

Division of Public Health

Agreement Addendum

FY 18-19

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Durham County Department of Public Health

Local Health Department Legal Name

490 Emergency Overdose: Local Mitigation to the
Opioid Crisis

Activity Number and Description

11/01/2018 – 05/31/2019

Service Period

12/01/2018 – 06/30/2019

Payment Period

☒ **Original Agreement Addendum**

☐ **Agreement Addendum Revision #** _____

CDI / Injury and Violence Prevention Branch

DPH Section / Branch Name

Amy Patel, 919-707-5427
amy.patel@dhhs.nc.gov

DPH Program Contact

(name, phone number, and email)

DPH Program Signature

Date

(only required for a negotiable agreement addendum)

I. Background:

North Carolina, like many other states, is in the midst of an overdose epidemic historically driven by prescription opioids and, in more recent years driven by heroin, fentanyl, and fentanyl analogues. Since 2008, there are more than 20,000 medication and drug poisonings annually that result in an emergency department visit. Medication and drug poisoning deaths have increased by 375% from 2000 to 2016, including more than 1,000 deaths each year since 2010. In 2016, medication and drug poisoning led to 2,103 deaths, and 546 of these deaths involved heroin. Heroin deaths have increased more than 1,331% since 1999 (in 2016, there were 546 heroin-involved deaths versus 41 in 1999). Heroin or other synthetic narcotics were involved in over 60% of unintentional opioid deaths in 2016.

Communities in North Carolina are dealing with the impact of the overdose crisis and are working to address the problem. The epidemic rate of unintentional overdose deaths has resulted in a multi-faceted public health response. Response strategies include enhanced epidemiologic surveillance; adopting laws that require controlled substance monitoring by providers and pharmacists and limit prescribing; and legislation to increase access to the opioid overdose rescue drug naloxone and protections for those who call for help in the event of an overdose, and legalization of syringe exchange programs.

The Injury and Violence Prevention Branch (IVP Branch) under the North Carolina Division of Public Health, Chronic Disease and Injury Section works to identify, implement, and support prevention strategies in injury and violence, including drug poisoning and overdose.

Health Director Signature

(use blue ink)

Date

Local Health Department to complete:
(If follow-up information is needed by DPH)

LHD program contact name: _____

Phone number with area
code: _____

Email address: _____

Signature on this page signifies you have read and accepted all pages of this document.

Revised July 2017

In 2018, North Carolina was awarded Centers for Disease Control and Prevention (CDC) funding via the Cooperative Agreement for Emergency Response: Public Health Crisis Response. The cooperative agreement contains five areas that states will focus on to reduce the overdose epidemic. North Carolina is aligning itself to these federal priorities at state and local levels.

The Request for Applications (RFA) # A361 on Emergency Overdose: Local Mitigation to the Opioid Crisis for Local Health Departments and Districts was released on August 31, 2018. The purpose of this RFA is to recruit and fund local health departments/districts (LHDs) 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.

Local health departments/districts applied for funding for projects that advance one or more strategies identified in the North Carolina's Opioid Action Plan.

The five approved strategies for this funding are:

1. Establish or expand syringe exchange programs (SEPs)
2. Connect justice-involved persons to harm reduction, treatment, and recovery services
3. Establish post-overdose response teams
4. Advance Fair Chance Hiring policy and protocols
5. Expand or establish housing first or rapid re-housing and retention services.

II. Purpose:

This Agreement Addendum enables the Local Health Department to implement one or more strategies from North Carolina's Opioid Action Plan 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 overdose epidemic in North Carolina.

