



**ORANGE COUNTY
HIGH IMPACT OPIOID ABATEMENT
STRATEGIES**

**Funding Proposal Application Form
Application Due Date: February 21, 2025**

Applicant Agency: General Information				
Legal Name	Piedmont Health Services, Inc.			
Address	88 Vilcom Center Dr. Ste 110 Chapel Hill NC 27514			
Type of Agency (check one)	<input type="checkbox"/> Government/ Public Authority	<input checked="" type="checkbox"/> Non-Profit	<input type="checkbox"/> For-Profit Business	
Telephone	919-933-8494			
Website	www.piedmonthhealth.org			
Primary Contact Full Name	Jasmine Fouts			
Title	Grants Manager			
Email	foutsj@piedmonthhealth.org			
Telephone	919-933-8494			
Name of Project	Community MOUD for Orange County			
Total Application Funding Requested		\$ 50,400		
Funding Period Requested (MM/DD/YYYY)	Start Date	July 1 2025	End Date	June 30 2026
Selected NC MOA Option A Strategy (Number and Name)	2. Evidence-based addiction treatment			
Agency Mission and Vision Statements	<p>Our Mission: To improve the health and well-being of the community by providing high-quality, affordable, and comprehensive primary health care.</p> <p>Our Vision: Our vision is a healthy community in which all people have timely access to quality health care.</p>			

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As a **separate Excel file**, submit a completed **Budget Worksheet**.

Submit application to tstancil@orangecountync.gov with a subject line of – RFA: Opioid Settlement Funds – [Organization name]. Will receive Receipt of Application email upon submission. If email is not received within 24 business hours, reach out to Tonya Stancil, Harm Reduction Coordinator at tstancil@orangecountync.gov.

1. Proposal Summary *(no more than 250 words, required but not scored)*

Piedmont Health Services, Inc. (PHS) will use Orange Co. High Impact Opioid Abatement Strategies funding in order to provide Medication for Opioid Use Disorder (MOUD) services at no cost to a total of 36 new patients in our two Orange County locations (Carrboro and Chapel Hill). As all MOUD recipients will have a diagnosis of Opioid Use Disorder, they will represent a population which faces many barriers to care, including cost of care, transportation, and stigma. Additionally, the majority of PHS patients represent low-income, uninsured, unhoused, and other historically marginalized populations.

Reimbursement will be requested for patient co-pays, lab work, and medications.

2. Project Narrative

A. Assessment of Community Need (16 points, page limit: not to exceed 1 ½ pages)

This project will serve patients who receive Medication for Opioid Use Disorder (MOUD) services at Piedmont Health Services, Inc. at one of two clinical sites: Carrboro Community Health Center and/or Chapel Hill Community Health Center, both located in Orange County.

In 2023, Orange County had an overdose death rate of 32 deaths; additionally, the rate of Orange County residents prescribed buprenorphine (a medication used for Opioid Use Disorder) has steadily risen in the last few years, with 605 residents being prescribed buprenorphine in 2023, up from 488 residents in 2020. In fact, Orange County has one of the highest rates in the state of deaths involving illicit opioid overdose, at 21 deaths in 2023, or 65.6% of overdose deaths. (<https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/injury-and-violence-prevention-branch/north-carolina-overdose-epidemic-data>)

The behavioral health workforce shortage in North Carolina greatly impacts the ability of people with Opioid Use Disorder (OUD) to receive the services they need. The 2023 Treatment Services rate for Orange County was 336.6 out of 100,000 residents, which is low, even though it represents a 10% increase from the prior year. Additionally, 72.8% of children in foster care in Orange County were there due to parental substance use, one of the highest percentages seen in North Carolina. (<https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/injury-and-violence-prevention-branch/north-carolina-overdose-epidemic-data>)

One of the main barriers to care for MOUD patients is cost; patients relay this information to clinicians and staff at PHS frequently. According to the 2022 NC Behavioral Risk Factor Surveillance Survey (NC BRFS), 11.9% of all adults in our service area had at least one instance in which they could not get the medical care they needed in the past 12 months due to cost; for Hispanic patients, the rate was 22%. Of adults who did not access needed mental health care in North Carolina, 44.8% did not because of cost.

(<https://schs.dph.ncdhhs.gov/data/brfss/2022/nc/all/medcost1.html>)

In the past 365 days, 52.6% of the Orange County assistance requests received by 211 were related to housing and shelter, while 19.8% were related to utilities. (<https://nc.211counts.org/>) When the cost of living is unattainable, needed services for OUD can fall to the wayside in lieu of keeping the lights on or making rent. This funding would allow PHS to offer MOUD at no cost to the patient, thereby eliminating the financial barrier to care. PHS offers 2-in-1 appointments to patients receiving MOUD, ensuring that the provider visit and Behavioral Health Consultant visit occur back-to-back, thereby cutting the burden of finding transportation in half. PHS also operates in-house pharmacies, essentially providing everything needed – provider visit, Behavioral Health visit, labs, and meds - in one appointment.

