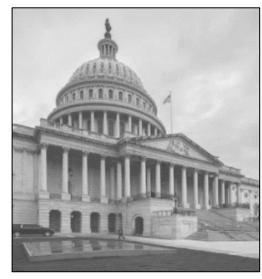# North Carolina SOR Initiatives

Addressing Opioid and Stimulant Misuse & Use Disorders: The Impact of State Opioid Response (SOR) Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the SOR grant program. SOR addresses the opioid overdose crisis by providing resources to states and territories to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and to reduce unmet treatment needs and opioid-related overdose deaths with prevention, harm reduction, treatment, and recovery supports. In 2020, SOR expanded to support evidence-based services for stimulant misuse and use disorders (StUD), including cocaine and methamphetamine.

This brief was developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in collaboration with the Opioid Response Network (ORN) as part of a series of state reports intended to showcase initiatives across the continuum of care that states have implemented with SOR funds. The ORN is a SAMHSA-funded technical assistance and training center that works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to support efforts to address the opioid and stimulant crisis.

Single State Agency (SSA): North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS)

DMH/DD/SUS has received $188,700,127 in SOR funding from FY18 through FY23. For FY23–FY24, it received $72,334,773.

The primary purpose of SOR is to address the opioid crisis in North Carolina, using the North Carolina Opioid and Substance Use Action Plan 3.0, updated March 2021 with community partners' input. The drug overdose rate has increased by 37% in the state since the start of the pandemic and with the infiltration of manufactured, highly potent opioids in the illegal drug supply. The primary tenets of the action plan are to prevent, reduce harm, and connect to care. The plan focuses on several key objectives:

1. Equity and lived experiences
2. Preventing future opioid addiction through education
3. Reducing harm

4. Connecting to care by increasing treatment access for adults in rural and high-need urban areas, as well as for those involved in the justice system
5. Expanding access to housing and employment support services

Efforts are focused on activities that can realistically be accomplished within the two-year grant period. The majority of SOR funds are allocated to the local management entity managed care organizations (LME-MCOs) that act as the division's intermediaries for the delivery of substance use disorder (SUD) services to individuals who are uninsured or underinsured and Medicaid beneficiaries.

Preventing Opioid and Stimulant Misuse Before It Starts

North Carolina has used SOR to support prevention programming in nine community coalitions and Partners Aligned Toward Health (PATH). PATH brings together people and organizations to work toward designing and implementing health initiatives tailored to Mitchell and Yancey counties.

Opioid Prevention Initiatives With Community Coalitions
North Carolina awarded SOR funding to nine coalitions to work on the following initiatives:

- Increase proper medication storage/disposal through the "Lock Your Meds" campaign
- Increase proper medication storage behaviors through education, resources, and access
- Partner with MOUD providers to provide clients with lockboxes
- Provide 1,276 naloxone kits and 92 naloxone trainings to community partners (e.g., emergency medical services, fire departments, faith-based, schools, etc.)
- Support community partners to create three local policies in three counties related to naloxone access

Partners Aligned Toward Health (PATH)
North Carolina awarded SOR funding to PATH. PATH provides online and in-person alternatives to pain management, such as acupuncture, chiropractic care, health counseling, massage therapy, physical therapy, tai chi/chi gong, and yoga, for older adults who have received prescription opioids to manage chronic pain. The program's goal is for participants to engage in other healing practices and reduce prescription opioids use.

Overdose Reversal Efforts: Saving Lives

North Carolina reduces overdoses through overdose reversal agent distribution and education.

Naloxone Distribution and Saturation Plan
DMH/DD/SUS has used SOR to reduce opioid overdose deaths by increasing overdose education and naloxone distribution among communities with high overdose rates and those at highest risk of experiencing overdose. Based on recent modeling data accounting for the rise in fentanyl-related overdoses, it is estimated that approximately 340 naloxone kits must be distributed per 100,000 people in North Carolina to avert death in 80% of all witnessed overdoses.

Target organizations are those serving people at the highest risk of overdose, defined by the following criteria: individuals with a history of SUD or opioid use disorder (OUD), individuals leaving a correctional facility, pregnant people with a history of SUD, individuals currently using substances, and family members or friends living with someone at high risk of overdose. A minimum of 40% of naloxone purchased is distributed among organizations serving these groups. Additionally, at least 40% of naloxone purchased is distributed among

organizations in counties with a drug overdose death rate at or above the state average per 100,000 residents. Individuals leaving incarceration are 40 times more likely to die of an overdose in the two weeks following their release. As a result, North Carolina partnered with at least 20 detention centers, probation/parole, or state correctional facilities to support naloxone upon release, including through innovative delivery models, such as 24/7 access to naloxone through harm reduction vending machines.

