Opioid Settlement Funding: Guidance for Gaston County

Overview

This report is designed to help Gaston County officials frame opioid-related resources and needs as they allocate Opioid Settlement Funds. It was prepared by the Ad Hoc Opioid Settlement Advisory Committee of the Gaston Controlled Substances Coalition. The Coalition has addressed opioid use disorder in Gaston County since July 2016.

Ad Hoc Opioid Settlement Advisory Committee

- Andrew Berger, Social Worker, Gaston County Sheriff's Office
- Jim Burke, Retired Extension Agent, Gaston County Cooperative Extension
- Donna Elliott, Assistant Vice President, Outreach and Resource Development, Kintegra Health
- Leslie Lee, Executive Director, Gaston Together
- Joanna Linn, PhD, Consultant, Partners Health Management
- Michelle Mathis, Executive Director, Olive Branch Ministry
- Maceo Mayo, Prevention Services Coordinator, RHA Prevention Resource Center
- Kevin Oliver, Executive Director, Phoenix Counseling Center
- Joseph Ramey, Chief, Gaston County Police Department
- Adrian White, Social Worker, McLeod Addictive Diseases Center

This report is divided into eight sections:

Overview

- 1 Data
- 2 Food for Thought
- 3 Recommended Funding Priorities
- 4 Program Needs in Gaston County
- 6 Principles of Effective Opioid Treatment
- 9 Program Options Defined by the NC Attorney General.
- 11 Appendices
 - 11 Inventory of Local Opioid Programs
 - 13 Glossary of Agencies
 - 17 Glossary of Terms
 - 19 Graphs

Data

The following data show the significant impact of opioids in Gaston County.

• The Gaston County Police Department reports **increasing** fatal and nonfatal overdoses. The percentage increase for both categories is alarming.

Farant	January 1	- August 20	Days and In an an a	
Event	2021	2022	Percent Increase	
Fatal overdoses	8	21	162.5%	
Nonfatal overdoses	82	173	111.0%	

 The number of emergency department visits for overdoses involving medication or drugs with dependency potential is increasing in Gaston County. (See Appendix 4, Page 16)

January – July	# Of visits	Percent Increase	
2021	205 visits	42.4%	
2022	292 visits	42.4/0	

For the period January through July, there were 205 visits in 2021 and 292 in 2022, a 42.4% increase.

• The number of emergency department visits for **opioid overdoses** is increasing in Gaston County. (See Appendix 4, Page 17)

		,		
	January – July	# Of visits	Percent Increase	
	2021	83 visits	80.7%	
	2022	150 visits	00.7 /0	

For the period January through July, there were 83 visits in 2021 and 150 in 2022, an 80.7% increase.

- The rate at which residents receive **dispensed opioid pills** is considerably higher in Gaston County (32.8%) than for North Carolina (24.5%). (See Appendix 4, Page 18)
- The percentage of children in **foster care due to parental substance use** is substantially higher in Gaston County (74.1%) than for North Carolina (45.5%). (See Appendix 4, Page 19)
- The Care Coordination for Children Program works to **improve prenatal**, **maternal**, **and infant care for women with substance use disorder**. The percentage of newborns engaged in this program is 4.5% in Gaston County compared to 2.3% in North Carolina. (See Appendix 4, Page 20)

Food for Thought

The Gaston Controlled Substances Coalition (Coalition) recommends the following guidelines as critical elements for opioid use disorder (OUD) prevention, treatment, and recovery.

- 1. Fund organizations that remove barriers caused by opioid stigma and work with underserved populations including youth, persons coming out of prison, people who are shelter unstable, people with low/no/limited income, and people who are uninsured or underinsured.
- 2. Fund existing services when additional program capacity is required.
- 3. Use Settlement funds to leverage program funding from governments, foundations, providers, and individuals.
- 4. Require opioid-related organizations to formally apply for program funding.
- 5. Support a comprehensive program that includes prevention, treatment, recovery, and support services.
- 6. Establish program priorities for the first two years and support with maximum allowable funding allocations.
- 7. Avoid replacing / supplanting program funds with Settlement resources.
- 8. Fund organizations that work with underserved populations and remove barriers caused by opioid stigma.
- 9. Require rigorous program evaluations.
- 10. Require fund recipients to work with a broad spectrum of community groups and organizations.
- 11. Prioritize funding for programs that can sustain their outcomes.
- 12. Secure advice from the Coalition on strategic planning, prevention, treatment, and recovery.

