Burke County Opioid Advisory Committee
Regular Meeting Minutes
September 15, 2026 | 3:30 PM
Burke County Commissioners Chambers
110 N. Green Street, Morganton, North Carolina
Youtube Recording: https://www.youtube.com/live/VKbrQJbSnR0?si=_nikrN8XhzOR07z2

Members present: Johnnie Carswell, Katie Olsen, Dr. Anthony Frank, Sheriff Hinceman, Dr. Paul Holden, Jerry Duckworth, and Ava Yamouti.
Members absent: Hannah Houston, Dr. Rivers Woodward, Commissioner Jeff Brittain, and Karen Russell.
County staff present: Dr. Katie Samuels, Brandi Greer, and Hugh Sandoe.
Guests and presenters: Teri Herrmann, Shanda Woody, and Faren Tillery with SPARC, along with members of the public and partner organizations.
Facilitator: Dr. Anthony Frank facilitated the meeting in the absence of Chair Jeff Brittain.

I. Call to Order
Dr. Frank called the regular meeting of the Burke County Opioid Advisory Committee to order. He welcomed members, county staff, presenters, and attendees.

II. Approval of the Agenda
Johnnie Carswell made a motion to approve the agenda as presented. Katie Olsen seconded the motion. The motion was approved unanimously.

III. Approval of Minutes
Katie Olsen made a motion to approve the minutes from the July 21, 2026 meeting. Johnnie Carswell seconded the motion. The motion was approved unanimously.

IV. Presentations and Updates

A. Burke County Opioid Response Department Update
Dr. Samuels provided an update on department activities from July through August 2026. She reported that the 36th Judicial District Burke and Caldwell Recovery Court regional model became effective July 1, 2026, with Brittany Williams serving as the shared coordinator. The first Burke County court session under the regional model was held July 28. Case management is now housed within the Burke County Opioid Response Department, while treatment continues to be provided through community partners based on each participant's needs and location. Recruitment was underway for a Recovery Court Peer Support Specialist.
Dr. Samuels reported that Burke County received two competitive awards totaling nearly $500,000: an NC Roots Mobile Integrated Health award and a Governor's Crime Commission award to expand Adult Treatment Court services. The Mobile Integrated Health award will support broader whole-person care through the BEAR Team, including follow-up for non-urgent medical and social needs in addition to overdose response. Contracting, performance measures, and implementation planning were underway for both awards.
The BEAR Team was carrying 49 active cases and recorded 183 participant encounters during the reporting period. Dr. Samuels and Brandi Greer described recent participant progress

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involving housing, long-term treatment, supportive living placements, benefits, and greater day-to-day independence. Ms. Greer noted that the active caseload had recently declined from 66 to 49 because several participants moved into stable housing or longer-term care. Dr. Samuels also announced that Crystal Brock had been promoted to BEAR Team Captain and Matt Hare to Lead Mobile Integrated Health Peer Support Specialist. The department anticipated recruiting a community paramedic and a peer support specialist to fill resulting vacancies.

Dr. Samuels reviewed progress on the planned 16-bed Facility-Based Crisis Center at 722 E. Union Street. Holland and Hamrick Architects had been selected for architectural and engineering services. Following a competitive RFQ process for a Clinical Advisor, a five-member review panel ranked Phoenix Counseling Center first with an average score of 93.6 out of 100, compared with 85.8 for Recovery Innovations, Inc. The recommendation was scheduled for consideration by the Burke County Board of Commissioners on September 21, 2026. The Clinical Advisor will work with the architect to align the facility design with clinical operations, licensure, safety, intake, staffing, and patient flow. The anticipated opening remained 2028, subject to refinement as planning proceeds.

Ms. Greer summarized the Relay for Recovery and Remembrance held August 29 at Freedom Park in recognition of International Overdose Awareness Day. Approximately 130 to 150 people attended, more than doubling participation from the prior year. More than 40 people participated in the relay, and 15 invited community organizations attended, with additional regional partners joining from surrounding counties. Activities combined remembrance, recovery stories, wellness practices, community resources, and a bell-toll ceremony. A memorial display included more than 180 photographs of people lost to overdose. Ms. Greer credited Ava Yamouti with suggesting the relay concept during earlier planning discussions. Dr. Samuels also reported continued use of the Community Health Vending Machine at Catawba Valley Healthcare in Valdese. Naloxone remained the most frequently selected supply. The department continued adjusting available items to seasonal and community needs, including hot-weather kits, personal care supplies, hygiene kits, soap, and wound-care kits.

B. FY 2026-27 Opioid Settlement Funding Process

Dr. Samuels reviewed the approved FY 2026-27 opioid settlement budget of $2,838,965, including $550,000 reserved for community investment awards. She proposed a two-stage funding process intended to reduce the initial burden on community organizations and allow the Committee to provide early direction. The first phase would request a brief concept paper or Letter of Intent describing the proposed program, requested amount, target population, anticipated outcomes, and alignment with an eligible Option A strategy. Selected organizations would then be invited to submit a full application with a detailed program design, budget, performance measures, sustainability plan, and information about organizational capacity. Committee recommendations from the full application stage would be submitted to the Board of Commissioners for final approval, followed by contracting and an anticipated January 2027 program launch. The priority areas identified by the Committee at its July meeting were recovery housing, family and caregiver support, faith community engagement, and prevention and youth initiatives. Dr. Samuels explained that these priorities also align with themes

emerging from the county's root cause analysis. In response to a question about faith outreach and recovery ambassadors, she reported that department staff had begun related conversations with hospital partners and community members, but a formal initiative had not yet launched. She expressed hope that the Letter of Intent process would generate proposals in this area.

