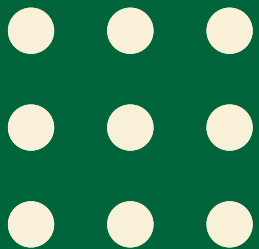




North Carolina Association
of County Commissioners



NC Opioid Settlement

Nidhi Sachdeva, MPH

Durham County BOCC Work Session | September 6, 2022

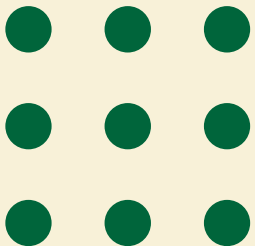


NC Association of County Commissioners
(Kevin Leonard, Amy Bason)



Strategic Member Services Department
(Jason King)

Opioid Settlement Assistance Program
(Nidhi Sachdeva)



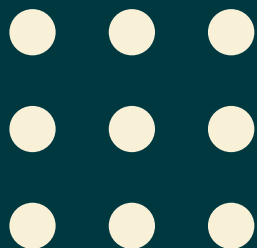


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Opioid Settlement Assistance Program

Goals

To assist and support NC counties in planning for and utilizing national opioid settlement funds, managing strategic health initiatives, and maximizing resources through outreach, education, and collaboration.

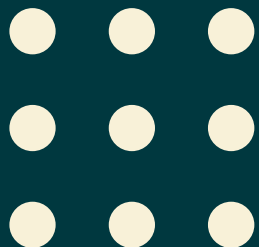




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Supportive TA Services

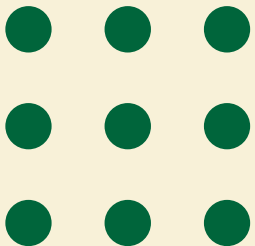
- **Strategic action planning**
 - Prioritization of evidence-based strategies
 - Legal consultation/translation
 - Spending plans
- **Collaboration and Connections**
 - Connections to technical experts
 - Fellows and Special Project Coordinators
- **Program implementation support**
 - Education and training
 - Consultation and coaching
 - Financial reporting
 - Impact reporting
 - Outreach





US Data, Trends

- **1 in 3 households** in the US have been affected
- **Record number of people lost** last year to drug overdose in the US (~108,000 prelim CDC estimate, 2021)
- **22.35 million** US adults are in recovery (9.1%)
- 6.7 million to 7.6 million American adults estimated to have OUD (4x more than previously known)

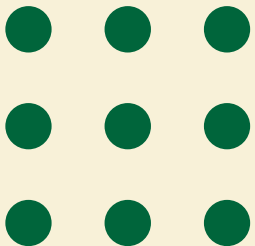




US Data, Trends

- **Treatment Gap**

- Only 12% of people with OUD got care last year (2021)
- Most treatment facilities do not offer medicines when methadone and buprenorphine are the gold standard of care
- 80% of people with OUD do not need inpatient care
- Every dollar spent on treatment can save \$12 or more on reduced legal system and health care costs (NIH)

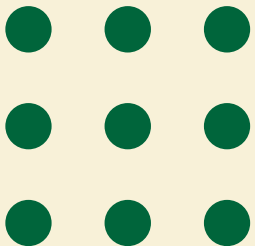




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NC Data, Trends

- Over **9** North Carolinians died each day from drug overdose (2020)
- **More than 28,000** North Carolinians lost their lives to drug overdose (2000-2020)
- Many more people, families, and communities impacted



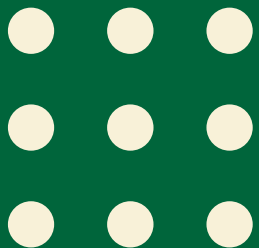
NC Department of Health and Human Services

N.C. Overdose Data: Trends and Surveillance

Division of Public Health
Injury and Violence Prevention Branch



Litigation Overview



	Manufacturers	Distributors	Pharmacies	Consultants
Bankruptcies	Purdue Pharma Mallinckrodt Insys			
Settlements	Johnson and Johnson (subsidiary Janssen)	Cardinal McKesson AmerisourceBergen		McKinsey
Not Bankrupt, Not Settled	Allergan Endo Teva		CVS Rite Aid Walgreens Walmart	



Litigation Outcome

McKinsey (States Only)

