

# Funds to Address North Carolina's Opioid Crisis

Session Law 2017-57, Section 11F.14A.(c)



Report to Joint Legislative Oversight Committee  
on Health and Human Services

and

Fiscal Research Division

November 1, 2018

North Carolina Department of Health and Human Service

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Over the past several years, North Carolina has experienced an increase in opioid and heroin use, misuse and overdose. In response, the state has developed strategies and implemented several initiatives to address the problem. In 2014, House Bill 97 was introduced with several sections directly addressing prescription drug abuse. While it did not pass, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), in collaboration with stakeholders from across the state, began the work of developing the North Carolina Strategic Plan to Reduce Prescription Drug Abuse, which was supported by the National Governor's Association and Substance Abuse and Mental Health Services Administration (SAMHSA) policy academies. The following year, Session Law 2015-241, mandated not only the development of the strategic plan, but also the creation of the Prescription Drug Abuse Advisory Committee (PDAAC), which is tasked with implementing activities guided by strategies within the plan.

In June 2017, the Opioid Action Plan was presented at the state's Opioid Misuse and Overdose Prevention Summit. This action plan serves as a guide or blueprint for addressing the many complexities of the opioid epidemic in North Carolina. It also serves to focus the strategies specific to the State Targeted Response to the Opioid Crisis (Opioid STR) grant, as well as the gaps identified in the needs assessment. This approach will not only aid in meeting the deliverables and outcomes identified in the Opioid STR grant, but will also help attain additional systemic and longer-term goals specific to addressing the epidemic.

The U.S. Department of Health and Human Services describes the rise in deaths from the use and misuse of opioids as an epidemic. Deaths involving opioid pain relievers and heroin increased by 200 percent between 2000 and 2014

([https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s\\_cid=mm6450a3\\_w](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w)).

The surge was largely fueled by the promotion of prescription opioids to treat pain in the late 1990s and early 2000s and the subsequent transition to heroin as a substitute for opioid medications as prescribing practices improved.

North Carolina was one of 19 states that saw statistically significant increases in drug overdose death rates between 2014 and 2015. Epidemiologic data available from the Injury and Violence Prevention Branch, Injury Epidemiology and Surveillance Unit, Division of Public Health, show that prescription opioid poisoning deaths increased by 583 percent between 1999 and 2017, while deaths from heroin overdoses increased by more than 1,000 percent in the same time period, indicating that the state, like the rest of the country, is facing a problem of epidemic proportions.

The prevalence estimate (age-adjusted death rate) from drug overdose deaths for the state was 19.7 per 100,000 in 2016. A total of 1,956 North Carolinians died from medication or drug overdoses in 2016

(<https://www.cdc.gov/drugoverdose/data/statedeaths.html>). Final data for 2017 indicate that 2,008 individuals died from an opioid overdose, a rate of 19.5 per 100,000.

The table below indicates the latest prevalence data based on population estimates as of July 2018. It includes separate estimates for individuals aged 12 or older for the non-medical use of prescription pain relievers and heroin use, in the past year. The prevalence rates were derived from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016. Based on a population estimate for North Carolina of 8,881,636 individuals aged 12 or older, the following indicates prevalence of prescription opioid misuse and heroin use, respectively:

| NC | Population<br>Ages 12+ | Prescription Opioid Misuse |         | Heroin Use |         | Total<br>Persons |
|----|------------------------|----------------------------|---------|------------|---------|------------------|
|    |                        | Prevalence                 | Persons | Prevalence | Persons |                  |
|    | 8,881,636              | 4.66%                      | 413,884 | 0.34%      | 30,198  | 444,082          |

(Compiled by the Quality Management section, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services)

It should be noted that these prevalence estimates do not take race, income or other socio-economic factors into consideration, which can and should influence or target areas of greater need for publicly-funded services. While we know where individuals with Medicaid benefits reside, accounting for indigent, uninsured or under-insured individuals is difficult at best.

On May 1, 2017, North Carolina received \$31 million to address the opioid crisis through the 21st Century Cures Act, State Targeted Response to the Opioid Crisis Grants (Opioid STR). SAMHSA awarded the two-year grant to the NC Department of Health and Human Services (DHHS), Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to increase access to prevention, treatment and recovery supports, reduce unmet treatment need, and reduce opioid-related overdoses and deaths. North Carolina received \$15,586,724 for the period of May 1, 2017 through April 30, 2018.

