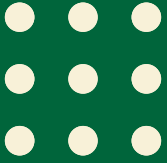North Carolina Association
of County Commissioners

NC Opioid Settlement
Strategies, Resources, and Collaborations

Information Prepared by Jason King and Nidhi Sachdeva
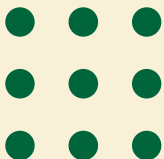
NC Association of County Commissioners
(Kevin Leonard, Amy Bason)

SMS Strategic Member Services Department
(Jason King)

Opioid Settlement Assistance Program
(Nidhi Sachdeva)
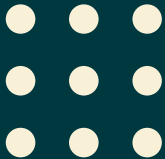
North Carolina Association of County Commissioners | SMS

Nidhi Sachdeva, MPH

Director of Strategic Health and Opioid Initiatives
Strategic Member Services
NC Association of County Commissioners
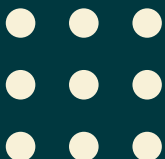Nidhi.Sachdeva@ncacc.org | 919.719.1114

North Carolina Association of County Commissioners

# 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.

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
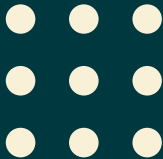
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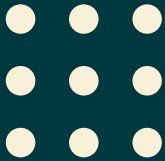
Allocation Model
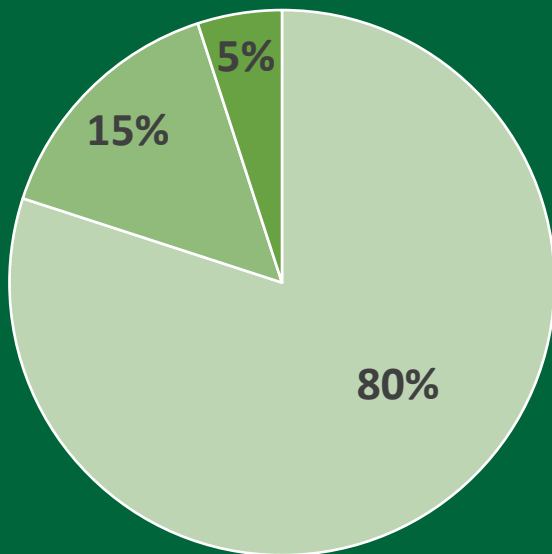
- Opioid settlement funds received in NC will be allocated as follows:

  - 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

5%

15%

80%

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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 disproportionally 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
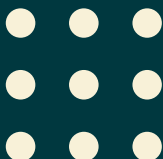
Remediation Strategies
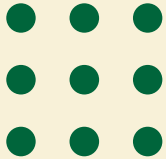
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- MOA offers local governments two options

A	One or more strategies from a shorter list of evidence-based, high-impact strategies to address the epidemic
B	One or more strategies from a longer list of strategies after engaging in a collaborative strategic planning process with diverse, local stakeholders

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NC MOA: High Impact Abatement Strategies (Option A)

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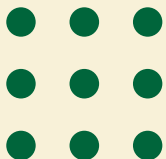| 1. Collaborative strategic planning	2. Evidence-based addiction treatment	3. Recovery support	4. Housing
5. Employment	6. Early intervention	7. Naloxone	8. Post-overdose response
9. Syringe service programs (SSPs)	10. Legal system diversion	11. Addiction treatment for incarcerated persons	12. Reentry 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**
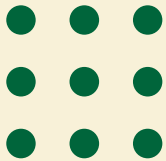
2. Evidence-based OUD treatment

- Only an estimated 10% to 20% of people with opioid use disorder are receiving any treatment at all

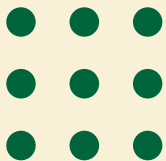- **GOAL:** Increase access to Medications for Opioid Use Disorder (MOUD)

Office based opioid treatment (OBOT)	Criminal legal system	Hospitals: ED and inpatient
FQHCs	CBOs/Syringe Service Programs	Local health departments

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- 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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3. Recovery Support - Drivers of HEALTH

Housing

Education

Access to Care, Services

Labor/employment

Transportation

Happiness, Belonging (Q of L)

4. Recovery Housing

- **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
- ALSO: Emergency rent and utilities assistance

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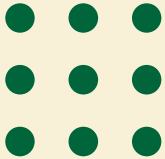
5. Employment Support, Training, HR Policies

- 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
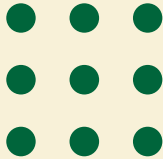
North Carolina Association of County Commissioners
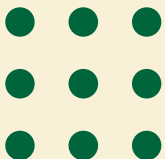
6. Early Intervention