US

- \$574M over 5 years

NC

- \$19M over 5 years

Distributors + J&J

US

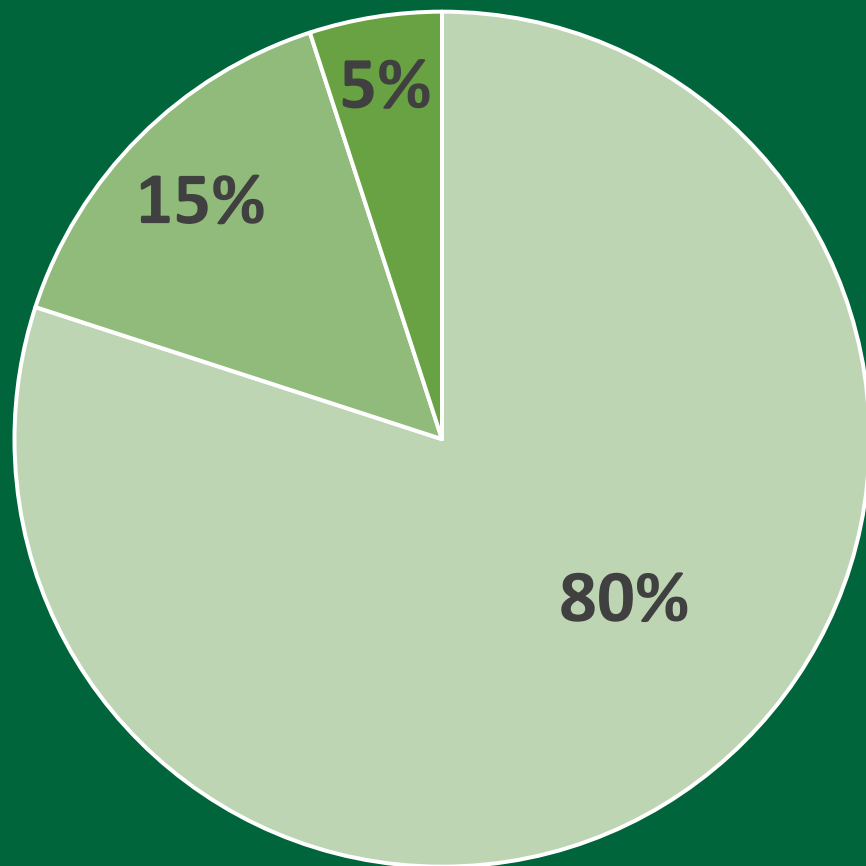
- \$26B over 18 years

NC

- \$750M over 18 years
- Front-loaded



Allocation Model



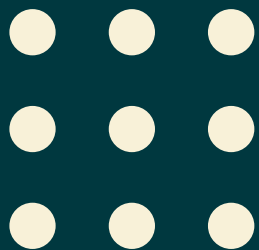
- Opioid settlement funds received in NC will be allocated as follows:
 - 80% will go to Local Governments listed in the MOA
 - 15% will go to the State of NC
 - 5% will be used for County Incentive Fund



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“We are a nation that, 1/4 century into the worst addiction crisis in US history, still makes death, incarceration, and dope far easier to achieve than evidence-based treatment.”

Beth Macy

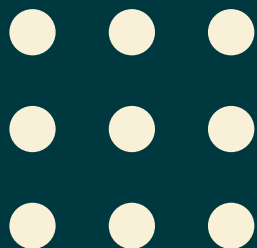




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MOA Guiding Principles

1. Spend the money to **save lives**
2. **Use evidence** and data to guide spending
3. **Invest in prevention** of root causes
4. **Focus on equity** and populations disproportionately impacted; **Include people with lived experience**
5. **Transparency** and **Accountability**
 - Fair and transparent process for deciding where and how to spend the funding



opioidprinciples.jhsph.edu/the-principles



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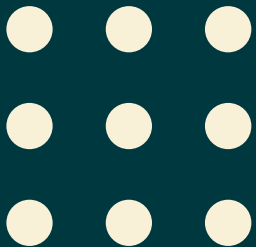
Reminders and Reassurances

- **Take a breath**

- Understand your needs and current actions
- Be intentional about and inclusive when creating your plan
- Unusual 18 year timeline – not what we are used to!

- **We got you!**

- NCACC ready to support you, help you filter through the noise, guide you through the processes, assist in planning, and reporting





Remediation Strategies

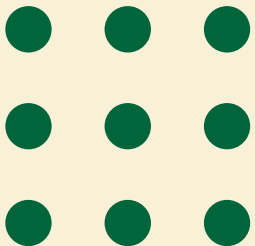
- NC MOA offers local governments two options

A

One or more strategies from a shorter list of evidence-based, high-impact strategies to address the epidemic. Fewer requirements.

B

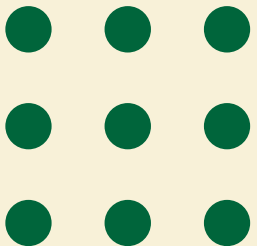
One or more strategies from a longer list of strategies after engaging in a collaborative strategic planning process with diverse, local stakeholders. More requirements.





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NC Opioid and Substance Use Action Plan, 3.0





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NC MOA: High Impact Abatement Strategies (Option A)



1. Collaborative strategic planning

2. Evidence-based addiction treatment

3. Recovery support

4. Housing

5. Employment

6. Early intervention

7. Naloxone

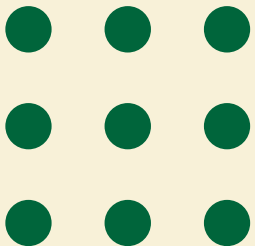
8. Post-overdose response

9. Syringe service programs (SSPs)

10. Legal system diversion

11. Addiction treatment for incarcerated persons

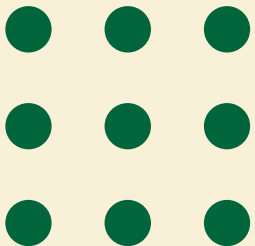
12. Reentry programs





1. Collaborative strategic planning

- Undertake a **structured process** to identify the best strategies for local governments to fund to address identified needs
- **Get input** from representative groups and diverse experts – including from **people with lived experience**





2. Evidence-based OUD treatment

- Increase access to Medications for Opioid Use Disorder (MOUD)

Office based
opioid treatment
(OBOT)

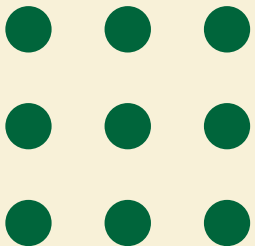
Criminal legal
system

Hospitals: ED and
inpatient

FQHCs

CBOs/Syringe
Service Programs

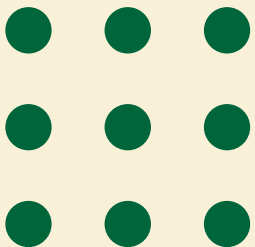
Local health
departments





2. Evidence-based OUD treatment

- Improve patient survival
- Decrease overdose, withdrawal symptoms, transmission of communicable disease
- Decrease illicit opiate use and other criminal activity among people with substance use disorders
- Increase patients' quality of life (e.g. ability to gain and maintain employment)
- Improve birth outcomes among pregnant people who have substance use disorders