III. Scope of Work and Deliverables:

The Local Health Department shall:

1. **Staff:** By November 30, 2018, designate one qualified staff member to carry out all duties outlined in this Agreement Addenda and inform the DPH Program Contact via email. The Local Health Director is responsible for notifying DPH Program Contact within 30 days when this position is filled, including providing the person's name and contact information, and for providing a notice within 30 days if this position is vacated.
2. **Perform Evaluation of Community Activities for Overdose Prevention:** Compile the county or district evaluation data for mid-period and end-of-activity period reporting for the Agreement Addendum, and provide these data reports to DPH. The Local Health Department shall provide data via an online survey (e.g., Qualtrics) on drug overdose strategies implemented in its community, as DPH is required by the CDC Cooperative Agreement to maintain an inventory of overdose prevention activities happening across the state.
3. **Implement at least one of the five approved strategies** proposed by the Local Health Department in its response to RFA # A361 Emergency Overdose: Local Mitigation to Opioid Crisis which was accepted by the IVP Branch in October 2018.

Activities for each of the approved strategies include the following:

- a. Establish or expand **Syringe Exchange Programs (SEPs)** through local health or human services departments, faith communities, pharmacies, community-based non-profit

organizations, or other potential host organizations with experience working with people directly impacted by drug use.

- i. Build a referral network with SEPs for all required services under North Carolina law ([G.S. 90-113.27](#)) including naloxone access and hepatitis/HIV testing services.
- ii. Train SEP leaders, staff, and participants in first aid, CPR, wound care, syringe hygiene, and related harm reduction and disease prevention practices.
- iii. Use funds to cover fund staffing, supplies, and related costs either through subcontracts with local or regional SEP(s) or in-house.
- iv. Safely dispose syringes and biohazard collected through SEP(s).

NOTE: Funding cannot support the cost of syringes, naloxone, other medications, nor clinical services.

b. Connect Justice-Involved Persons to harm reduction, treatment, and recovery services.

- i. Establish policies and protocols to universally screen people for substance use disorders on intake at jails and prisons.
- ii. Educate incarcerated people and their families or loved ones on harm reduction strategies before release, including but not limited to training on overdose recognition and response with naloxone and overdose prevention planning.
- iii. Distribute take-home naloxone upon release to those identified with opioid use disorder and to others who request it.
- iv. Establish reentry programs to link or refer people to care services once released from incarceration and provide care service referrals to those individuals identified with substance use disorder upon their release.

NOTE: Funding cannot support the cost of naloxone or other medications.

c. Establish Post-Overdose Response Teams led by Emergency Medical Services (EMS) and/or a harm reduction community-based organization to prevent repeat overdose and connect those who have had a non-fatal overdose to harm reduction, care, treatment and recovery supports, including housing or employment.

- i. Engage with persons with lived experience with drug use or in recovery from drug use and other harm reduction specialists when developing post-overdose response teams by including them throughout planning, implementation, and evaluation of the program.
- ii. Follow-up with patients who have experienced an overdose within 72 hours of the non-fatal overdose event.

d. Advance Fair Chance Hiring Policy and protocols to increase employment opportunities for people with felony records, which may include individuals who use or have used drugs.

- i. Assess current laws, ordinances, and policies and attitudes among employers (including county government) related to the hiring of people with felony records.
- ii. Collect and disseminate case examples of people directly impacted by a lack of employment opportunities because of their felony records.
- iii. Develop policies that delay employment application questions regarding a person's criminal record until after the applicant has had a chance to demonstrate skills, qualifications, and rehabilitation.

- iv. Communicate with, provide outreach to, and educate policy makers, county government officials, and employers on Fair Chance Hiring policies and practices.
- v. Promote and support implementation of Fair Chance Hiring policies and practices.
- e. **Expand or Establish Housing First** or Rapid Re-housing and retention services for people who use drugs, are in recovery, or are transitioning from residential treatment or incarceration.
 - i. Provide move-in (deposit), rental, or utility assistance for those who use drugs, are in recovery, or are transitioning from residential treatment or incarceration.
 - ii. Provide community training sessions on tenancy rights and responsibilities.
 - iii. Establish relationships with landlords to encourage no preconditions for housing and to reduce potential incidences of evictions due to drug use.

