STATEMENT OF

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ON

A PUBLIC HEALTH EMERGENCY: STATE EFFORTS TO CURB THE OPIOID CRISIS

BEFORE THE

U.S. HOUSE COMMITTEE ON ENERGY AND COMMERCE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION

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Testimony

Good morning, I want to thank Chair DeGette, Ranking Member Guthrie, and the honorable members of the Subcommittee for the opportunity to testify on North Carolina's use of federal funds to combat the opioid epidemic in our state.

I am pleased to say that the story of these funds is a success story. And I want to applaud the members of this committee, and the many federal agencies who have worked hard to ensure that these vital funds are distributed quickly and efficiently.

These federal funds have directly enabled North Carolina to turn the tide on the opioid epidemic in our state. I'm excited to share with you the successes that we have been able to achieve directly because of these funds, and our ongoing efforts to build upon this progress.

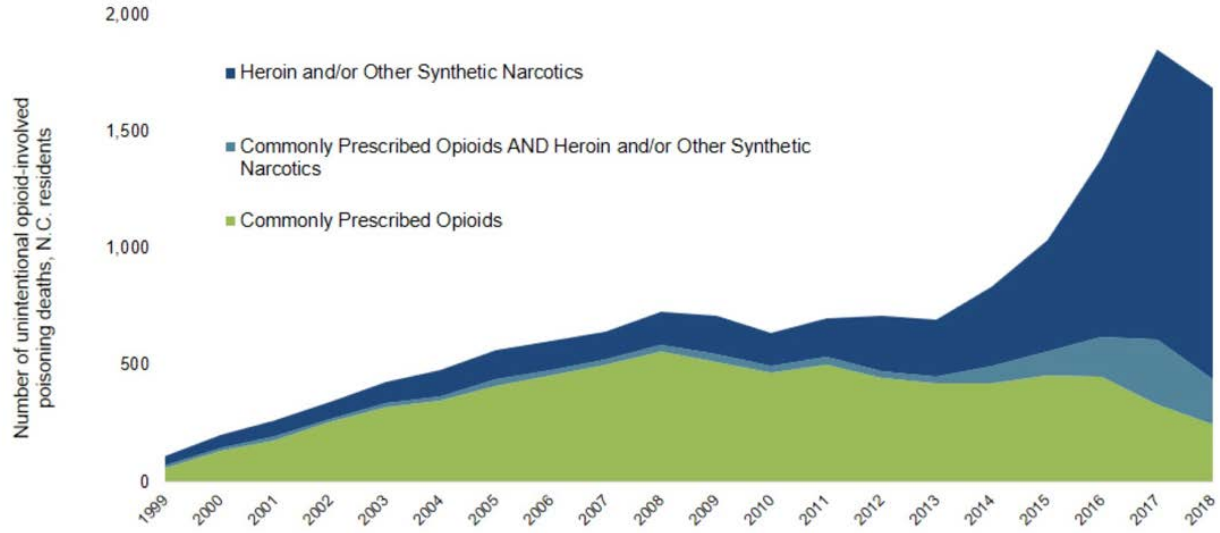
We are committed to fully abating the opioid epidemic in North Carolina and building a more resilient infrastructure that prevents future waves of drug use from reaching these same epidemic proportions.

The Scope of the North Carolina's Opioid Crisis

As you know, North Carolina was hard hit by the opioid crisis. The consequences have been large, and far reaching. Over the past two decades, we have lost more than 12,000 citizens to an opioid overdose. In 2016, North Carolina was in the top eight states for fentanyl overdose deaths alone.[1] Our data estimates that there are 426,000 North Carolinians that misuse prescription or illicit opioids.

[1] The Fentanyl Epidemic: State Initiatives to Reduce Overdose Deaths. (2019) Drug Strategies and Shatterproof. Available: https://www.shatterproof.org/download-fentanyl-report

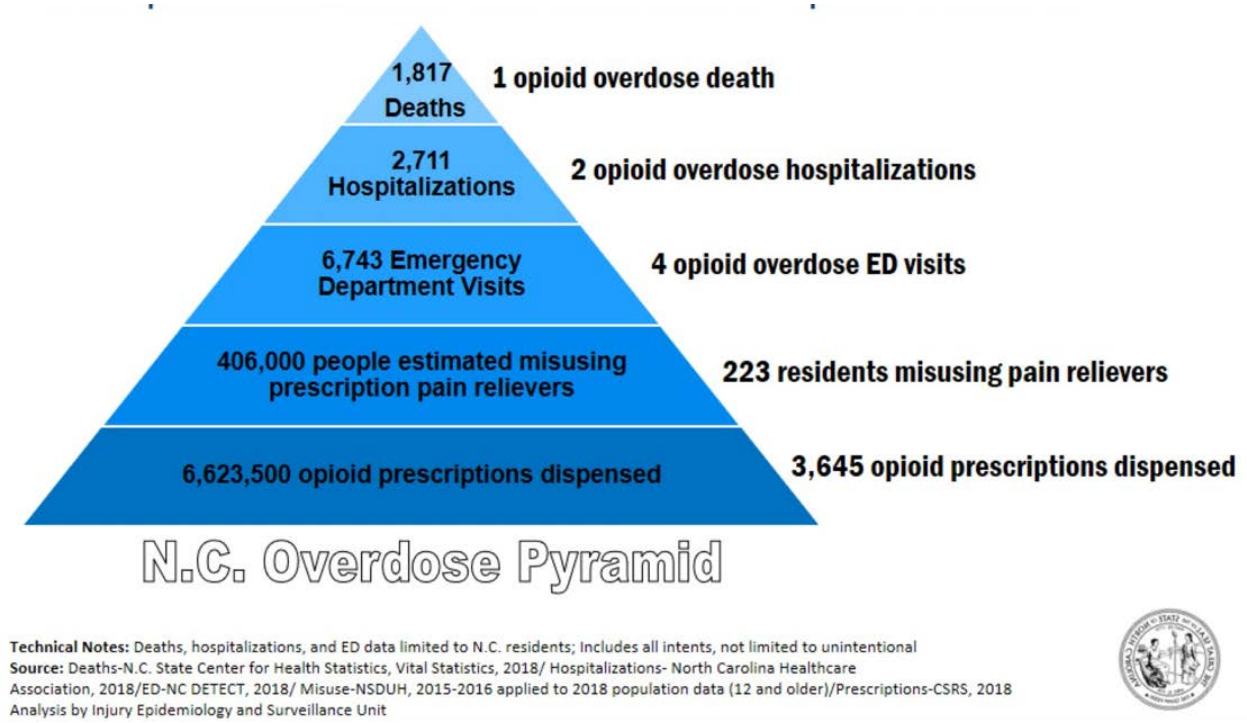
Figure: Unintentional Opioid Overdose Deaths in North Carolina, 1999-2018.



