

opioid settlement **fund**

community information session

Thursday, Nov. 16, 2023 | Transylvania County Library





care
COALITION

CARE Coalition is a grassroots, community group representing diverse interests dedicated to reducing substance misuse and underage drinking in Transylvania County.



**Operates with representation
from 12 community sectors +
people with lived experience.**

Government, Healthcare, Education,
Substance misuse agencies, Youth-serving agencies,
Faith groups & churches, Civic/volunteer groups,
Businesses, Media, Youth, Parents, Law enforcement

what is the opioid settlement?

North Carolina is part of a historic \$26 billion agreement that will help bring desperately needed relief to communities impacted by **opioids**.



what is the NC memorandum of agreement?

An agreement between the state and local government directing how opioid settlement funds are distributed and used in our state. To maximize funds flowing to North Carolina communities on the front lines of the opioid epidemic, the MOA allocates 15% of settlement funds to the state and sends the remaining 85% to North Carolina's 100 counties and 17 municipalities.



opioid settlement **timeline**

Late 2022

WAVE 2 Settlement announced:
Transylvania County allocated \$2.5 million

Mid 2021

WAVE 1 Settlement:
Transylvania County
allocated \$3.2 million

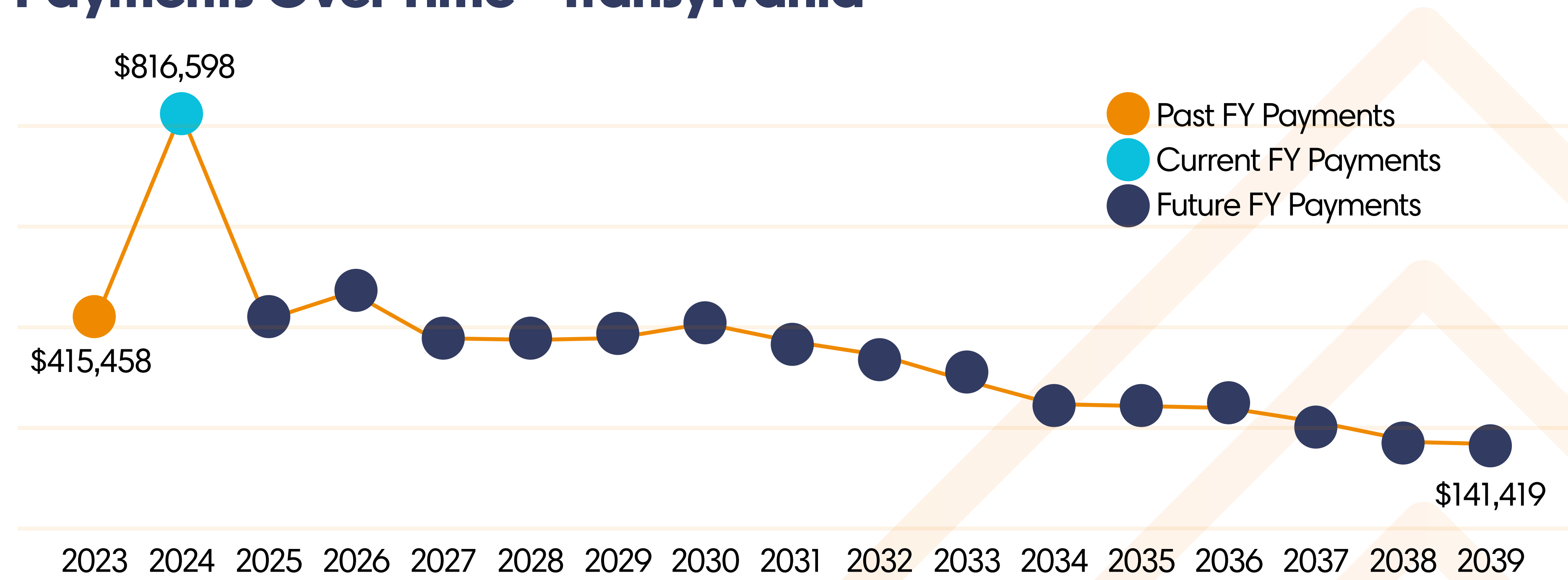
Late 2023

Board of Commissioners presented
with recommendations for the
allocation of the settlement money.

