

NORTH CAROLINA

USE OF STR/SOR GRANT FUNDS TO ADDRESS THE OPIOID CRISIS

Background on opioid-specific grants to States

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. These grants aim to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD) in the States. States received a total of \$500 million for each of FY 2017 and FY 2018 through STR. Additionally, in FY 2018, States received an additional \$1 billion in new funding through the SOR grants. In FY 2019, States received \$1.5 billion through SOR. Eligible applicants for both STR and SOR are the State alcohol and drug agencies.

Allocations for North Carolina

North Carolina received \$15.5 million through STR for each of FY 2017 and 2018, and \$23 million through SOR in FY 2018. In FY 2019, North Carolina received a total of \$35 million through SOR.

Overview of North Carolina's efforts to address the opioid crisis

North Carolina's Opioid Action Plan serves as the strategic plan for its coordinated response to the opioid crisis. With STR and SOR, the Division of Mental Health, Developmental Disabilities & Substance Abuse Services within the NC Department of Health and Human Services (NC DHHS) has moved forward the strategic plans three core priorities to Prevent, Reduce Harm, and Connect People to Care. NC DHHS has utilized over two-thirds of the funding to expand access to medication-assisted treatment (MAT) to uninsured individuals within the State. Over half of people who are hospitalized with an overdose in North Carolina have no health insurance, and often cannot access treatment. These funds have been allocated to the seven 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 the uninsured and to Medicaid beneficiaries. In addition to increasing access to MAT, another goal has been to increase the availability of recovery supports and services and more fully operationalize those services as an expected component in the array of services available to individuals. Thirdly, NC DHHS has worked to ensure the availability of

naloxone across the State, particularly for individuals in the induction phase of MAT. Finally, NC DHHS has utilized the funds to pilot innovative programs, including placing peer supports in six emergency departments to connect people to care after an overdose.

Primary prevention: stopping opioid misuse before it starts

Fourteen counties in North Carolina were targeted for prevention efforts due to high prescribing and overdose rates. Counties have worked in collaboration with six strategic prevention framework (SPF) mentors to complete assessment, capacity building, and planning and implementation of evidence-based opioid misuse prevention strategies such as:

- Lock Your Meds Campaign
- Controlled Substance Reporting System (CSRS) Utilization/Registration
- Safe prescriber training
- Medication take back events
- Medication lockbox distribution
- Chemical medication disposal kits
- Naloxone distribution

Counties also collaborated with recovery partners to strengthen existing – or to form new – partnerships in the 14 counties to prevent opioid over prescribing and to decrease overdose rates. Collaborations have included School systems, Juvenile Crime Prevention Council, Lion's Clubs, YMCA, Police Departments, Churches, Behavioral Health, Health Departments, Senior Centers, Assisted Living Facilities, Hospitals and Emergency Rooms.

Statewide Lock Your Meds Campaign

The Lock Your Meds statewide campaign is implemented in at least 55 of 100 counties in North Carolina and has established community partnerships with entities including, but not limited to: Division of Social Services, universities, schools, law enforcement, State Area Health Education Center (AHEC), hospice, media entities, the medical community, senior centers, MAT providers, movie theaters, faith-based organizations, shelters, and food banks. Specific examples of the campaign's success include:

- Catawba County - This campaign has helped to link prevention and recovery work (e.g., a single father in recovery receiving MAT read a newspaper article one community published about opioid misuse prevention, and he reached out to request a lockbox to help prevent his two children from accessing medication used for recovery maintenance).
- Working with Asheville City Schools to develop policy improvements for field trips to include bringing medications in a locked box.
- Mountain Area Health Education Center (MAHEC) OB-GYN Department reached out to their local coalition to request lockboxes for expectant mothers who are using controlled medications.

- Davidson County - The school counselor stated that the provided lockbox has prevented a child from misusing a medication that was prescribed for parent's surgery.
- Community partners providing in-kind (i.e., buying space and/or time for ad placement) support for raising awareness of lockboxes, such as during movie theater previews and on billboards.

Opioid Conferences

NC DHHS hosted two statewide Opioid Summits in 2017 and 2019, which approximately 1,400 prevention, treatment, and recovery professionals have attended. The Summits drew participants over a dozen States. Attendees have learned about addressing opioid misuse, addiction and overdose from national, State, and local prevention, treatment, criminal justice, and recovery leaders. In addition, attendees have been encouraged to focus on programmatic interventions and community strategies around preventing opioid misuse, addiction, and overdose death.