*Heroin and/or Other Synthetic Narcotics (mainly illicitly manufactured fentanyl and fentanyl analogues)

Technical Notes: Cases with only an Opium (T40.0) or only Other and Unspecified Narcotics (T40.6) code are excluded; Unintentional medication and drug poisoning: X40-X44 and any mention of T40.2 (Other Opioids), T40.3 (Methadone),T40.4 (Other synthetic opioid) and/or T40.6 (Other/unspecified narcotics); Limited to N.C. residents
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 1999-2018
Analysis by Injury Epidemiology and Surveillance Unit

There is not a system in the state that hasn't been impacted by this crisis. For each opioid overdose death, there were approximately six overdose hospitalizations and ED visits.



Close to half of the children in the North Carolina foster care system have parental substance use as a contributing factor to their out of home placement. From the start of the epidemic in 1999, 99,700 workers have been kept out of the workforce in North Carolina because of the opioid crises alone - an almost three percent decline in the state's prime-age labor force participation.[2] [3]

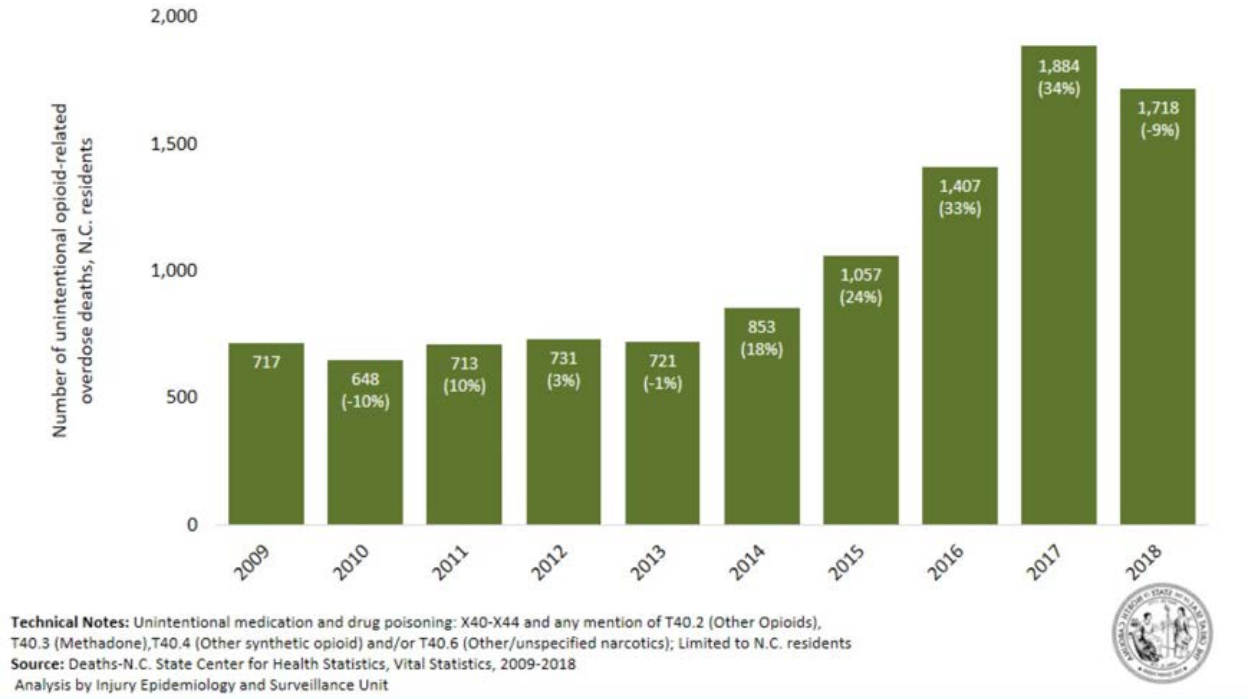
And ultimately, the human cost- the loss to communities, to families- is immeasurable.

[2] American Action Forum. State-by-state: The labor force and economic effects of the opioid crisis. (2018) Available: https://www.americanactionforum.org/project/opioid-state-summary/#back-to-map
[3] Krueger. (2017). Where have all the Workers Gone? An inquiry into the decline of the U.S. Labor Force Participation Rate. Brookings Papers on Economic Activities. Available: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6364990/#!po=0.862069

North Carolina has leveraged federal opioid funding to turn the tide on the crisis

The scale of the problem underpins the magnitude of the successes achieved, in large part enabled by the federal opioid dollars. Since 2016, when the first of the major federal opioid grants was received, North Carolina saw its first decline in opioid overdose deaths in five years, decreasing nine percent from 2017 to 2018.

