

Wake County
***NATIONAL OPIOID
SETTLEMENT***

Funding Plan FY23-FY24

OVERVIEW

The opioid crisis is one of the worst public health emergencies our country has faced in decades. In 2020, over 90,000 people died of a drug overdose in the United States, including more than 198 individuals in Wake County. Opioids were involved in over three quarters of those deaths. Counties are on the front lines of this crisis, providing public services that make it possible to survive and recover from a substance use disorder.

North Carolina is part of a historic \$26 billion agreement that will help bring desperately needed relief to communities impacted by opioids. These funds will be used to support prevention, treatment, recovery and other life-saving programs and services in communities throughout the state. In November 2021, Wake County agreed to participate in the national settlement and will receive a total of \$36.1 million over the next 18 years. Additional details on the settlement agreement can be found at ncopioidsettlement.org.

These funds must be used to address the opioid epidemic after the Wake County Board of Commissioners formally approves and authorizes an expenditure plan consistent with the settlement agreement.

Transparency is a key element of the settlement, and there is a requirement for annual reporting by Wake County that includes how the funds were spent and impact information.

Additionally, plan development requires public participation to ensure funds are used to address community priorities and is representative of the full county geography. The public participation requirement was met after extensive publicity on the county website and through an in-person and virtual community stakeholder meeting that was held on Aug. 2, 2022. More than 250 individuals participated in the three-hour meeting. Following the meeting, an online survey – available to anyone – was open until close of business on Aug. 5 for respondents to prioritize eligible strategies.

A planning team, led by the Wake County Manager’s Office staff with assistance from knowledgeable stakeholders, has developed this draft plan that reflects this public input.

In September, it is anticipated that the Wake County Board of Commissioners will consider these recommendations, establish a special revenue fund for settlement funds, and adopt a resolution authorizing strategies and funding amounts.

PLAN PRINCIPLES

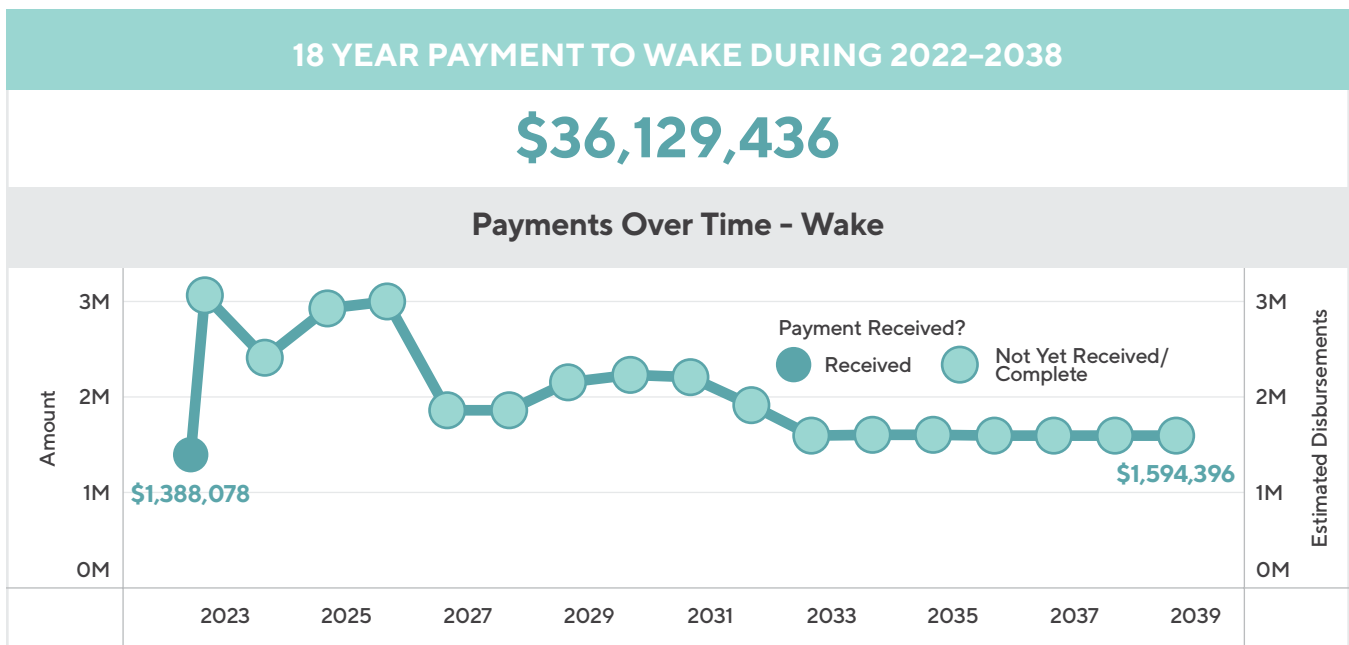
In drafting this plan, the following principles were used to guide development.

