

**Medication Assisted Treatment Community Supervision Pilot  
Program**

**S.L. 2021-180, Section 9L.2(d), as amended by**

**S.L. 2022-74, Section 9L.2.(b)**



**Report to the**

**Joint Legislative Oversight Committee on Health and Human  
Services**

**and the**

**Joint Legislative Oversight Committee on Justice and Public Safety**

**by**

**North Carolina Department of Health and Human Services**

**November 1, 2023**

## **Medication-Assisted Treatment Community Supervision Program**

S.L. 2021-180, Section 9L.2.(d), *Appropriation of Certain Federal Block Grant Funds for DHHS Under the American Rescue Plan Act*, as amended by S.L. 2022-74, Section 9L.2.(b), appropriated \$8,000,000 to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (Division) to expand the Medication-Assisted Treatment (MAT) Community Supervision Pilot Program, a program that provides opioid use disorder treatment and services for individuals recently released from prison who are on probation. The session law required that the Division, in collaboration with the Department of Public Safety, select at least five counties that represent Tier One or Tier Two counties with the highest need to participate in the expanded pilot program. It also clarified that Tier One and Tier Two counties shall have the same designations as those established by the North Carolina Department of Commerce's 2021 County Tier Designations. Finally, the Division and the Department of Public Safety were instructed to report the results of the pilot program to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety by November 1, 2023.

S.L. 2021-180, Section 19C.9.(a) established the North Carolina Department of Adult Correction (DAC) as a single, unified cabinet-level department with its separation from the Department of Public Safety effective January 1, 2023. Among other things, DAC has responsibility for Community Supervision. Therefore, this report was completed by the Division in collaboration with the DAC.

### **Criteria Used to Identify Counties**

1. The 2021 North Carolina Development Tier Designations are available via the Department of Commerce website at [www.commerce.nc.gov/2021-tiers-memo-aspublished-113020/open](http://www.commerce.nc.gov/2021-tiers-memo-aspublished-113020/open).
2. S.L. 2021-180, Section 9L.2.(d) required that counties selected for the pilot represent Tier One or Tier Two counties with the highest need. Therefore, the following Tier Three counties were ineligible for the pilot: Cabarrus, Camden, Carteret, Chatham, Currituck, Durham, Henderson, Iredell, Johnston, Lincoln, Macon, Mecklenburg, Moore, Orange, Pender, Polk, Transylvania, Union, Wake, Watauga.
3. The Division and DAC identified 15 Tier One and Tier Two counties with the highest need based on the following criteria:
  - a. Responses to the "Hard Drug" question from DAC Community Supervision's Risk Need Assessment ("Does the offender use heroin, opiates, methamphetamine, amphetamines, crack, or cocaine?")
  - b. Probation/Parole/Post-Release Supervision Substance Use Violations
  - c. Rankings for Overdose Deaths
  - d. Rankings for and Emergency Department Visits for Opioid Overdoses
4. The Division and DAC worked with the LME/MCOs to identify MAT providers within, or within close proximity to, the 15 counties with the highest need based on the criteria

listed above. Per federal requirements for the Substance Abuse Prevention and Treatment Block Grant, service providers must be nonprofit organizations for this pilot. The following is a list of the top 15 counties selected, organized by the Local Management Entity/Managed Care Organization (LME/MCO) responsible for authorizing the delivery of services in that county:

- a. Alliance Health – Cumberland
- b. Eastpointe – Wayne
- c. Partners Health Management – Burke, Catawba, Cleveland, Forsyth, Gaston
- d. Trillium Health Resources – Brunswick, Craven, New Hanover, Onslow, Pitt
- e. Vaya Health – Buncombe, Rowan, Wilkes

While Cumberland was identified as a county of highest need, no nonprofit providers of MAT services in Cumberland County have been identified. There are no nonprofit MAT providers located in Burke County, but there are eligible providers in Catawba County. The LME/MCO is working with these providers to address transportation issues that may arise for Burke County residents.