Figure: Number of unintentional opioid overdose deaths in North Carolina, 2009-2018



We have also seen a 10% decline in opioid overdose emergency department visits, and a 20% increase in the number of people without health insurance and Medicaid beneficiaries receiving treatment for opioid use disorder.

We have achieved this by leveraging the federal opioid funds to execute a coordinated statewide strategic plan - The North Carolina Opioid Action Plan. The plan lays out specific high impact strategies to reduce overdose deaths and support the counties and communities on the front lines.

The Opioid Action Plan organizes our strategies into three core pillars of response. We want to 1) Prevent people from struggling in the first place 2) Reduce Harm to prevent overdose deaths and 3) Connect people to the care they need through both linkages to care and building treatment capacity.

Figure: North Carolina Opioid Action Plan Overview

Our success in leveraging federal funds to achieve many of our strategies in each of these three areas underpins the results we've seen.

Since 2016, North Carolina has received the following major federal awards to respond to the opioid epidemic through prevention, treatment, and recovery. The below grants total to $112.48M over three years, or $37.5 million per year. By the end of 2020, $104 million of the total $112M will be completed. A list of federal opioid grants received by DHHS is listed below.

Grant Name	Total Amount Awarded	Start date	End Date
SAMSHA State Targeted Response (STR) Grant	$31,173,448	05.01.17	01.31.20
SAMSHA State Opioid Response Grant	$46,066,632	09.30.18	09.29.20
SAMSHAM State Opioid Response Grant Supplement	$12,023,391	09.30.18	09.29.20
SAMSHA State Prevention Framework for Prescription Drugs (SPF-Rx)	$1,858,080	9/1/2016	8/31/2021
SAMSHA Medication Assisted Treatment-Prescription Drug and Opioid Abuse Program (MAT PDOA)	$2,873,291	09.01.16	08.31.20
CDC Public Health Crisis Response Funding for Opioid Overdose Preparedness and Response	$4,058,976	9/1/2018	11/30/2019
CDC Overdose Data to Action (OD2A) Gran	$7,003,731	9/1/2019	8/31/2022
CDC Prevention for States (PfS) Grant	$6,263,984	9/1/2015	8/31/2019
CDC Enhanced Surveillance of Opioid-Involved Morbidity and Mortality (ESOOS)	$1,166,004	9/1/2017	8/31/2019

In line with the great need, North Carolina has quickly deployed and utilized its federal funding. For example, North Carolina spent down 93% of its State Targeted Response Grant in year one and 90% in year two, one of the highest spend down rates in the nation for that grant. All

carryforward from the first year of the grant was spent down in year two. North Carolina is currently in a no-cost extension for the remainder of the year two funds and will fully spend down those funds by the end of that period in April 2020. NC DHHS also spent down over 90% of its CDC grant Public Health Crisis Grant in the first 12 months. This is a clear indication of our effectiveness in getting funds distributed, and that the funds are very much needed.

Connecting people to high quality, evidence-based treatment

Recognizing the criticality of treatment and responding to the high rates of uninsured in North Carolina, the single largest way North Carolina has leveraged its funds is in expanding evidence-based treatment, with a focus on medication assisted treatment as the gold standard of care. Through the SAMSHA State Targeted Response Grant and State Opioid Response grants, we have directly funded claims-based opioid use disorder treatment for more than 12,000 unique people through our public behavioral health safety net system. In accordance with General Statute, funding for direct services including treatment is provided through the local management entities-managed care organizations (LME-MCOs) that are responsible for the provision of publicly funded behavioral health services. These LME-MCOs then contract with direct service providers. There are seven LME-MCOs that provide services across all 100 counties. Due to the high need for treatment and recovery supports for people without health insurance, 100% of funds allocated to the LME-MCOs in year one of the State Opioid Response Grant have been spent down. Reflecting the scale of the demand in North Carolina, through the State Targeted Response Grant, LME-MCOs regularly spent down the entirety of their treatment funds before the end of the grant years.

Over the course of the grants, the number of opioid treatment programs - comprehensive programs that provide all three forms of MAT as well as psychosocial supports, care management, and other services - in the state has grown to over 80 programs.

North Carolina is also building the pipeline for the next generation of doctors to provide addiction treatment. Through these federal funds, we implemented a residency training program to incorporate addiction training and the DATA 2000 waiver training into the curriculum of medical resident, nurse practitioner, and physician assistant programs. The DATA 2000 waiver, named for federal Drug Addiction Treatment Act of 2000,[4] is the federally required DEA waiver to prescribe buprenorphine, one of the most commonly used forms of MAT. In the programs first year, over 900 current and future providers have received their waiver to prescribe, and more than 30 residencies will include this training in their curriculum ongoing.

In addition, four out of the five medical schools in North Carolina will now provide addiction training as part of their standard curriculum. We are working to establish that just like any other chronic disease - such as hypertension and like diabetes - addiction training should be part of the standard of medical education.

This program alone will mean that North Carolina has doubled its number of waivered providers in just one year. However, this enormous undertaking also demonstrates that the requirement to obtain a separate DEA waiver to prescribe buprenorphine for addiction is a barrier to expanding access to care. It is worth noting that there is no additional waiver requirement to prescribe the exact same medication, when its being prescribed for other conditions like pain. There are no additional waiver requirements for medicines with much higher risk profiles, like insulin and

[4]DEA Requirements for DATA Waived Physicians (DWPs)
https://www.deadiversion.usdoj.gov/pubs/docs/dwp_buprenorphine.htm

even fentanyl.[5] With this in mind, we applaud HHS's recent efforts to improve privacy regulations in 42CFR that have limited care coordination around addiction. These requirements reflect outdated approaches; there are modern solutions to ensure patient privacy while enabling us to move toward more integrated care.