IV. **Performance Measures/Reporting Requirements:**

The Local Health Department shall:

1. Submit performance measure activity reports to the DPH Program Contact by the dates listed below. Reports must be received on or before these due dates.
 - a. Mid-period report for performance from November 1, 2018 through January 31, 2019 is due February 15, 2019.
 - b. End-of-activity period report for performance from February 1, 2019 through May 31, 2019 is due June 15, 2019.
2. Submit online reports with all required components. The link will be provided by DPH for each reporting period, with the survey allowing for documentation to be attached. A report must include all of these components to be accepted:
 - a. Summary of implemented activities, accomplishments, and work to reduce drug poisoning and overdose;
 - b. List of engaged partners for each major activity with key collaborations highlighted;
 - c. Details of how priority populations, such as those with lived experience, those directly impacted by drug use, and people who currently use drugs, have been engaged in the planning, implementation, and/or evaluation of activities to reduce overdose;
 - d. Completed data for metrics specific to the chosen strategy or strategies as outlined in the attached survey preview;
 - e. Summary of lessons learned, including a description of challenges that have been overcome and any potential challenges that are anticipated;
 - f. Summary of sustainability efforts or plans to continue the work as outlined;
 - g. Developed or adopted policies, protocols, educational materials, presentations, training materials, and related outputs as attachments to demonstrate evidence of implemented activities;
 - h. List of overdose prevention coalition meeting participants and which sector each participant represented (sign-in sheets), and meeting summaries (minutes or notes with action items) from each meeting.
3. Obtain preapproval on language for all materials intended for the public (digital or printed) by submitting the materials to DPH for at least a two-week review before publication to ensure non-stigmatizing messaging and consistent messaging across local health departments/districts.

4. Ensure that all activities are evidence-based, culturally sensitive, and at an appropriate academic level to accommodate stakeholders of varying harm reduction and overdose prevention backgrounds.
5. Ensure that all trainings are conducted by appropriately trained individuals with experience in harm reduction principles, community outreach, and naloxone administration.
6. Administer pre-test and post-test evaluation surveys to training and presentation participants to assess knowledge gains and effectiveness of trainings or presentations.

V. Performance Monitoring and Quality Assurance:

DPH shall maintain contact via email and telephone to monitor programmatic and fiscal performance. The DPH Program Contact will monitor the performance based on information contained in project reports and supplemental evidence submitted (e.g., summaries, methods descriptions, sign-in sheets, examples of completed activities, sample policies or educational materials). The DPH Program Contact will follow up with the Local Health Department via email or phone as needed for consultation and project improvement.

If the Local Health Department is deemed out of compliance, the DPH Program Contact shall make every effort to work with the Local Health Department to produce a corrective action plan. The Local Health Department shall report evaluation data to DPH in accordance with the timeframes and quality standards outlined. Failure to comply with the requirements listed above may result in a decrease in funding or removal from consideration for future funding for related activities.

VI. Funding Guidelines or Restrictions:

1. Requirements for pass-through entities: In compliance with 2 *CFR* §200.331 – *Requirements for pass-through entities*, the Division provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
2. Proposed funds are one-time only funds and may not be carried forward. Funds must be utilized in North Carolina.
3. Funds may **not** be used:
 - a. To purchase syringes, medications including naloxone, or to provide clinical care
 - b. To fund prescription drug take-back programs including drop-boxes, take-back events, or disposal
 - c. To purchase vehicles or pay down existing mortgages and/or other loans
 - d. For capital expense, new construction or renovation of facilities, or equipment

- e. For any type of research
 - f. For match funding on other federal awards or duplicate expenses covered by other federal sources
 - g. For lobbying (publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body).
4. Funding may be used to:
- a. Support salaries or stipends
 - b. Support renting equipment, such as leasing vehicles, for mobile outreach and delivery of services and mileage
 - c. Purchase syringe exchange program care supplies, such as alcohol swabs, gauze, band aids, hygiene products, bags, and food (but not medications or syringes)
 - d. Subcontract, develop memoranda of understanding, or utilize another form of demonstrated commitment with partners for technical assistance, trainings, or direct support.