1. Draw from existing behavioral health plan that was developed in partnership with the community.
2. Be responsive to community priorities, especially for those experiencing health disparities.
3. Focus investments based upon their potential impact and measurable outcomes.
4. Adopt a collective impact approach that leverages other funding sources and is sensitive to sustainability.
5. Complement and enhance existing programs while avoiding unnecessary duplication of effort.

FUNDING AVAILABLE

By agreement, the City of Raleigh and Town of Cary have designated Wake County to assume responsibility for their settlement funds, and for Wake County to administer these funds consistent with its expenditure plan. In total, the funds made available to Wake County over the 18-year period of the settlement will be \$36,129,436 (inclusive of Raleigh and Cary funds).

According to the settlement, the funds will be made available as follows:

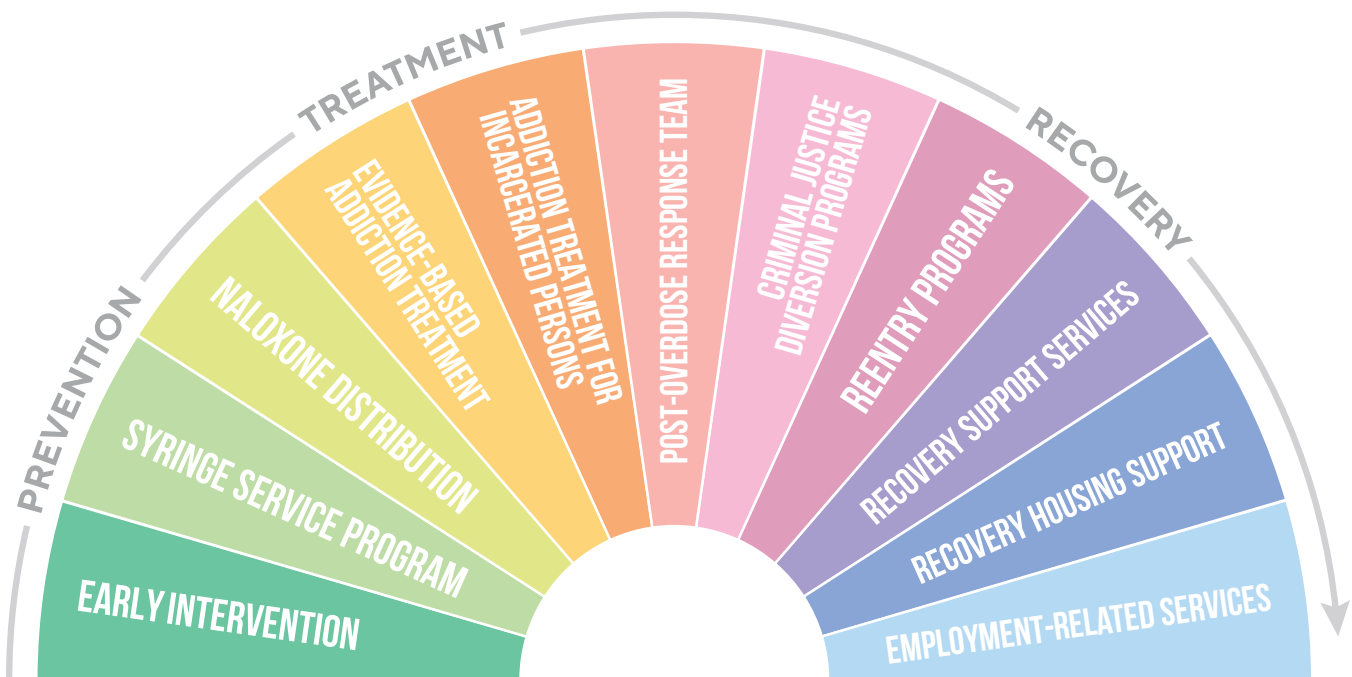


PLAN PERIOD

Staff have proposed a spending plan for the first two fiscal years of available funding to provide funding for the period September 2022 through June 2024. This will include start-up funding for new programs, one-time funds for some programs and on-going costs for others. This will allow county leaders to monitor performance to determine impact of investments, monitor trends impacting this epidemic and leverage other funding sources. Planning for subsequent years will be based on outcomes achieved during this initial plan period, as well as additional stakeholder input, and a then current state assessment of the treatment, recovery and support environment at that time.

ELIGIBLE EXPENDITURE STRATEGIES