18 Year Payment to Transylvania during 2022-2039:

\$5,815,419

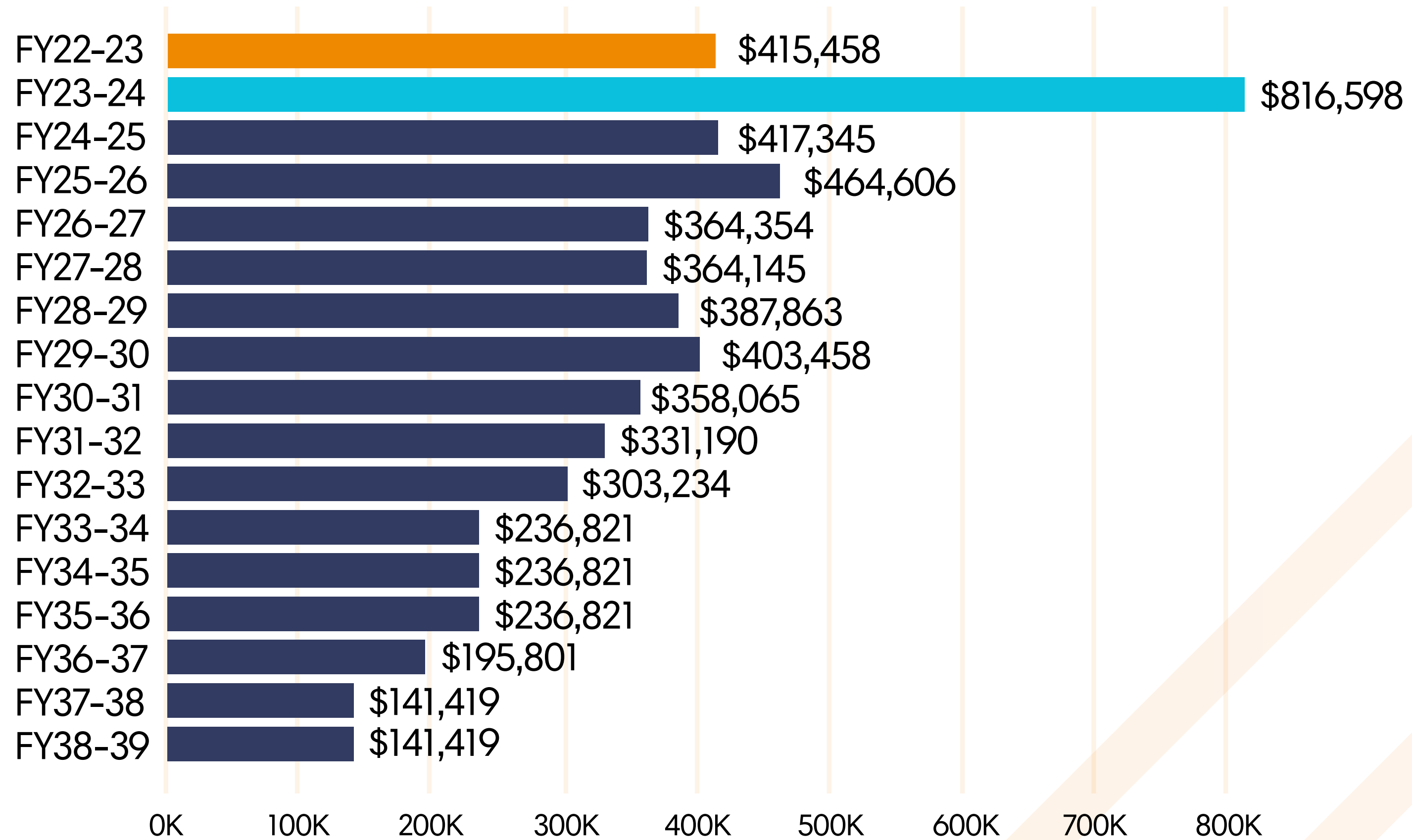
Payments Over Time - Transylvania



payment table

Transylvania

- Past FY Payments
- Current FY Payments
- Future FY Payments



NC opioid settlement funding options

- **Option A:**
High-Impact Opioid
Abatement Strategies
 - **Option B:***
Additional Opioid
Remediation Activities
- *requires community-based
assessment and planning
process



option a: **high-impact** **abatement** **strategies**

- Thoroughly researched interventions
- Proven impact
- Needed in every community
- 12 strategies
- May implement any on this list



option b: **additional** **opioid remediation** **strategies**

- **Addresses specific needs in specific communities**
- **More nuanced, fill in local gaps**
- **Includes primary prevention strategies**
- **Must undergo specific needs assessment and planning process**