FY19 Activity: 490 Emergency Overdose: Local Mitigation to the Opioid Crisis**Supplement 1**Supplement reason: ☒ In AA+BE or AA+BE Rev ☐ OR ☐ –

CFDA #: 93.354		Federal awd date: 8/29/18		Is award R&D? no		FAIN: NU90TP921993		Total amount of fed awd: \$ 4,058,977	
CFDA name:	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response			Fed award project description:	North Carolina’s Cooperative Agreement for Emergency Response: Public Health Crisis Response				
				Fed awarding agency:	DHHS, Centers for Disease Control and Prevention		Federal award indirect cost rate:	n/a %	
Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity	Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity		
Alamance	965194483	\$54,229	\$54,229	Jackson	019728518	=	=		
Albemarle	130537822	=	=	Johnston	097599104	=	=		
Alexander	030495105	=	=	Jones	095116935	=	=		
Anson	847163029	=	=	Lee	067439703	=	=		
Appalachian	780131541	\$72,736	\$72,736	Lenoir	042789748	=	=		
Beaufort	091567776	\$19,371	\$19,371	Lincoln	086869336	=	=		
Bladen	084171628	=	=	Macon	070626825	\$75,660	\$75,660		
Brunswick	091571349	=	=	Madison	831052873	=	=		
Buncombe	879203560	\$76,487	\$76,487	MTW	087204173	=	=		
Burke	883321205	=	=	Mecklenburg	074498353	\$70,778	\$70,778		
Cabarrus	143408289	\$70,000	\$70,000	Montgomery	025384603	=	=		
Caldwell	948113402	=	=	Moore	050988146	=	=		
Carteret	058735804	=	=	Nash	050425677	\$15,094	\$15,094		
Caswell	077846053	=	=	New Hanover	040029563	=	=		
Catawba	083677138	=	=	Northampton	097594477	=	=		
Chatham	131356607	=	=	Onslow	172663270	\$63,075	\$63,075		
Cherokee	130705072	=	=	Orange	139209659	=	=		
Clay	145058231	=	=	Pamlico	097600456	=	=		
Cleveland	879924850	\$54,641	\$54,641	Pender	100955413	=	=		
Columbus	040040016	=	=	Person	091563718	=	=		
Craven	091564294	=	=	Pitt	080889694	\$44,440	\$44,440		
Cumberland	123914376	=	=	Randolph	027873132	=	=		
Dare	082358631	\$72,275	\$72,275	Richmond	070621339	=	=		
Davidson	077839744	=	=	Robeson	082367871	=	=		
Davie	076526651	\$46,787	\$46,787	Rockingham	077847143	=	=		
Duplin	095124798	=	=	Rowan	074494014	=	=		
Durham	088564075	\$59,413	\$59,413	RPM	782359004	=	=		
Edgecombe	093125375	=	=	Sampson	825573975	=	=		
Forsyth	105316439	\$70,000	\$70,000	Scotland	091564146	=	=		
Franklin	084168632	=	=	Stanly	131060829	\$70,305	\$70,305		
Gaston	071062186	=	=	Stokes	085442705	=	=		
Graham	020952383	=	=	Surry	077821858	=	=		
Granville-Vance	063347626	\$76,311	\$76,311	Swain	146437553	=	=		
Greene	091564591	=	=	Toe River	113345201	=	=		
Guilford	071563613	\$71,672	\$71,672	Transylvania	030494215	=	=		
Halifax	014305957	=	=	Union	079051637	=	=		
Harnett	091565986	=	=	Wake	019625961	\$79,465	\$79,465		
Haywood	070620232	\$47,988	\$47,988	Warren	030239953	=	=		
Henderson	085021470	=	=	Wayne	040036170	=	=		
Hoke	091563643	\$68,836	\$68,836	Wilkes	067439950	=	=		
Hyde	832526243	=	=	Wilson	075585695	=	=		
Iredell	074504507	\$63,558	\$63,558	Yadkin	089910624	=	=		