Recommended Funding Priorities

2023-2025 (3)	2026-2030 (5/8)	2031-2035 (5/13)	2036-2040 (5/18)				
Focus	Focus	Focus	Focus				
Prevention &	Prevention &	Treatment &	Treatment &				
Treatment	Treatment	Prevention	Aftercare				
Programming	Programming	Programming	Programming				
Prevention 1. Early Intervention Programs 2. Naloxone Distribution 3. Post-Overdose Response Teams 4. Syringe Services Programs Treatment 1. Evidence-based Addiction Treatment 2. Criminal Justice Diversion Programs	Prevention 1. Early Intervention Programs 2. Naloxone Distribution 3. Post-Overdose Response Teams 4. Syringe Services Programs Treatment 1. Evidence-based Addiction Treatment 2. Criminal Justice Diversion Programs 3. Recovery Housing Support 4. Recovery Support Services	Treatment 1. Evidence-based Addiction Treatment 2. Criminal Justice Diversion Programs 3. Recovery Housing Support 4. Recovery Support Services 5. Reentry Programs/ Employment Related Services Prevention 1. Early Intervention Programs 2. Naloxone Distribution 3. Post-Overdose	Ireatment 1. Evidence-based Addiction Treatment 2. Criminal Justice Diversion Programs 3. Reentry Programs Aftercare 1. Employment Related Services 2. Recovery Housing Support 3. Recovery Support Services				
	5. Reentry Programs/ Employment Related Services	Response Teams 4. Syringe Services Programs					

Notes

- 1. We did not include Services for Pregnant and Postpartum Women and their Infants (Treatment), as DHHS-Public Health and Kintegra Health are successfully conducting this program.
- 2. We anticipate new forms of opioids will emerge during the funding period but it is impossible to predict their attributes.
- 3. Recovery Housing Support, Recovery Support Services, and Employment Related Services are listed under Treatment in 2026-2030 and 2031-2035; they are also listed under Aftercare for 2036-2040, as these programs are used in both domains.

Assumptions

- 1. Early investments in prevention in the early years will help reduce the incidence of opioid use disorder in the later years.
- 2. Over the course of the Settlement payout, more organizations will provide opioid education, opioid stigma will be less prevalent, and impacted individuals, families, and organizations will more actively seek treatment, support, and aftercare services.

Program Needs in Gaston County

The following are needs for programs that can receive Opioid Settlement funds.

Evidence-Based Addiction Treatment

- 1. Reopen the detoxification facility at the Recovery Center through Phoenix Counseling.
- 2. Additional affordable and comprehensive treatment services for the uninsured.
- 3. Residential and outpatient treatment services for women.

Recovery Support Services

- 1. Family Behavioral Therapy for adults and adolescents.
- 2. Transportation for persons receiving recovery support services.
- 3. Childcare for persons receiving recovery support services.
- 4. Navigation services to help clients access support services.

Recovery Housing Support

- 1. Housing for full-time employed individuals with opioid use disorder.
- 2. Safe and affordable housing that will accept tenants with vouchers.
- 3. Supportive and Transitional Housing.

Employment Related Services

- An interagency collaborative of employment agencies including the Employment Security Commission, area colleges, and NC Vocational Rehabilitation Services – to coordinate their support for people in recovery.
- 2. A one-stop service location for persons with OUD to assess their employment needs, secure training, and receive resumé support and where local industry can come to hire qualified individuals.
- 3. Promotion and support of the Champions Program of the Gaston Controlled Substances Coalition, as it encourages businesses to educate their employees on opioids and to support them if they require treatment.

Early Intervention Programs

- 1. School programs for students who are using drugs and need redirection to address underlying issues and to secure support.
- 2. Business programs for employees who are using drugs and need redirection to address underlying issues and to secure support.

Naloxone Distribution

- 1. Greater public access to free naloxone from government and community agencies.
- 2. Increased support for community overdose prevention education.

Post-Overdose Response Teams

 A full Post Overdose Response Team staffed by Certified Peer Support Specialists who will follow-up and provide resuscitated individuals with linkages to wraparound services. This service should be supported by and available at local hospitals.

Syringe Services Programs

- 1. Syringe service programs within Gaston County.
- 2. 'Bridge locations' to refer clients to syringe service programs.

Criminal Justice Diversion Programs

- 1. Law Enforcement Assisted Diversion (LEAD)or similar program.
- 2. Drug Treatment Court or Recovery Court for lower-level offenders.
- 3. Drug Diversion and Therapeutic Treatment Program (DDATT).

Reentry Programs

- 1. Long-term and intermittent housing and peer-to-peer housing to help individuals avoid high-risk environments that can lead to relapse.
- 2. Employment program services (see above).
- 3. Comprehensive programs that promote locally available resources to previously incarcerated individuals reentering the community.

Services for Pregnant and Postpartum Women and their Infants

1. Comprehensive wrap around services – including housing, employment, transportation, and childcare – for women in the STAR Program at Gaston DHHS-Public Health and Kintegra Health.

Prevention Programs

- Trained educators, Gaston Community Collaborative members, Controlled Substances Coalition members, parents, park and recreation personnel and community members at large on facilitating prevention programming by becoming certified in Youth Prevention Education.
- 2. Trained educators, Gaston Community Collaborative members, Controlled Substances Coalition members, students, government personnel, faith community members, and the community at large in Prevention 101 (basic).
- 3. Trained educators, Gaston Community Collaborative members, Controlled Substances Coalition members, students, government personnel, faith community members and the community at large on planning, developing, and implementing prevention programs. Resources include: (a) Community Anti-Drug Coalition; (b) North Carolina Foundation for Alcohol and Drug Studies; (c) Alcohol Professionals of North Carolina; and (d) National Prevention Network Conference.
- 4. Mass media campaign to educate, increase awareness, and discourage the use/misuse of opioids and other drugs associated with opioid use.
- 5. Evidence-based prevention programs in the Gaston County Schools, charter and private schools, and venues outside of schools such as neighborhood centers and Boys' and Girls' Clubs.