Local governments in North Carolina that have agreed to be part of the national settlement agreed to use the proceeds consistent with expectations outlined in the “Memorandum of Agreement between the State of North Carolina and Local Governments on proceeds relating to the Settlement of opioid litigation” (MOA). In this MOA, local governments are directed to use settlement funds on opioid remediation activities as outlined in two options. Wake County chose to follow a distribution option that defines the following strategies for funding (see attachment for a list of all 11 strategies with brief definitions and examples of existing programs in Wake County that received county funding):



COMMUNITY INPUT

An in-person and online community meeting was held at Wake County Commons on Aug. 2, 2022. More than 250 individuals representing multiple stakeholder interests participated in the three-hour meeting. If interested in learning more about the community meeting, a video of the meeting and copy of the meeting materials can be accessed at wakegov.com/opioidsettlement.

Commissioner Chair Sig Hutchison and Assistant County Manager Denise Foreman welcomed participants and provided the objectives and overview for the meeting. Dr. Shuchin Shukla from Mountain Area Health Education Center and Dr. Michael Baca-Atlas from UNC Healthcare made presentations about the opioid epidemic and its impact in Wake County. Denise Foreman made a presentation about the ground rules of the settlement agreement. Megan Peevey with Recovery Communities of North Carolina gave a moving testimony of her own journey to recovery. The participants joined small group discussions, supported by facilitators, where they discussed the potential investment strategies in the context of their own experience. After each conversation, several of the small group discussions were reported out to the plenary group.