As per the grant parameters, 80 percent (80%) of the funds must be used to increase access to treatment and recovery services for individuals with an opioid use disorder each year of the grant. No more than five percent (5%) may be used annually to support state-level administrative costs associated with implementing the grant, and the remaining amount may be utilized to increase access to prevention services.

As per Session Law 2017-57, Section 11F.14A.(c): *By November 1, 2018, and again by November 1, 2019, the Department of Health and Human Services shall report to the*

*Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on use of the funds described in subsection (a) of this section. The report shall include at least all of the following components:*

*(1) A list of expenditures, broken down by the categories described in subdivision (1) through (3) Of subsection (a) of this section.*

|                | Allocation   | Allocation Percentage of Total Award | Expended Amount | Expended Percentage |
|----------------|--------------|--------------------------------------|-----------------|---------------------|
| Treatment      | \$12,851,883 | 83%                                  | \$11,992,608    | 93%                 |
| Prevention     | \$2,566,735  | 16%                                  | \$2,358,831     | 92%                 |
| Administration | \$168,106    | 1%                                   | \$144,667       | 86%                 |
|                |              |                                      |                 |                     |
| Totals         | \$15,586,724 | 100%                                 | \$14,496,106    | 93%                 |

Immediately following identifies (i) the specific services or products, or both, that were purchased and (ii) whether this expenditure should be classified as recurring or nonrecurring.

Prevention, treatment and recovery services provided with these grant funds will be recurring for the period of May 1, 2018 through April 30, 2019, as this will be Year Two of the Opioid STR grant. The following treatment and recovery services were provided to individuals with an opioid use disorder:

- Assessment and evaluation
- Detoxification and facility-based crisis services
- Basic outpatient services (individual and group therapies)
- Evaluation and management services (services provided by medical professionals)
- Enhanced/intensive outpatient services
- Medication administration (dosing of FDA-approved medications for opioid use disorder, including methadone, buprenorphine products)
- Supported recovery housing (group living, halfway houses)
- Peer support services (recovery coaching, mentoring)
- Medication (FDA-approved medications for opioid use disorder, including methadone, buprenorphine products, naltrexone)

The majority of the funding for prevention services was allocated to the Local Management Entities-Managed Care Organizations (LME-MCOs) to augment and expand community coalition work currently underway through another federal discretionary grant. Prevention funds were also used to purchase naloxone, the medication used for opioid overdoses, as well as purchase lock boxes for the safe

storage of medications. Media campaigns were implemented as well to educate, reduce stigma associated with drug use and encourage individuals to seek treatment.

*(2) A status report on the following is provided: (1) Increase the number of individuals receiving opioid use disorder treatment by nine percent (9%) during each fiscal year of the 2017-2019 fiscal biennium, and (2) Increase the capacity of Medication Assisted Treatment services by five percent (5%) during each fiscal year of the 2017-2019 fiscal biennium.*

For the period of May 1, 2017 through April 30, 2018, compared to the same time frame one year earlier, there was a 27% increase in the number of individuals with an opioid use disorder who received treatment and/or recovery services for such disorder.

On June 30, 2017, there were 59 opioid treatment programs providing medication assisted treatment to North Carolina residents. As of June 30, 2018, there were an additional 11 opioid treatment programs, bringing the total to 70. This represents an increase of 18.6 percent.

*(3) The total number and percentage of individuals who received opioid use disorder treatment during each fiscal year of the 2017 – 2019 fiscal biennium.*

As stated above, 5,847 individuals were treated for an opioid use disorder with these funds during the period of May 1, 2017 through April 30, 2018. Funds were not utilized for individuals who did not have an opioid use disorder; therefore, the percentage is 100 percent.

*(4) The total number and percentage of individuals who received opioid use disorder recovery services during each fiscal year of the 2017 – 2019 fiscal biennium.*

During the first year of this grant, 1,727 individuals received some type of recovery support service. This was a special reporting requirement, as the majority of recovery services are not captured through claims billing in NCTracks. Funds are provided to the LME-MCOs as non-unit cost reimbursement (non-ucr).