PHS also provides MOUD to the formerly incarcerated, another marginalized community, in Orange County. There are unique barriers for these patients, including having the necessary identification documents to find employment, which makes it very hard to pay for care. People who were formerly incarcerated are from 13 to 40 times more likely to die due to their substance use disorder, mostly by overdose; MOUD during reentry to society has been shown to cut the risk of death by 75 percent. (<https://www.jcoinctc.org/justice-involved-individuals-returning-to-the-community-are-at-high-risk-for-overdose/#:~:text=People%20who've%20been%20incarcerated,criminal%20justice%20system%20every%20year>)

B. Project Description and Program Sustainability *(28 points, page limit: not to exceed 3 pages)*

PHS plans to use Orange County High Impact Opioid Abatement funds toward Strategy 2: Evidence Based Addiction Treatment. The following services will be provided at no cost for Medication for Opioid Use Disorder (MOUD) patients of Orange County:

- Visit costs
- Lab costs
- Medication costs

Providing MOUD at no cost is a vital strategy in preventing overdose deaths; individuals with Opioid Use Disorder (OUD) who participate in an MOUD program receive support in managing cravings, reducing withdrawal symptoms, and ultimately, preventing relapse into active addiction. MOUD blocks the effects of opioids and people with access to medications like buprenorphine are less likely to return to illicit opioid use. It is important to note here that illicit opioids are often contaminated with fentanyl or other substances that contribute to a high likelihood of overdose; by preventing relapse, MOUD prevents overdose deaths. MOUD programs also encourage individuals to engage with much-needed services like counseling, which has been shown to improve long-term recovery outcomes.

Alleviating the cost of visits, labs, and medications for patients means that those financial barriers will not stand in the way of much-needed MOUD services. Providing MOUD at no cost also communicates to patients that we support them in their process, thereby reducing stigma. PHS anticipates using this funding to enroll two new patients in our MOUD program each month at our Carrboro clinic and one new patient each month at our Chapel Hill clinic, for a total of three patients each month, or 36 patients in one year.

PHS engages with community members who may require MOUD services by partnering with community agencies such as the Orange County Emergency Services Post Overdose Response Team (PORT), the NC STAR Network, and the Orange County Health Department, among many others. As a known and trusted presence in Orange County, PHS also participates in Health Fairs, often with our Mobile Health Unit, in order to provide health screenings and spread awareness of our services; occasionally we will receive interest in our MOUD services in-person, either from a person with OUD or from a family member or loved one. Referrals for behavioral health or substance use disorder services come from many places, including positive screenings from our medical clinics, patient insurance companies, and other community agencies.

This project will advance PHS's vision of a healthy community in which all people have timely access to quality health care. Our hope is that by using this funding to provide services at no cost, we will reach the people who most need MOUD services, and not only provide much-needed care, but also help transition patients into utilizing PHS as a medical home. MOUD is

one step toward full recovery; the entire process requires a lot of support, including care for any medical or behavioral health issues that may have been overlooked or deprioritized during active addiction. People who have participated in an MOUD program and experience long-term recovery tend to have improved physical, psychological, and social well-being.

Any enhancements, improvements, or increases achieved during the project year will be sustained via communication with Orange County Public Health Department, and will be aided by a pre-existing streamlined administrative process. All programmatic decisions will be based on evaluation of program data and patient survey results; input from community partners will also be solicited and considered. Current funding sources for our MOUD program include Federal and State government, insurance providers, and, in Chatham County, Opioid Settlement Fund dollars. In order to sustain this program, PHS will continue to seek diverse funding streams, strengthen community partnerships, and operate efficiently as an agency, with the goal of providing quality services while reducing overhead as much as possible.

The current timeline for this program is as follows:

July 2025: Training of patient care coordinators and pharmacy staff, begin enrolling patients
August-September 2025: Continued implementation and streamlining of administrative process
October 2025: Initial reporting and reimbursement documentation submitted; continued implementation; nine total patients enrolled
November-December 2025: Continued implementation
January 2026: Reporting and reimbursement documentation submitted; continued implementation; 18 total patients enrolled
February-March 2026: Continued implementation
April 2026: Reporting and reimbursement documentation submitted; continued implementation; 27 total patients enrolled
May-June 2026: Continued implementation
July 2026: Final reporting and reimbursement documentation submitted; evaluation of program; 36 total patients enrolled

Obstacles to the success of this program may include:

- Stigma, which can affect the ability to sustain funding for MOUD programs, as well as prevent patients from seeking the services they need; PHS anticipates that investing in providing MOUD at no cost to the patient will counteract stigma significantly
- Transportation, which is difficult to find funding for; PHS anticipates that providing a “one-stop shop” for medical, behavioral, lab, and medication services will be a support as patients navigate this obstacle