Principles of Effective Opioid Treatment

The following statements¹ provide background information about OUD and current treatment practices. We have edited them for clarity and to remove stigmatic language.

1. Opioid use disorder (OUD) is a complex, treatable disease that affects brain function and behavior

Opioids alter the brain's structure and function, resulting in changes that persist for a person's lifetime. This helps explain why people with OUD are at risk for reinitiating use even after long periods of abstinence, and despite the potentially devastating consequences.

2. One specific treatment is not effective for everyone. Treatment varies depending on the characteristics of each patient

Matching treatment settings, interventions, and services to an individual's situation and needs is critical to their success in returning to productive functioning in the family, workplace, and society.

3. Treatment needs to be readily available

As with other chronic diseases, the earlier treatment is offered in the disease process, the greater the likelihood of positive outcomes. People with OUD may be uncertain about entering abstinence-based treatment. It is critical to let them know what treatment options are available and help them engage in the treatment of their choosing, as soon as they are ready.

4. Effective treatment addresses multiple needs of the individual, not just their drug use

To be effective, treatment must address the individual's drug use and associated medical, psychological, social, vocational, and legal problems. It is also important that treatment is appropriate to the individual's age, gender, ethnicity, and culture.

5. Remaining in treatment for an adequate period of time is critical

The appropriate duration for an individual depends on the patient's needs. Research indicates most individuals need at least 3 months in treatment to significantly reduce or stop their drug use and the best outcomes occur with longer durations of treatment. Recovery from substance use disorder is a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, return to use can occur and signal a need for treatment to be reinstated or adjusted. Because individuals often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

6. Behavioral therapies are the most commonly used forms of drug treatment (including individual, family, or group counseling)

Behavioral therapies vary in their focus and may involve addressing a patient's motivation to change, providing incentives for abstinence, building skills to resist drug

¹ Principles of Drug Addiction Treatment: A Research-Based Guide (3rd Edition, the National Institute of Drug Abuse, January 2018.

use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating healthy interpersonal relationships. Participating in group therapy and other peer support programs during and after treatment can help maintain abstinence.

7. For many patients, medications are an important element of treatment, especially when combined with counseling and other behavioral therapies

For example, methadone, buprenorphine, and naltrexone help individuals who use heroin or other opioids stabilize their lives and reduce their illicit drug use.

8. An individual's treatment and services plan must be continually assessed and modified to ensure it meets the individual's changing needs

A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient may require medication, medical services, family therapy, parenting instruction, vocational rehabilitation, social services, and legal services. For many patients, a continuing care approach provides the best results, with the treatment intensity varying according to their changing needs.

9. Many individuals with OUD also have mental disorders

Because drug abuse and addiction —both of which are mental disorders—often cooccur with other mental illnesses, patients presenting with one condition should be assessed for the other(s). And when these problems co-occur, treatment should address both (or all), including the use of medications as appropriate.

10. Medically assisted detoxification is only the first stage of OUD treatment. By itself, it does little to change long-term drug abuse

Although medically assisted detoxification (detox) can safely manage the acute physical symptoms of withdrawal and can, for some, pave the way for effective long-term treatment, detox alone is rarely sufficient to help individuals achieve long-term abstinence. Thus, patients should be strongly encouraged to continue drug treatment following detox. Motivational enhancement and incentive strategies, begun at patient intake, can improve treatment engagement.

11. Treatment does not need to be voluntary to be effective

Sanctions or enticements from family, employers, and the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions.

12. Drug use during treatment must be monitored continuously

Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand the urge to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet their needs.

13. Treatment programs should test patients for HIV/AIDS, Hepatitis B and C, tuberculosis, and other infectious diseases. Programs should also provide targeted risk-reduction, counseling, and link patients to treatment if necessary

Typically, drug treatment addresses some of the drug-related behaviors that put people at risk of infectious diseases. Targeted counseling focused on reducing the risk of contracting infectious diseases can help patients further reduce or avoid substance-related and other high-risk behaviors. Counseling can also help infected persons manage their illness. And engaging in substance abuse treatment can build adherence to other medical treatments. Substance treatment facilities should provide onsite, rapid HIV and Hepatitis C testing rather than referrals to offsite testing as research shows this increases the likelihood patients will be tested and receive their results. Treatment providers should also tell patients that highly active antiretroviral therapy (HAART) has proven effective in combating HIV, in drug-using populations, and help link them to HIV treatment if they test positive.

Program Options Defined by the NC Attorney General

The following lists opioid-related programs that can implemented with opioid settlement funds per the Proposed Final Draft Memorandum of Agreement (MOA) issued by the NC Attorney General (April 27, 2021)². North Carolina received these funds from the National Settlement Agreement with Johnson & Johnson, AmerisourceBergen, Cardinal Health, and McKesson.

The programs are divided into Option A and Option B.

