Buncombe County Opioid Settlement Fund Strategic Plan 2027-2030

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BUNCOMBE COUNTY
PUBLIC HEALTH



Table of Contents

Executive Summary....2

Background....3

- Funding History....3
- Results for FY 2023-2026....4

2027-2030 Opioid Settlement Strategic Plan....6

- Community Engagement....7
- Environmental Scan....8
- Analysis & Recommendations....11
- Monitoring & Evaluation Framework....16

Appendix....18

- Appendix A: FY2023-2027 Opioid Settlement Allocations
- Appendix B: FY2023-2026 Opioid Impact Data
- Appendix C: FY 2028-2030 Community Engagement Report
- Appendix D: FY 2024-2026 Strategic Plan Overview
- Appendix E: FY 2028-2030 Monitoring & Evaluation Framework
- Appendix F: References

Executive Summary

In July 2021, Attorney General Josh Stein announced a historic $26 billion agreement that resolved litigation over the role of four companies in creating and fueling the Opioid Epidemic, and a statewide Memorandum of Agreement directing how settlement funds are distributed to impacted communities. In 2022, Buncombe County conducted an extensive strategic planning process to evaluate priorities for the use of its allocated portion of these funds. The 2024-2026 Opioid Settlement Strategic Plan was designed to guide funding strategies through fiscal year 2026 with the intention of revisiting the plan regularly to ensure adaptability to emerging trends and community need.

The original strategic plan outlined a dual approach to address substance use and related harm in Buncombe County: save lives through immediate interventions while strengthening the system's long-term capacity to address root causes of substance use. In the years since, this dual approach has yielded significant improvements in the community including a reduction in overdoses, increased linkage to medications for opioid use disorder, expanded Naloxone distribution, and enhanced reentry resources for justice-involved individuals with a history of substance use returning to the community.

Nevertheless, emerging conditions in the community – including the impacts of Tropical Storm Helene and policy changes at the state and federal level impacting healthcare coverage and justice system procedures in Buncombe County – warranted completion of the scheduled update to the strategic plan. The county launched this process in April of 2026, conducting community engagement, consulting subject matter experts, and performing environmental scans to evaluate priorities for use of opioid settlement dollars in fiscal years 2028-2030.

This strategic planning process affirmed the need to maintain focus on the dual approach to change initiated under the original plan, with a renewed emphasis on coordination and increasing access through creative approaches that reduce barriers to treatment and reach those most in need. This plan recommends strategies that promote access to care, harm reduction resources, improved coordination of services, and an emphasis on holistic care that supports stability for those seeking recovery as the top priorities for use of opioid settlement dollars through 2030.

Background

Beginning in 2022, national opioid settlements enabled long term investments in remediation strategies across the U.S. North Carolina established a statewide Memorandum of Agreement (MOA) to guide how counties receive and invest these funds, emphasizing evidence-based strategies, accountability, and transparency.

Buncombe County launched its first comprehensive strategic planning process in 2022 to guide the use of opioid settlement funds, shaped by over 40 organizations, 31 targeted stakeholder discussions, and 1,118 community surveys. This process engaged treatment providers, harm-reduction groups, first responders, people with lived experience, court partners, and social service agencies, reflecting a broad cross-section of community voices. Together, these partners established a shared vision rooted in empathy, cultural responsiveness, and evidence-based care across prevention, treatment, recovery, and long-term wellbeing.

Buncombe County is a community where substance use recovery is characterized by timely and coordinated holistic care centered in empathy, cultural responsiveness, and evidence-based methods from prevention to long-term recovery.

The Fiscal Year (FY) 2024–2026 framework focused on key indicators, overdose deaths, Emergency Department (ED) visits, justice-system trends, child protective services (CPS) involvement, and social determinants of health, to identify gaps, prioritize strategies, and inform funding decisions. Community outreach revealed core themes such as limited treatment access, housing instability, stigma, and burnout among service providers, along with opportunities for expanding harm reduction, youth prevention, medications for opioid use disorder (MOUD) availability, housing supports, and community connection. These insights guided strategies balancing urgent, life-saving interventions with long-term systemic improvements.