Methadone

Buprenorphine

Naltrexone



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Drivers of HEALTH



Housing



Education



Access to Care, Services



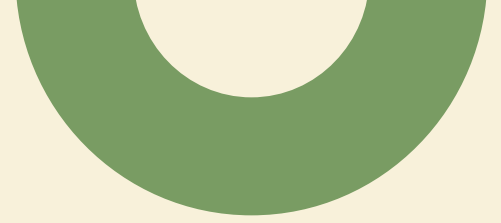
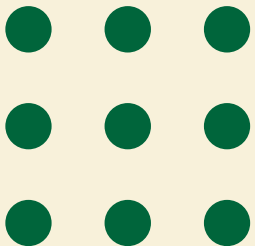
Labor/employment



Transportation



Happiness, Belonging (Q of L)



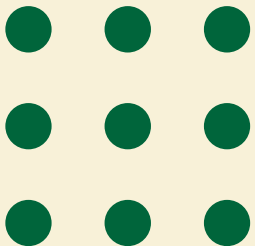


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3.-5. Recovery Support, Housing, Employment ⇔ Prevention



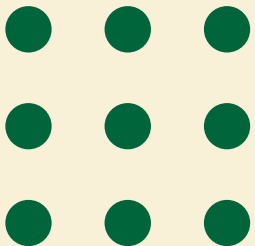
When our hierarchy of needs are met





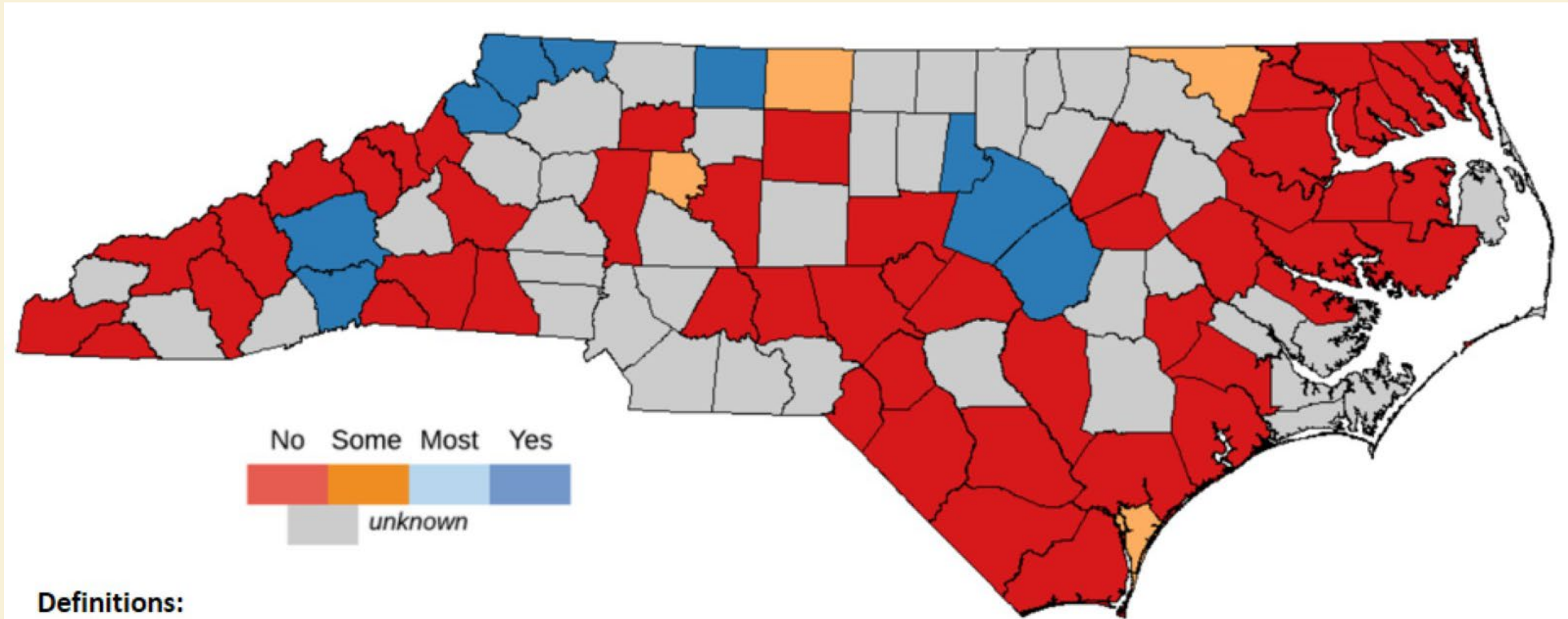
4. Recovery Housing

- Emergency rent and utilities assistance
- **Housing First** is a policy that offers unconditional, permanent housing as quickly as possible to people who are unhoused and other supportive services afterward
- Substantial evidence that **Housing First** is both an effective solution to homelessness and a form of cost savings
 - Reduces the use of public services like hospitals, jails, and emergency shelter





5. Fair Chance Hiring Ordinances



Definitions:

No – No Fair Chance Hiring policies existing or in discussion

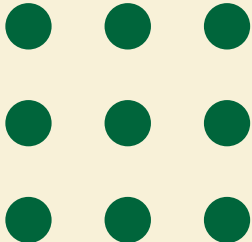
Some/Most – Developing policy or legislation proposed, not yet in effect, active discussion

Yes – Policy in place/effect to facilitate hiring people with documented criminal history

*Fair Chance Hiring policies, also known as Ban the Box, delay questions regarding a criminal record history until the applicant has first had a chance to show their qualifications and explain their criminal history to the employer.

