

Addressing Opioid and Stimulant Misuse and Disorders: The Impact of State Targeted Response and State Opioid Response Grants

Background on State Targeted Response and State Opioid Response Grants

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. The STR program was designed 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 support activities for Opioid Use Disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)–approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of \$1 billion through STR. From FY 2018 through FY 2020, states, territories, and jurisdictions received a total of \$4 billion in SOR grants.

Single State Agency (SSA): North Carolina Department of Health and Human Services (DHHS)

In FY 2017 and FY 2018, the North Carolina Department of Health and Human Services (DHHS) received a total of \$31 million in STR funding. From FY 2019 through FY 2021, the state received a total of \$93.1 million in SOR funding.

Overview of North Carolina's efforts to address opioid and stimulant misuse and disorders

North Carolina's Opioid and Substance Abuse 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 and Substance Abuse Services within DHHS has moved forward the strategic plan's three core priorities to Prevent, Reduce Harm, and Connect People to Care. DHHS has utilized more than two-thirds of the funding to expand access to MAT to uninsured and underinsured adults within the state. More than 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, the underinsured, and 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. Third, DHHS has worked to ensure the availability of naloxone across the state, particularly for individuals in the induction phase of MAT. Finally, DHHS has utilized the funds to pilot innovative programs, including placing peer supports in six emergency departments (EDs) to connect people to care after an overdose, MAT in jails and prison settings, reentry programs, and a pilot with the Division of Social Services to work with families who have lost custody or are at risk of losing custody of their children due to parental opioid use. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services has also contracted with the Eastern Band of Cherokee Indians (EBCI), the state's only federally recognized Indian tribe, to increase access to MAT; implement alternative pain management models for individuals with an OUD; improve the workforce through intensive culturally appropriate trauma-focused care trainings; and implement several harm reduction initiatives.

Innovative service delivery models

- Opioid Treatment Program (OTP) expansion with increased MAT accessibility
- Intensive Family Preservation Services model
- Trauma-informed care (Beauty for Ashes) with EBCI
- Peer support specialists in EDs
- Increasing accessibility of MAT at jail, prison, and detention entry and reentry sites

Building workforce capacity

Opioid Conferences

DHHS hosted two statewide Opioid Summits in 2017 and 2019, which approximately 1,400 prevention, treatment, and recovery professionals attended from 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. The North Carolina Opioid Misuse and Overdose Prevention Summit took place virtually in 2021. The theme was "More Than Opioids: Bolster Equity, Center Lived Experiences, Address Poly-drug Use." This summit represented the combined efforts of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the Division of Public Health. More than 30 sessions covering a variety of topics were held during the summit; topics included prevention, harm reduction, criminal justice, and equity. Over 600 individuals participated in the 2021 summit and represented the full continuum of care.

Collaborating with public and private entities

Collaboration is primarily with managed care organizations (MCOs), but the State also partnered with Oxford Houses, the North Carolina Healthcare Association, the Department of Public Safety, the Division of Public Health, local jails and reentry centers, local social services, and local health departments.

Education and public awareness

Ten communities in North Carolina were targeted for SOR-Supplemental prevention efforts based upon their capacity to implement primary opioid prevention initiatives and prior involvement in the STR grants authorized under the 21st Century Cures Act. Communities are currently working to complete assessment, capacity building, planning, implementation, and evaluation of evidence-based opioid misuse prevention strategies such as:

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- Paramedicine best practices toolkit
- Lock Your Meds campaign
- Medication lockbox distribution
- Medication Drop box installation
- Policy development and implementation to ensure use
- Connecting alcohol, tobacco, and other drug (ATOD) primary prevention and recovery efforts
- Town Hall meetings
- Patient education

Paramedicine Best Practices Toolkit

DHHS is collaborating with the Center for U.S. Policy to summarize existing research on the correlation between opioid use and the use of other substances, including alcohol, other controlled medications (such as methamphetamines, benzodiazepines, and fentanyl), and illicit substances (such as cocaine); create a paramedicine best practices toolkit; and provide research and peer reviewed information/data on how and why primary prevention and recovery can and should work together.

Evaluation of SOR Prevention Initiatives

DHHS is also collaborating with the Pacific Institute for Research and Evaluation (PIRE) to evaluate the effectiveness of SOR-Supplemental prevention initiatives.

