

Opioid Settlement: Franklin County Public Meeting and Workshop

October 3, 2022
From 2:00 – 4:00PM
Franklin Plaza Training Room
279 S. Bickett Boulevard
Louisburg, NC 27549



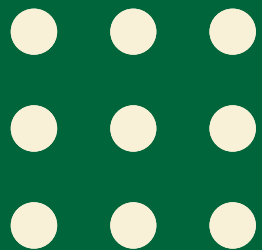
Welcome and Opening Remarks

- Purpose: To discuss the Opioid Settlement Memorandum of Agreement Implementation
 - Franklin County signed the Memorandum of Agreement with the Attorney General's Office and the opioid distributors in September 2021
 - Key requirements including direct impact to opioid overdose epidemic, compliance with reporting, and transparency
 - Evidence-based Strategies





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Speaker: Nidhi Sachdeva, MPH



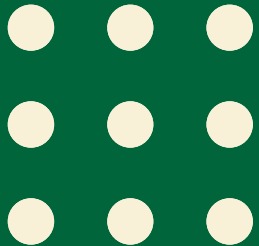
Director of Strategic Health and Opioid Initiatives, North Carolina Association of County Commissioners (NCACC)

Nidhi Sachdeva, MPH (she/her) serves as the Director of Strategic Health and Opioid Initiatives with the North Carolina Association of County Commissioners (NCACC) where she assists counties in planning for and utilizing national opioid settlement funds, managing strategic health initiatives, and maximizing resources through outreach, education, and collaboration. Ms. Sachdeva has worked in public health and harm reduction in various capacities and on multiple levels within government (local and state) and research universities.

Pronunciation: Nih-Thee Such-they-vuh



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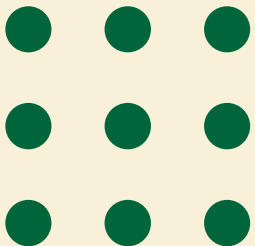
NC Opioid Settlement

Nidhi Sachdeva, MPH
Franklin County



US Data, Trends

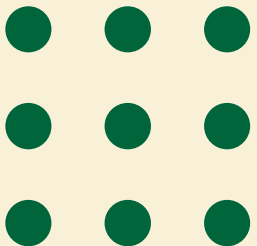
- **1 in 3 households** in the US have been affected
- **Record number of people lost** last year to drug overdose in the US (~108,000 prelim CDC estimate, 2021)
- **22.35 million** US adults are in recovery (9.1%)
- 6.7 million to 7.6 million American adults estimated to have OUD (4x more than previously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





US Data, Trends

- **Only 12%** of people with OUD got care last year (2021)
- Most treatment facilities do not offer medicines.
Methadone and buprenorphine are the gold standard of care
- **80%** of people with OUD do not need inpatient care

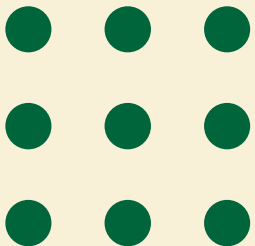




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NC Data, Trends

- 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



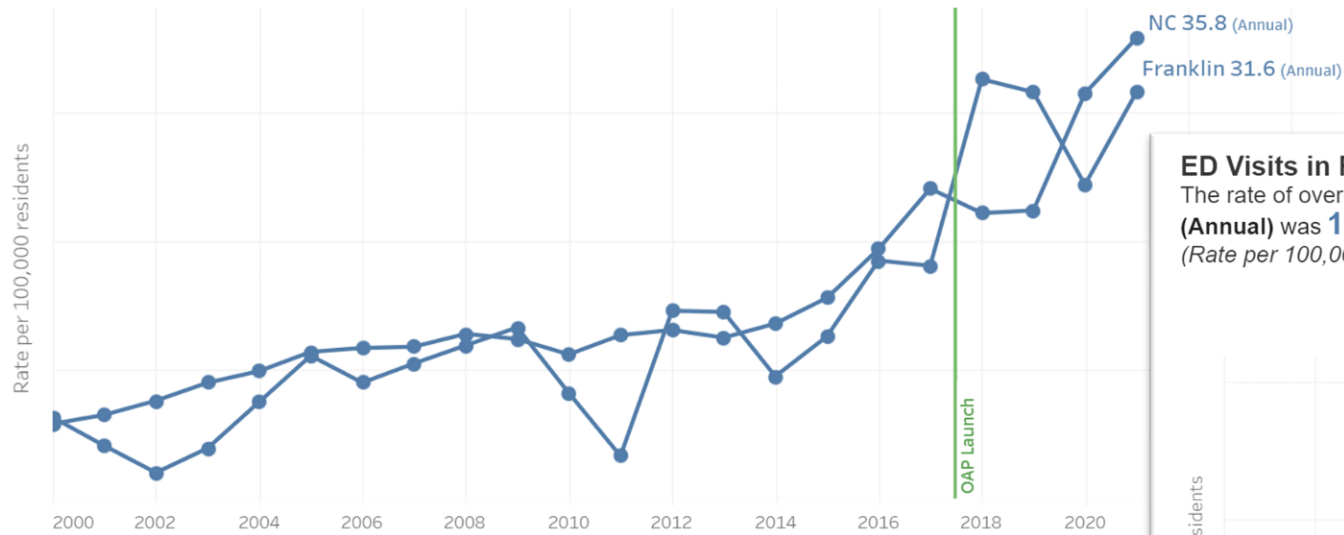
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Franklin County Data

Deaths in Franklin

The rate of overdose deaths among residents of Franklin in 2021 (Annual) was **31.6**.