Funding History

Across FY 2023-2026, Buncombe County used opioid settlement funds to support essential programs, maintain critical services, and expand key components of its post-overdose response. In FY 2023, funds prevented service gaps and preserved continuity for reentry and linkage-to-care efforts, while expanding countywide naloxone distribution and initiating strategic

planning activities, including hiring a recovery housing advisor to conduct an assessment and develop recommendations.

In FY 2024, the County expanded the Post Overdose Response Team (PORT) from two to four teams, increasing capacity to reach residents outside city limits and respond to new overdose calls. The County also launched the Hope & Healing public awareness campaign and created flexible support for housing, transportation, and treatment needs through funds accessible to PORT, Justice Services, Social Work, and Public Health programs. FY 2025 funding ensured uninterrupted harm reduction services during a challenging budget year, and FY 2026 resources focused on sustaining established programs while monitoring emerging drug trends and statewide policy changes. Entering FY 2027, funding remained steady despite delayed planning cycles caused by the impacts of Tropical Storm Helene; maintaining this steady funding allowed services to continue without disruption. The county also modestly expanded peer support within harm reduction and temporarily sustained certain family-focused supports during gaps in other funding streams. Together, these investments demonstrate steady progress in stabilizing core services and supporting ongoing reductions in overdose deaths.

A full report of funding allocations in FY 2023-2026 can be found in Appendix A of this report.

Results for FY 2023-2026

When the FY 2024-2026 Opioid Settlement Strategic Plan was developed, Buncombe County adopted a dual approach: save lives through immediate interventions while strengthening the system's long-term capacity to address root causes of substance use. Since that time, this approach contributed to meaningful improvements in overdose response, treatment access, reentry support, and community coordination.

Overdose mortality and ED visits declined significantly. Buncombe County recorded 151 fatal overdoses in 2022, compared with 82 projected deaths in 2025 (based on seven months of confirmed data from the North Carolina Division of Public Health). ED overdose visits followed a similar pattern, decreasing from 376 in 2022 to 258 in 2025, with 288 visits projected for 2026. These reductions align with expanded naloxone availability and more reliable linkage to care after an overdose.

Across fiscal years 2023-2026, approximately 9,863 people utilized opioid settlement-funded services, including overdose response, harm reduction, treatment access, and stabilization supports. Community capacity

to respond strengthened. Community Paramedicine reported an average of 13 layperson overdose reversals per month in FY 2024, increasing to 17 per month by FY 2026. Access to naloxone expanded, with 17,597 kits distributed, and increased harm reduction trainings that equipped more with the skills and confidence to use naloxone. These efforts contributed to a rise in self-reported naloxone use, growing from 167 instances in FY 2023 to 633 in FY 2026, demonstrating sustained community readiness to intervene during overdose emergencies.

As part of broader harm reduction enhancements, the expansion of safer-use supply offerings resulted in a marked increase in program engagement and a notable shift in the demographics of participants accessing services. Within several months of implementation, 36% of all new participant intakes were individuals identifying as non-white or multiracial, compared with a historical average of nearly 92% white, and this trend has continued as the participant base has stabilized at approximately 62% white as of October 2026. These service adaptations also contributed to a 313% increase in program visits, alongside a 41.3% reduction in syringes distributed, suggesting increased uptake of safer, non-injection routes of use and a secondary community benefit of reduced syringe litter. This evolution in service utilization reflects both improved accessibility and stronger alignment between program offerings and participant needs.

Treatment access also improved. In FY 2024, 30% of overdose responses handled by Community Paramedicine resulted in immediate access to medications for opioid use disorder (MOUD); by FY 2026 this increased to 54%, even as overdose calls declined. Medicaid expansion reduced delays in care and allowed smoother transitions to ongoing treatment providers. Collaborations between Community Paramedicine and the Alcohol and Drug Abuse Treatment Center (ADATC) improved access to detox services within 24 hours of overdose and coordination with Appalachian Mountain Health's mobile clinic strengthened continuity of care.