**Division 1**

Craven: Trillium Health Resources & PORT Health  
 Onslow: Trillium Health Resources & PORT Health  
 Pitt: Trillium Health Resources & PORT Health  
 New Hanover: Trillium Health Resources & PORT Health  
 Wayne: Eastpointe & Wayne Cares

**Division 4**

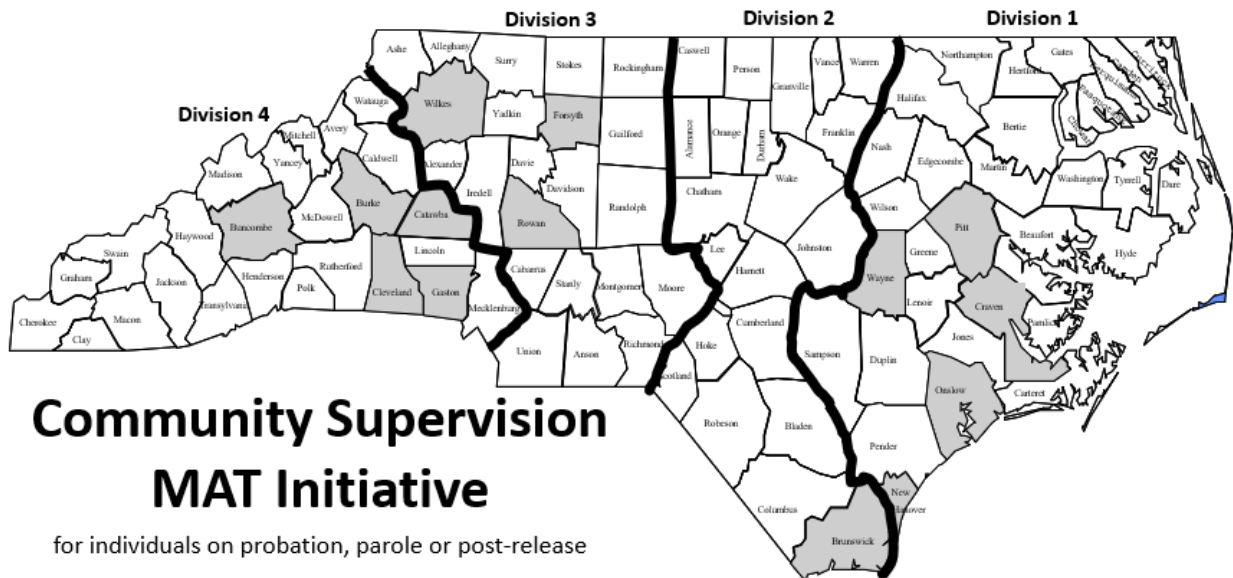
Buncombe: Vaya Health & Insight Human Services  
 Burke: Partners Health Management & McLeod Centers  
 Catawba: Partners Health Management & McLeod Centers  
 Cleveland: Partners Health Management & Phoenix Counseling Center  
 Gaston: Partners & Phoenix Counseling Center

**Division 2**

Brunswick: Trillium Health Resources & PORT Health

**Division 3**

Forsyth: Partners Health Management & Insight Human Services  
 Rowan: Vaya Health & Daymark Recovery Services  
 Wilkes: Vaya Health & Daymark Recovery Services



**Community Supervision  
 MAT Initiative**

for individuals on probation, parole or post-release

County selection based on legislative criteria: Tier 1 & 2 counties + highest need (drug use, SU violations, OD & ED data)

### Establishing Community Supervision MAT Services

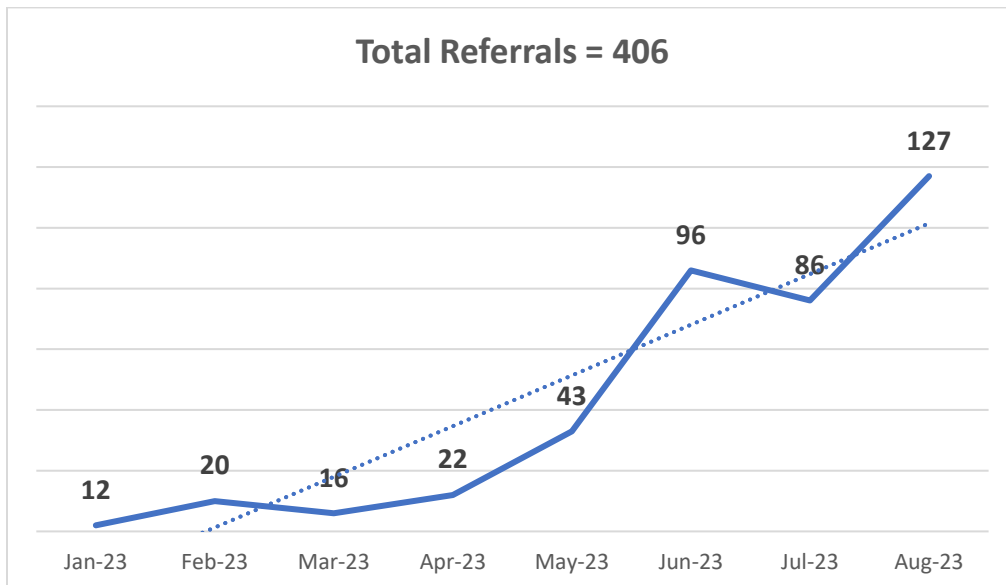
The Division established a new benefit plan – Adult Substance Use Community Supervision Population –to track funding and enrollment of adults who are aged 18 and over with a primary opioid use disorder who are currently under Community Supervision, defined as being under state probation, parole or post-release supervision; and who would benefit from assessment, initiation, engagement, treatment (including medication assisted treatment), continuity or treatment services, and/or supports for relapse prevention and recovery stability. Allocation letters were executed and sent to the LME/MCOs for contracting with identified MAT providers.