Statewide Lock Your Meds Campaign

The Lock Your Meds statewide campaign is implemented in all 100 counties in North Carolina and has established community partnerships with entities including, but not limited to, the Division of Social Services, universities, schools, law enforcement, Area Health Education Centers, hospice, media entities, the medical community, senior centers, MAT providers, movie theaters, faith-based organizations, shelters, and food banks. This campaign involves the distribution of medication lockboxes, deactivation systems, and disposal mailers, and information on local medication drop boxes. Education is provided through multiple sources, including newspaper, radio, social media, school-based prevention programming, community partners, and more. Information is being distributed in both English and Spanish in several communities throughout the state.

Innovation in Action

DHHS has piloted classes in alternatives to pain management in western North Carolina for community members with chronic pain. Intersecting traditional medicine and nonpharmacological approaches with physician-prescribed health education has allowed classes to focus on preventing and reducing opioid

use. Classes promote alternative pain management approaches, including meditation, acupuncture, chiropractic, massage, physical therapy, mindful movement, cognitive-behavioral therapy, resiliency skills, and more. These sessions have been moved to a virtual format in order to follow Covid-19 precautions. Preliminary results include:

- Decrease in self-reported pain levels in 90% of participants surveyed
- Decrease in use of prescription and over-the counter pain medications
- Decrease in stress levels for 100% of participants surveyed
- Improved quality of life in 100% of participants surveyed
- Increased knowledge of non-opioid and nonpharmacological options for treating pain in both patients and medical providers

Overdose reversal efforts: saving lives

North Carolina has utilized more than \$1.8 million of STR and SOR funds to purchase nearly 31,000 nasal naloxone kits. Kits have been distributed to law enforcement, emergency management services (EMS) for “leave-behind” initiatives, OTPs, syringe services programs, Oxford Houses (recovery housing), health departments, community organizations, as well as the North Carolina Harm Reduction Coalition.

Increasing access to treatment

Access to MAT

In August 2016, prior to STR funding, North Carolina had 53 OTPs, the majority of which did not accept uninsured individuals. The number of OTPs is now 81, of which more than half have contracts with the MCOs for uninsured and underinsured adults. Although the number of OTPs has increased, there are still areas of the state that lack accessible MAT. To respond to this issue, several MCOs have extended contracts to office-based opioid treatment (OBOT) programs in the more rural or underserved areas. SOR funding 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. Some providers have also worked with their local EMS, allowing EMS to respond to overdoses, screen individuals for MAT treatment, and start buprenorphine inductions for those who qualify for up to 5 days before the individual begins treatment with an outpatient MAT provider.

Supporting long-term recovery

Long-term recovery can be jump-started with medically necessary MAT. The average length of service continues to increase across the seven LME-MCOs from a low of 6.4 months to a high of 15.2 months, with 10.2 months being the average. Those LME-MCOs with a higher utilization of MAT exhibited longer retention in treatment.

North Carolina has focused efforts on the further development and implementation of peer support specialists in various settings, including hospital EDs, OTPs, and jail settings. One effort included a contract with the North Carolina Healthcare Association to oversee a project to embed peer support specialists in EDs. Six hospitals were selected through a competitive process to place peers in their EDs to connect with individuals presenting with opioid overdose and to engage and assist them in securing treatment and other resources. Nearly 3,800 men and women had received recovery support services in the ED setting as of September 2020.

North Carolina continues to build on its work developing the peer support workforce. As of December 1, 2020, there were 3,816 Certified Peer Support Specialists in the state. This commitment has enabled Certified Peer Support Specialists to assume leadership roles in SOR-funded programs. For example, a MAT/detention program in the western part of the state is led by a Certified Peer Support Specialist who does assessments with individuals identified by medical staff as possibly having an OUD. Certified Peer Support Specialists have also taken on outreach roles due to the pandemic. One LME-MCO's members have continued to be served via peer support services with flexibilities put in place such as telephonic, telehealth, and case support provisions. Another LME-MCO has Certified Peer Support Specialists in four OTPs who assist in engaging patients and better assuring access to other recovery supports.

The State has also utilized STR and SOR funds to provide 1,050 individuals with 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 health care, education and literacy, and childcare.

North Carolina dedicated \$2,250,000 of SOR 2 to the treatment of individuals with stimulant use disorder.

Serving special populations

Families: In partnership with the Division of Social Services, three counties with the highest numbers of families impacted by opioid use were identified and selected for this pilot for families at risk of losing custody of their children, or whose children have been placed in foster care due to parental opioid use. They are offered MAT, clinical and recovery supports, and other identified services needed to either reunite families or prevent disruption. Two pilot counties are using the Intensive Family Preservation Services model, in addition to MAT.