Source: Qualtrics survey to all Local Health Directors – January 2020

Analysis by Injury Epidemiology and Surveillance Unit

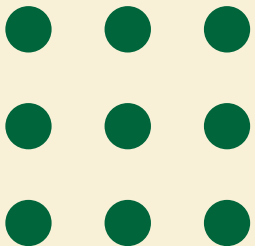




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5. Employment Support, Training, HR Policies

- Fund programs offering employment support services to people in treatment or recovery, or people who use drugs, such as job training or assistance with transportation needs
- Work with Chambers of Commerce and businesses to support employee wellness and job training programs
 - recoveryfriendlync.com



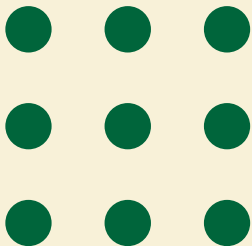


6. Early Intervention

Risk Factors, Root Causes

Trauma is the gateway to drug use

Help young people who may be struggling with drug use





Risk and Protective Factors

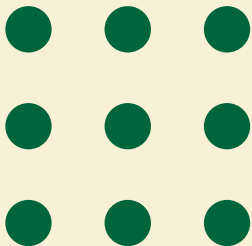
Risk Factors

Increase the likelihood of experiencing an adverse outcome (additive)
Are NOT determinative (not destined to have bad outcome if at risk)

Protective Factors

Decrease the likelihood of experiencing an adverse outcome
(buffer)

Encourage a positive, health-promoting focus. They are at the core
of asset-based or strengths-based prevention strategies

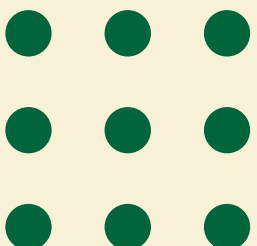
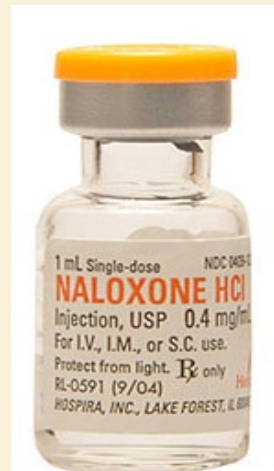




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7. Naloxone Distribution

- Make this first aid medication widely available
 - Syringe service programs, jails, health departments, hospitals, community gathering places, stock pharmacies





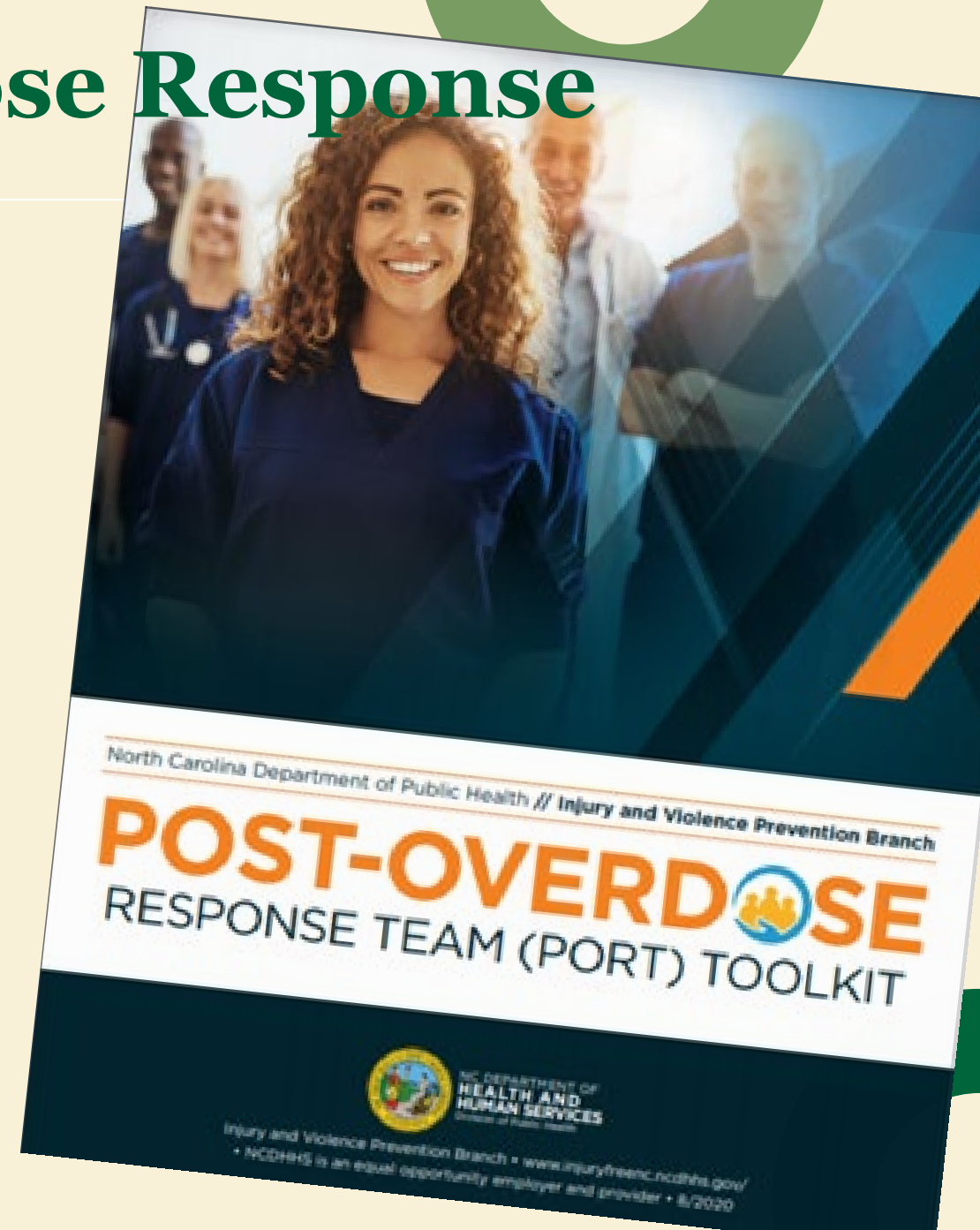
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of County Commissioners

8. Post Overdose Response

- PORT or Quick Response, Rapid Response Teams
- **Goal:** Keep people safe, crisis response
- Harm Reduction/Peers + EMS/ED
- Connections to care and referrals

Post-overdose interventions should be enticing, respectful, collaborative, and work on cementing that connection between people who use drugs and services that can help them survive.