Option A

Collaborative Strategic Planning

Prevention

- Early Intervention Programs
- Employment Related Services
- Naloxone Distribution
- Post-Overdose Response Teams
- Syringe Services Programs

Treatment

- Addiction Treatment for Incarcerated Persons
- Criminal Justice Diversion Programs
- Employment Related Services
- Evidence-Based Addiction Treatment
- Recovery Housing Support
- Recovery Support Services
- Reentry Programs
- Services for Pregnant and Postpartum Women and their Infants

Aftercare

- Employment Related Services
- Recovery Housing Support
- Recovery Support Services
- Reentry Programs
- Services for Pregnant and Postpartum Women and their Infants

Option B

Collaborative Strategic Planning

Core

- Naloxone or other FDA-approved drug to reverse opioid overdoses
- Medication-assisted treatment distribution and other opioid-related treatment
- Pregnant & postpartum women
- Expanding treatment for neonatal abstinence syndrome (NAS)
- Expansion of warm hand-off programs and recovery services

² https://ncdoj.gov/wp-content/uploads/2021/04/Opioid-MOA.pdf

- Treatment for incarcerated population
- Prevention programs
- Expanding syringe service programs
- Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state

Treatment

- Support treatment of Opioid Use Disorder (OUD) and any co-occurring substance use disorder or Mental Health (SUD/MH) conditions through evidencebased or evidence-informed programs or strategies that may include, but are not limited to, the following:
- Treat opioid use disorder (OUD)
- Support people in treatment and recovery
- Connect people who need help to the help they need
- Address the needs of criminal justice-involved persons
- Address the needs of pregnant or parenting women and their families, including babies with neonatal abstinence syndrome

Prevention

- Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids
- Prevent misuse of opioids
- Prevent overdose deaths and other harms (harm reduction)
- First responders
- Leadership, planning and coordination
- Training
- Research

Appendices

Appendix 1: Inventory of Local Opioid Programs

The following organizations deliver opioid-related programs in Gaston County, as listed under each program heading in Option A of the MOA. A description of each agency's programs is in the *Glossary of Agencies* (Appendix 2, page 14).

Collaborative Strategic Planning

A structured process that engages diverse stakeholders to identify the best strategies that local governments can take to address opioid misuse, overdose, and related issues.

Each of the organizations listed in *Appendix 2: Glossary of Agencies* can contribute to collaborative strategic planning as they either work to prevent OUD, provide treatment, and help persons sustain recovery.

Evidence-Based Addiction Treatment

These programs offer evidence-based addiction treatment, including Medication-Assisted Treatment (MAT), to people with opioid use disorder.

- Alternative Community Penalties Program: Cornerstone Christian Center
- Array of Brighter Beginnings
- Bridging the Gap of America
- CaroMont Health
- Freedom House of Mecklenburg, Inc.
- Gaston Sheriff's Office
- Groups Recover Together
- Infinite Beginnings
- Integrated Care of Greater Hickory
- Kintegra Health
- McLeod Addictive Disease Center
- New Season Treatment Center
- Pavana Treatment Group
- Phoenix Counseling Center
- Self Concepts Clinical Counseling Services
- StartBupe
- Support, Inc.
- Sunpath

Recovery Support Services

These programs provide a range of support services to people who are in recovery from substance use, such as peer support and assistance in accessing health care.

- Alcoholics Anonymous
- Alternative Community Penalties Program: Cornerstone Christian Center
- Celebrate Recovery
- Gaston County Adult Recovery Court
- Kintegra Health
- McLeod Addictive Disease Center

- Narcotics Anonymous
- Olive Branch Ministry
- Phoenix Counseling Services

Recovery Housing Support

These programs that offer housing support to people in treatment or recovery, or people who use drugs, including people receiving Medication-Assisted Treatment.

- Alternative Community Penalties Program: Cornerstone Christian Center
- Flynn Christian Fellowship Home
- HealthNet Gaston
- Off the Streets Program
- Oxford House
- Partners Housing Services

Employment Related Services

These programs offer employment support services, such as job training, job assistance, and transportation to people in treatment, recovery, or who use drugs.

- Gaston County Adult Recovery Court
- Gateway Gaston
- Goodwill Industries

Early Intervention Programs

These programs help identify and provide help to young people who may be struggling with substance use.

- Freedom House of Mecklenburg County, Inc.
- Kintegra Health
- Phoenix Counselina

Naloxone Distribution

These programs and organizations distribute the overdose-reversal drug naloxone (also known by its trade name, Narcan) consistent with North Carolina law.

- Gaston County Sheriff's Office
- Gaston Emergency Medical Services (GEMS)
- Kintegra Health
- Olive Branch Ministry

Post-Overdose Response Teams

These teams follow-up with individuals who have recently overdosed to provide support, education, and connections to healthcare and treatment.

- Gaston Emergency Medical Services (GEMS)
- Olive Branch Ministry

Syringe Services Programs

These programs legally provide clean injection supplies to people who administer drugs intravenously to reduce the transmission of bloodborne pathogens. They also provide participants with harm reduction services including fentanyl test strips, naloxone, and linkage to care and treatment.

Olive Branch Ministry

Criminal Justice Diversion Programs

These programs provide an alternative to incarceration for people with mental health and substance use conditions - who come in contact with law enforcement and the justice system - and connect them to treatment, recovery, support, and related services.

- Alternative Community Penalties Program: Gaston County Jail Services
- Division of Juvenile Justice and Delinquency Prevention
- Freedom House of Mecklenburg, Inc.
- Gaston County Adult Recovery Court

Addiction Treatment for Incarcerated Persons

These programs provide people in jail or prison with evidence-based medicationassisted treatment for substance use.

