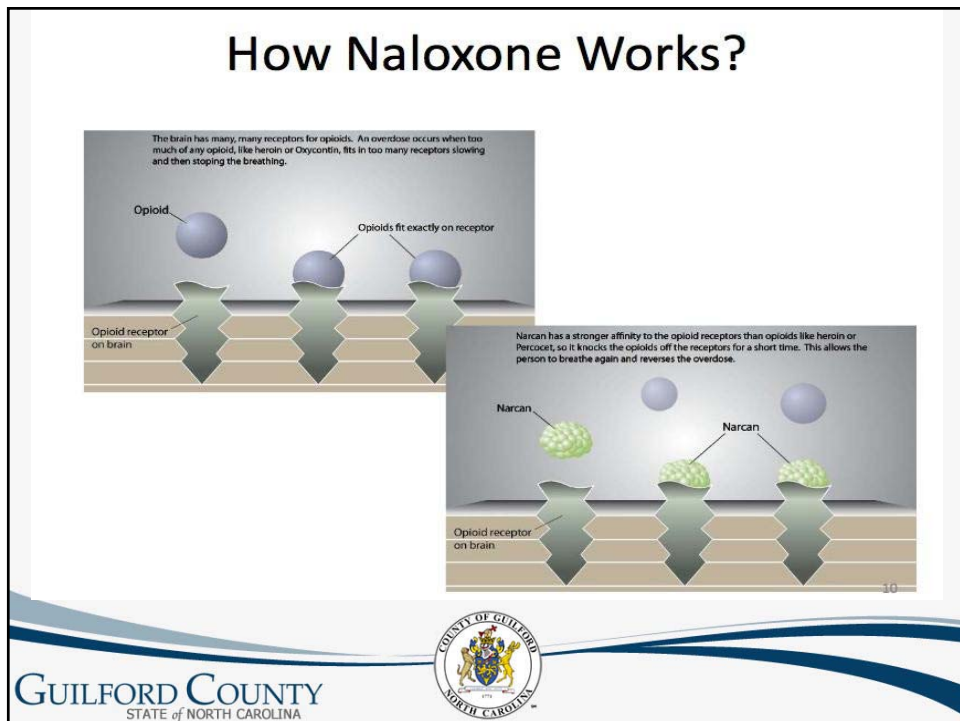
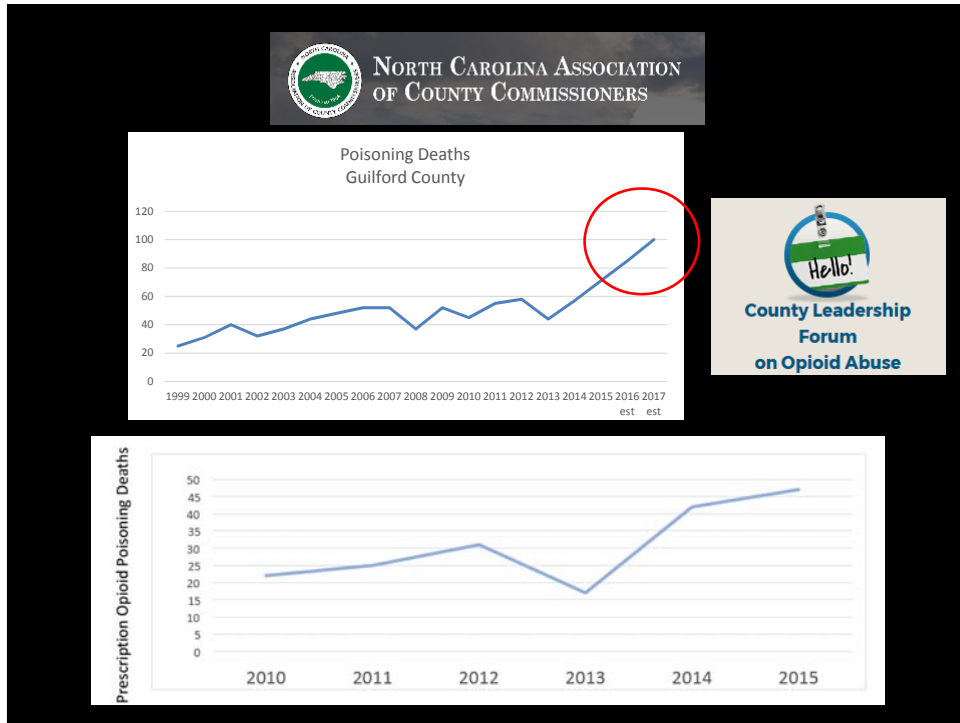