Eastern Band of the Cherokee Indians (EBCI) Overdose Reversal

EBCI, the only federally recognized Tribe in North Carolina, has collaborated with SOR to provide its community with naloxone and opioid overdose education, as well as training in the proper use of the overdose antidote. EBCI has installed emergency overdose response boxes in 40 locations across the Qualla Boundary and ten vending machines that make lifesaving naloxone accessible 24/7 to all Tribal members.

Implementing Harm Reduction Strategies

North Carolina has also used SOR to support allowable harm reduction strategies.

Harm Reduction Campaign

The harm reduction campaign aims to increase awareness about harm reduction strategies, including the importance of carrying naloxone. The campaign directs viewers to the naloxonesaves.org website, where they can learn where to obtain naloxone and how to request it for distribution. The website includes a list of syringe services programs and health departments distributing naloxone at no cost, along with a map of all pharmacies dispensing naloxone under a statewide standing order.

EBCI Harm Reduction

EBCI installed approximately 20 kiosks in community gathering areas throughout the Qualla Boundary, serving as receptacles for used syringes. Individuals, some in recovery, were hired to patrol these areas to offer outreach and engagement.

Increasing Access to Treatment

North Carolina has used SOR to enhance treatment access for OUD by expanding MOUD services across contracted community-based providers, opioid treatment programs (OTPs), and office-based opioid treatment (OBOT) programs.

MOUD Provider Expansion

SOR has had an immensely positive impact on increasing access and availability of treatment options for individuals with OUD in North Carolina. SOR helped fill the funding gap over the years by increasing the number of people who receive SUD treatment and recovery supports and expanding capacity to treat co-occurring mental health conditions. The bulk of SOR funds have been allocated to LME-MCOs to be used by contracted community-based providers, including numerous OTPs.

Since 2017, the number of OTPs has increased from 54 to 84, with an anticipated 16 more opening within the next two years. Seventy-five percent of all OTPs

serve individuals who are uninsured and funded through an LME-MCO, while 96% of all OTPs serve individuals with Medicaid.

Increased Accessibility to MOUD Services

Despite the increase in OTPs, there are still areas of the state that lack MOUD accessibility. To address this issue, several MCOs have extended contracts to OBOT programs in more rural or underserved areas. SOR has reduced the financial barriers that have prevented individuals from receiving treatment in the past and has been a contributing factor to patients remaining in treatment and gaining stability in their lives. Additionally, funding has helped prevent patients from being prematurely discharged from treatment due to new financial stressors.

> In 2023, 29,700 individuals received MOUD and associated services from an OTP, an increase of more than 62% since 2018.

Some providers have also worked with their local emergency management services offices by supporting them to respond to overdoses, screen individuals for MOUD and treatment, and start buprenorphine inductions for individuals who qualify for up to five days before beginning treatment with an outpatient MOUD provider.

Supporting Long-Term Recovery

North Carolina has used SOR to assist individuals annually in recovery by expanding peer support services and partnering with the Recovery Alliance Initiative to offer a space, both in-person and virtual, for individuals and organizations from all sectors of the community to help people achieve and sustain meaningful recovery.

Increase Retention Through Peers

The Cherokee Indian Hospital Authority succeeded in reaching clients in the community and at their homes through peer engagement, resulting in increased retention. Peers assessed people's level of safety, motivation, and skill-building opportunities. This outreach allowed peers to build rapport with clients in a more personal way by meeting them where they were in the community.

In addition to groups and peer support, the partnership with the Cherokee Boys' Club provided transportation to patients' medication dosing on weekends and holidays when the transit system did not operate. Regular dosing was crucial to a person's continued journey in recovery.

Supporting Long-Term Recovery

North Carolina continues to develop the peer support workforce. As of February 9, 2024, there were 4,849 certified peer support specialists in the state. This commitment has enabled these peers to assume leadership roles in SOR-funded programs. For example, a MOUD or detention program in the western part of the state is led by a certified peer support specialist who completes assessments with individuals identified by medical staff as possibly having OUD. At that detention program, peers also provide re-entry services.

Recovery Alliance Initiative (RAI)

RAI supports individuals and organizations across North Carolina and numerous local community sectors working collectively towards enhancing strong and healthy communities that support cohesive, seamless systems of care related to prevention and recovery from SUD and co-occurring mental conditions. It is their vision that everyone, regardless of means, will have access to coordinated community resources necessary for healthy, long-term, meaningful SUD and mental health recovery.

RAI collaborates with county leaders and other stakeholders to develop systemic approaches to addressing effective prevention and harm reduction efforts, increasing the number of individuals and families accessing treatment and recovery support services, as well as decreasing deaths, emergency medical interventions, and arrests. Strategies are rooted in three evidence-based practices: collective impact, strategic prevention framework, and community reinforcement model.