Counties may pick any of the 12 from Option A
+ any of the 130 strategies from Option B



substance use disorder
continuum
of **services**

Promotion



Universal



Selective



Early Intervention



Case Identification



Standard Treatment



Compliance



After-care



www.transylvaniacares.org
carecoalition@tconc.org

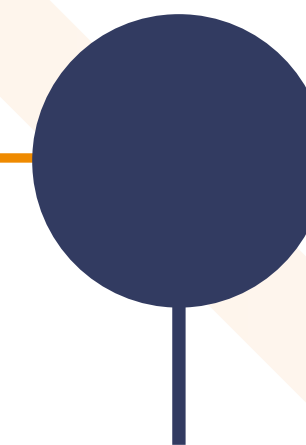
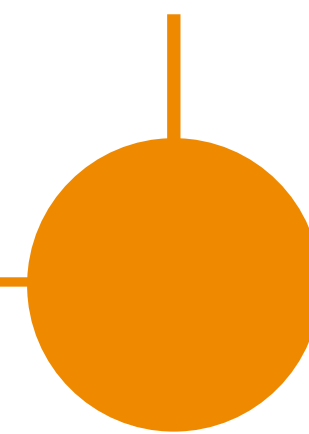
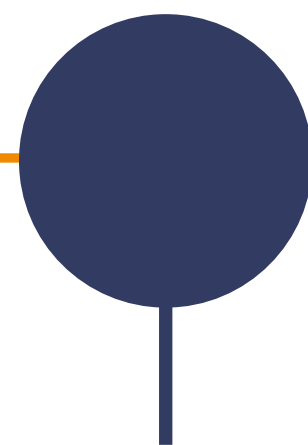
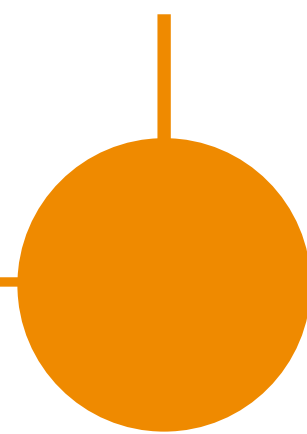
assessment & planning



opioid settlement **timeline**

Late 2020

Rural Communities Opioid Response Program awarded to conduct needs assessment, strategic planning, and OUD workforce development



Late 2022

WAVE 2 Settlement announced

Mid 2021

WAVE 1 Settlement announced

Late 2023

Board of Commissioners presented with recommendations



community-based assessment and planning process

gap & needs assessment

- Methods
- Participants
- Findings



community-based assessment and planning process

strategic planning process

- **Results-Based
Accountability**
- **Participants**
- **Priorities**



results from **community-based** assessment and planning process

immediate focus areas:

1. Increase access to treatment and reentry services for justice-involved individuals.
2. Tailor and present educational programs to address stigma and increase understanding of substance use.
3. Advocate for expanding MOUD and behavioral health services.



results from **community-based** assessment and planning process

5 prioritized strategies:

- Increase harm reduction programs and access.
- Reduce neonatal substance exposure.
- Establish criminal justice liaison who can coordinate with jail, courts, probation, and service providers.
- Expand availability of local transitional housing.
- Develop a recovery court.



taking action

- Jail-based Treatment and Reentry Program
- Educational presentations & campaigns
- Workforce capacity building
- Preparation for settlement allocation
 - Researching the evidence base
 - Propose recommendations for interventions



opioid settlement **timeline**



criteria for
recommended
interventions



criteria for recommended interventions

- Does it address an identified need?
- Is it an evidence-based or promising practice?
- Is it present in similar communities?
- Can it be fully funded by the allocation amount?
- Does it create a new program or build upon an existing service?
- Which population does it serve?
- How many people could it impact?
- How long may it take to implement?



**recommended
interventions**



substance use response coordinator

- Provides daily oversight of Opioid Settlement-funded projects.
- Communicates with partner agencies.
- Continues coalition work.
- Leverages additional funding opportunities.
- Manages contracts and supervises project staff.
- Evaluates impact of selected projects.
- Manages project budget and submits reports.
- Coordinates need assessment and planning process every 4 years.*