• Gaston County Sheriff's Office

Reentry Programs

These programs connect people to social and health services as they are released from incarceration and support them as they re-enter society.

Alternative Community Penalty Program: Cornerstone Christian Ministries

Services for Pregnant and Postpartum Women and their Infants

These programs treat women with substance use disorder during pregnancy to prevent Neonatal Abstinence Syndrome and in the postpartum period to sustain mothers' recovery and the wellbeing of their babies.

- Gaston County DHHS Public Health, STAR Program
- Kintegra Health, STAR Program

Prevention Programs

These programs deliver media campaigns to prevent opioid use, evidence-based prevention programs in schools, education for providers on best prescribing practices, drug disposal programs, pre-arrest diversion programs, post-overdose response teams, and strategies to connect at-risk individuals to behavioral health services and supports.

- CaroMont Health
- Gaston Controlled Substances Coalition
- Gaston County Adult Recovery Court
- Kintegra Health, Licensed Clinical Social Workers
- Olive Branch Ministry
- RHA Health

Appendix 2: Glossary of Agencies

- Alcoholics Anonymous is a voluntary program that uses a 12-step treatment and recovery model for people with substance use disorders: https://alcoholicsanonymous.com/aa-meetings/north-carolina/gastonia/
- Alternative Community Penalties Program: http://www.acppinc.org/

- <u>Cornerstone Christian Center</u> is a licensed, faith-based, residential program that provides a 12-step recovery program to restore the mind, body, and spirit of men, ages 18 and older, from the disease of addiction.
- <u>Restorative Justice Center</u> provides free outpatient substance use treatment programs.
- <u>Gaston County Jail Services</u> provides inmates with treatment groups that focus on drug education, relapse prevention, and behavior modification.
- **Array of Brighter Beginnings** treats mental health disorders, substance addiction, and other mental health disabilities: https://www.arrayofbrighterbeginnings.org
- **Bridging the Gap of America** provides intensive outpatient substance abuse and mental health services: www.bridgingthegapofamerica.org
- CaroMont Health provides evidence-based opioid prescribing based on CDC opioid guidelines, multi-modal pain management for inpatient pain control, community education for safe opioid use and disposal, medication assisted treatment, and counseling therapy for persons with opioid use disorder: https://www.caromonthealth.org
- Celebrate Hope is a voluntary faith-based 12-step recovery program conducted by City Church: https://citync.com/support-recovery/#celebrate
- Celebrate Recovery are voluntary faith-based 12-step recovery programs conducted by Catawba Heights Baptist Church, New Life Baptist Church (Belmont), Sandy Plains Baptist Church, and Venture Church: https://locator.crgroups.info
- **Division of Juvenile Justice and Delinquency Prevention** court counselors refer youth who have been arrested for substance use disorder to Intensive Outpatient Substance Abuse Programs: https://cp.ncdijdp.org/sbc/sbc.html?cty=gaston-27
- Flynn Christian Fellowship Home is a transitional half-way house for men who complete 28-day substance use disorder programs: https://www.facebook.com/flynnhomeofwilson/
- **Freedom Detox** provides 704/285-0460 provides medically supervised detoxification and individual and group counseling services: https://legacyfreedom.com/
- Freedom House of Mecklenburg, Inc., conducts PORT Providing Opportunities in Recovery for Teens – which provides court referred youth – ages 6-17 – with substance abuse screenings, assessments, evaluations, and education in Gaston County: derrick@freedomhousenc.com
- Gaston Controlled Substances Coalition, a program of the Gaston Together Healthcare Commission, engages local professional and lay leaders to collaboratively develop and conduct programs that (1) prevent the onset of addiction to controlled substances, (2) assure the adoption of safe opioid prescribing practices, (3) assure the delivery of comprehensive drug treatment and mental health services, and (4) deliver professional and community education in support of these outcomes: https://www.opioidsafegaston.org/
- Gaston County Adult Recovery Court provides non-violent offenders with an intensive, supervised, holistic, and team-based process of at least 14-months for achieving sustained recovery. This program is funded by the Gaston County Police Department: Contact: Wendy Whisnant, (704) 852-3179.
- Gaston County DHHS Public Health conducts STAR, which integrates prenatal and
 postnatal care and substance use treatment for pregnant and new mothers:
 https://www.gastongov.com/government/departments/health_and_human_servic_es/public_health/index.php