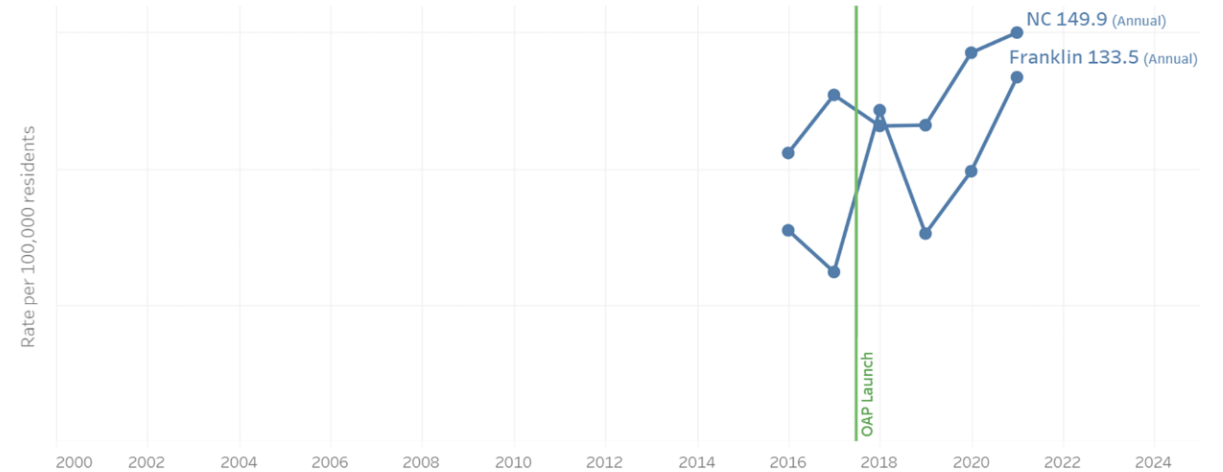
(Rate per 100,000 residents. Number of deaths: 22)



ED Visits in Franklin

The rate of overdose ED visits among residents of Franklin in 2021 (Annual) was **133.5**.

(Rate per 100,000 residents. Number of ED visits: 93)



NC Department of Health and Human Services

N.C. Overdose Data: Trends and Surveillance

Division of Public Health
Injury and Violence Prevention Branch



Litigation Outcome

McKinsey (States Only)

US

- \$574M over 5 years

NC

- \$19M over 5 years

Distributors + J&J

US

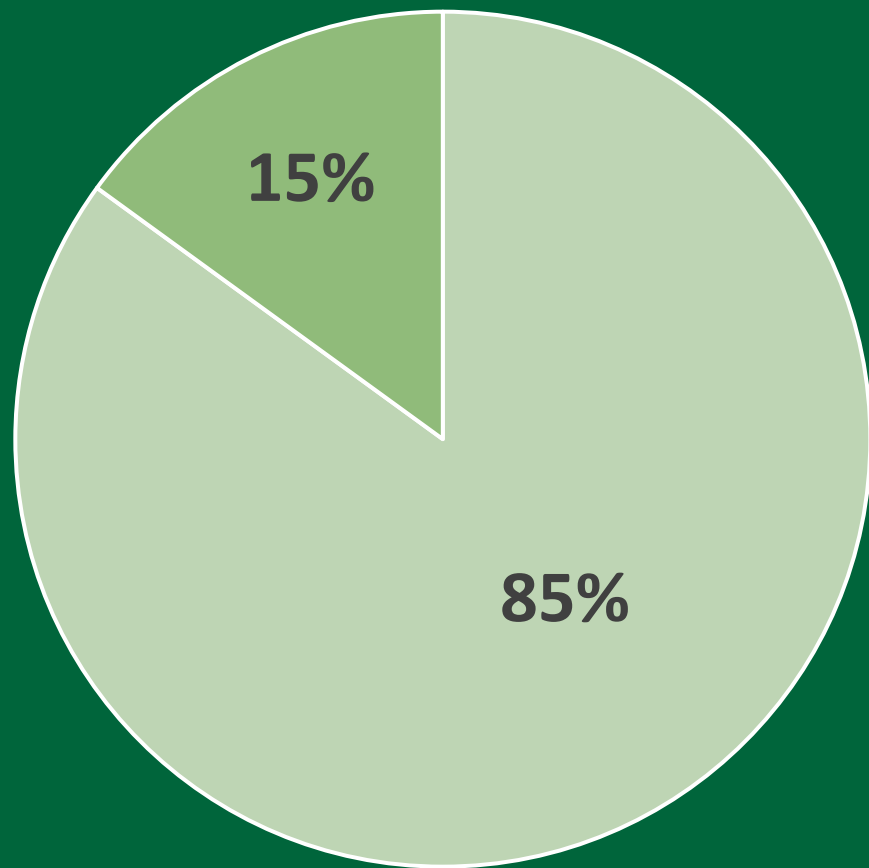
- \$26B over 18 years

NC

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



NC Opioid Settlement Allocation



- 85% goes to Local Governments listed in the NC MOA
- 15% will go to the State of NC