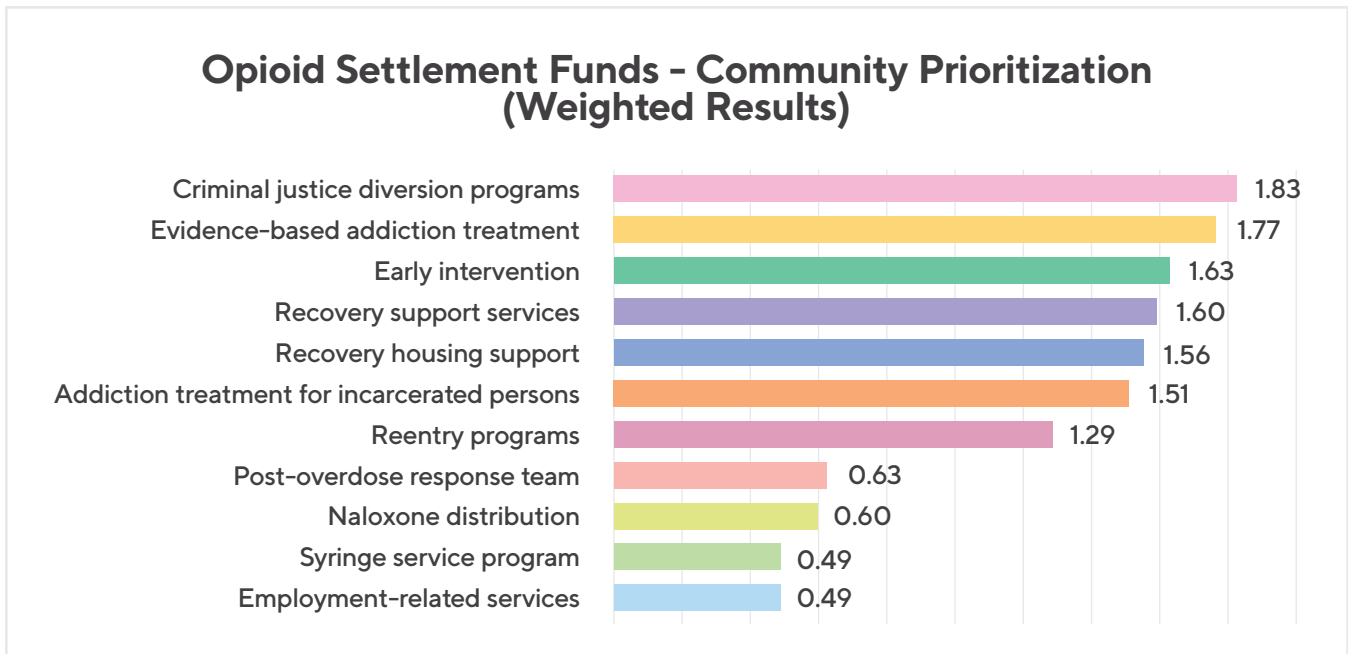
Some of the key learnings from the community meeting include:

- ◆ Addiction is a chronic, relapsing disease.
- ◆ Treatment works, but far too few people can access it.
- ◆ Opioid treatment services are available, but not readily accessible in all areas of Wake County.
- ◆ The highest growth in rates of overdose deaths during the past two years have been in Black and Hispanic populations, which have seen over 220% increases.
- ◆ Our children are at risk.
- ◆ Critical supports for people seeking treatment include recovery supports such as housing, employment assistance, transportation and other assistance.
- ◆ Teachers, counselors, coaches and other natural community supports can be trained as mentors to help youth feel secure and confident, speak up when they feel alone and conflicted, and develop emotional intelligence.
- ◆ Recovery is a journey, not a destination. Supports need to be available for the long term.

SURVEY

Following the community meeting, a web-based survey provided an opportunity for the public to vote and rank for their top five priorities to be included in the initial plan. The survey was open Aug. 2 through the close of business Aug. 5 and received 272 responses.

The following methodology was used to analyze the survey data. Community residents and advocates were asked to prioritize their top five approaches when using opioid settlement funds. Respondents who rated an approach as their highest priority were given a score of five (5), the second priority was scored as four (4), the third priority scored three (3), the fourth scored two (2), and the fifth priority was given a one (1). Any priority that was not ranked was assigned a score of zero (0). The scores were averaged for each approach and reflected in the chart.



PLAN RECOMMENDATIONS

Based upon the survey results, insights gained from the community meeting and local strategic plans, the following five strategies have been selected for investment in this initial plan:

1. Criminal Justice Diversion programs

Support pre-arrest or post-arrest diversion programs, or pre-trial service programs, that connect individuals involved or at risk of becoming involved in the criminal justice system to addiction treatment, recovery support, harm reduction services, primary healthcare, prevention or other services or supports they need.