~ Maya Doe-Simkins

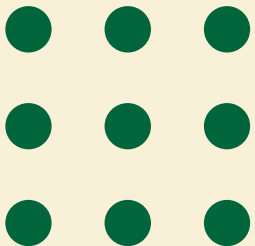




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9. Syringe Services Programs

- Legalized in NC July 11, 2016
 - Any governmental or nongovernmental organization “that promotes scientifically proven ways of mitigating health risks associated with drug use and other high risk behaviors” can start a SSP
- Evidence-based (7x more likely to connect to treatment)
- Cost effective
 - \$0.10 unused syringe vs. \$100,000 for HCV treatment/person





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SSPs are critical touch points within communities

Core Services

Educational
Materials

Syringe &
Supply Access

Secure
Disposal

Naloxone Kits and
Referrals

Referrals to Mental Health and
Substance Use Treatment (as needed)

Additional Support

Safer Use
Education

Support Groups
and Advocacy

Referrals to Medical
and Social Services

Overdose Prevention
Education

Legal
Services

Post-Overdose
Response

Wound
Care

MAT
Access

Case
Management

Hepatitis C
Treatment

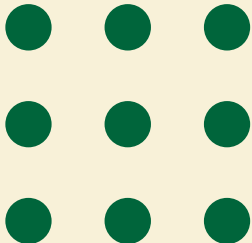
Food

HCV and HIV Testing
and Linkage to Care

PrEP

Training and Professional
Development

Expanded
Sexual Health



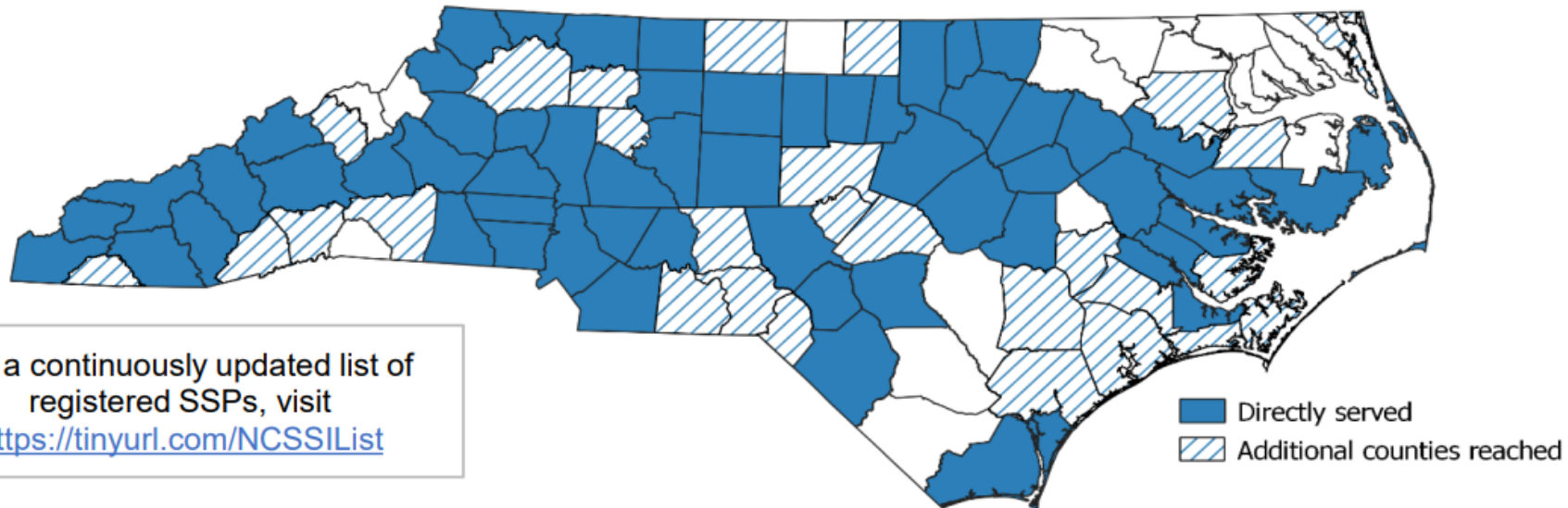


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NC Syringe Service Programs

NC Counties Served or Reached as of June 30, 2021

There are a total of **42 registered Syringe Services Programs** directly serving **56 counties** and **1 federally-recognized tribe** across North Carolina. Residents from 27 additional counties and 3 states (GA, SC, and TN) were also served by these SSPs.



For a continuously updated list of registered SSPs, visit <https://tinyurl.com/NCSSIList>

Of these 42 SSPs, 27 operate using a fixed-site location, 24 operate using mobile services, 22 operate using peer-based distribution, 12 operate in an integrated space, and 21 operate using delivery services.

Note that many SSPs utilize more than one program model. For more information about program model types, visit <https://www.ncdhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-models>.



