Dear Members of the House Committee on Energy and Commerce,

Thank you for the opportunity to share the important work that North Carolina has executed through the federal funding it has received to combat the deadly opioid epidemic in our state. As you know, North Carolina was hard hit by the epidemic; in 2016, North Carolina had one of the highest opioid overdose death rates, and was one of the top eight states for fentanyl overdose deaths. From 1999 to 2016, more than 12,000 people in the state died of an opioid overdose. North Carolina has deployed these federal funds to execute the North Carolina Opioid Action Plan, the statewide strategic plan to turn the tide on this deadly crisis and support counties and communities on the front lines. In doing so, we have created a robust coordinated infrastructure with state, county, and local partners, and achieved much of the Action Plan.

And our efforts have shown results. North Carolina saw its first decline in opioid overdose deaths in five years, decreasing 9% from 2017 to 2018. Since the launch of the Action Plan, 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. I am proud of all North Carolina has accomplished. Still, much more work is needed to turn back overdose deaths to pre-epidemic levels and to build the infrastructure needed for a stronger and more resilient North Carolina. Enclosed are the answers to your questions, please reach out to Lorea Stallard at lorea.stallard@nc.gov for additional follow up and questions.

1. **Since 2016, how much federal funding for opioid use disorder prevention, treatment, and recovery has North Carolina received?**
   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.

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

   a. **What challenges, if any, exist in deploying federal funds to local communities in an expedited manner**

North Carolina has worked closely with its counties and communities to deploy funds in our hardest hit areas. In the most recent grant, the State Opioid Response Grant, more than two thirds of the grant went to counties, community based-organizations, and tribes, and to provide treatment to people without health insurance out in the communities. North Carolina has deployed its funding to more than 50 local government organizations, 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. We have also leveraged our existing behavioral health system, through the licensed managed entity- managed care organizations (LME-MCOs), to quickly distribute funds to provide treatment to uninsured people out in the counties and communities. Increased funding for treatment are regularly one of the top requests North Carolina receives from counties and communities.

However, there are some challenges which, if mitigated would greatly increase North Carolina's ability to rapidly deploy federal funds to local communities.

Short planning periods make it difficult to deploy funds with sufficient time for local communities to effectively plan and complete projects. If the state receives sufficient notice of funding and the intent of the funding, it can work to partner with local communities, provide support to the communities, and complete much of the state subcontracting processes in advance so that funds can be deployed to the communities as soon as the state receives the funding. Without that notice in advance of the award, it is difficult to notify communities of available funds and give localities sufficient time to plan for the program, while also giving the community enough time to implement the program.

Short funding cycles are an additional challenge. In addition to the aforementioned issue, one of the greatest needs across local communities is the ability to build their own capacity. When federal funds are only allocated for one- or two-year cycles, and future funding availability is unclear, it makes it difficult for local communities to utilize these funds to recruit and hire the staff that they need. This is true for both behavioral health providers and clinical staff, as well as program managers, project directors, and others needed to build a robust community response. Further, many local communities are reticent to begin programs or hire staff on short term grant funding if there isn't certainty about funding to sustain the program. Thus, in some cases the short funding cycles will prevent a community from utilizing the federal funds. The one mechanism for sustainable grant funding in this space is the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). However, the total funds for North Carolina's SAPTBG hasn't changed in recent years, while North Carolina has one of the fastest growing populations in the country. While many states are seeing shrinking populations, North Carolina's population grew 8.9% from 2010 to 2018. North Carolina's shrinking dollars per capita puts further pressure on short term grants.

b. To date, how much of this federal funding has your state used or allocated? Please provide a list of each funding recipient, the purpose for allocating the money to them (e.g. prevention, treatment, etc.), and the amount that has been allocated to them

All federal funds with grant years ending on or before 2019 have been fully allocated. Funds that were just awarded, including the Opioid Data to Action Grant, and Year 2 of the State Opioid Response Grant which were both awarded September 2019, have been fully budgeted and will be allocated according to awarded budget.