We have also leveraged funds to build innovative linkage to care programs in a wide variety of settings. If we are going to invest heavily in building our treatment capacity, we must also make sure that the people who need it most are connected to that care. North Carolina's vision is that no door is the wrong door to getting high quality, evidence-based treatment, and that getting treatment should never be a matter of chance or luck.

Through the SAMHSA and CDC funds, North Carolina has piloted linkage to care programs by locating peer support specialists - state-certified individuals with lived experience - in emergency departments and with local EMS agencies to connect people who have recently experienced an overdose to care. We also implemented a novel pilot which uses EMS agencies to induct people on MAT and bridge them to community treatment providers.

This is most evident our work to connect people involved in the criminal justice system to care. North Carolina's justice system includes a state prison system with 127,000 people incarcerated, on probation or under post release/parole supervision in addition to our 100 counties, each with their own sheriff, local law enforcement, jails and courts.[6]

[5] Berk. (2019). To Help Providers Fight The Opioid Epidemic, "X The X Waiver". Health Affairs Blog. Available https://www.healthaffairs.org/do/10.1377/hblog20190301.79453/full/

[6] North Carolina Department of Public Safety. (2020). Department of Public Safety Statistics. Available: https://www.ncdps.gov/about-dps/department-public-safety-statistics

A recent study found that people exiting North Carolina prisons were 40 times more likely to die of an opioid overdose.[7] We directed federal funding to implement programs that connected people at various points in the justice system. This includes implementing four jail-based medication assisted treatment, including North Carolina's first jail to offer all three MAT medications, as well piloting connections to MAT through pre-arrest diversion, recovery courts, prison re-entry MAT programs, and community correction and supervision-based treatment programs.

A recent evaluation of a pilot program in Wilkes and Iredell counties, which connects people under community corrections supervision to medication assisted treatment found strong reductions in substance use, as well as a reduction in recidivism.

[7] Ranapurwala, Shanahan, Alexandridis, Proescholdbell, Naumann, Edwards, and Marshall. (2018). Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015. American Journal of Public Health. Available: https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304514

Table: Wilkes-Iredell Community Correction pilot. Changes in Substance Use between Intake and Six Months

General Alcohol and Drug Use			
Substance	**Intake**	**Six Months**	**Percent Change**
Any alcohol	23.3	9.5	-66.31
Binge drinking (4/5+ drinks)	7.8	0.00	-100.0
All Misused Drugs*	92.2	37.9	-56.89
Prescription drugs only+	56.3	10.3	-81.71
Specific Drug Use			
Substance	**Intake**	**Six Months**	**Percent Change**
Marijuana	38.8	24.1	-37.89
Oxycontin/Oxycodone	33.3	2.6	-92.63
Benzodiazepines	22.4	10.3	-54.02
Cocaine	18.1	9.5	-47.91
Methamphetamine	21.6	9.5	-56.02
Heroin	16.4	2.6	-84.15
Percocet	12.9	0.0	-100.0
Morphine	8.6	0.9	-89.53
Codeine	4.3	.9	-79.07
Other misused drugs	64.7	8.6	-86.71

*All Misused Drugs includes unprescribed prescription drugs & misuse of prescribed drugs
+Subset of All Misused Drugs

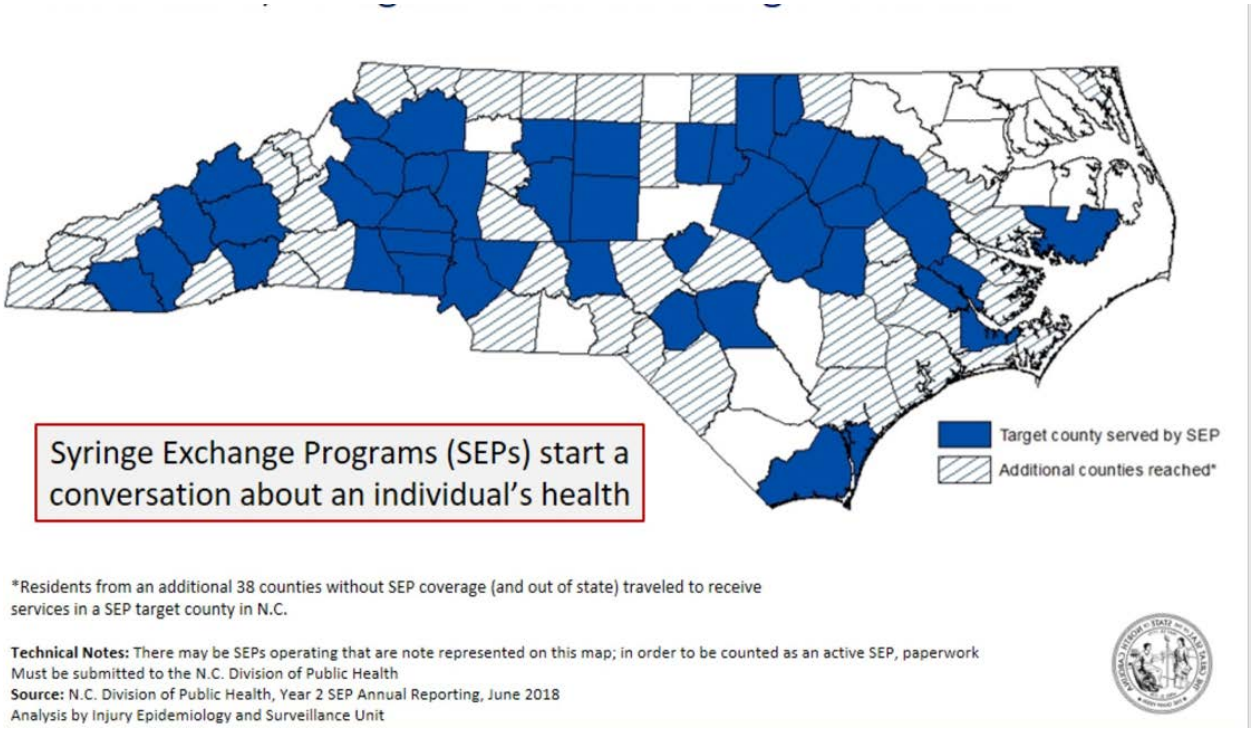
Changes in Involvement with the Justice System

Justice Involvement	Intake	Six Months	Percent Change
Confined in justice facility	15.4	1.9	-87.66
Committed crime	94.2	38.5	-59.13

And we were able to leverage these pilots to gain additional funding, having just received a $6.5 million grant from the Department of Justice's Bureau of Administration to expand these types of strategies to additional sites.