NC SSPs, 2020-2021

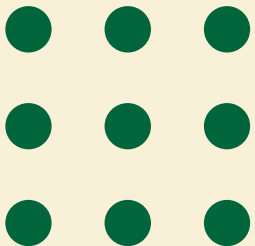
- **26,596** unique individuals served across all programs (73% increase since last year)
- **82,071** total contacts (increase of 32%)
- **1,973** referrals to substance use treatment
- Over **8 million syringes** and over **89,500 naloxone kits** were distributed
 - 12,392 overdose reversals were reported back to SSPs



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10. Criminal legal system diversion programs

- NC jails most common mental health treatment provider
- Diversion programs **provide an alternative to incarceration** for people with mental health and substance use conditions who come in contact with law enforcement and the justice systems, and **connect them** to treatment, recovery support, or other services and supports





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10. Criminal legal system diversion programs

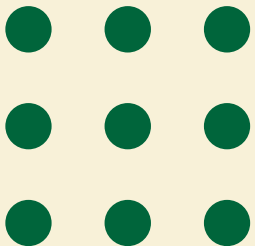
- Pre-arrest diversion programs
 - E.g Law Enforcement Assisted Diversion (LEAD)
- Additional tool: Utilizes officer discretion
- Harm reduction framework
- Public health approach
- Cost-savings
 - 60% reduction in CJ involvement in first 6 months
 - 58% reduction over 2-year evaluation

Identification

Screening
Process

Connection to
Case Manager

Referral to
Services





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Opioid Overdose Deaths Among Former Inmates in North Carolina, 2000-2015

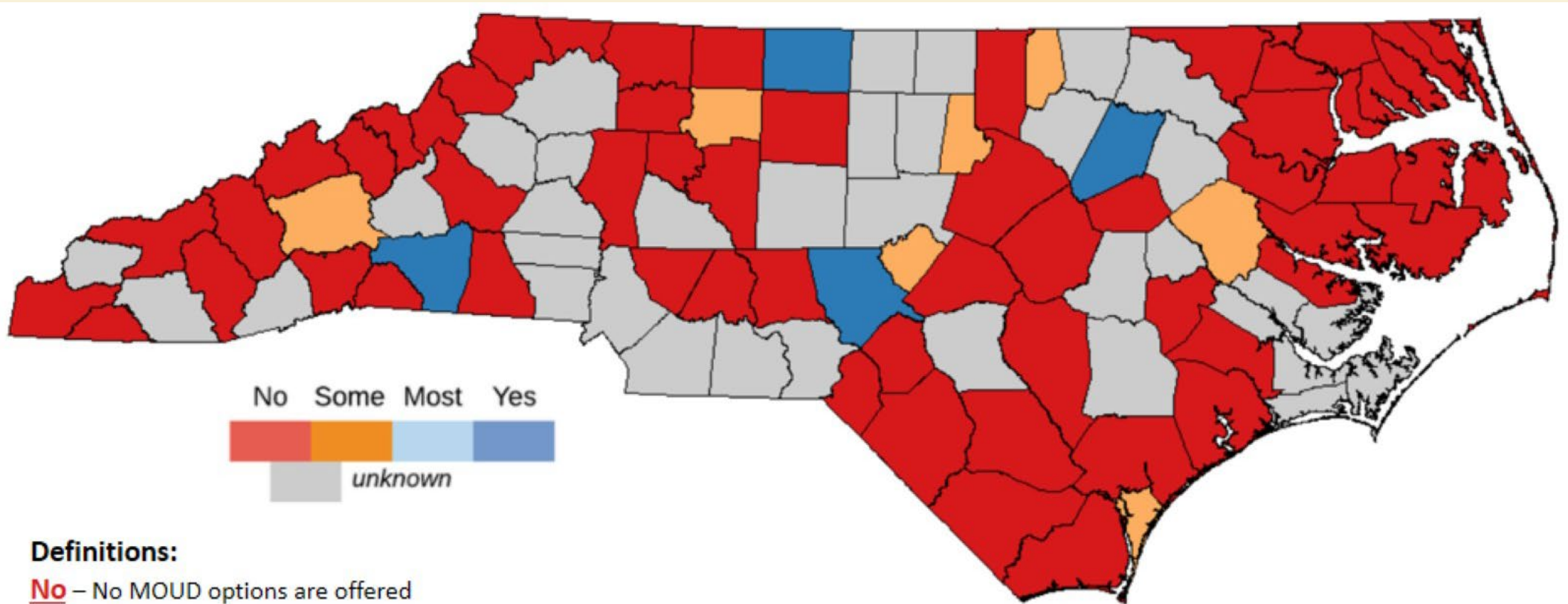
- Opioid overdose death rates **40 times higher** than general population during the first two weeks after release
 - 11 times more likely to die 1 year after release

Shabbar I. Ranapurwala et al. "Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015", *American Journal of Public Health* 108, no. 9 (September 1, 2018): pp. 1207-1213.





11. MOUD in NC Jail Settings



Definitions:

No – No MOUD options are offered

Some/Most – At least one of the following is offered: buprenorphine, methadone, or naltrexone

Yes – Multiple options for MOUD are offered, including buprenorphine, methadone, and naltrexone

*Providing access to MOUD (formerly known as MAT) in jail settings can reduce overdose risk, post-incarceration illicit opioid use, criminal behavior, and infectious disease (e.g. HIV, HCV) risk behaviors.