- Gaston County Sheriff's Office conducts <u>Criminal Justice Diversion Programs</u>: (1) the Jail Counselor/Coordinator counsels and places inmates with substance use disorders into treatment programs, (2) the Pretrial Services Program counsels and monitors post-released people with substance use disorders in the community, (3) Case Managers in the Public Defender's Office place inmates in substance treatment facilities, (4) the Restorative Justice Center places post-released people into substance use treatment facilities, and (5) the naloxone program provides education and treatment referral options to post-release people in the community. <u>Addiction Treatment for Incarcerated Persons</u>: (1) the Jail Counselor/Coordinator provides inmates with individual therapy for mental health and substance abuse needs, (2) the Restorative Justice Center will soon resume daily substance abuse treatment groups, (3) staff will instruct inmates on the use and benefits of naloxone and provide vouchers for free naloxone upon release: http://www.gastoncountysheriffsoffice.com
- Gaston Emergency Medical Services (GEMS) administers naloxone to individuals experiencing opioid overdoses, follows-up with these individuals to reduce their risk of harm and promote treatment, and distributes naloxone:
 https://www.gastongov.com/government/departments/gems-gaston-emergency-medical-services/index.php
- **Gastonia's Potters House** is a faith-based 18-month residential program for women living with substance use: https://www.gphrecovery.com
- Gateway Gaston connects people to resources including clinical counseling for substance use: https://gatewaygaston.org
- Goodwill Industries offers free job training, employment services, job search support, and family stability services: https://goodwillsp.org/services/
- Groups Recover Together provides medication assisted treatment through weekly group therapy and suboxone prescriptions: https://locations.joingroups.com/nc/gastonia/groups-recover-together-gastonia-nc-art077.html
- **HealthNet Gaston** manages the **Gaston-Lincoln-Cleveland Continuum of Care**, which works to prevent and end homelessness. This is critical for homeless individuals with OUD: https://www.healthnetgaston.org/continuum-of-care/
- **Highland Neighborhood Association** is developing a community-based drug prevention program: Contact Donyel Barber, (704) 866-5046.
- Infinite Beginnings provides Substance Abuse Intensive Outpatient Services (SAIOP) https://infinitebeginningsnc.com/services/
- **Insights in Recovery** provides abstinence-based treatment counseling and group therapy: www.insightsinrecovery.com
- Integrated Care of Greater Hickory provides outpatient Medically Assisted Therapy (MAT) and counseling therapy for persons with opioid use disorder: https://www.integratedcarehickory.com
- **King's Daughters Ministry** is a residential counseling ministry for women, ages 18-30, with substance use disorders: https://www.kdmonline.org
- **Kintegra Health**, Gaston County's federally qualified health center, provides naloxone to its patients who receive opioid prescriptions. For persons with OUD, it provides Medication Assisted Therapy (MAT), counseling therapy, peer support, connections to community resources, and other supportive services. It also embeds

- social workers in CaroMont primary medical clinics to provide substance treatment services, and in several Gaston County Schools to provide counseling: https://www.kintegra.org
- McLeod Addictive Disease Center (1) treats persons with severe opioid use disorder with medically assisted therapy (MAT) and counseling, and limited counseling for certain co-occurring psychiatric disorders; (2) provides site-based dosing of methadone and buprenorphine plus behavioral counseling for persons with opioid use disorder; (3) provides care management support through licensed counselors accessing community, including healthcare, needs; (4) provides intranasal naloxone at no charge to patients receiving treatment services; and (5) tests all women of childbearing age upon admission and coordinates care depending on results. Women who present for treatment knowing they are pregnant are prioritized for admission and care coordination: https://www.mcleodcenter.com
- Narcotics Anonymous is a voluntary program that uses a 12-step treatment and recovery model for people with substance use disorders:
 https://www.na.org/meetingsearch/text-results.php?country=USA&state=North
 Carolina&city=Cherryville&zip=&street=&within=20&day=0&lang=&orderby=datetime
- **New Beginnings Treatment Center** provides drug assessments and suboxone treatment and counseling. http://www.newbeginningstreatmentcenter.com/
- New Season Treatment Center provides Medication Assisted Treatment, counseling, and medically supervised withdrawal services: https://www.newseason.com/treatment-center-locations/north-carolina/gastonia-treatment-center/
- **Off the Streets Program** provides counseling and transitional housing to help women recover from drug addiction: https://offthestreetprogram.org
- Olive Branch Ministry provides harm reduction services to individuals with OUD including syringe services for persons in active substance use and naloxone for persons at risk of overdosing: https://olivebranchministry.org
- Oxford House is a self-run, self-supported recovery housing program for individuals recovering from alcoholism and drug addiction: https://oxfordhousenc.org
- Partners Health Management is a state- and county-funded Managed Care
 Organization that funds high-quality opioid treatment and recovery programs,
 including supportive housing: https://www.partnersbhm.org
- Pavana Treatment Group is an outpatient suboxone clinic that refer clients to counseling services: www.pavanatreatment.com
- Phoenix Counseling is a comprehensive behavioral health agency providing a full array of addiction services including residential, detoxification, medication assisted therapy, and outpatient services: https://phoenixcc.us
- RHA Health Services provides education and programming to prevent the onset of drug, alcohol, and tobacco use: https://rhahealthservices.org
- Self Concepts Clinical Counseling Services provides Substance Abuse
 Comprehensive Outpatient Treatment (SACOT), an Intensive Outpatient Substance
 Abuse Program (SAIOP), and individual counseling: www.myselfconcept.com
- StartBupe provides virtual tele-health medication assisted treatment, group therapy, and spirituality counseling to persons with opioid use disorders: https://startbupe.com

- **Support**, **Inc.** provides outpatient substance use counseling for children and adolescents with opioid use disorder: http://www.supportinc.org/
- Sunpath provides Substance Abuse Comprehensive Outpatient Treatment (SACOT), and an Intensive Outpatient Substance Abuse Program (SAIOP): https://www.sunpathllc.com/services

Appendix 3: Glossary of Terms

<u>Agonist medications.</u> Medications that occupy and activate opioid receptors in the body to relieve withdrawal symptoms and reduce or extinguish cravings for opioids.