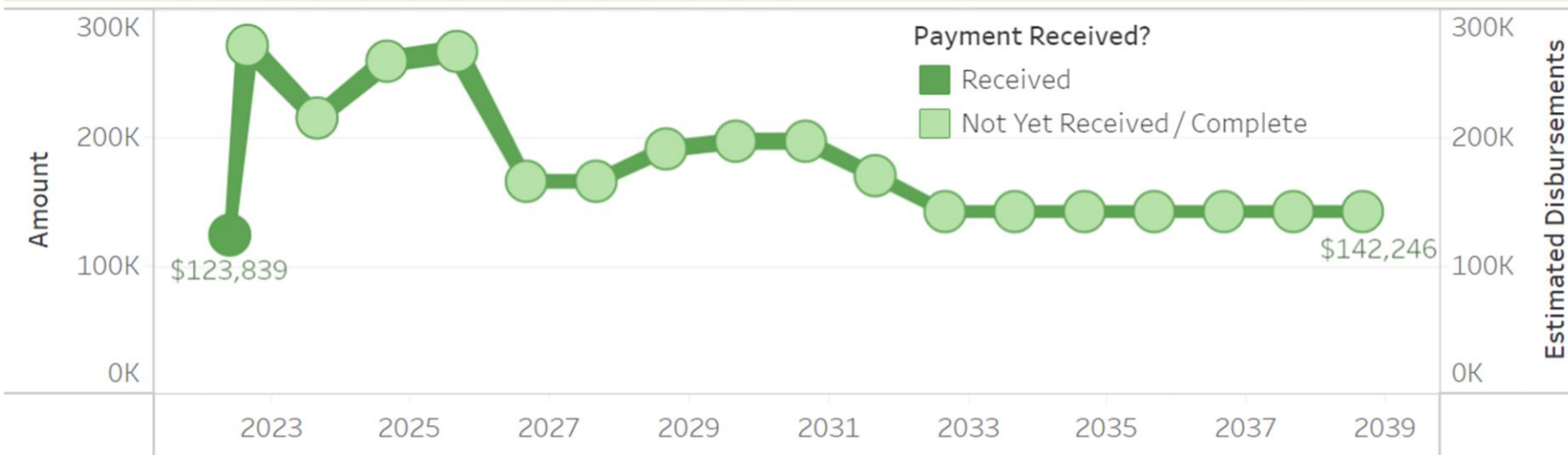


Payment to Franklin

18 Year Payment to Franklin during 2022-2038:

\$3,223,326

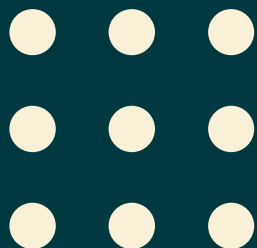
Payments Over Time - Franklin





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





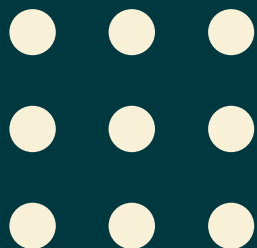
Reminders and Reassurances

- **Take a breath**

- Be intentional and inclusive when creating your plan
- Understand your community's needs and current actions
- 18 year timeline – not what we are used to!
- Balance urgency and long-term care system improvements
- NC is a leader

- **We got you!**

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





Remediation Strategies

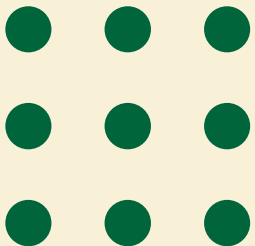
- NC MOA offers local governments two options

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 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

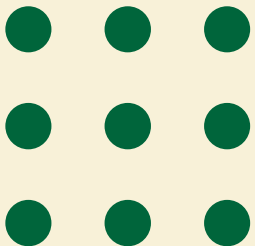
8. Post-overdose response

9. Syringe service programs (SSPs)

10. Legal system diversion

11. Addiction treatment for incarcerated persons

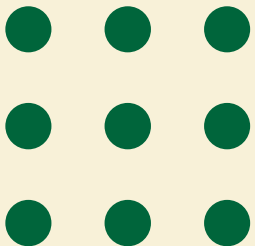
12. Reentry programs





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)