Risk Factors, Root Causes

Trauma is the gateway to drug use

Help young people who may be struggling with drug use

The Pair of ACEs
Adverse Childhood Experiences

Maternal Depression

Physical & Emotional Neglect

Emotional & Physical Abuse

Divorce

Mental Illness

Substance Misuse

Incarceration

Domestic Violence

Homelessness

Adverse Community Environments

Poverty

Violence

Community Unrest

Discrimination

Poor Housing Quality & Affordability

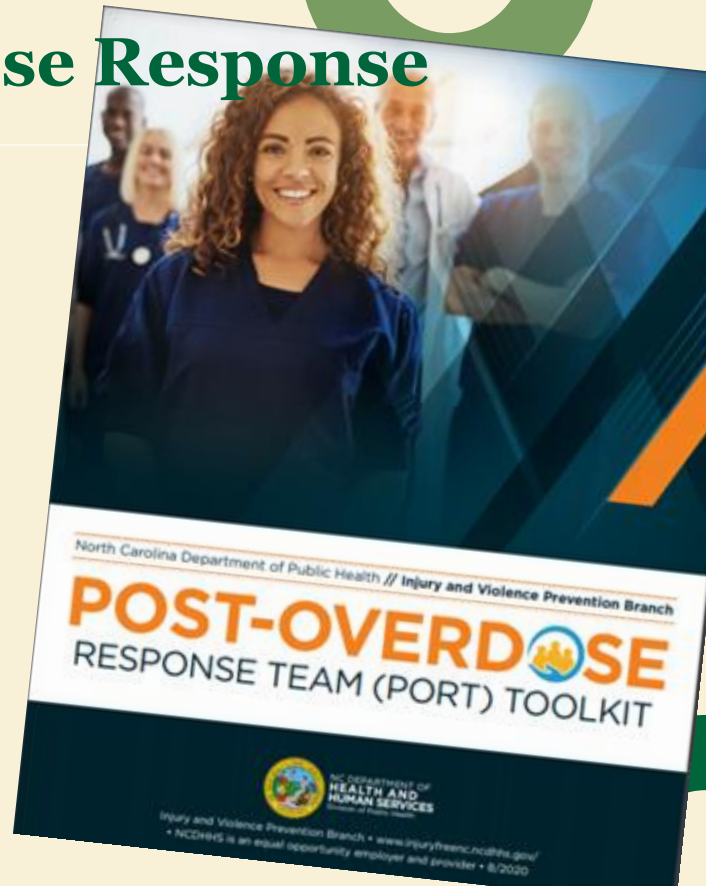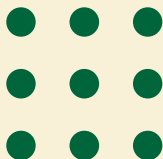Lack of Opportunity, Economic Mobility & Social Capital

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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

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.injuryfreenc.ncdhhs.gov/
• NCDHHS is an equal opportunity employer and provider • 8/2020
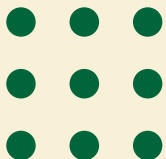
9. Syringe Services Programs

- 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
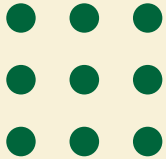
10. Criminal legal system diversion programs

- 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
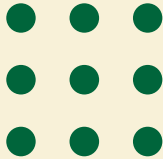
10. Criminal legal system diversion programs

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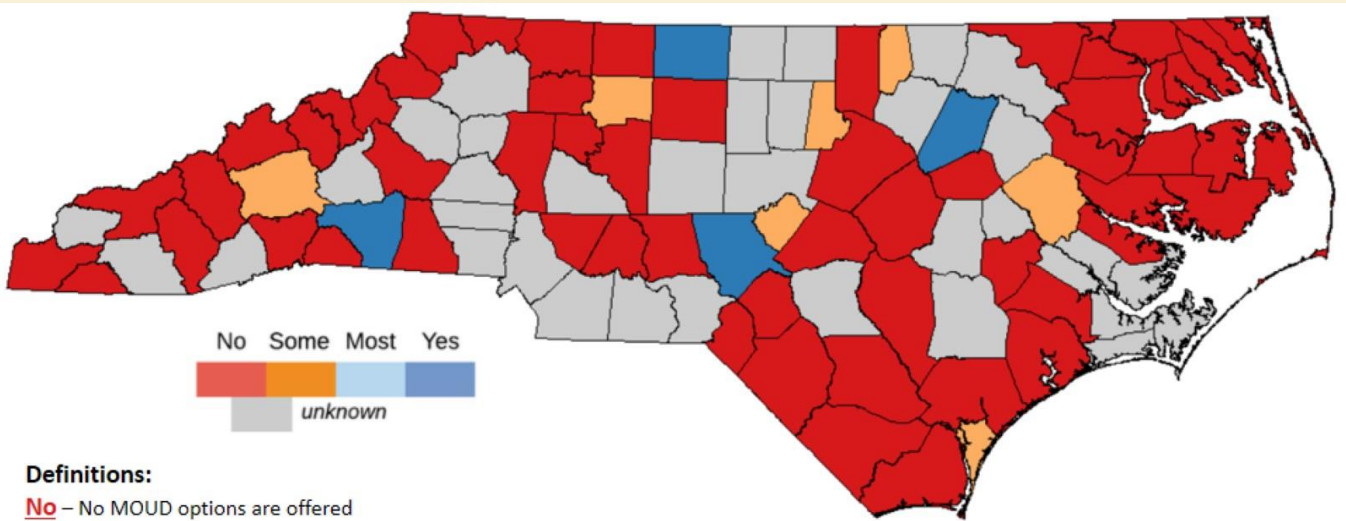
Identification

↓

Screening Process

↓

Connection to Case Manager

↓

Referral to Services

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11. MOUD in NC Jail Settings

No   Some   Most   Yes

unknown

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

- 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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12. Reentry Programs
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.

UNC INJURY PREVENTION RESEARCH CENTER

CORE-NC: ncopioidsettlement.org

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

SMS