<u>Antagonist medications.</u> Medications that attach to opioid receptors and reverse and block the effects of opioids.

<u>Buprenorphine.</u> An opioid agonist medication that acts as an opioid in the brain to reduce the desire to use the problem drug. Buprenorphine helps patients avoid withdrawal symptoms and reduces powerful desires for opioids.

<u>Evidence-based programs.</u> Refers to programs derived from, or informed by, objective evidence and refers to a process that reviews, analyzes, and translates the latest scientific evidence so it can be quickly incorporated into practice. Objective evidence is based on facts that can be independently examined, evaluated, and verified.

<u>Federally Qualified Health Center (FQHC).</u> A community-based health care provider that receives funds from the U.S. Health Resources & Services Administration (HRSA) to provide primary care services in underserved areas. FQHCs provide care on a sliding-fee scale based on ability to pay and operate under a governing board that includes patients. Kintegra Health is the FQHC in Gaston County.

<u>Medication Assisted Treatment (MAT).</u> The treatment of Opioid Use Disorder with FDA approved medication such as methadone, buprenorphine, or naltrexone.

<u>Methadone.</u> An opioid agonist medication that acts as an opioid in the brain to reduce the desire to use the problem drug.

Naloxone. A short-acting opioid antagonist medication that can reverse an opioid overdose.

<u>Naltrexone</u>. An opioid antagonist medication that blocks opioids from acting on the brain, taking away the ability to get high from using opioids.

Narcan®. A brand name for the drug naloxone.

Opioid. Any psychoactive chemical that resembles morphine in pharmacological effects, including opiates and synthetic / semisynthetic agents that exert their effects by

binding to highly selective receptors in the brain where morphine and endogenous opioids affect their action.

<u>Opioid Treatment Program (OTP)</u>. A program certified by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to treat patients with opioid use disorder using methadone, buprenorphine, and/or naltrexone. An OTP can operate in several settings including, intensive outpatient, residential, and hospitals. Services may include medically supervised withdrawal and/or maintenance treatment, along with various levels of medical, psychiatric, psychosocial, and other types of supportive care.

Opioid Use Disorder (OUD). A substance use disorder involving opioids.

<u>Post Overdose Response Team (PORT).</u> A team that engages persons who have experienced an overdose and seeks to link patients with appropriate care that may include harm reduction services, treatment, recovery support, and primary healthcare.

<u>Psychosocial treatment.</u> Any nonpharmacological, professionally administered intervention carried out in a therapeutic context for individuals, families, or groups. Examples include cognitive behavior therapy or insight-oriented psychotherapy.

<u>Suboxone</u>. A brand-name medication that combines buprenorphine and naloxone.

<u>Substance Use Disorder (SUD).</u> A cluster of cognitive, behavioral, and physiological symptoms indicating the individual continues to use alcohol, nicotine, and/or other drugs despite significant related problems.

<u>Syringe Service Program (SSP).</u> A program that provides sterile syringes and naloxone, disposes of used syringes, provides educational materials, connects clients to treatment and other services, and complies with North Carolina General Statutes, section 90-113.27.

Appendix 4: Graphs

Emergency Department Visits for Overdose Involving Medications of Drugs with Dependency Potential





Gaston County

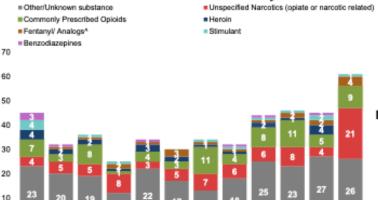
2022* YTD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

292

ED VISITS FOR OVERDOSE INVOLVING MEDICATIONS OR DRUGS WITH DEPENDENCY POTENTIAL

Med/Drug^ Overdose ED Visits by Med/Drug Class Last 12 Months: Gaston County



^Report is based on initial encounter, unintentional and undetermined intent cases only, for ICD10CM overdose codes of drugs and medicaments with dependency potential within T40, T42, T43, T50.7, and T50.9.

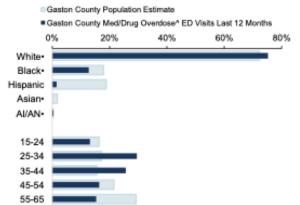
Note: Report is restricted to N.C. residents between the ages 15 to 65 years. Drug classes shown are <u>not mutually exclusive</u>, a person may have more than one drug overdose diagnosis code, therefore, a person may be represented in multiple lines in the graph above. *2020-2021 data is provisional; YTD (Year to date).

292 Overdose ED Visits for Med/Drugs^
with Dependency Potential in
Gaston County, 2022* YTD

compared to 205 in Jan to Jul 2021*

Data Source: NC DETECT: ED; Syndrome: Overdose: Unintentional/ Undetermined Medication or Drug Overdose (>14/<66) (ICD-9/10-CM)

Med/Drug^ Overdose ED Visits by Race/Ethnicity and Age Group



"Non-hispanic, except when ethnicity data are missing or incomplete (less than 85% ethnicity data available); if ethnicity is missing, race categories include both Hispanic and Non-Hispanic. Al/AN (American Indian/ Alaskan Native)

Note: NC DETECT is North Carolina's statewide syndromic surveillance system. There may be data quality issues affecting our counts. For training on NC DETECT, contact Amy Ising gladuno. edu.