*(5) The total number and percentage of providers that implemented Medication-Assisted Treatment services during each fiscal year of the 2017 – 2019 fiscal biennium.*

As of June 30, 2017, there were 59 opioid treatment programs (OTPs) in North Carolina. At the end of fiscal year 2018, there were 71 OTPs. This represents an increase of slightly over 20 percent with more than 19,500 people receiving medication daily through these programs (all payor sources). OTPs have the current capacity to treat more than 25,000 individuals.

*(6) The total number and percentage of prevention and treatment providers that received training paid for with grant funds during each fiscal year of the 2017 – 2019 fiscal biennium.*

A total of 286 individuals received training in medication-assisted treatment and American Society of Addiction Medicine (ASAM) evaluation and placement. Participants included physicians, physician assistants, nurse practitioners, nurses and certified and licensed clinicians.

While training for prevention providers was not specifically targeted with these funds, over 1000 people were reached through media campaigns such as “Lock Your Meds,” which include educational components.

*(7) The total numbers and rates of opioid use during each fiscal year of the 2017 – 2019 fiscal biennium.*

The table below indicates the prevalence rates for prescription opioid misuse and heroin use based on the population of North Carolinians aged 12 and older as of July 2107 and July 2018.

|           |                     | Prescription Opioid Misuse |         | Heroin Use |         | Total Persons |
|-----------|---------------------|----------------------------|---------|------------|---------|---------------|
|           | Population Ages 12+ | Prevalence                 | Persons | Prevalence | Persons |               |
| July 2017 | 8,754,236           | 4.57%                      | 399,795 | .20%       | 17,508  | 417,304       |
| July 2018 | 8,881,636           | 4.66%                      | 413,884 | 0.34%      | 30,198  | 444,082       |

(Compiled by the Quality Management Section, DMHDDSAS)

*(8) The total numbers and rates of opioid overdose-related deaths during each fiscal year of the 2017 – 2109 fiscal biennium.*

Data compiled by the Injury and Violence Prevention Branch of the Division of Public Health reports that nearly 15,000 North Carolinians died from an opioid overdose between 1999 and 2017. In 2017, 2,008 deaths were attributed to opioid overdose. For the period of July 2017 through June 2018, 1,406 deaths have been confirmed due to opioid overdose. It should be noted that due to delays of death data reporting additional deaths may be attributed to opioid overdose as cases are finalized.

In conclusion, the addition of the funds to address the opioid epidemic has resulted in more than 5,000 individuals receiving treatment. This is well over the number proposed to be served in the original Opioid STR grant application. Current efforts are focused on assuring that more participants receive medication-assisted treatment, in addition to other clinical services and recovery supports, as this combination of services is the evidence-based practice for opioid use disorders. Preliminary data indicate that individuals receiving medication-assisted treatment are engaged in care longer, which

will result in better outcomes specific to housing, employment, physical health, etc. Efforts to assure individuals are able to access medication-assisted treatment, as well as access the supports that enhance retention in care will be targeted moving forward.

However, in order to truly and successfully address the opioid crisis, strategies outlined in the Opioid Action Plan must be implemented. The Action Plan contains seven (7) areas of focus that are most relevant, including: (1) Coordinated Infrastructure, (2) Decrease the Oversupply of Prescription Drugs, (3) Decrease the Diversion and Flow of Illicit Drugs, (4) Increase Community Awareness and Prevention, (5) Increase Naloxone Availability, (6) Expand Treatment Access, (7) Expand Recovery Supports and (8) Measure Impact. While this Opioid Action Plan functions as the strategic plan for the Opioid STR grant because of its comprehensiveness and the collaboration and contributions of numerous people and agencies, it has a much broader scope and applicability. Data and information are collected and reviewed regularly in order to monitor trends and outcomes, as well as determine if different or additional approaches and/or resources are needed. The human impact of opioid use is incalculable. The consequences are damaging and long-lasting for the individual, his or her family, and society in general. It is only through comprehensive, multi-pronged and sustained efforts that individuals, families and communities will recover.