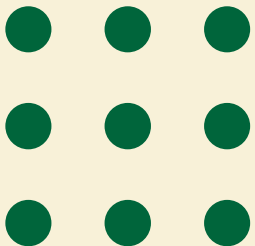
Criminal legal
system

Hospitals: ED and
inpatient

FQHCs

CBOs/Syringe
Service Programs

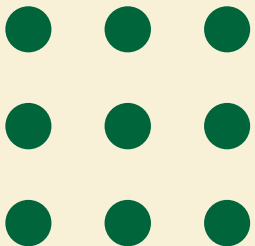
Local health
departments





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 opioid use disorders



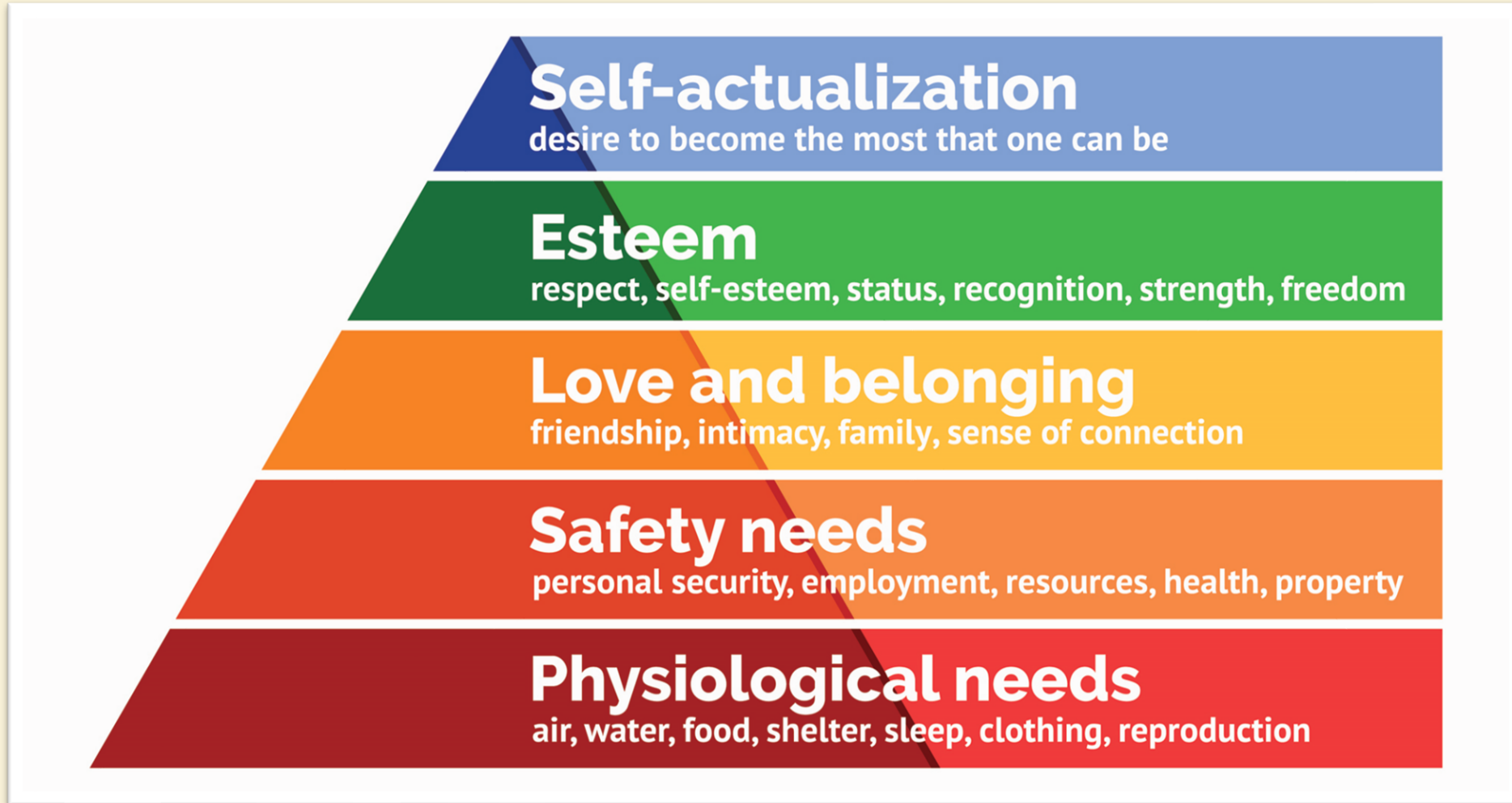
Methadone

Buprenorphine

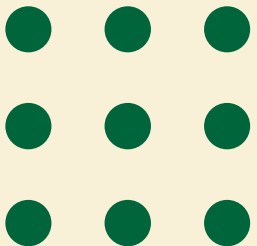
Naltrexone



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



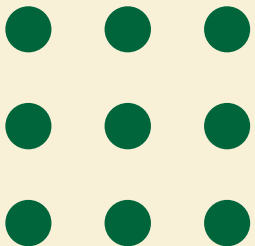
When our hierarchy of needs are met...





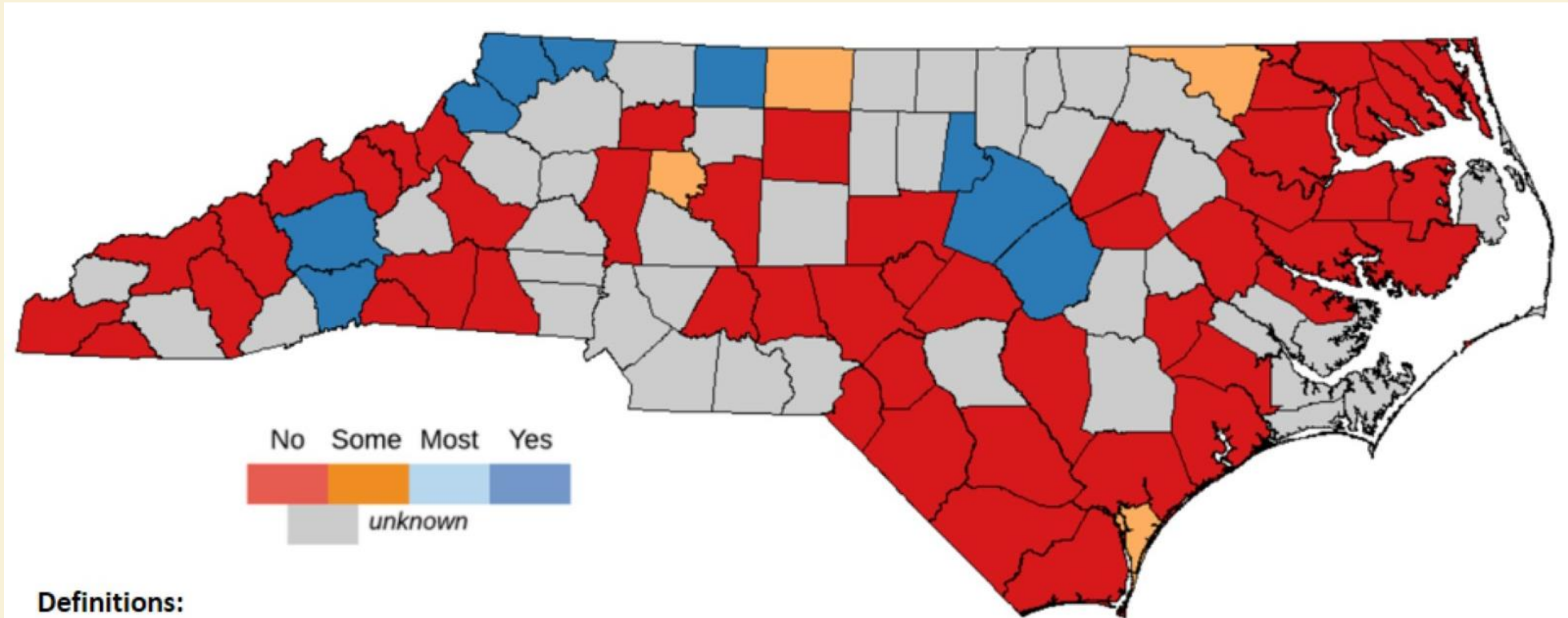
4. Recovery Housing

- Emergency rent, deposits, and utilities assistance
- Housing programs for people who use drugs or on MOUD
 - **Housing First** offers unconditional, permanent housing ASAP to people who are unhoused and other supportive services afterward
 - Effective solution to homelessness and cost savings
 - Reduces the use of public services (hospitals, jails, 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