NORTH CAROLINA INJURY AND VIOLENCE PREVENTION

www.injuryfreenc.ncdhhs.gov

8/15/2022

Opioid Overdose Emergency Department Visits



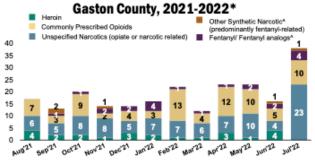


Gaston County

2022*YTD

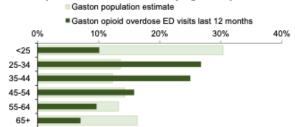
1.50 OPIOID OVERDOSE EMERGENCY DEPARTMENT VISITS

Opioid Overdose ED Visits Last 12 Months:



YTD: Year to date; "Provisional Data: 2021-2022 ED Visits
"Fentanylflentanyl analogs drug class is a new ICD10CM diagnosis code as of October 2020, prior to this
month, this category was predominately captured in the non-specific "Other Synthetic Narcotic" drug class.
Note: 2020-2021 ED visit data is provisional; For case definitions, go to
https://www.inuryfreenc.ncdhhs.gov/DataSurveillance/poisoning/SummaryTablaforPoisoningDefinitions.pdf

Opioid Overdose ED Visits by Age Group



150 Opioid Overdose ED Visits in Gaston County for 2022* YTD

compared to 83

from Jan to Jul 2021*

Source: NC DETECT: Data Source: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM)

Opioid Overdose ED Visits by Race Ethnicity

Gaston population estimate

■ Gaston opioid overdose ED visits last 12 months



 Non-hispanic, <u>except</u> when ethnicity data are missing or incomplete (less than 85% ethnicity data available); if ethnicity is missing, race categories include both Hispanic and Non-Hispanic.
 Al/AN (American Indian/ Alaskan Native).

Note: NC DETECT is North Carolina's statewide syndromic surveillance system. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes. For training on NCDETECT, contact Amy laing, ising@ad.unc.edu.

Counts based on ICD-10-CM diagnosis code of an opicid overdose: T40.9 (Opium), T40.1 (Heroin), T40.2 (Other Opicids), T40.3 (Methadone), and T40.4 (Other Synthetic Narcotics), and T40.6 (Other and Unspecified Narcotics).

NORTH CAROLINA INJURY AND VIOLENCE PREVENTION

www.injuryfreenc.ncdhhs.gov

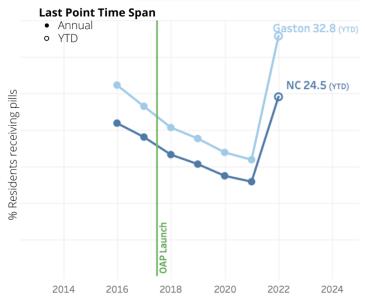
8/15/2022

Patients receiving dispensed opioid pills

Patients receiving opioid pills

North Carolina is experiencing the consequences of decades of prescribing more opioids at higher doses. To help prevent overdose the OSUAP aims to increase the use of opioid-sparing pain treatment, use the Controlled Substances Reporting System (CSRS) to reduce opioid overprescribing, and reducing the supply of diverted opioids.

Residents Dispensed Opioids in Gaston



Strategy: 2) Reduce Supply

Measure: Patients receiving opioid pills

Place: Counties - Gaston Year: 2022 (Actual)

Value Rate:

(% Residents receiving pills)

Value Count:

YTD Rate: 32.8

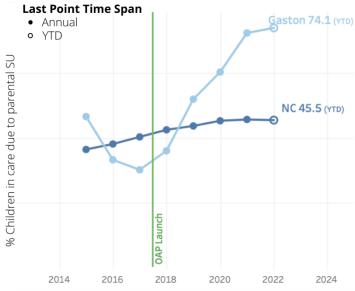
YTD Count: 12,266 at month 2

YTD Rate Denom: **37,422**Notes: **NA**

Children in Foster Care due to parental substance use

Children in foster care due to parental substance use
The OSUAP aims to address the impact of family substance use on children by working with families with children in foster care or those at risk of having children placed outside of the home. Connecting parents to evidence-based substance use disorder treatment, recovery support services, peer support, and other services such as transportation and housing can help decrease the number of children in foster care due to parental substance use.





Strategy: 3) Families

Measure: Children in foster care due to parental substance use

Counties - Gaston 2022 (Actual) Year:

Value Rate:

(% Children in care due to parental SU)

Value Count:

YTD Rate: 74.1

YTD Count: 274 at month 1

YTD Rate Denom: 370 Notes:

Newborns involved with Care Coordination for Children

Newborns affected by SU with POSC referral

The OSUAP includes plans to improve prenatal, maternal and infant care for women with substance use disorder. The Infant Plan of Safe Care is a referral of an identified infant to Care Coordination for Children (CC4C) from Child Welfare and includes services and linkages that may benefit the infant and family.

Plan of Safe Care in Gaston