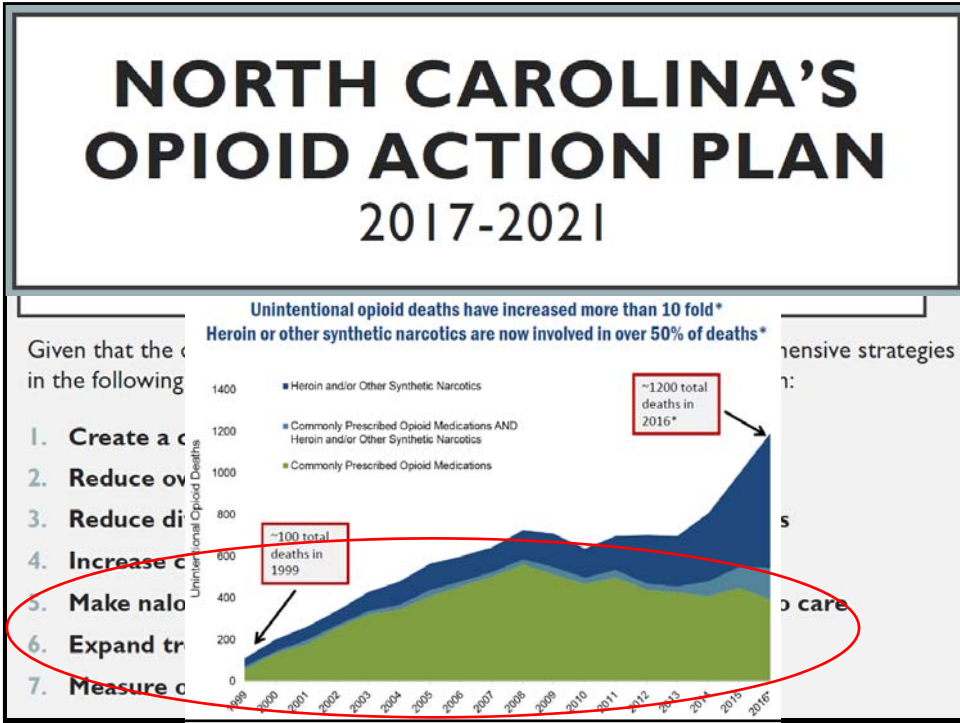
Current Status



- Opioids are a powerful CNS depressant
 - Immediately Dangerous to Life and Health (IDLH)
 - There is a narcotic antagonist (reversal agent) - naloxone
- >700 overdoses in Guilford County since January 2017
- >100 deaths
- 2018 has not improved the situation








What is Rapid Response?

- Modeled after a very successful program in Colerain, Ohio
- Follow up encounters with persons at highest risk of overdose
 - Post reversal from public safety
 - ED evaluation
 - Leaving areas of confinement (residential treatment or jail)
- Team
 - Law Enforcement representative
 - Opioid Navigator/Educator (UNC-G position)
 - In the future, a Social Worker/Recovery Coach or Peer Support
- Academic Team
 - UNC-G Center for Housing and Community Studies (Lead)
 - Perhaps UNC-W (similar project funded in Wilmington)



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GCSTOP

Guilford County Solution To The Opioid Problem

Authorization for Release, and Disclosure of Information

The **Overdose Referral Program** (the "Program") offers patients follow-up, support, and referral to available treatment options to help understand and overcome their substance abuse. The Program is a pilot project administered by Guilford County Emergency Services, in association with the University of North Carolina at Greensboro, currently provided at no cost to the patient. The Program may be discontinued or changed at any time. Participants will be informed of material changes to the Program when they occur.

I, to the extent not otherwise authorized, and within the limitations set forth in state and federal privacy laws, including, but not limited to the Health Insurance Portability Act of 1996, and as described in Guilford County Emergency Services' Notice of Privacy Practices hereby, voluntarily authorize each of my physicians, pharmacists, and other health care providers (collectively, "Health Care Providers") to use and disclose the patient's medical information and any other information necessary for the patient's participation in the Program to Guilford County Emergency Services (GCEES Mobile Health) and its agents involved in the patient's care through the Program.