- Disruptions in consistent attendance, which is common for a treatment program; PHS strives to provide compassionate care and flexibility to patients who may need to reschedule at times, while still maintaining boundaries around the best use of staff and clinic resources
- Legal and Criminal Justice issues, which may present a barrier if a patient becomes involved in the criminal justice system during MOUD treatment and is unable to communicate with their healthcare providers; PHS will communicate with partners when appropriate, including the Orange County Criminal Justice Resource Department, in order to stay informed on a patients' status and be prepared to coordinate care when necessary, and continue care when possible

C. Equity Impact (8 points, page limit: not to exceed $\frac{3}{4}$ page)

PHS, including its MOUD program, has a long history of serving historically marginalized populations. In 2023, the total population served by PHS was 18.2% White, 17.5% Black, 2.6% Asian, 2.9% >1 Race and 54.4% Hispanic (of any race), with 47% best served in a language other than English. Nearly half (48.6%) of the total population served was health care uninsured, with 94.4% of those applying for sliding-fee care found to live below 200% of the Federal poverty guideline. While less diverse racially, the majority of MOUD patients at PHS are low-income and uninsured.

PHS utilizes a sliding scale fee that makes all services, including MOUD, accessible to low-income and uninsured patients.

PHS received a 2022 Health Resources & Services Administration (HRSA) Quality Award for its work screening for the Social Determinants of Health (SDoH). Many of our patients face health-related social needs that impact their ability to maintain good health and continuity with healthcare. Challenges include affordable, safe housing and utilities, access to healthy foods, access to reliable transportation, and challenges to personal safety including interpersonal violence and occupational exposure. PHS employs Medical Care Coordinators to follow up with patients after a need is reflected on their SDoH screening and to consult with our many community partners in order to assist patients.

D. Organizational Readiness (20 points, page limit: not to exceed 3 pages)

PHS is a 501c3 Federally Qualified Health Center and has in place all relevant departments, staff, and financial processes needed to implement this program, bill for reimbursement, and meet compliance and monitoring requirements. Prior projects include grants from the Health Resources & Services Administration (HRSA), the North Carolina Department for Health and Human Services (NCDHHS), The Duke Endowment, and more. PHS will not be making new hires or using subcontractors for this project.

PHS prides itself on serving a diverse population with a diverse staff, guided by a diverse board. Moreover, the current PHS Board of 10 individuals is 60% White, 30% Black/African American, while 10% are of Hispanic ethnicity. Our 2023 Equal Employment Opportunity Commission (EEOC) report shows that our staff overall were 39% White, 31% Black, 5% Asian, 0.1% Native American, 2% More than One Race, while 22% were of Hispanic ethnicity. PHS is also proud to have welcomed our first Latina CEO, Dr. Daniella Jaimes-Colina, PhD, in January, 2024. Our overarching goal is that our staff reflects the communities we serve, provides care with cultural humility, and improves equity while decreasing stigma.

The PHS integrated behavioral care staff are a culturally and linguistically diverse group of professionals with deep understanding of the populations they serve, staff who prioritize the delivery of services with cultural humility and a trauma-informed lens. PHS providers are aware that marginalized patients often experience stigma and discrimination from healthcare providers; moreover, it can take time to build trust with individuals who have experienced stigma within the healthcare system. PHS policies encourage trust-building with patients as a primary focus, building rapport and therapeutic alliance, and getting to know the whole patient, not just their MOUD needs. Staff use body language, validation and other clinical skills to ensure that patient communication is respectful and reduces stress. PHS prioritizes patient safety, including emotional safety, and providers work at the pace that feels safest for the patient.

PHS uses video interpretation services as necessary to meet patient language needs, and also employs contract interpreters for Burmese/Karen dialect interpretation. All written patient education materials are reviewed for literacy level. Alternative medication labeling is available for individuals with low literacy.

PHS operates eight in-house pharmacies that stock a full formulary of medications for mental health and substance use concerns, including for MOUD naloxone and buprenorphine (tablets and films). On-site pharmacy allows patients continual access medications at an affordable cost, and to counseling with the pharmacy team.

PHS serves marginalized communities, including those experiencing homelessness and housing instability, Black, Indigenous, and People of Color (BIPOC), and those transitioning from

correctional settings to the community. For the homeless population in Orange County, services are delivered on-site at the Inter-Faith Council for Social Service (IFC), a local homeless shelter, so as to be co-located with the social services provided there. Please see sections C. and E. for more details.