C. SPARC Program Presentation and Questions

Teri Herrmann, Senior Vice President of Strategy and Development; Shanda Woody, Vice President of Operations for the Mountain Region; and Faren Tillery, Family Centered Treatment and Family Centered Treatment Recovery Supervisor, presented SPARC's first-year implementation update for Family Centered Treatment Recovery (FCT-R) in Burke County. SPARC completed its readiness assessment with the Family Centered Treatment Foundation before launch with approximately 90% of best-practice implementation drivers in place or partially in place. The program maintained that level during its April 2026 fidelity review. Staff completed 13 intensive FCT-R skill labs and continued working through competency-based certification requirements. SPARC reported that its trainer had also begun Level 2 certification, which will strengthen the organization's internal training capacity.

SPARC received its first referral on October 3, 2025. During the first 12 months, the program received 46 referrals, including 29 in 2026. Twelve families completed FCT-R, and 107 Burke County residents participated in the service. In 2026, 58 individuals received FCT-R services, and 85% of random weekly drug screens were negative for substances. Presenters explained that the service works with the full family system and may include caregivers, siblings, or extended family members. When a referral is better suited to another level of care or Medicaid-funded service, SPARC completes an assessment and links the family to the appropriate program.

The presenters reported that most referrals came from the Department of Juvenile Justice, with fewer referrals from the Department of Social Services and schools. They described prevention-oriented work with Halliburton Alternative School, including 19 group sessions serving 10 students, three of whom also received FCT-R. SPARC anticipated stronger school referrals through continued coordination with school counselors, social workers, and behavioral specialists. Discussion also addressed the difference between traditional Family Centered Treatment and FCT-R, including the additional substance-use recovery components, peer support, specialized certification, and the current effort to establish a Medicaid funding pathway for FCT-R.

Ms. Tillery shared de-identified examples of family progress involving sustained negative drug screens, successful completion of juvenile justice requirements, reunification, treatment engagement following residential care, improved family communication, employment, housing, and connections to continued supports. SPARC conducts follow-up at three, six, and nine months after discharge and may reconnect families to FCT-R, peer support, Community Support Team services, outpatient therapy, or other resources when needs emerge. Committee discussion focused on family engagement, referral barriers, the intensity of the four-hour-per-week model, follow-up after discharge, Medicaid coverage, staff recruitment and retention, and opportunities for earlier intervention before families enter crisis. SPARC

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representatives described a workforce approach centered on supportive supervision, team cohesion, self-care, professional development, internal leadership pathways, and open feedback. They identified staff turnover within DSS as an ongoing barrier to consistent referral relationships and expressed willingness to participate in future conversations about earlier family support and prevention. SPARC confirmed that it remained open to new referrals. County staff also offered to provide additional naloxone supplies as needed.

V. Collaborative Strategic Planning
Dr. Samuels updated the Committee on the collaborative strategic planning process required by the North Carolina Memorandum of Agreement on opioid settlement funds. She explained that the county had initially prioritized implementation of eligible Option A strategies so resources could reach the community while the broader plan was paused. With those programs now established, the county is resuming the planning process needed to access selected Option B strategies.

The draft root cause analysis draws on data from the school system, Sheriff's Office, North Carolina overdose dashboards, EMS, UNC Health Blue Ridge, workforce sources, focus groups, and interviews with people who have lived or living experience. Dr. Samuels summarized findings related to the decline in manufacturing employment, poverty and economic instability, prescribing patterns, intergenerational substance use, behavioral health and addiction workforce limitations, hospital and EMS utilization, and barriers to timely treatment and recovery support. She noted that the analysis identifies multiple interacting causes rather than a single driver of opioid-related harm.

The Committee reviewed a draft shared vision: Burke County envisions a safer, healthier community where fewer lives are lost to overdose, every person has a clear and timely pathway to effective treatment and recovery, and strong prevention efforts reduce the onset of opioid and other substance use. Members were advised that the full draft root cause analysis and presentation materials would be distributed for additional review. Potential Option B strategies discussed included prevention, workforce development, addiction medicine training, recovery housing, wraparound supports, transportation, family and caregiver services, faith community engagement, stigma reduction, and stronger connections to care.

VI. Informal Public Comment
No formal public comments were recorded.

VII. Items for Decision
The Committee discussed the draft shared vision and the proposed 2027 meeting calendar. The proposed calendar would move regular bimonthly meetings from the third Tuesday to the third Thursday at 3:30 PM to address a scheduling conflict for the Chair. Members requested an opportunity to review the dates and consider alternative weekdays. No vote was taken on either item. Dr. Samuels agreed to distribute the shared vision and proposed dates electronically for feedback, with the option to return the matters to the November agenda.

VIII. Reports and Comments
No additional reports or comments were recorded.

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IX. Adjournment

The meeting adjourned following completion of the agenda. The next regular meeting is scheduled for Tuesday, November 17, 2026, at 3:30 PM in the Burke County Commissioners Chambers.

Prepared by	Approved by the Committee
Dr. Katie V. Samuels Director, Burke County Opioid Response Department	Date: _____

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