I further authorize the release of information relating to the following applicable categories as permitted under applicable federal and state laws, including, but not limited to the Health Insurance Portability Act of 1996 and as described in the Department's Notice of Privacy Practices:


- Substance abuse (including alcohol/drug abuse)
- Mental health or behavioral health
- HIV/HCV related information

I understand that I have the right to cancel this authorization at any time, but that the revocation will only be effective on the date of notification and only to the extent that action has not already been taken in reliance upon the authorization. I understand that if not revoked this authorization will remain in effect for (12) months, at which time this authorization expires. I understand that if I wish to withdraw this authorization prior to its expiration, I must do so in writing by presenting a written notice of cancellation to:

Guilford County Emergency Services
Attn: Mobile Integrated Health Program Coordinator
1002 Meadowood Street
Greensboro, NC 27409

I understand that authorizing release of protected health information is voluntary and that I am not required to sign this authorization and that there are no conditions placed on the patient's health care or payment for the patient's health care.


By initializing I authorize the Guilford County Emergency Services representative to call and leave voice messages on the number(s) documented within the Electronic Health Record.




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Looking Ahead



<ul style="list-style-type: none"> • Navigator • Naloxone • Education materials <ul style="list-style-type: none"> • Opioid • HIV/HCV • Identify additional stakeholders • Research ready <ul style="list-style-type: none"> • ID data sources • Research design 	<ul style="list-style-type: none"> • Reduction of stigma through education • Develop volunteer workforce and education (Recovery Coaches) • Collegiate Recovery Communities • Joint Masters of Social Work • Syringe Exchange • HIV/HCV testing/treatment • Defined algorithm for treatment • Identify future funding opportunities 	<ul style="list-style-type: none"> • Evaluate Housing issues • Access to Naloxone for opioid prescribers • Engage faith based organizations • Recovery & Resource Center • Identify access points • Engage legislation regarding treatment including detox 	<ul style="list-style-type: none"> • Need fund development staff • Increase residential treatment/treatment farms • Underwriting costs for uninsured • Hotline • GOAL: End of opioid epidemic
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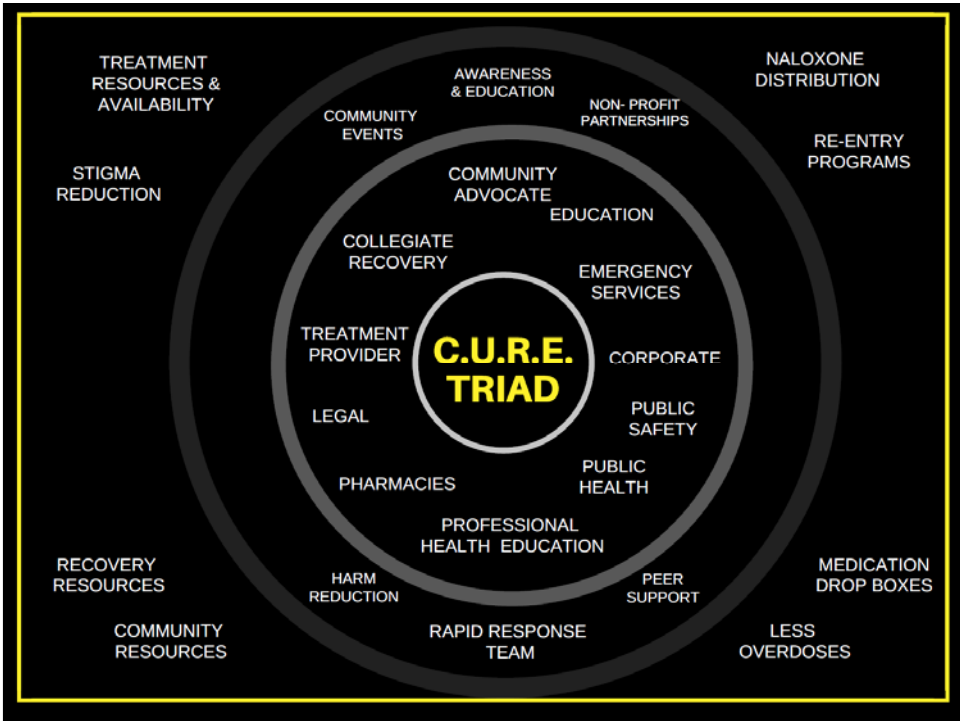
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Addiction IS a disease.
This does not in any way excuse responsibility. Just as with every other disease, diagnosis requires adherence to a treatment plan. Designating addiction as a disease is not a "free pass". In fact, it establishes expectation. Recovery, though difficult, is attainable.

D.O.A.A. *Sandy Svenson*


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Questions?

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