**If going with Option B funding.*



substance use response coordinator

- **Goals:**
 - Increase the number of evidence-based programs.
 - Increase the amount of external funding for SUD-related efforts.
 - Evaluate effectiveness of efforts.
- **Cost:**
 - \$30,000–\$85,000 per year



peer support specialist

for perinatal women
& families

- **The Need:**
 - Rate of newborn hospitalizations (4x the state rate)
 - Foster care (-60% SUD related)
 - Period of high opportunity, high risk



peer support specialist

for perinatal women
& families

- Improve recovery ecosystem for perinatal women.
- Collaborate with doctor's offices, SUD treatment providers, and agencies that serve young families to provide wrap-around care.
- Serve 20-40 individuals/year



peer support specialist

for perinatal women
& families

- **Goals:**
 - Decrease foster care placement and ACEs
 - Increase engagement in prenatal care & evidence-based SUD treatment
 - Decrease neonatal substance exposure rates



peer support specialist

for perinatal women
& families

- **Cost:**
 - **Approximately \$107,000**



jail-based reentry and treatment program

- **The Need:**
 - 80% of detainees have SUD
 - No access to treatment
 - Lack necessary social supports
 - Recidivism very costly



jail-based reentry and treatment program

- Continuation of current grant program to provide reentry planning & treatment, enhanced with PSS
- Impact evaluation underway
- Positive preliminary results and feedback
- Serve approximately 140 individuals/year



jail-based reentry and treatment program

- **Goals:**
 - Increase access to treatment & reentry support
 - Reduce recidivism
 - Reduce violent incidences within the jail
 - Reduce overdose post-release



jail-based reentry

and treatment
program

- **Cost:**
 - Current program:
\$170,000 per year
 - Cost to enhance with PSS:
\$250,000 per year



school-based prevention specialist

- **The Need:**
 - Limited delivery of evidence-based programs
 - Critical period of brain development



school-based prevention specialist

- Provide evidence-based prevention programs to elementary and middle school students.
- Coordinate and support youth empowerment programs to improve protective factors.
- Botvin Life Skills
 - at least \$21:1 cost benefit



school-based prevention specialist

- **Goals:**
 - Provide support to schools in universal prevention education
 - Improve coping skills, communication skills, and drug resistance skills
 - Increase perception of harm around drugs



school-based prevention specialist

- **Cost:**
 - **Approximately \$85,000 per year**



mobile health unit

- **The Need:**
 - Limited access to care
 - Lack of harm reduction services



mobile health unit

- Provides SUD-services, health screenings, basic primary care, and referrals.
- Develop relationships with underserved or remote neighborhoods.
- Shown to reduce ED visits and overdose calls.
- Can serve 5-7 patients/day.
- Staffed by a medical provider and PSS or case manager.



mobile health unit

- **Goals:**
 - Improve access to medical, behavioral, and SUD care
 - Improve initiation and retention in SUD treatment
 - Reduce ED visits
 - Reduce overdose



mobile health unit

- **Cost:**
 - Approximately \$215,000 per year
 - Start up cost is higher and depends on the outfit of unit.



recovery court

- **The Need:**
 - High costs of incarceration
 - 80% of detainees have SUD



recovery court

- Specialty court that serves non-violent offenders with drug-related charges.
- Supervised, long-term treatment program to maintain recovery.
- Charges can be reduced or dismissed.
- 75% of graduates remain arrest-free after 2 years.
- Best-practices:
 - Sober living opportunities
 - Adequate treatment options
 - Multi-disciplinary team
- Estimated public savings of \$6,744 per participant
- 15-20 participants per year



recovery court

- **Goals:**
 - Reduce drug-related incarcerations
 - Reduce number of repeat offenses
 - Improve treatment outcomes



recovery court

- **Cost:**
 - **Approximately \$340,000 per year**



**additional
options
to consider**



transitional housing

- **The Need:**
 - No transitional housing or sober living available
 - Foundational pillar of recovery



transitional **housing**

- Housing arrangement which helps people in early recovery after treatment or incarceration.
- Includes sober living and halfway houses
- Serves 6-14 individuals per year



transitional housing

- **Goals:**
 - Provide temporary housing with affordable rent
 - Offer wrap-around services for people in early recovery



transitional housing

- **Cost:**
 - Depends on model
 - Start up is approximately \$400,000-\$1,200,000
 - Annual cost is \$130,000-160,000



planning for sustainability

- Plan for some rollover to increase money available after 2034.
- Pursue grants to implement interventions and enhancements.
- Consider possible funding sources for programs post-2039.
- Consider the changing landscape of substance use.



next steps



- **Board of Commissioners meeting on Monday, December 11 at 4pm**
- **Submit report to NCACC and NCDHHS**
- **Board of Commissioners will adopt resolution that includes very specific details about selected intervention(s), funding amount, and term**

questions?





**thank
you.**