In western North Carolina, services are provided to families who have experienced children being removed from the home or are at risk of being removed because the children's parent(s) have an OUD and co-occurring substance use problems that limit the parent's ability to care for their child. Families receive MAT, therapy, and case management. Based on the need, families can receive recovery supports from four local in-network providers. Since the families do not qualify for Medicaid, it is important that they have access to prescribed medications and there is a contract with a local pharmacy to support medication access.

Native Americans: The Eastern Band of Cherokee Indians is the only federally recognized tribe in North Carolina. As part of the SOR grant, EBCI has 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), and implementation of a tobacco cessation curriculum for individuals receiving OUD treatment. Staff have met with 39 patients with chronic pain who have been prescribed opioids to identify those appropriate for the Integrated Pain Program.

Justice Involved—Individuals: North Carolina has identified people involved in the justice system as a priority population as part of the Opioid Action Plan. Multiple pilot projects are underway across the state, and all are showing impressive results despite COVID-19's impact within incarcerated populations.

Two detention centers in the western part of the state allow for the continuation of MAT upon entrance to the facilities, with one also providing warm handoffs to community service organizations upon an individual's release. More than 170 individuals have been able to continue MAT, and 120 have been referred to community service organizations. An LME-MCO in the Research Triangle area has completed phase 1 of a MAT program at a detention center that has allowed for continuation of MAT for individuals upon entrance to the facility. Phase 2 will see the initiation of MAT for individuals diagnosed with an OUD who are currently incarcerated. The goal is to serve a minimum of 75 individuals.

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, are connected with a community health center for continued care, and are provided with naloxone. North Carolina has expanded the number of reentry sites with the SOR funds and has also identified five county jails in which people will receive MAT during incarceration. Currently these jails sites are focusing on ensuring individuals can continue on their medications as they enter the detention setting, and future efforts will include the ability to initiate MAT for those entering with an untreated OUD. Buncombe County Detention Facility has created the infrastructure to induct eligible inmates and provide peer support with warm handoffs to community treatment providers.

So far 96 individuals have been mentored and transitioned from incarceration into a North Carolina Oxford House. Reentry staff interviewed and placed all of them in Oxford Houses. Staff and Oxford House volunteers provided various needs when requested by returning citizens entering an Oxford House. Staff and/or Oxford House volunteers call or have face-to-face contact weekly with each returning citizen. Reentry applicants were referred from North Carolina Department of Public Safety correctional facilities across the state and the men's and women's CRV (Confinement in Response to Violation) centers. Referrals were also received from the Guilford, Orange, and Pitt County Detention Centers. In addition, to supply new reentering individuals with basics, backpacks have been provided for members entering Oxford houses from incarceration in need of necessities. These backpacks include socks, a towel and washcloth, toiletries, educational information, and resources specific to the area.

Demonstrating outcomes for a healthier future

- Prevention Initiatives:
 - The Lock Your Meds campaign reached 3.5 million individuals through TV and 3,413,288 through digital means.
 - The MemberHub (North Carolina Parent-Teacher Association website) had 269,540 impressions via web and email.
- Increased Accessibility:
 - The number of OTPs has increased from 53 to 81, serving more than 20,000 individuals daily and providing all three FDA-approved medications.
 - SOR funds were used to provide treatment to 10,787 individuals. This number includes individuals who may have initiated treatment under the STR grant.
- Broadened Service Array:
 - North Carolina has increased the number of Certified Peer Support Specialists to 4,015 individuals located in 95 (out of 100 total) counties. Of the total 4,015 individuals, 1,678 are certified SUD specific and 886 are certified co-occurring (mental health/SUD).
 - Recovery supported housing served 1,050 individuals due to STR and SOR funds.

- One LME-MCO supported the development of a Medication-Assisted Recovery Anonymous group. This group received an award from the i2i Center for Integrative Health for their work. Other parts of the state are beginning to focus on the development of mutual-aid groups for those receiving MAT.
- Improved Outcomes:
 - The two LME-MCOs with the highest utilization of MAT have average retention rates of 15.2 and 13.9 months respectively, for those patients participating in MAT.
 - Positive outcomes include improvements in housing stability, employment, mental health symptoms, decreased illicit substance use, etc.
- Sustainability:
 - The approval of a Peer Support Service definition that will allow for billing for both Medicaid and uninsured individuals will support the sustainability of this service.
 - North Carolina will continue to promote the benefits of Medicaid expansion and engage in work to support such.

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