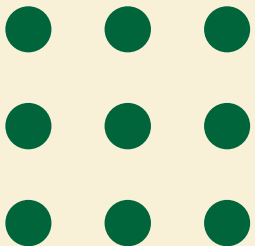
Analysis by Injury Epidemiology and Surveillance Unit





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 placement, or transportation assistance
- Work with Chambers of Commerce and businesses to support employee wellness and job training programs
 - recoveryfriendlync.com



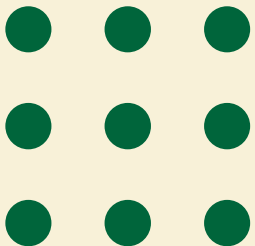


6. Early Intervention

**Identify Risk Factors
Intervene on Root Causes**

**Trauma is the
gateway to drug use**

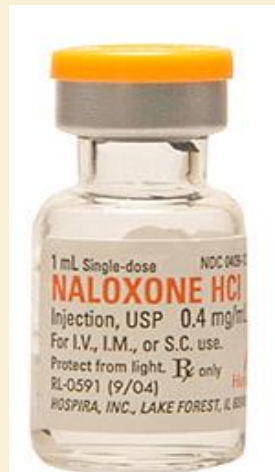
Help young people who
may be struggling with
drug use





7. Naloxone Distribution

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





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8. Post Overdose Response

- a.k.a. 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

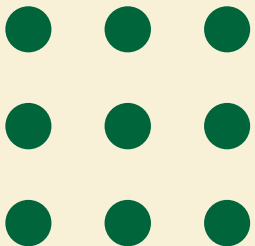




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9. Syringe Services Programs

- 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





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**

**MOUD
Access**

**Case
Management**

**Hepatitis C
Treatment**

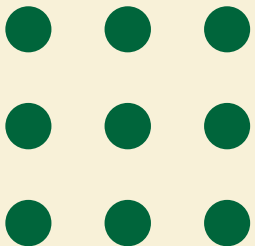
Food

**HCV and HIV Testing
and Linkage to Care**

PrEP

**Training and Professional
Development**

**Expanded
Sexual Health**

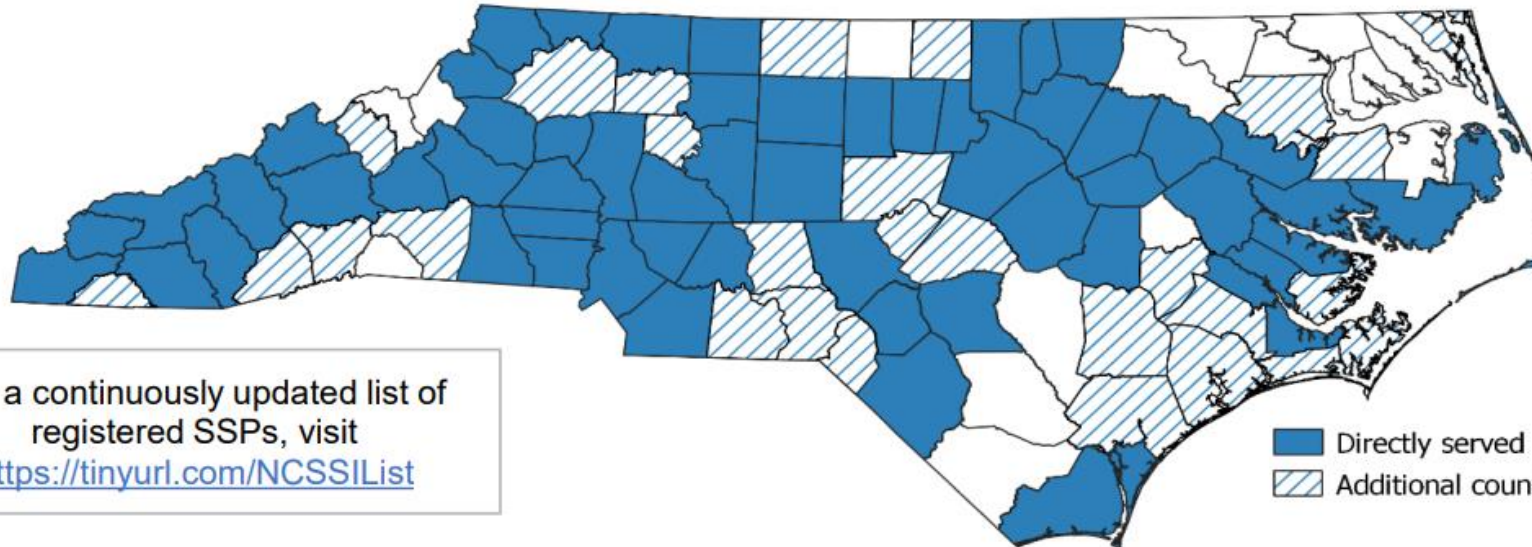




NC Syringe Service Programs

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>.