E. Evidence of Collaborations/Partnerships (10 points, page limit: not to exceed 1 ¼ pages)

PHS collaborates with many partners in Orange County, including:

1. The NC STAR Network, a “statewide initiative with an overarching goal of *expanding access* to addiction treatment for all residents of North Carolina via a network model”. Via bimonthly meetings to discuss complicated cases and provider forums with educational topics focused on substance use disorders, PHS both provides and receives support and referrals from NC STAR.
2. Orange County Health Department (OCHD): – PHS participates in the Orange Partnership for Alcohol and Drug Free Youth with the Orange County Health Department; quarterly meetings are held in order to learn about current substance use data trends, available resources, harm reduction supplies, medical services, and more. OCHD also refers patients to PHS for our MOUD program.
3. The Criminal Justice Resource Department of Orange County: Through its Lantern Project, a deflection, diversion, and reentry program which supports people with histories of substance abuse who are justice involved by connecting them to therapeutic services. PHS receives referrals of patients who are currently detained and in need of MOUD, as well as updates on current MOUD patients who are newly detained. Through this long-standing partnership, PHS is able to offer clinical coordination for patients involved in the criminal justice system.
4. North Carolina Formerly Incarcerated Transition Program (NC FIT): The NC FIT Program employs Community Health Workers (CHWs) with a personal history of incarceration to connect recently released people with substance use disorder to appropriate health care services. NC FIT sees patients at PHS’s Chapel Hill clinic, and occasionally NC FIT will refer patients to PHS providers.
5. Orange County Post Overdose Response Team (PORT): PORT refers patients to PHS after they have experienced an overdose. PORT can administer MOUD for up to 7 days after an overdose; PHS offers clinical coordination for patients who are receiving MOUD through PORT, as well as a more sustainable program for the patient if desired.

PHS offers a low-barrier Office Based Opioid Treatment (OBOT) program in Orange County. Other OBOTs in Orange County, such as Freedom House and UNC Family Medicine, provide some of the same services as PHS, however, there are enough differences between our programs that we are not duplicating services. PHS often provides care to patients that have been discharged from other OBOTs in the area; patient needs vary and not every program will be a good fit.

PHS is the only OBOT in Orange County that is also a primary care medical home; we have access to a larger swatch of the population, and more possible entry points to treatment. We are also distinct in that we offer two clinic sites in Orange County, one in Chapel Hill and one in Carrboro; both of which see high numbers of patients each day and offer expanded hours of service. Additionally, patients who come to our MOUD program are able to have a “one stop shop” for all needs related to MOUD, as well as medical, dental, behavioral health, nutrition, and other specialists.

F. Performance Measures and Program Evaluation (18 points, page limit: not to exceed 1 page)

This project will be evaluated via quantitative and qualitative data. Our quarterly goals are to serve nine Orange County residents with MOUD services at no cost to the patient, including four provider visits and four Behavioral Health Consultant visits per quarter, all essential lab tests, and monthly medication (amount/exact medication and labs will depend on patient need).

Quantitative data will be captured via our Electronic Medical Records and will include the following:

- Number of patients who receive MOUD services
- Number of appointments/visits attended
- Number and type of labs provided
- Amount and type of medication provided
- Patient demographics
- Patient diagnoses

Qualitative data will be captured via patient survey and will include:

- Patient satisfaction level
- Any comments or suggestions

Evaluation will be performed by Admin staff at the midpoint and conclusion of the 12-month program.

3. Certifications and Required Forms

A. Application Certification

I have reviewed this application for accuracy.

I understand that Opioid Abatement funds are intended to address specific remediation activities as identified under the NC Memorandum of Agreement (MOA) for the Opioid Settlement Funds.

I understand that these opioid settlement funds are subject to State laws and regulations, and I have read the MOA and agree to the requirements.

I certify that the requested funds will be used in compliance with these requirements and with all requirements outlined in the Orange County High Impact Opioid Abatement Strategies RFA.

I agree to submit invoices and other relevant documentation to Orange County to pay or be reimbursed, as well as quarterly status reports, by the date stated in the contract.

I understand that **Orange County** requires agencies with receipts less than \$500,000 that do not have a financial audit (or a financial report), prepared by a certified public accountant (CPA) to complete schedule of Receipts and Expenditures form. An agency does not need to complete this form if it has a prepared audit/report it can submit for the calendar year ending December 31, 2022 or the fiscal year ending June 30, 2023. Agencies with receipts totaling \$500,000 or more, from any source, must submit a CPA-certified financial audit.

financial statements for each year that opioid settlement funding is provided to my organization, and that Orange County may monitor the program during the award period.

Agency Authorized Official (print name)	Daniella Jaimes-Colina
Signature	 Daniella Jaimes-Colina (Feb 17, 2025 14:58 EST)
Title	Chief Executive Officer
Date	02/17/2025

Board Chair/Elected Official (print name)	Leena Mehta
Signature	 Leena Mehta (Feb 17, 2025 16:49 EST)
Title	Board President/Chairperson
Date	02/17/2025