DPH-Aid-To-Counties

For Fiscal Year: 18/19

Budgetary Estimate Number : 0

Activity 490	AA	1175 5176 AA	Proposed Total	New Total
Service Period		11/01-05/31		
Payment Period		12/01-06/30		
01 Alamance	* 0	54,229	54,229	54,229
D1 Albemarle		0	0	0
02 Alexander		0	0	0
04 Anson		0	0	0
D2 Appalachian	* 0	72,736	72,736	72,736
07 Beaufort	* 0	19,371	19,371	19,371
09 Bladen		0	0	0
10 Brunswick		0	0	0
11 Buncombe	* 0	76,487	76,487	76,487
12 Burke		0	0	0
13 Cabarrus	* 0	70,000	70,000	70,000
14 Caldwell		0	0	0
16 Carteret		0	0	0
17 Caswell		0	0	0
18 Catawba		0	0	0
19 Chatham		0	0	0
20 Cherokee		0	0	0
22 Clay		0	0	0
23 Cleveland	* 0	54,641	54,641	54,641
24 Columbus		0	0	0
25 Craven		0	0	0
26 Cumberland		0	0	0
28 Dare	* 0	72,275	72,275	72,275
29 Davidson		0	0	0
30 Davie	* 0	46,787	46,787	46,787
31 Duplin		0	0	0
32 Durham	* 0	59,413	59,413	59,413
33 Edgecombe		0	0	0
34 Forsyth	* 0	70,000	70,000	70,000
35 Franklin		0	0	0
36 Gaston		0	0	0
38 Graham		0	0	0
D3 Gran-Vance	* 0	76,311	76,311	76,311
40 Greene		0	0	0
41 Guilford	* 0	71,672	71,672	71,672
42 Halifax		0	0	0
43 Harnett		0	0	0
44 Haywood	* 0	47,988	47,988	47,988
45 Henderson		0	0	0
46 Hertford		0	0	0
47 Hoke	* 0	68,836	68,836	68,836
48 Hyde		0	0	0
49 Iredell	* 0	63,558	63,558	63,558
50 Jackson		0	0	0
51 Johnston		0	0	0

52 Jones		0	0	0
53 Lee		0	0	0
54 Lenoir		0	0	0
55 Lincoln		0	0	0
56 Macon	* 0	75,660	75,660	75,660
57 Madison		0	0	0
D4 M-T-W		0	0	0
60 Mecklenburg	* 0	70,778	70,778	70,778
62 Montgomery		0	0	0
63 Moore		0	0	0
64 Nash	* 0	15,094	15,094	15,094
65 New Hanover		0	0	0
66 Northampton		0	0	0
67 Onslow	* 0	63,075	63,075	63,075
68 Orange		0	0	0
69 Pamlico		0	0	0
71 Pender		0	0	0
73 Person		0	0	0
74 Pitt	* 0	44,440	44,440	44,440
76 Randolph		0	0	0
77 Richmond		0	0	0
78 Robeson		0	0	0
79 Rockingham		0	0	0
80 Rowan		0	0	0
D5 R-P-M		0	0	0
82 Sampson		0	0	0
83 Scotland		0	0	0
84 Stanly	* 0	70,305	70,305	70,305
85 Stokes		0	0	0
86 Surry		0	0	0
87 Swain		0	0	0
D6 Toe River		0	0	0
88 Transylvania		0	0	0
90 Union		0	0	0
92 Wake	* 0	79,465	79,465	79,465
93 Warren		0	0	0
96 Wayne		0	0	0
97 Wilkes		0	0	0
98 Wilson		0	0	0
99 Yadkin		0	0	0
Totals		1,343,121	1,343,121	1,343,121

Sign and Date - DPH Program Administrator <i>Alvin Dyer</i> 10-22-2018	Sign and Date - DPH Section Chief <i>DK</i> 10/22/18
Sign and Date - DPH Contracts Office <i>Rebecca Miller</i> 10-22-18	Sign and Date - DPH Budget Officer <i>P. Gray</i> 10/24/18

SH
10-24-18