North Carolina has leveraged its funding to implement the North Carolina Opioid Action. The NC Opioid Action Plan lays out specific, evidence based, and high impact strategies to turn the tide on the crisis through: Prevention; Reducing Harm to prevent overdose deaths; and Connecting people to care by building treatment capacity and linkage programs.

North Carolina has not expanded Medicaid. As such, the rate of uninsurance among people with substance use disorders is very high. Thus, much of the STR and SOR grants were used to provide treatment for uninsured persons who could not otherwise afford it. 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.

A complete list of funding recipients, amount allocated and purpose for funding is listed in the Appendix.

c. If your state has not used the entirety of federally allocated funding, please explain why

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 1 and 90% in year 2, 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 2. North Carolina is currently in a no-cost extension for the remainder of the year 2 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.

In particular, 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.

2. Please describe how your state determines which local government entities (i.e. counties, cities, and towns) receive federal grant funding to address the opioid crisis. Specifically, please identify localities impacted most by the opioid epidemic in your state, and include the total amount of funds allocated to each locality, as well as the factors your state considers in distributing these funds

North Carolina has worked hard to deploy funds to a large number of local government entities. Broadly, when NC DHHS deploys funding to local government entities it considers a number of factors including:

- Overdose Burden: North Carolina monitors overdose burden at the county level using 13 metrics, including overdose deaths, overdose emergency department visits, EMS naloxone

administrations, and more. NC DHHS makes the data publicly accessible through the North Carolina Opioid Data Dashboard (https://injuryfreenc.shinyapps.io/OpioidActionPlan/) which enables counties to have ready access to their data and for the state to use consistent overdose metrics. In a recently conducted vulnerability assessment, Graham, Swain, Cherokee, Wilkes, and Michell counties were rated as the most vulnerable counties based on overdose and injection drug related infectious disease rates per capita. However, the counties with the greatest total number of opioid overdose deaths include Wake, Durham, Mecklenburg, New Hanover and Buncombe Counties. See Appendix for complete list of funding recipients.

- Ability to implement the proposed program: Demonstration that the locality has the capacity, experience with the population, community relationships and support to indicate that they could successfully implement the proposed program.
- Sustainability: are there federal, state, or community resources to sustain the program beyond the end of the grant year.

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.

The Request for Applications for local EMS agencies to develop a Post-Overdose Response Team (PORT), gave preference to counties with established community paramedicine programs who partner with outside agencies for linkages to care. Review of applications consisted of specific questions pertaining to if a community paramedicine program was already in place, a valid EMS license and the number of overdose calls the agency responded to from 2015-2017. Other questions asked included: briefly describe your current overdose response program; current data collection and evaluation processes; existing barriers to starting/advancing program; and specific strategies funding will support in the program and how they were implemented. Each question was scored on a scale from 1 to 5. Bonus points were given based on answers to the agency review questions. The top seven agencies were awarded funding.

North Carolina has deployed funds to over 32 local governmental entities and has budgeted over 30% of its Overdose Data to Action grant to go directly to local governments. For a complete list of recipients and allocated amounts, please see the attached Appendix.

3. **Please describe how your state determines which non-governmental organizations (i.e. non-profits, treatment centers or other entities) receive federal grant funding to address the opioid crisis. Specifically, please identify the non-governmental organizations that have received funds in your state, including the total amount allocated to each entity, as well as factors your state considers in distributing these funds**

North Carolina considers similar factors to those used to identify local governmental organizations as outlined in question number 2, including overdose burden of the catchment area, organizational readiness, and program sustainability.

In addition, the local management entities/managed care organizations (LME-MCOs) are non--governmental entities. North Carolina is comprised of 100 counties. Each county is covered by a local management entity/managed care organization that acts as the Division's intermediary for the management of public funds for substance use, mental health and intellectual and developmental disability needs. Each of the seven (7) LME/MCOs receives state and federal block grant dollars, as well as federal discretionary funds, which are distributed via contract to community agencies that have been credentialed by the LME/MCO. Each LME/MCO is responsible for completing an annual needs and gaps analysis that, in conjunction with gaps identified by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), functions as a guide for targeting areas in need of services and supports.