Reaching & Serving Populations of Focus

North Carolina has identified people in criminal justice settings and youth as priority populations in the Opioid and Substance Use Action Plan. Multiple related pilot projects are underway across the state.

Buncombe County Sheriff's Office Detention Facility (BCDF)

BCDF saw a 75% increase in the volume of individuals receiving MOUD compared to the prior year. Using a collaborative funding model, the treatment program included MOUD provided by a contracted medical provider, which used county-funded staff and SOR funding for medications, as well as linkage to re-entry services and post-release MOUD treatment coordinated by SOR-funded peer support specialists. Due to its successes, this program is seen as a model across the state. The BCDF program director has participated in numerous technical assistance events and presentations at the request of the state and other government organizations and partnerships supporting the increase in MOUD access in correctional settings.

The BCDF program included expansion planning and logistics with justice partners for jail and arrest diversion, as well as re-entry support for those with untreated addiction assigned to pretrial, probation, and child support justice systems. A peer support specialist program was developed to support people in underserved populations who were transitioning from detention or treatment facilities, enlisting the aid of peer support, pastoral ministries, municipal and community organizations, and other agencies and providers who support and assist people with OUD.

Young Men's Institute (YMI) Cultural Center Recovery Supports

SOR funded the YMI Cultural Center, one of the oldest Black cultural centers in the United States, broadening reach and increasing access to recovery supports. Sunrise Community for Recovery and Wellness, a peer-run recovery community organization, received funding to support individuals newly released from jail in obtaining necessary recovery supports, such as housing, or the Lifeline free government phone program to attend virtual 12-step meetings. The program was also expanded to add a second peer support specialist to assist with community navigation and post-release outreach. Program enhancements included posting positive recovery signage and messaging around the jail, judicial locations, county buildings, and community treatment locations. Additionally, anti-stigma outreach to community first responders was developed to address compassion fatigue related to repeated opioid overdose reversals and recidivism dynamics linked to active addiction.

Oxford House

Oxford House's innovative approach to recovery emphasizes a self-sustaining model where residents live in a substance-free environment, guided by the principles of self-governance and financial independence. This framework is crucial in addressing the challenges of the opioid epidemic, emphasizing the importance of access to MOUD supports and providers. A key element in this ecosystem is the role of the two full-time re-entry coordinators who are integral to the Oxford House model. Funded through SOR and employed by Oxford House, Inc., these coordinators are pivotal in easing the transition of formerly incarcerated individuals into an Oxford House. They are instrumental in integrating new members into the peer-supported Oxford House network and fostering a sense of belonging and community, which is foundational to the Oxford House ethos. By connecting new members with community supports and immersing them in a peer-supported environment, the re-entry coordinators ensure individuals have access to a comprehensive support system, including MOUD, employment assistance, substance use treatment, mental health care, and other essential services for successful societal reintegration.

EBCI Re-Entry Pilot

EBCI's Cherokee Indian Hospital Authority expanded its jail re-entry focus to reduce barriers to recovery and to connect individuals with needed resources to maintain recovery upon release. Assistance was provided in transportation, housing, primary care, and connections with other resources that support recovery, such as employment and 12-step meetings.

SOR 3 Youth Prevention Education (YPE) Initiative

North Carolina awarded grants to 10 providers across nine counties to implement evidence-based prevention education curricula with youth under the age of 18 who have a greater potential for engaging in substance misuse and developing OUD. Services have focused on youth within historically marginalized or underserved communities, including but not limited to: African American/Black students experiencing disproportionate rates of school suspension; Hispanic students who have English as a second language; K–12 students identified to be at risk for OUD development due to low socioeconomic status, justice involvement, school-related problems (e.g., suspension/expulsion, school dropout), or family indicators (e.g., history of SUD, criminal involvement).

The evidence-based curricula being implemented include:

- Too Good for Drugs
- Project Towards No Drug Abuse (Project TND)
- Celebrating Families
- All Stars/All Stars Jr.
- Project ALERT
- Reconnecting Youth
- Unique You
- Blues Program

Through 2023, 482 youth have been served; 10 prevention professionals have been trained to provide YPE; and 8 key community sectors have been trained on OUD prevention, reaching 254 community members through outreach activities.

Opioid
Response
Network

About the Opioid Response Network (ORN): ORN is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA's SOR/Tribal Opioid Response (TOR) Technical Assistance (TA) grant, ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. **Visit the ORN website here or request training or TA here.**

NASADAD **National Association of State Alcohol and Drug Abuse Directors**