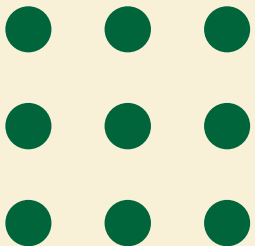
NC SSPs, 2020-2021

- **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



10. Criminal legal system diversion programs

- Jails our 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 the legal system, and **connect them** to treatment, recovery support, harm reduction, primary care, or other supports
 - Pre-arrest, post-arrest, pre-trial services

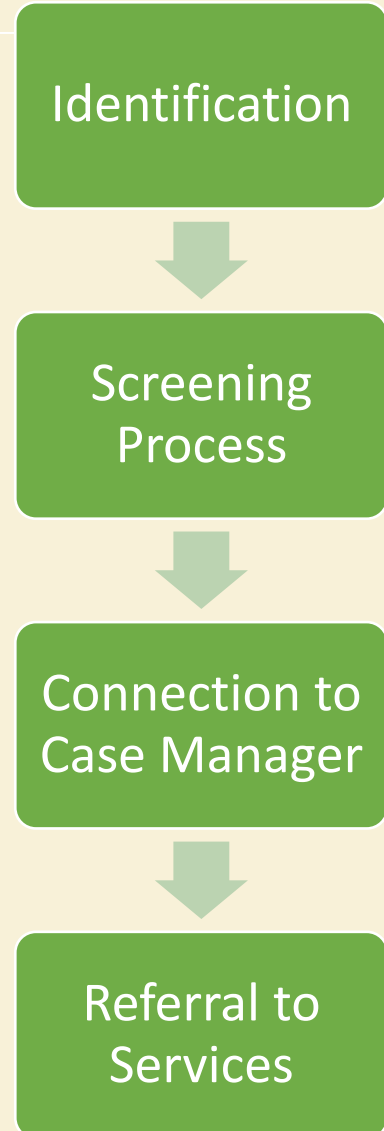
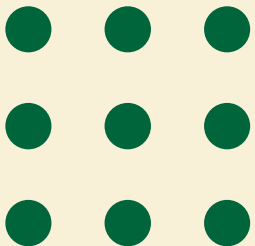




10. Criminal legal system diversion programs

- Pre-arrest diversion programs
 - E.g Law Enforcement Assisted Diversion (LEAD)
- Additional tool: Utilizes officer discretion
- Harm reduction framework
- Public health approach

- Cost-savings: Reduced CJ involvement
- Increased use of behavioral health services





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

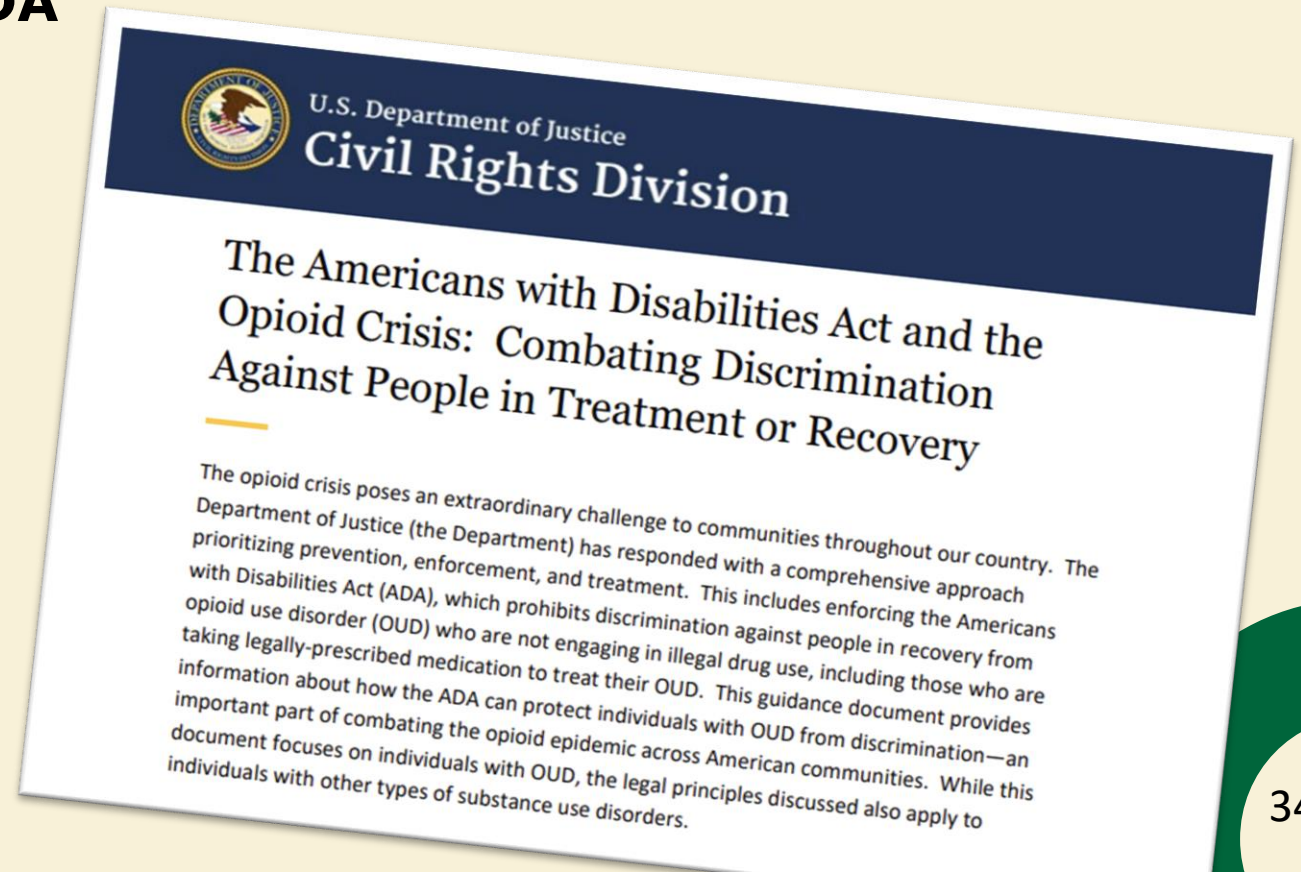
- Opioid overdose death rates **40 times higher** than general population during the first two weeks after release
 - 11 times more likely to die 1 year after release