Innovation in Action

Thirty-four (34) Prevention and Recovery Leaders have been meeting in North Carolina to strengthen prevention/recovery partnerships and create systemic goals and future directives, including:

- Cross educating prevention and recovery professionals on prevention/recovery theories and models of change to reduce stigma and improve service delivery
- Create a unifying "voice" for prevention and recovery to assist in future advocacy and collaborative community efforts
- Expand prevention and recovery connections/presence in communities

Increasing access to treatment

Access to MAT

In August 2016, before STR funding, NC had 53 opioid treatment programs (OTP), the majority of which did not accept uninsured individuals. The number of OTPs is now 77, of which over half (40) have contracts with the MCOs for uninsured individuals. Although the number of OTPs has increased, there are still areas of the State that lack accessible MAT. As such, several MCOs have extended contracts to office-based opioid treatment programs (OBOTs) in the more rural or under-served areas.

Special Populations

Families: In partnership with the Division of Social Services, counties with the highest numbers of families impacted by opioid use have been identified. Those families at risk of losing custody of their children, or those whose children have been placed in foster care due to parental opioid use will be offered MAT, clinical and recovery supports, and other identified services needed to either reunite families or prevent disruption.

Native Americans: The Eastern Band of the Cherokee Indians (EBCI) is the only federally recognized tribe in NC. As part of the SOR grant, the EBCI have several initiatives underway that not only focus on increasing accessibility of MAT, but also focus on other areas critical to sustained recovery. Activities include development of a community rapid response team, extensive training in culturally appropriate trauma-informed care (Beauty for Ashes), training in biofeedback (to focus on pain management), implementation of a tobacco cessation curriculum for individuals receiving OUD treatment, etc.

Justice Involved- Individuals: North Carolina has identified people involved in the justice system as a priority population as part of the Opioid Action Plan. Through STR, DHHS initiated the delivery of MAT in designated reentry facilities, as well as identified detention facilities, to individuals with OUD. Prior to release, individuals receive a naltrexone injection, get connected with a community health center for continued care, and are provided with naloxone. North Carolina has expanded these sites with the SOR funds and identified five county jails in which people will receive medication-assisted treatment during incarceration and receive naloxone and be connected to a community-based provider for continuing care and other clinical services.

Overdose reversal efforts: saving lives

NC has utilized over \$1.8 million of STR and SOR funds to purchase nearly 31,000 nasal naloxone kits. Kits have been distributed to law enforcement, EMS, Opioid Treatment Programs (OTPs), syringe service programs, Oxford Houses, health departments, etc., as well as the NC Harm Reduction Coalition. Future purchases of over \$2 million are budgeted and planned with SOR funds in the upcoming months.

Supporting recovery

North Carolina has focused efforts on the further development and implementation of peer support specialists in various settings including hospital emergency departments (EDs), OTPs, and jail settings. One effort included a contract with the NC Healthcare Association to oversee a project to embed peer support specialists in emergency departments. Six hospitals were selected through a competitive process to place peers in their EDs to connect with individuals presenting with opioid overdose and engage and assist in securing treatment and other resources. The State has also utilized STR and SOR funds for recovery supported housing. Transportation issues were reviewed under STR with planning and implementation to be addressed under SOR. SOR funds will be utilized to focus on other social determinants critical to sustained recovery, such as access to medical and dental healthcare, education and literacy, childcare, etc.

Collaborating with local entities

Collaboration is primarily with managed care organizations (MCO), but the State also partnered with Oxford Houses, the NC Healthcare Association, local jails and reentry centers, local social services, and local health departments.

Positive outcomes

- Prevention initiatives: 375 new community partnerships created; 25,987 educational rack cards disseminated and 750,000 provided to communities for further distribution; 14 Lock Your Meds billboards; 3,312 lock boxes disseminated; 10 PACT 360 presentations; 4,882 chemical disposal kits distributed; and 2,775 medication take back events
- The Lock Your Meds campaign reached 3.5 million individuals through TV and 3,413,288 through digital means. The Memberhub (NC Parent Teacher Association website) had 269,540 impressions via web and e-mail
- The number of OTPs has increased from 53 to 77, serving over 20,000 individuals daily and providing all three FDA-approved medications
- The MCO with the highest utilization of MAT has an average retention rate of 11.4 months for those patients participating in MAT
- 3,503 certified peer support specialists in 94 counties
- 600 individuals served in recovery supported housing due to STR and SOR funds

For more information, contact Robert Morrison, Executive Director, at rmorrison@nasadad.org, or Shalini Wickramatilake-Templeman, Federal Affairs Manager, at swickramatilake@nasadad.org.