Preventing Overdose Deaths through harm reduction

North Carolina has also leveraged these funds to rapidly expand its harm reduction efforts. Harm reduction encompasses practical strategies that aim to immediately prevent overdose deaths. Although North Carolina only legalized syringe exchange programs in 2016, we now have 30 operating programs serving 42 of our 100 counties. The programs went from serving 5,000 people to serving 9,000 people in the last year, and made over 1,000 referrals to treatment, distributed over 19,000 naloxone kits, and provided thousands of tests for HIV and Hepatitis C.



Building the capacity of counties and communities on the front lines of the epidemic.

North Carolina has also worked closely with its counties and communities to implement key strategies from the NC Opioid Action Plan and give them the resources they need to respond where the state has been hit hardest. North Carolina has deployed its federal opioid funding to more than 50 county and community partners, including units of local government, including health departments; jails and county EMS; the Eastern Band of the Cherokee Indian, North Carolina's only federally recognized tribe; community-based organizations; local hospital systems; and community coalitions across the hardest hit areas in the state.

In the recent CDC Public Health Crisis Response Funding for Opioid Overdose Preparedness and Response, NC DHHS competitively awarded 22 local health departments to implement key strategies from the opioid action plan. The Local Health Department Request for Applications (LHD RFA) was open for all local health departments and districts in North Carolina. Applicants were scored on four content areas which included: (1) organizational readiness and assessment of need (includes burden of overdose deaths); (2) project description and sustainability; (3) evidence of collaborations/partnerships and letters of commitment; (4) and an evaluation plan. The Organizational Readiness and Assessment of Need portion required applicants to include epidemiological data to show how much their jurisdiction has been impacted by the opioid epidemic.

A list of partners who have received North Carolina federal opioid dollars is included at the end of this testimony for reference. This list may continue to evolve, including as new grants are awarded and as older grants come to a close.

We have also formed a strong coordinated infrastructure for response. Many counties have adopted the NC Opioid Action Plan to create their own county strategic response plan. The North Carolina Department of Health and Human Services (NCDHHS) convenes over 150 stakeholders from across the state through its Opioid and Prescription Drug Abuse Advisory Council every quarter. Its most recent meeting, which focused on jail-based MAT programs, drew over 350 people. This demonstrates both the relationship NCDHHS has built with the state's stakeholders, and the hunger and energy for these topics.

North Carolina has used additionally its SPF-Rx grant to adopt evidence - and practice-based strategies to address the two priorities of underage drinking and prescription drug misuse/abuse. The project has built the capacity and supported the development of partnerships with local communities. It has also strengthened the state's current prevention infrastructure at the local level by developing a systematic, ongoing monitoring system for substance abuse related consumption patterns and consequences; and track progress on prevention performance measures. It has also used prevention dollars on public education campaigns to increase knowledge about opioid disposal, safe storage, and the harms of sharing or misusing medications.

Tracking our progress and measuring our impact

North Carolina has additionally invested in improving its surveillance capacity to both rapidly monitor the state of the epidemic, but also improve our ability to deploy resources to the areas where it is most needed. North Carolina broadly evaluates its response to the epidemic and the implementation of the Opioid Action Plan using 13 metrics. These are regularly updated and

publicly available down to the county level at the NC Opioid Data Dashboard.[8] These metrics are tracked at the county level.

The impact of federal funds directed toward substance use disorder treatment are monitored in a number of ways. The NC Treatment Outcomes and Program Performance System (NC-TOPPS) is used to gather outcomes and performance data on behalf of all mental health and substance use disorder consumers in North Carolina's public system of services. For people receiving substance use disorder treatment, a wide range of metrics are monitored, including retention in treatment, engagement in recovery supports, Emergency Department visits, arrests and involvement of the justice system, family participation in treatment, employment, housing status and more. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services' Quality Management section further annually conducts a gaps and needs assessment of the LME-MCO network, including examining patients served, number of providers accepting new patients, and number of LME-MCO members with choice of providers within 30 miles or 30 minutes for urban areas, or 45 miles or 45 minutes of their residency.

These are all examples of one undeniable conclusion: These federal funds saved lives.

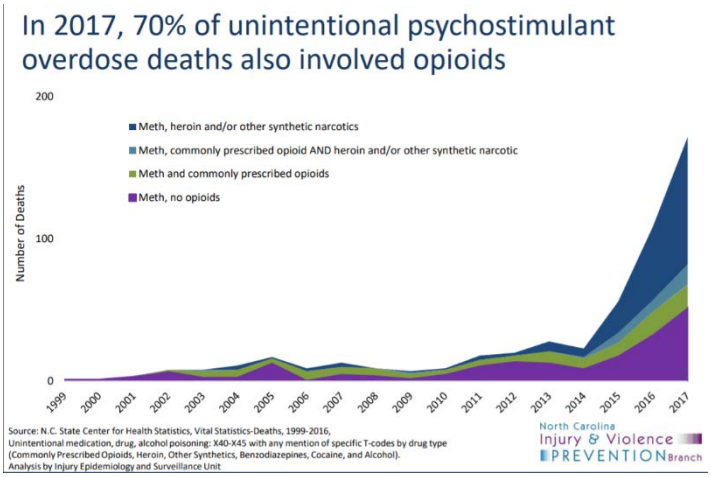
And we are very proud of what we have achieved. But the reality is we have much more work to do if we're going to truly abate this crisis.