Prior to allocating STR and SOR funds to the LME/MCOs, the following data were gathered:

- Population of the service area of each LME/MCO between the ages of 12 and 64
- Number of naloxone administrations by EMS
- Number of opioid overdose ED visits
- Number of opioid deaths

These data were put into an allocation formula to determine what proportion of the allocated treatment portion of the grants were given to each LME-MCO for treatment and recovery services. For the State Opioid Grant, the grant additionally considered how many people were provided treatment through the State Targeted Response Grant to ensure that people who began treatment under that grant were able to continue care.

A list of non-governmental recipients, amounts allocated and purpose is listed in the Appendix.

4. **Do federally appropriated funds to address the opioid crisis provide your state with enough flexibility to focus on the hardest hit regions or localities? Please describe how, if at all, this flexibility has helped North Carolina in using funds to target vulnerable populations. If no, please explain what additional flexibility should be considered in helping your state address the hardest hit regions or localities**

Having flexible funding is critical to ensuring that the state can respond to the unique needs and condition on the ground, as well as nimbly respond to this quickly shifting epidemic. For example, in North Carolina more than half of people hospitalized with an opioid overdose have no health insurance at all. Thus, more than two thirds of our SAMSHA federal awards have gone to support people receiving treatment and recovery supports who do not have health insurance. Flexibility has also allowed North Carolina to pilot innovative programs. This includes placing peer support specialists in emergency departments to connect overdose survivors to treatment and recovery supports upon discharge. North Carolina has also been able to support its first comprehensive medication assisted treatment (MAT) programs for people that are incarcerated, including in four county jails and three prison re-entry facilities.

However, additional flexibility would greatly improve North Carolina's ability to respond to continued and emerging needs. The opioid epidemic has shifted, from the first wave driven by prescription pain killers, to the second and third waves of heroin and fentanyl, to a fourth wave of polysubstance use including fentanyl driven increases in stimulant overdoses. In North Carolina, methamphetamine seizures have risen in the westernmost counties, while cocaine has risen in the easternmost counties. Still, more than 70% of methamphetamine and cocaine overdoses involved fentanyl. Restrictions on scope of work or focus prevent communities from using funds to quickly respond to the unique emerging threat in their

communities. While it is understood certain parameters are needed to ensure funds are used to abate the crises at hand, allowing states more flexibility in what funds can be utilized for would ensure overall better outcomes. States could more fully implement strategies and initiatives developed through collaborative processes with communities that respond to the community's unique needs and resources, and would have broader impact.

5. **In what ways, specifically, have federal funds extended to North Carolina helped change your state's treatment system and/or led to a reduction in opioid overdoses**.

These federal discretionary funds have been instrumental in expanding both the treatment and recovery support capacity in North Carolina, and linkage to care programs. Through the State Targeted Response Grant, North Carolina has provided treatment to over 10,000 uninsured persons. Over the course of the grants, the number of opioid treatment programs in the state has grown to over 80 programs. Through the CDC grant, North Carolina is building the pipeline for the next generation of doctors by implementing a residency training program to incorporate addiction training and DATA 2000 waiver training into the curriculum of medical resident, nurse practitioner, and physician assistant programs. Through this, over 800 current and future providers have received their DATA 2000 waiver training, more than 20 residencies will include this in their curriculum ongoing, and 4 out of the 5 medical schools in North Carolina will now provide addiction training as part of their standard curriculum.

Linkage to care programs aim to identify people in the greatest need of treatment, but often with the greatest difficulty accessing services. Through the SAMHSA and CDC funds, North Carolina has piloted linkage to care programs in a wide variety of settings, including in emergency departments and with local EMS agencies to connect people who have recently experienced an overdose to care; pre-arrest diversion programs, jail based medication assisted treatment programs, and post release connections to care to link people involved in the criminal justice system; and by supporting NC syringe exchange programs, which made over 1,000 referrals to treatment in the last year and provided thousands of tests for HIV and Hepatitis C. In many cases, these programs both link people at high risk of an overdose to the stable treatment they require, while also reducing costly repeatedly returning visitors in emergency departments and local justice systems.