2. Evidence-based Addiction Treatment

Support evidence-based addiction treatment for opioid use disorder – including Medication-Assisted Treatment (MAT). This may include capital expenditures, funding for services for uninsured and underinsured, purchase of FDA-approved medication for opioid use disorder and related supports.

3. **Early Intervention**

Fund programs, services or training to encourage early identification and intervention for children or adolescents who may be struggling with problematic use of drugs or mental health conditions. Training programs may target parents, family members, caregivers, teachers, school staff, peers, neighbors, health or human services professionals or others in contact with children or adolescents.

4. **Recovery Support Services**

Fund evidence-based recovery support services, including peer support specialists or care navigators that support people in treatment or recovery, or people who use drugs, in accessing addiction treatment, recovery support, harm reduction services, primary healthcare or other services.

5. **Recovery Housing Support**

Fund programs offering recovery housing support to people in treatment or recovery, or people who use drugs, such as assistance with rent, move-in deposits or utilities; or fund recovery housing programs that provide housing to individuals receiving Medication-Assisted Treatment for opioid use disorder.

To support these top strategies, the plan recommends providing funds to four key initiatives:

◆ **Opioid Use Disorder (OUD) Treatment (FY23 through FY24 = \$2M)**

- + Provide funding for MAT for uninsured or underinsured individual with any medication approved for this purpose by the FDA and assist continuity of care for these individuals among community providers.
- + Provide flexible resources to support needs of individuals while engaged in OUD treatment.

◆ **Care Navigation (FY23 through FY24 = \$1.5M)**

- + Establish and equip team of navigators to support three target populations to help individuals access addiction treatment, recovery support, harm reduction services, primary healthcare or other services or supports they need to improve their health or well-being.
 - Geographically identified communities
 - Criminal justice involved
 - Youth and their families
- + Provide flexible resources to navigators to prevent harm and to help individuals overcome barriers to accessing and continuing with treatment services.

- ◆ **Early Identification and Intervention (FY23 through FY24 = \$600,000)**
 - + Expand education and training programs for youth, parents, community groups, coaches, youth ministers, employers and others who encounter young people. Training would include Youth Mental Health First Aid, Adverse Childhood Experiences and other educational programs targeting early identification and intervention of problematic use of drugs or mental health conditions.
- ◆ **Housing Access and Support (FY23 through FY24 = \$750,000)**
 - + Provide access to housing for people with OUD including supportive housing, recovery housing, housing assistance programs, training for housing providers or recovery housing program that allow or integrate FDA-approved medication with other support services.

Funding estimates includes administrative costs to oversee and operate the proposed initiatives.

The table on the following page provides a list of the recommended funding initiatives and the key strategy that they support. The columns to the right indicate which of the top five strategic priorities identified in the community survey that are addressed by the initiative.

STRATEGIC INITIATIVE	Criminal Justice Diversion	Evidence-Based Addiction Treatment	Early Intervention	Recovery Support Services	Recovery Housing Support
Opioid Use Disorder (OUD) Treatment		X		X	X
Care Navigation	X		X	X	X
Early Identification and Intervention	X		X		
Housing Access and Support	X	X		X	X

WRAP-UP

This draft plan responds to significant community need and builds upon ongoing public support services. Wake County will continue to seek to leverage other funding sources to help address the full continuum of strategies for individuals with substance use disorders.

The long-term design of the settlement agreement and this plan’s commitment to transparency and measuring the impact of these initial investments enables Wake County to make future planning adjustments that enhance related program commitments and takes advantage of emerging policy and funding opportunities.

An equity lens was utilized during the creation of this draft plan and all attempts have been made to be as inclusive as possible in the proposed implementation of its strategies. Wake County remains consistent in its resolve to promote and support the well-being of all residents.

Additional information can be found at wakegov.com/opioidsettlement.