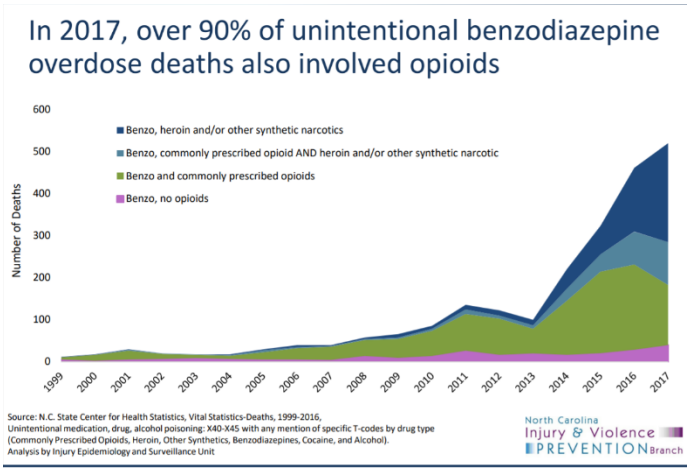
[8] https://injuryfreenc.shinyapps.io/OpioidActionPlan/

Rising overdose deaths from new emerging substance are driven by fentanyl contamination

Already, North Carolina is starting to see rising rates of overdose deaths from methamphetamine and benzodiazepines. More than 70% of these overdose deaths involved fentanyl contamination, which suggests that the epidemic is shifting once more.

Figures: Percent of benzodiazepine and psychostimulant deaths involving opioids in North Carolina





I started my professional career at a substance use disorder and behavioral health treatment center in Western North Carolina. Those of us who have been in this field long enough know that these epidemics come in waves. Today it is opioids, in the coming years it will be something new: methamphetamine, benzodiazepines, cocaine. Just like there were the waves of crack and cocaine in the decades before this one.

Sustainable and flexible funding is critical for both maintain the progress made, and more permanently abating the epidemic.

This is because all of these are just symptoms of the broader disease of addiction. We must build a robust infrastructure that can move further upstream to prevent and treat the root causes of addiction. Otherwise, we will just be squeezing the balloon, reactively responding to each new wave of emerging substances.

Our experiences are a clear example of why flexible and sustainable funding is both critical to maintaining the success of these funds and unlocking the tools we need to ensure we are building a proactive response.

We are very proud of the 12,000 uninsured persons we were able to treat through our federal funding. But this is only a start to meeting the full need in our state. In North Carolina, for every single person who is brought to the emergency department, nearly **half** has no health insurance at all.

Governor Cooper has made expanding Medicaid under the ACA one of his top priorities and remains committed to that goal. It is the most important tool in a sustainable response to the opioid epidemic and would bring an additional $4 billion into North Carolina for healthcare.

But until that goal is realized, these federal funds are often the only way people without insurance can afford the lifesaving treatment they need. The current reality in North Carolina is that those 12,000 people could lose their support for addiction treatment if these funds are not continued.

Sustainable funding also unlocks new activities to further our response. One of the biggest needs from our counties, communities, and treatment providers is to build capacity. However, it is

difficult to hire the staff when funding is just a one- or two-year cycle, and there isn't certainty about the future of the funding.

Treatment providers in rural and underserved areas need to know that there is sustainable and long-term funding for them to build and expand in the areas that need them the most. I often make the analogy that you wouldn't build a hardware store if there was only two years of funding for nails.

We are very appreciative of the funding models set forward by the Substance Abuse Prevention and Treatment Block Grant and recommend a transition over time from opioid specific resources to investing in the Substance Abuse Prevention and Treatment Block Grant to ensure long term sustainability of these funds. Simply giving us more time would be incredibly impactful. Sustaining funding streams over longer windows of time - or permanently - would allow states to ready systems for the next wave of the epidemic.

Finally, I want to applaud the flexibility of much of the federal opioid funding provided, which has allowed each state to respond to its own pressing needs. To advance our response, there is a need for increased access to funding that can be spent on capital projects and infrastructure. In many of the NC communities hardest hit by the opioid epidemic, it is difficult to implement programs and build treatment and recovery access because the community lacks basic infrastructure, including broadband and cell phone services. In many places, facilities need to be constructed to provide adequate services.

I want to thank you again for the opportunity to share North Carolina's experience deploying federal opioid funding, and I welcome your questions.

Appendix- Funding Recipients, Amount Allocated, and Purpose

Recipient	Federal Grant	Purpose	Amount Allocated	Type of entity
Buncombe County Local Health Department	CDC Public Health Crisis Response Funding for Opioid Overdose Preparedness and Response	Recruit and fund local health departments/districts in North Carolina to implement strategies to prevent fatal and non-fatal opioid overdoses, increase access and linkages to care services for the most vulnerable populations, and build local capacity to respond to the opioid epidemic in North Carolina.	$98,024.61	Local Governmental Organization
Stanly County Local Health Department	Same as above	Same as above	$99,808.97	Local Governmental Organization
Cleveland County Local Health Department	Same as above	Same as above	$68,925.00	Local Governmental Organization
Cabarrus County Local Health Department	Same as above	Same as above	$100,000	Local Governmental Organization
Iredell County Local Health Department	Same as above	Same as above	$85,972.73	Local Governmental Organization
Mecklenburg County Local Health Department	Same as above	Same as above	$100,000	Local Governmental Organization
Macon County Local Health Department	Same as above	Same as above	$100,000	Local Governmental Organization
Durham County Local Health Department	Same as above	Same as above	$98,530	Local Governmental Organization
Wake County Local Health Department	Same as above	Same as above	$99,935.33	Local Governmental Organization