The grants have also been leveraged to build out needed recovery support services. After the success demonstrated in placing certified peer support specialists in a variety of settings to provide recovery support and connections to care, North Carolina developed a service definition that will allow for the reimbursement of peer support services through the LME-MCOs for Medicaid and uninsured beneficiaries, so that those services will be sustained.

It has built out needed recovery support services, including recovery housing and transportation services.

6. **What performance measures is North Carolina using to monitor the impact of federal funds for opioid use disorder and other substance use disorder treatment?**

North Carolina broadly evaluates its response to the epidemic and the implementation of the Opioid Action Plan using 13 metrics listed in the table below. These are regularly updated and publicly available down to the county level at the NC Opioid Data Dashboard.

North Carolina further complies with each awarded grant performance monitoring and reporting requirements. Communities that receive subcontracts through federal awards are additionally required to comply with all relevant grant-required performance measures.

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.

Metrics	Most Current Provisional Data		
	Time	Quarter	Year-To-Date
Reduce Death/ED Outcomes			
Number of unintentional opioid-related deaths to NC Residents (ICD-10)	2018 - Q4	387	1,619
Number of ED visits that received an opioid overdose diagnosis (all intents)	2019 - Q2	1,835	3,405
Reduce Oversupply of Prescription Opioids			
Average rate of multiple provider episodes for prescription opioids, per 100,000 residents	2018 - Q4	22	24
Number of opioid pills dispensed	2019 - Q1	107,666,000	107,666,000
Percent of patients with an opioid prescription receiving more than an average daily dose of 90+ MME of opioid analgesics	2019 - Q1	5	5
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day	2019 - Q1	33	33
Reduce Diversion/Flow of Illicit Drugs			
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	2018 - Q4	78	79
Number of acute hepatitis C cases	2019 - Q1	48	48
Increase Access to Naloxone			
Number of EMS naloxone administrations	2019 - Q2	3,282	6,214
Number of community naloxone reversals	2019 - Q2	1,287	1,837
Treatment and Recovery			
Number of buprenorphine prescriptions dispensed	2019 - Q1	181,440	181,440
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	2019 - Q1	20,385	20,385
Number of certified peer support specialists (CPSS)	2019 - Q2	3,637	3,637

7. **According to the Substance Abuse and Mental Health Services Administration, State Targeted Response grant to the Opioid Crisis (STR) Grants provide funding to states to 1) conduct needs assessments and strategic plans 2) identify gaps and resources to build on existing SUD prevention and treatment activity 3) implement and expand access to clinically appropriate, evidence-based practices for treatment—particularly the use of medication assisted treatment and recovery support services and 4) advance coordination with other federal efforts for substance misuse prevention**
    a. **Has your state conducted a needs assessment and strategic plan? If yes, please describe that plan? b. Has your state identified gaps and resources to build on existing SUD prevention and treatment activities? If yes, please describe those findings**

Yes. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) is the designated single state agency that oversees the State Targeted Response Grant (STR) as well as other funding for substance use disorder prevention, treatment and recovery services. NC DMHDDSAS conducted a needs assessment as part of the STR grant, which included both an assessment of the treatment needs as well as identifying gaps and resources in the pre-existing substance use disorder treatment and prevention systems. This assessment included:

1. PDMP data, such as the number of opioid and benzodiazepine prescriptions per county;
2. Opioid-involved overdoses by county;
3. Availability, capacity and current census of medication-assisted treatment programs (OTPs);
4. State policy and legislation proposed or enacted that could or has had an influence on the opioid epidemic;
5. Implemented evidence-based prevention initiatives;
6. Identification of various recovery supports and services;
7. Estimated treatment need based on prevalence; and,
8. Hospital and ED visits due to opiate and heroin overdose/poisoning.