Source: Qualtrics survey to all Local Health Directors – January 2020

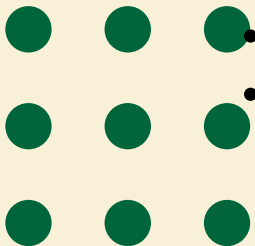
Analysis by Injury Epidemiology and Surveillance Unit





12. Reentry Programs

- Connect people to social and health services as they are being released from incarceration, and support them as they re-enter society
- Upon release, individuals are frequently without housing, employment, health insurance, or access to healthcare services
- UNC Formerly Incarcerated Transition (FIT) Program
 - Connects those with chronic disease, mental illness and/or substance use disorder with appropriate healthcare services and other reentry resources
 - Community Health Workers
 - Programs in Durham, Orange, Wake, Mecklenburg, Guilford
- FIT Connect
 - Connect people with chronic disease to a medical home upon release
 - E.g. via telehealth, or with FQHCs

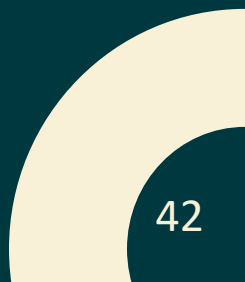
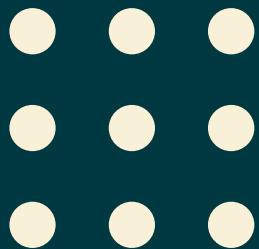




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Guidance and Resources





NC MOA Reporting Requirements

1. Annual Status Survey

2. Local Spending Authorization Report

- Due within 90 days of passing resolution/ordinance or budget
- Before you spend opioid settlement funds lets everyone know how you are planning to spend funds before you spend them

3. Annual Financial Report

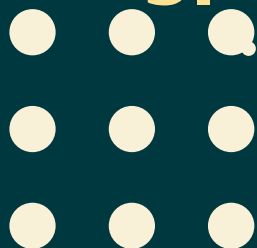
- Due 90 days after end of the fiscal year
- If you *received, held, or spent* funds before July 1, 2022, then first AFR is due no later than September 27, 2022

4. Annual Impact Report

- Due within 90 days of end of any FY in which funds were *spent*

5. Option B Report and Recommendations

- Within 90 days of submission to local governing body for consideration

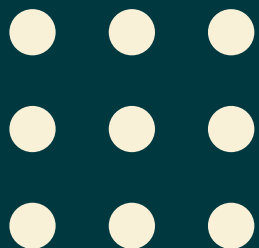




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Supportive TA Services

- **Strategic action planning**
 - Prioritization of evidence-based strategies
 - Legal consultation/translation
- **Collaboration and Connections**
 - Connections to technical experts
 - Fellows and Special Project Coordinators
- **Program implementation support**
 - Education and training
 - Consultation and coaching
 - Outreach
 - Evaluation and data reporting
 - Preparation of financial reporting



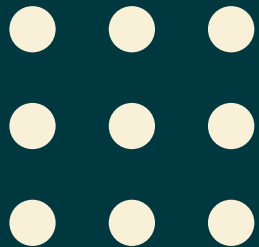


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Resources...to start

CORE-NC: ncopioidsettlement.org


- **NC MOA Resource Center, *FAQs***
 - morepowerfulnc.org/opioid-settlements/nc-memorandum-of-agreement
- **Payment schedule**
 - ncopioidsettlement.org/data-dashboards/payment-schedule
- **Data by County**
 - ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard
- **Training**
 - ncacc.org/services-for-counties/disaster-preparedness-and-recovery/opioid-litigation-settlement





North Carolina Association of County Commissioners

Resources...to start



North Carolina Department of Public Health // Injury and Violence Prevention Branch

POST-OVERDOSE RESPONSE TEAM (PORT) TOOLKIT

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Injury and Violence Prevention Branch • www.ncdphhs.gov • www.ncdphhs.gov/ivp • 8/2020

Using Medication-Assisted Treatment in Jails: A NORTH CAROLINA FOCUS

The North Carolina Department of Health and Human Services is working with state agencies and detention centers to address the unique needs of justice-involved individuals who use drugs by promoting evidence-based treatment and intervention and collaborating with community-based organizations and treatment providers. For more information, please contact jat@ncdphhs.gov.

QUICK FACTS

- Now — more than ever — jails play a key role in maintaining both the public safety and public health of our communities and need support in providing care. Substantial changes in jail populations have taken place nationally and in North Carolina, due to both the de-institutionalization of mental health care and to prison reform efforts, that have shifted some incarcerated populations previously housed in prisons to jails. These changes have increased the number of people with a mental illness and/or substance use disorder housed in jails.
- Drug overdose is one of the leading causes of death among people recently released from correctional facilities (prisons and jails). The first two weeks post-release is the time period with the highest risk.
- Studies have shown that providing access to medication-assisted treatment (MAT) (also known as medications for opioid use disorder or MOUD) in correctional settings can reduce overdose risk, the spread of costly infectious diseases such as HIV and hepatitis C, and recidivism. For this reason, states and counties across the country are exploring providing MAT in their correctional settings.
- Three different medications are currently used to treat opioid use disorder: methadone, buprenorphine (e.g., Suboxone), and naltrexone (e.g., Vivitrol). Best practices dictate that the choice of which medication to use to treat an individual should be made with the individual by a medical practitioner.
- Multiple MAT program models exist in correctional settings in the United States. Some settings screen and treat individuals for opioid use disorder during the entire period of their incarceration. Others begin treatment as individuals are being released with the plan to connect them to treatment in the community. Programs also vary in the types of medications they offer.
- Recent federal court decisions in two other states (MA and ME) ruled in favor of individuals entering jail in recovery from an opioid use disorder who requested to be allowed to continue using medications while in jail (methadone and buprenorphine, respectively) as part of their rights under the Americans with Disabilities Act and the US Constitution.

North Carolina Naloxone Distribution Toolkit

North Carolina Division of Public Health Injury and Violence Prevention Branch

NC Safer Syringe Initiative Annual Report, 2019-2020

Syringe services programs (SSPs) are an evidence-based strategy to reduce overdose deaths, reduce transmission of blood-borne pathogens including HIV and hepatitis C (HCV), and connect participants to treatment and care. SSPs provide a variety of social and health services for people who use drugs (PWUD) serving as the primary avenue to meet their health needs. They offer sterile syringes and disposal services to remove hazards from the community, prevent sharing and reuse of syringes, provide wound care, distribute naloxone, and offer many other wrap-around services. This report summarizes data reported to the Division of Public Health (DPH) from all SSPs active in North Carolina about their services. North Carolina law (G.S. 90-113.27) allows for the legal establishment of hypodermic syringe and needle exchange programs.