Dare County Local Health Department	Same as above	Same as above	$93,193	Local Governmental Organization
Beaufort County Local Health Department	Same as above	Same as above	$26,943	Local Governmental Organization
Guilford County Local Health Department	Same as above	Same as above	$100,000	Local Governmental Organization
Haywood County Local Health Department	Same as above	Same as above	$66,383.47	Local Governmental Organization
Pitt County Local Health Department	Same as above	Same as above	$59,484.20	Local Governmental Organization
Appalachian District Local Health Department	Same as above	Same as above	$100,000	Local Governmental Organization
Alamance County Local Health Department	Same as above	Same as above	$67,769	Local Governmental Organization
Granville-Vance County Local Health Department	Same as above	Same as above	$100,000	Local Governmental Organization
Nash County Local Health Department	Same as above	Same as above	$20,000	Local Governmental Organization
Forsyth County Local Health Department	Same as above	Same as above	$100,000	Local Governmental Organization
Davie County Local Health Department	Same as above	Same as above	$67,613.39	Local Governmental Organization
Onslow County Local Health Department	Same as above	Same as above	$95,700	Local Governmental Organization

Hoke County Local Health Department	Same as above	Same as above	$100,000	Local Governmental Organization
Alexander County EMS	CDC Public Health Crisis Response Funding for Opioid Overdose Preparedness and Response	Distribute funds to local EMS agencies to develop or enhance post-overdose response teams to prevent overdose and connect those who have had a non-fatal overdose to harm reduction, care, treatment, and recovery support.	$6,000	Local Governmental Organization
Guilford County EMS	Same as above	Same as above	$20,000	Local Governmental Organization
Macon County EMS	Same as above	Same as above	$20,000	Local Governmental Organization
McDowell County EMS	Same as above	Same as above	$20,000	Local Governmental Organization
Onslow County EMS	Same as above	Same as above	$20,000	Local Governmental Organization
Pasquotank Camden & Perquimans County EMS	Same as above	Same as above	$30,000	Local Governmental Organization
Stanly County EMS	Same as above	Same as above	$20,000	Local Governmental Organization
DHHS/Division of Mental Health/Developmental Disabilities and Substance Abuse Services	PfS and OD2A	Improve NC's PDMP (Controlled Substances Reporting System, CSRS) functionality, timeliness of data, interstate/intrastate operability, use for public health/tracking high risk prescribing behaviors, and active management to inform provider reporting. Funds will also support integration of PDMP with other health systems data and ensure that the PDMP is easy to use and access by all providers in NC.	$315,000	State agency
University of North Carolina Injury	PfS, OD2A, Crisis and ESSOS	Provide additional epidemiologic expertise to our program. Provide technical assistance that is not available in the Division of Public Health.	$2,256,397	Public University

Prevention Research Center (UNC IPRC)		Work closely with NC DETECT (state Emergency Department data system) to develop local dashboards and training local health departments to track and monitor drug-related events. Support statewide academies to train DPH staff and partners in evidence-based strategies in medication and overdose prevention and evaluate and improve the method of conducting the community partner training. Provide epidemiologic and data support to support the NC-Enhanced Project coordination and expand nonfatal drug overdose and dissemination of this data. Partner with NC DETECT (ED data) to hire and supervise Graduate Research Assistants (GRAs) to complete outlined activities around nonfatal surveillance and development of dashboards and portal. Support a multi-state peer-to-peer overdose prevention initiative to convene partners to identify promising practices and effective strategies from the field in other states, including but not limited to NC. Include multiple process evaluations to ensure that key components can be replicated in other areas and for future scaling up.		
Department of Insurance	Crisis and OD2A	In collaboration with the Office of Chief Fire Marshall, NCDOI provides state-wide communication on safe prescription drug use, storage and disposal through Operation Medicine Drop.	$200,000	State Agency
DHHS/Division of Health Service Regulation	PfS/OD2A	Enhance the Office of Emergency Medical Systems (OEMS) training and tracking efforts among EMS agencies, systems, and other partners in response to the opioid epidemic	$277,800	State Agency
The National Foundation for the Centers of Disease Control and Prevention, Inc. (CDC Foundation)	OD2A	Provide surge staffing needs for the opioid crisis and response to NC.	$199,500	Federal Partner
Governor's Institute, Robeson Health Care Corporation (RHCC), Insight Human Services, RHA Health Services, Dare County Health Department, Community Impact	State Prevention Framework for Prescription Drugs (SPF-Rx)	North Carolina has used its SPF-Rx grant to adopt evidence- and practice-based strategies to address the two priorities of underage drinking and prescription drug misuse/abuse. The project will build state-wide capacity and support the development of partnerships with local communities. It will also strengthen the state's current prevention infrastructure at the local	$1,858,080	Local Government, community-based organization