North Carolina Session Law 2015-241 additionally mandated a SWOT (strengths, weaknesses, opportunities, and threats) analysis of the opioid epidemic response, and the development of a strategic plan and creation of the Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC). Pursuant with this law, in June of 2017, North Carolina unveiled the first version of the NC Opioid Action Plan, the statewide strategic plan to respond to the opioid crisis. In June of 2019, Governor Cooper unveiled the NC Opioid Action Plan 2.0. NC Opioid Action Plan 2.0 lays out updates achieved from the previous plan, and strategies required to nimbly respond to the ways the epidemic has changed since the launch of the plan. (https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/north-carolinas-opioid-action-plan_

    c. **Has your state expanded access to clinically appropriate, evidence-based practices for treatment—particularly the use of medication assisted treatment and recovery support services?**

Recognizing the criticality of treatment and responding to the high rates of uninsured in North Carolina, the state has allocated more than 60% of these federal grants directly to claims-based support of opioid use disorder treatment, through our public behavioral health safety net system. Since the launch of the action plan in 2017, dispensing of buprenorphine, one of the key medications used in medication assisted treatment, has increased 15% statewide. As mentioned in question #5 and detailed in the appendix, the federal funds have been used to expand medication assisted treatment through the public system, as well

as in innovative settings including in jails and in emergency departments. Four North Carolina counties recently launched an EMS based MAT induction program which inducts people out in the field and connects them to long term care. The net result has been a rapid increase in North Carolina's capacity to provide medication assisted treatment and connect people to care. Recovery support services, including peer support services as well as transportation and recovery supportive housing were additionally supported through the grant.

d. What additional resources would be most helpful to provide communities struggling with opioid and other substance use disorder, including prevention and/or treatment options?

One of the greatest needs is long term, sustainable funding, such as expanding the Substance Abuse Prevention and Treatment Block Grant. Based on the National Survey on Drug Use and Health, 2016 and 2017, there are an estimated 426,000 people in North Carolina that misuse prescription opioids or heroin. Nearly half of all people admitted to the emergency department for an opioid overdose have no health insurance at all. North Carolina has used the federal opioid dollars to expand evidence-based treatment to over 10,000 people. However, medication assisted treatment is long term, and the grants are just two-year funding cycles. Continued support for people receiving treatment will be needed after the end of the SOR year 2 funding. Treatment providers who predominately serve uninsured populations have also been reluctant to expand and build capacity when the funding is short term, particularly in rural areas where lack of health insurance is higher.

Currently, federal funds are not allowed to be used for the evidence-based strategies to prevent overdose deaths and the associated spread of costly diseases, including syringe exchange program supplies and fentanyl test strips. However, more than 80% of opioid overdose deaths in North Carolina involve heroin and fentanyl, and North Carolina has seen a rapid increase in Hepatitis C rates. Providing resources to deploy these proven methods would greatly help North Carolina's ability to nimbly respond to the epidemic as it continues to evolve.

Further, 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.

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 Prevention Research Center (UNC IPRC)	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. 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	$2,256,397	Public University

		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 NC (CINC), Wake Forest University Health Sciences (WFUHS), Pacific	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 level by developing a systematic, ongoing monitoring system for substance abuse related consumption patterns and consequences; and	$1,858,080	Local Government, community-based organization

Institute for Research and Evaluation (PIRE), North Carolina Training and Technical Assistance Center (NCTTA)		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	$400,000	Local Government

		to SUD, implemented strategies and services to reduce out-of-home placements. Approximately 75 participants		
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	State Targeted Response Grant	ASAM Levels of Care: • ASAM Level 1 (individual, group, family therapies, medication administration, medication management, etc.)	$10,843,163	Quasi-governmental organizations

Cardinal Innovations Eastpointe LME/MCO Partners Behavioral Health Management Sandhills Center Trillium Healthcare Vaya Health		• 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		
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): Alliance Health Cardinal Innovations Eastpointe LME/MCO	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) • Opioid Treatment/Medication Assisted Treatment Medications – FDA-approved medications = Labs/Toxicology	$8,927,063	Non-governmental organizations

Partners Behavioral Health Management Sandhills Center Trillium Healthcare Vaya Health		Estimated 842 patients at an average cost of $633 per month x 12 months		