ADA/MOUD in Jails

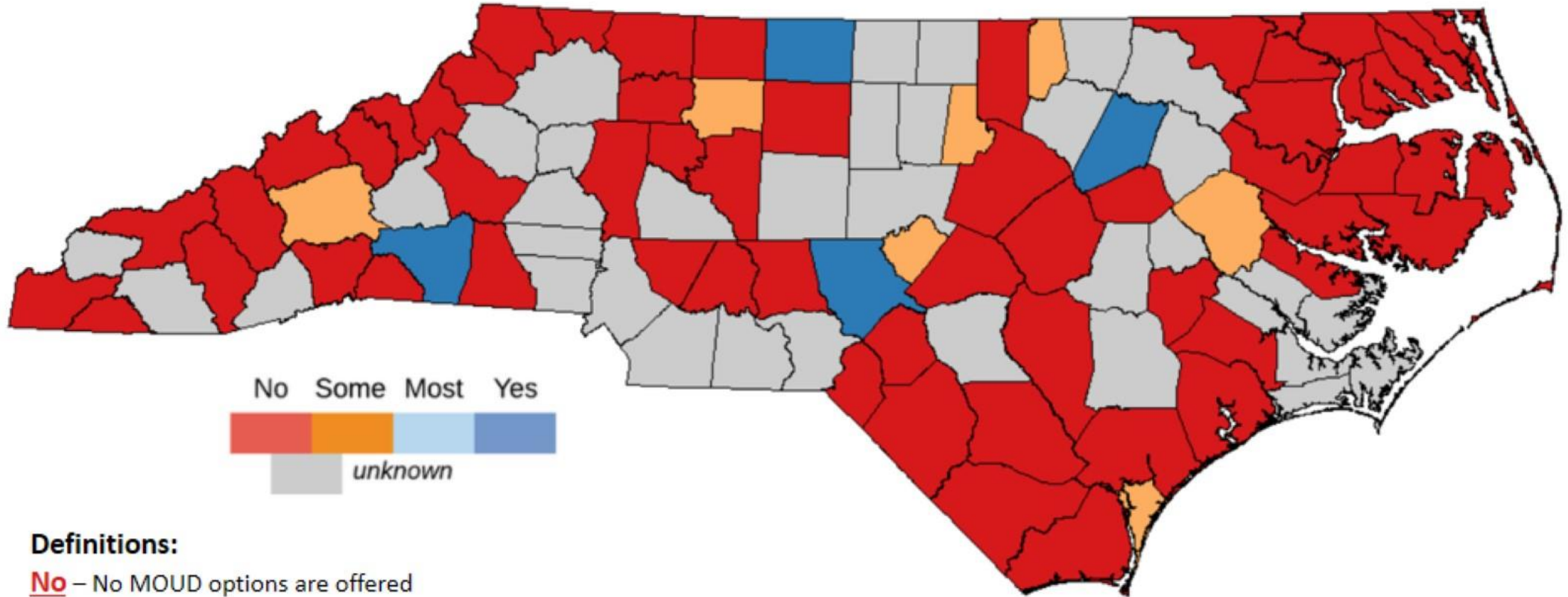
- **2022 DOJ Guidance**

- E.g. A jail does not allow incoming inmates to continue taking MOUD prescribed before their detention. Jail's blanket policy prohibiting the use of MOUD **would violate the ADA**





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

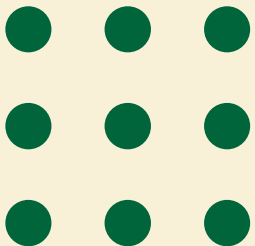
Analysis by Injury Epidemiology and Surveillance Unit





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
- Programs Examples
 - 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
 - Currently 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

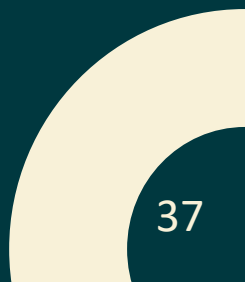
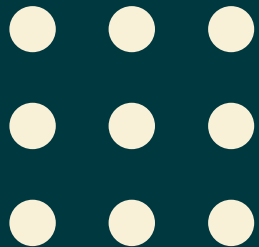




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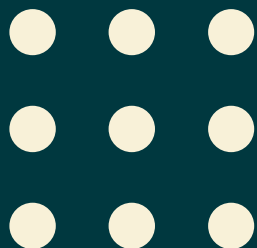
Guidance and Resources





Required Annual Meeting

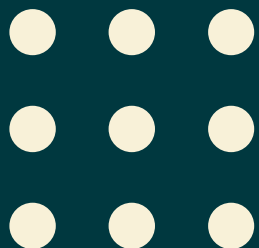
- At least once a year
- County + all municipalities within + ...
- Open to the public
- Purpose: Collaboration and coordination
 - Input for planning and share progress





NC MOA Reporting Requirements

1. Annual Status Survey
2. Local Spending Authorization Report
3. Annual Financial Report*
4. Annual Impact Report
5. Option B Report and Recommendations