DAC and the LME/MCOs conducted introductory/educational meetings with contracted providers and probation leadership teams by county. Following these introductory meetings, DAC held meetings during the months of January 2023 to June 2023 with the MAT providers and all Community Supervision staff in each county to start the local initiatives.

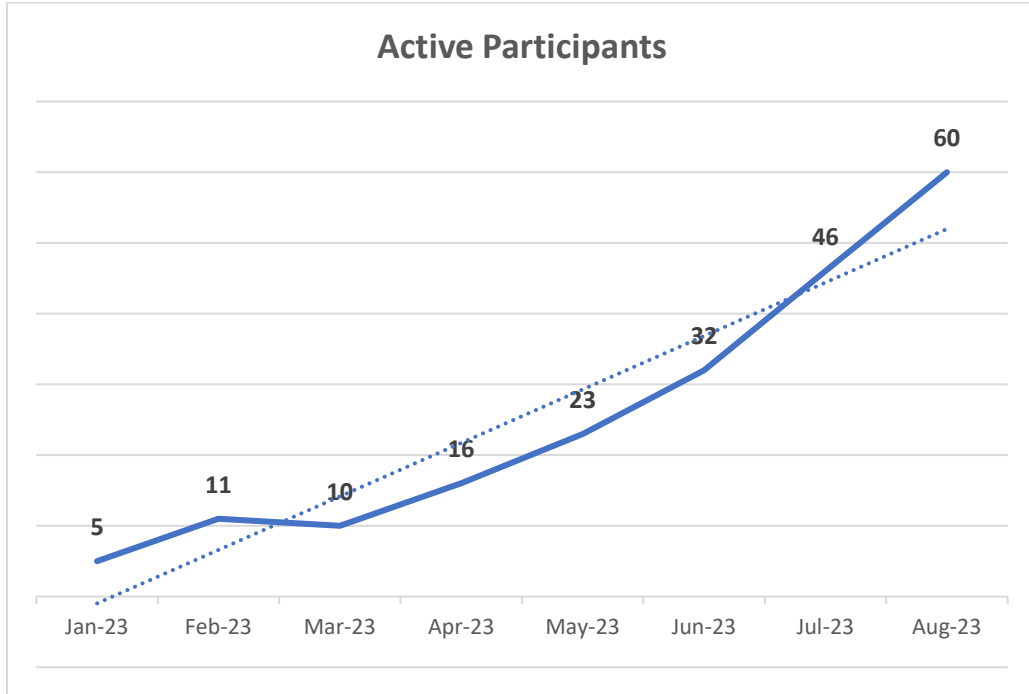
### Progress to Date

The pilot program is established in all 14 counties. Tables 1 and 2 below reflect steady increases in the number referrals and active participants since January 2023. The Division is coordinating with the participating LME/MCOs to allocate remaining funds for the period of July 1, 2023, through June 30, 2024, for the program to continue in SFY 2023-24. The Division and DAC will continue to work with local providers and Community Supervision staff to support the successful implementation of the program.

**Table 1: Total Referrals for MAT Services Across All Counties Each Month**



**Table 2: Number of Active Participants in MAT Services Each Month**



**Conclusion**

The SFY 23-25 biennium budget invests \$835M in Behavioral Health and Resiliency within DHHS. The North Carolina General Assembly’s investment will allow DHHS to build a behavioral health delivery system that can support our most vulnerable individuals in community. The MAT Community Supervision Pilot Program aligns with our state’s historic investment. In our first year of the Pilot, we identified counties of highest need; investigated and mitigated, where possible, provider accessibility issues; and began delivering MAT services to active participants. What we have learned in the first year of implementation and will learn in the next year will help inform DHHS in investing in our community and improving the lives of those that need behavioral health support the most.