The 2019-2020 reporting year includes four months of the COVID-19 pandemic, which significantly impacted the way SSPs provide services across the state. The majority of programs in NC remained open but had to adjust their services, such as adding delivery services and/or offering a curbside pick-up model. In addition to increasing overdose trends, programs have also reported an increased need for their services by seeing more participants than they did before the pandemic.

NC Counties Served or Reached by Registered Syringe Services Programs, 2019-2020

For a full list of registered SSPs visit <https://isp.ncdphhs.gov/SSPsList>

There are 38 Syringe Services Programs directly serving 88 counties and one federally recognized tribe across NC, and 17 PA, SC, TN, VA, CA and TX Tribes and Territories.

Registered SSPs are serving an additional 13 counties, compared to the 2018-2019 reporting year. Of these 38 SSPs, 10 operate a fixed-site location, 11 provide mobile services, eight use peer-based services, eight operate in an integrated service model, and seven provide delivery-based services. Many SSPs utilize more than one model.

SSP Participant Numbers, 2019-2020

Since the previous reporting year, the number of counties programs had with participants increased by nearly 50%. The number of unique individuals served has increased by 85% since the previous reporting year.

In 2019-2020, programs provided participants with a total of 2,719 referrals to substance use treatment.

Unique individuals served: 15,339 | Total number of contacts: 14,930/15,464

NOVEMBER 2020

NALOXONE SAVES

A harm reduction resource for North Carolina

FOR PHARMACISTS | HOW TO GET NALOXONE | SAFER USE AND HARM REDUCTION

COMMUNITY DISTRIBUTION OF NALOXONE | TREATMENT OPTIONS | NALOXONE FAQs

NORTH CAROLINA OPIOID SETTLEMENTS

NEW RESOURCE!

NC OPIOID SETTLEMENTS DATA DASHBOARDS

Interactive maps and graphics to help NC communities make plans for spending their opioid settlement funds

HOW TO USE THE DASHBOARDS

- Select your county from the dropdown menu
- Scroll to view key indicators of opioid harm, community drivers of health, and settlement payment schedules

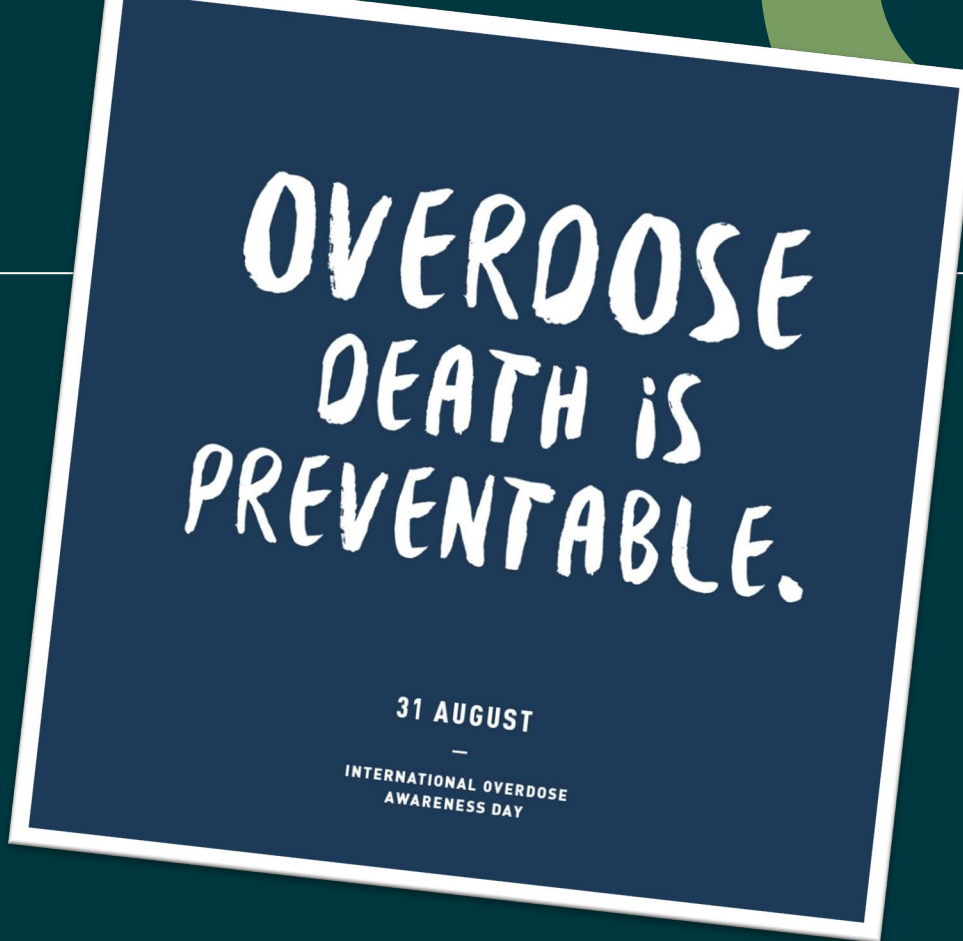
OPPIOID INDICATORS | **COMMUNITY DRIVERS OF HEALTH** | **SETTLEMENT PAYMENT SCHEDULES**

VISIT AND EXPLORE: ncopioidsettlement.org/data-dashboards



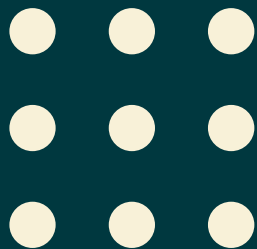


North Carolina Association
of County Commissioners



Thank you!

Questions and curiosities, clarifications, comments, or celebrations?





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