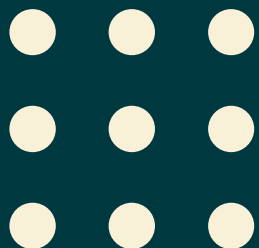




Resources...to start

CORE-NC: ncopioidsettlement.org

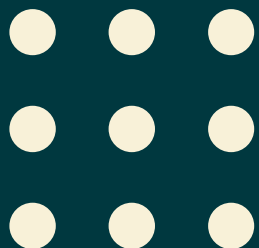
- **NC MOA Resource Center, *FAQs***
 - morepowerfulinc.org/opioid-settlements/nc-memorandum-of-agreement
- **Payment schedule**
 - ncopioidsettlement.org/data-dashboards/payment-schedule
- **Data by County**
 - ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard
- **Training**
 - ncacc.org/services-for-counties/disaster-preparedness-and-recovery/opio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





NCACC Technical Assistance Services

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

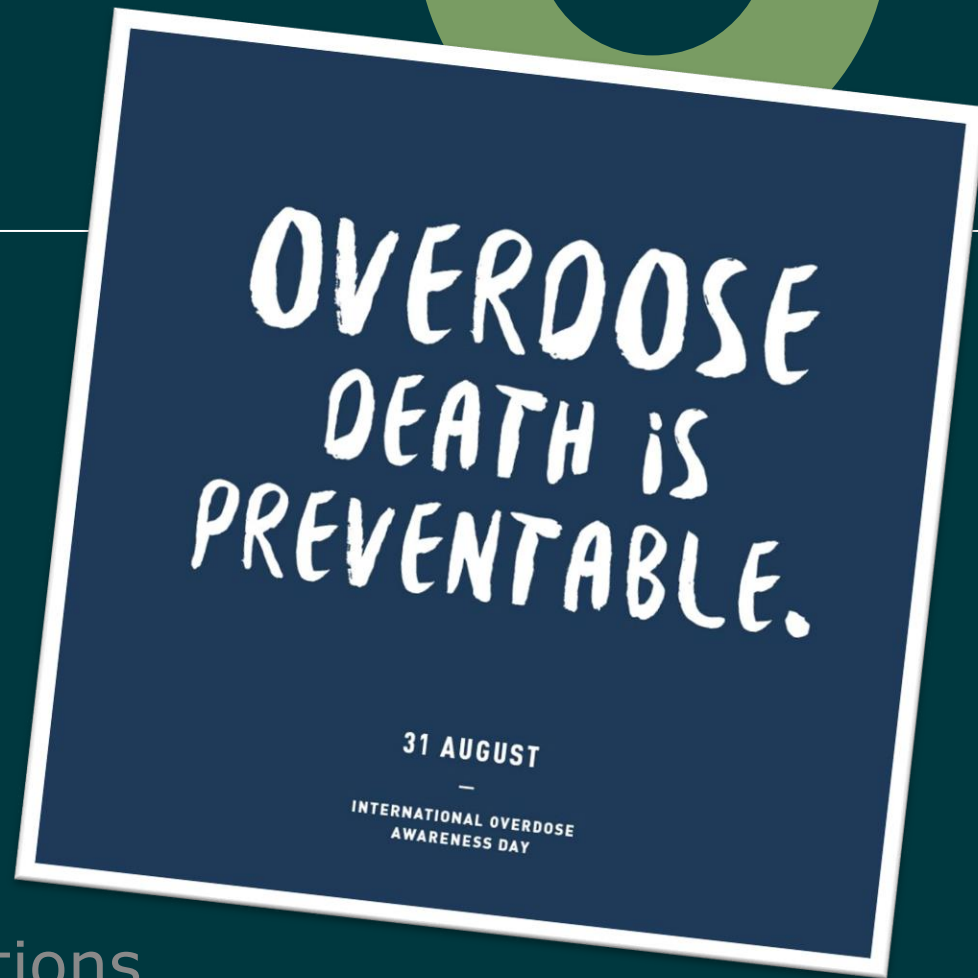
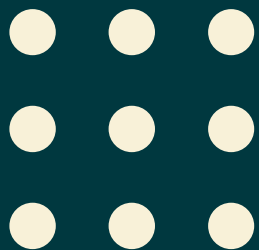




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Thank you!

Questions and curiosities, clarifications,
comments, or celebrations?





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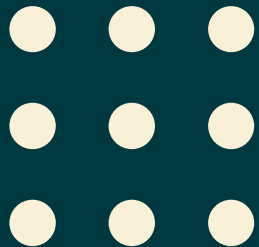
Nidhi Sachdeva, MPH

Director of Strategic Health and Opioid Initiatives

Strategic Member Services

NC Association of County Commissioners

OpioidSettlement@ncacc.org | Nidhi.Sachdeva@ncacc.org | 919.719.1114



Franklin County – Current Efforts

- Crisis Response Collaborative
- Community Paramedic Program
- Regional and Local Providers
- Law Enforcement
- Coordination with Magistrates
- Stepping Up
- Vaya (LME/MCO)



Franklin County – Identified Gaps

- Linkages to Care
- Reentry Programming
- Crisis Response
- Transportation
- Integrated MAT
- Peer Support
- Medication Drop Locations



Breakout Groups

- Break out into groups, preferably with organizations other than your own
- Facilitators will help to guide conversation
- Discuss Option A Strategies
- Elect spokesperson
- Report back to Group top choice based on:
 - Ability to be quickly implemented
 - Infrastructure in place to measure outcomes
 - Capacity to carry out services and best utilize funds



Reconvene and Wrap Up

- Group Spokesperson report out top recommendation
- Closing comments
- Adjourn