NC (CINC), Wake Forest University Health Sciences (WFUHS), Pacific Institute for Research and Evaluation (PIRE), North Carolina Training and Technical Assistance Center (NCTTA)		level by developing a systematic, ongoing monitoring system for substance abuse related consumption patterns and consequences; and track progress on prevention performance measures.		
Governor's Institute, Robeson Health Care Corporation, Burke Recovery, Cleveland County Health Department, Insight Human Services, Coastal Horizons Center, Project Lazarus, RHA Health Services, Port Health, Dare County Health Department Community Impact NC, North Carolina Training and Technical Assistance Center (NCTTA)	State Targeted Response Grant	Substance use prevention education media campaign, and implementation of substance use prevention efforts including evidence-based practices and curricula training, prevention, and recovery policy summit, Provision of technical assistance to high need counties, and direct funding to twelve counties to implement prevention strategies	$2,230,771	Local Government, community-based organization
Lighthouse Software Systems	State Targeted Response Grant	Funds the license for the Central Registry, the software used by all Opioid Treatment Programs (OTPs) in the state for data collection and oversight.	$121,200	For Profit
Recovery Communities of NC	State Targeted Response Grant	Post overdose rapid response team and evaluator for recovery supports and connections to care after an overdose.	$37,500	Community based organization
LocalLocal Management Entity-Management Care Organizations (LME-MCOs): Alliance Health Cardinal Innovations Eastpointe LME/MCO Partners Behavioral Health Management Sandhills Center Trillium Healthcare Vaya Health	State Opioid Response Grant	ASAM Levels of Care: • ASAM Level 1 (individual, group, family therapies, medication administration, medication management, etc.) • ASAM Levels 2.1 (SAIOP) and 2.5 (SACOT) Medication Assisted Treatment Recovery Supported Housing	$27,375,950	Quasi-Governmental Organization

DSS-Involved Families Pilot	State Opioid Response Grant	Pender, Onslow and Haywood identified through RFP process as 3 counties with the highest rates of DSS-involved families due to SUD, implemented strategies and services to reduce out-of-home placements. Approximately 75 participants	$400,000	Local Government
Department of Public Safety	State Opioid Response Grant	In partnership with the Department of Public Safety, provide funding to 2 reentry centers where incarcerated individuals, readying for exit, receive naltrexone and work with dedicated staff to connect to SUD services in the community and other needed supports.	$466,281	State Agency
Eastern Band of the Cherokee IndiansIndian	State Opioid Response Grant	Based on the needs assessment submitted, provide funding to NC's only federally recognized tribe for services, supports and trainings to augment current MAT services. Activities include development of a community rapid response team, extensive training in culturally-appropriate trauma-informed care (Beauty for Ashes), training in and purchase of a biofeedback machine (to focus on pain management), implementation of a tobacco cessation curriculum for individuals receiving OUD treatment.	$1,329,994	Federally Recognized Tribe
Eastern Band of the Cherokee Indian Hospital Authority	State Opioid Response Grant	Naloxone kits Training in naloxone administration Implementation of a media campaign	$1,001,394.00	Federally Recognized Tribe
Oxford House	State Opioid Response Grant	Oxford House Reentry Coordinators x 2, to collaborate with the Reentry Initiative described above, as well as work with other re-entering individuals with an OUD in need of recovery supported housing	$1,114,443	Community based organization
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services	State Opioid Response Grant	Salary of staff to implement grant, including grant required positions - .05FTE Principle Investigator, State Opioid Coordinator, Project Director, Assistance Project Director, Data Analyst, Data Coordinator, Fringe, Travel, and office supplies	$584,771	State Agency
External contractors for evaluation, PDMP services, and GPRA implementation	State Opioid Response Grant	1. Evaluator- Analysis of NC TOPPS, GPRA & other desired data 2. PDMP software module (NarxCare) 3. GPRA- Analytic tools to assist with GPRA entry, uploads, and analysis	$563,990	External organization

Local Management Entity- Management Care Organizations (LME-MCOs): Alliance Health Cardinal Innovations Eastpointe LME/MCO Partners Behavioral Health Management Sandhills Center Trillium Healthcare Vaya Health	State Targeted Response Grant	ASAM Levels of Care: • ASAM Level 1 (individual, group, family therapies, medication administration, medication management, etc.) • ASAM Levels 2.1 (SAIOP) and 2.5 (SACOT) Lab services FDA Approved Medications (Methadone, buprenorphine, naltrexone, probuphine) Peer mentoring, peer coaching, recovery partners. Transportation, childcare and other services	$10,843,163	Quasi-governmental organizations
Oxford House	State Targeted Response Grant	Oxford house re-entry coordinator, data and reporting specialist, direct costs	$231,666	Community based organization
UNC Chapel Hill Project ECHO	State Targeted Response Grant	Enhancement of current ECHO for MAT project based out of the University of North Carolina-Chapel Hill	$1,012,739	Local University
North Carolina Healthcare Association	State Targeted Response Grant	Emergency Department Peer Support Specialist Pilot which placed peer support specialists in 6 emergency departments to connect people to care after an overdose.	$1,373,653	Community Based Organization
NC DHHS Information Technology Division	State Targeted Response Grant	Modify current Drug Regulatory management system (DRUMS) to enable the NC SOTA application, registration, inspection and surveillance paper-based processes to be integrated into the NC Controlled substances reporting Acts DRUMS a state of the art MS SQL database. Developer, Staff, and Supplies	$442,257	State Agency
Buncombe County Jail Durham County Jail Haywood County Jail New Hanover County Jail Watauga County Sheriff's Office	State Opioid Response Grant Supplement	Jail based Medication Assisted Treatment Program in four counties to continue and induct inmates on medication assisted treatment. Watauga county pre-arrest diversion program	$1,256,425	Local Governmental Organizations
WakeMed, Duke, and Duke Regional Hospitals	State Opioid Response Grant Supplement	Expansion of Medication Assisted Treatment in the Emergency Department	$1,349,000	Local hospital systems
Licensed Management Entity-Management Care Organizations (LME-MCOs):	State Opioid Response Grant Supplement	ASAM Levels of Care: • ASAM Level 1 (individual, group, family therapies, medication administration, medication management, etc.) • ASAM Levels 2.1 (SAIOP) and 2.5 (SACOT)	$8,927,063	Non-governmental organizations

Alliance Health Cardinal Innovations Eastpointe LME/MCO Partners Behavioral Health Management Sandhills Center Trillium Healthcare Vaya Health		• Opioid Treatment/Medication Assisted Treatment Medications – FDA-approved medications = Labs/Toxicology Estimated 842 patients at an average cost of $633 per month x 12 months		