Burke County Opioid Advisory Committee Meeting Minutes
January 20, 2026 | 3:30 PM
Burke County Commissioners Chambers | 110 N. Green Street, Morganton, NC
Livestream Link: https://www.youtube.com/live/9ruD-vWkSas?si=pEAwFdfQqqUpa2jH

Committee Members Present:
Karen Russell, Sheriff Banks Hinceman, Jerry Duckworth, Johnnie Carswell, Dr. Joel Welch, Katie Olsen, Dr. Anthony Frank, Commissioner Jeff Brittain, Dr. Paul Holden

Staff Present:
Dr. Katie V. Samuels, Brandi Greer, Leigh Gantt, Hugh Sandoe, Brian Epley

Call to Order

The meeting was called to order by Chair Jeff Brittain.

Approval of the Agenda

A motion to approve the agenda as presented was made by Dr. Anthony Frank, seconded by Sheriff Banks Hinceman, and approved unanimously.

Approval of Minutes

A motion to approve the November 18, 2025 meeting minutes was made by Dr. Anthony Frank, seconded by Sheriff Hinceman, and approved unanimously.

Presentations

Funded Strategy Updates
Dr. Katie V. Samuels provided an overview of current overdose trend data and updates on funded opioid settlement strategies.

She reviewed Burke County overdose and treatment indicators, noting that emergency department overdose visit trends have declined and that Burke County is no longer in the top ten counties statewide for overdose-related emergency department visits. She also shared that 93 EMS calls were verified as overdose-related during calendar year 2025 and that overdose fatalities declined from 60 in 2023 to 50 in 2024. She noted that treatment participation remains an area for continued improvement.

Dr. Samuels then provided implementation updates on funded strategies:

- **B.E.A.R. Team and Community Navigator:** Soft launch began in mid-December 2025. The AM team is fully staffed, offers have been made for PM positions, and 24/7 coverage is expected within the next few weeks. Since soft launch, the team

has responded to 78 calls involving overdose response and mobile integrated health.

- **Burke County Recovery Court:** The program currently has 23 active participants, with five new intakes since October. Ninety-two percent of participants are opioid eligible. Fifty percent of participants were employed at graduation, and 43% reported sobriety six months post-discharge.
- **High Country Community Health:** The low-barrier MOUD expansion became fully active on January 5, 2026. Staffing is largely in place, with continued recruitment for a clinical pharmacist and psychiatric mental health nurse practitioner. The program has served 51 participants, completed nine field inductions, retained 46 participants at 30 days, and retained 37 at 90 days.
- **A Caring Alternative:** The SACOT and SAIOP program is awaiting final licensure. Staff are in place and already receiving referrals, providing one-on-one therapy, and conducting outreach in the community.
- **SPARC FCT-R Program:** The program continues to grow, with referrals received from DJJ, DSS, and community partners. As of December, the program had six active families, 80 total participant contacts, 32 family therapy sessions, 25 peer support sessions, and five random drug screens. Dr. Samuels also noted that SPARC had been selected to present its Burke County work at the Addiction Professionals of North Carolina conference in April.

Committee discussion included a question about Medicaid sustainability for SPARC services. Dr. Samuels stated that she would follow up regarding where SPARC stands in that process and noted that long-term sustainability through Medicaid and other insurance reimbursement will be an important part of future planning.

FY26-27 Spending Plan Discussion

Dr. Samuels introduced a discussion of the FY26-27 opioid settlement spending plan.

She reviewed the overall financial status of Burke County's opioid settlement funds, noting that total projected disbursements are approximately $25 million over time, with approximately $9 million received to date. Of the funds received, approximately $3.3 million has been allocated and approximately $6.2 million remains unallocated.

She explained that opioid settlement disbursements are front-loaded over the 18-year period, making long-term cash flow planning critical. Based on current cash flow projections and recurring baseline costs for the B.E.A.R. Team and Opioid Response Department, the county has an estimated safe annual spending capacity of approximately $550,000 to $650,000 above baseline recurring expenses for additional priorities.

Dr. Samuels reviewed options for future planning, including:

- Repeating the RFP process with a reduced funding ceiling
- Defining strategic priorities such as recovery housing

- Completing collaborative strategic planning to unlock Option B prevention funding in future years
- Reserving funds to support operating costs for the planned facility-based crisis center

Committee discussion included questions about additional settlement funds that may become available through more recent lawsuits, as well as clarification that currently funded provider services are distinct and not duplicative.

Burke Recovery Proposal Presentation

Drew Dearing, Executive Director of Burke Recovery, presented a proposal to expand access to Comprehensive Clinical Assessments for individuals with opioid use disorder and polysubstance use involving opioids.

He explained that the proposed project would:

- Add a full-time Licensed Clinical Addictions Specialist
- Provide an estimated 450 Comprehensive Clinical Assessments annually
- Reduce average wait time from 30 to 60 days down to 10 days
- Link at least 70% of assessed clients to treatment within 14 days
- Support uninsured and underinsured individuals through county reimbursement only when no other payment source is available
- Build on Burke Recovery's existing infrastructure, Medicaid billing capability, and established referral relationships

Committee members asked detailed questions regarding:

- Whether the proposal duplicated existing services
- How the assessment process fits into existing treatment pathways
- How uninsured clients would access ongoing treatment
- The feasibility of the proposed service volume and performance goals
- Long-term sustainability of the model

Discussion included clarification that the proposal would operate as a reimbursement model, meaning the county would only pay for completed assessments for uninsured individuals, plus a one-time startup amount.

Informal Public Comment

No public comments were received.

Items for Decision

Burke Recovery Proposal

Chair Brittain opened the floor for a recommendation regarding whether the Burke Recovery proposal should move forward to the Board of Commissioners for final approval.

Johnnie Carswell recused himself from the vote due to his membership with Burke Recovery.

A motion was made to recommend moving the Burke Recovery proposal forward to the Board of Commissioners for approval, including a one-time $10,000 startup allocation and reimbursement for eligible completed services up to the not-to-exceed contract amount. The motion was seconded.

The motion passed with one opposing vote from Katie Olsen and one recusal from Johnnie Carswell.

Dr. Samuels clarified that the proposed contract term would be one year from the date of Board of Commissioners approval and that the amount would be structured as a not-to-exceed reimbursement contract.

Reports and Comments

Karen Russell recognized Brandi Greer for receiving the Western region Recovery Champion award. Committee members expressed appreciation for Brandi Greer's work and leadership.

Adjournment

The next meeting was announced for March 17, 2026.

A motion to adjourn was made, seconded, and approved unanimously.

Respectfully submitted,
Dr. Katie V. Samuels
Secretary, Burke County Opioid Advisory Committee