Reentry outcomes improved as well. Community Reentry staff assisted 893 individuals returning from incarceration, connecting them to housing, transportation, identification documents, treatment referrals, employment support, and peer connections. Case management contributed to stability: between 72–83% of participants avoided rearrest each year, and many reported periods of sustained recovery. Peer support remained central in helping individuals navigate immediate needs during reentry.

System-level investment to promote collaboration and coordination also strengthened long-term recovery stability. Individuals accessed temporary housing assistance, and more local employers became willing to

hire people with justice involved backgrounds. The Recovery Friendly Workplace initiative helped reduce employment barriers for individuals in early recovery or returning from incarceration.

Across FY 2023-2026, investments in overdose response, treatment access, reentry support, and harm reduction created a more coordinated and capable system. Opioid funded programs served nearly ten thousand clients during this time period. More overdoses are being reversed in the community, people are connecting to treatment more quickly, individuals returning from incarceration are receiving stronger support, and stabilization resources are more widely available. System indicators, including fatal overdoses and ED overdose visits, show clear and sustained progress to reducing the impact of substance use in our community.

Today, Buncombe County's system is more connected and better equipped to prevent overdose deaths and support recovery than it was four years ago. These gains reflect the collective work of local providers, first responders, harm reduction partners, and agencies across behavioral health, public health, and the justice systems.

A full report of program-level data and key indicator outcomes for FY 2023-2026 is provided in Appendix B of this report.

2027-2030 Opioid Settlement Strategic Plan

Though the original strategic plan guiding use of opioid settlement funds in Buncombe County was designed to expire after FY 2026, the impacts of Tropical Storm Helene in September 2024 delayed the planning cycle. The county maintained funding for FY 2026 priorities heading into FY 2027, and as county staff continued the ongoing work of disaster recovery, efforts to update the Opioid Settlement Strategic Plan re-launched in April of 2026.

The 2027-2030 strategic planning process relied heavily on insights from the first plan. The shared vision and key indicators of change all remained central looking ahead to 2027; participants from the original steering committee were contacted to contribute to understanding current state challenges and strategies for success; and environmental scanning and community engagement were once again used to inform the plan's recommendations. The following section outlines the process, information, and analysis behind recommendations for use of opioid settlement funds in FY 2028-2030.

Community Engagement

In June 2026, the Buncombe County Department of Public Health conducted a community engagement survey seeking insights around successes, challenges, and priorities for addressing substance use in Buncombe County that would inform FY28-30 Strategic Planning Efforts. The survey was conducted through Buncombe County's Public Input site to ensure accessibility to the community at large, subject matter experts, folks with lived experience, and individuals at risk of experiencing negative impacts associated with substance use. Outreach strategies to reach these various audiences included:

- Press releases & social media marketing.
- Email distribution to steering committee workgroup members from the 2022 strategic planning effort.
- Coordination and survey distribution through substance use treatment providers, subject matter experts, and community organizations, including paper survey distribution inside treatment programs.
- Collaboration with the Buncombe County Detention Facility (BCDF) to provide survey access to incarcerated individuals via digital tablets.

520 people participated in the FY28-30 Opioid Settlement engagement survey, including responses from individuals in active substance use treatment with 12 providers and 48 responses from individuals incarcerated in BCDF at the time of survey completion. Overall, 54% of survey respondents identified as having personal lived experience using drugs or alcohol in ways that caused problems in their lives.

A full report of survey participation, results, and analysis can be found in Appendix C of this report. Key findings are summarized below:

Improvements observed since 2023:

- Naloxone is more widely available today than prior to the first Opioid Settlement fund allocation to Buncombe County.
- Safer use and disposal tools to reduce risk around substance use supplies are much more accessible.
- More peer support professionals are working in Buncombe County today than in 2023; however, there is opportunity to continue to increase access to these specialized professionals for people seeking recovery.

Challenges faced by people seeking help for substance use:

- Lethality of the drug supply and risk of overdose continues to be a concern.
- Substance use treatment is too expensive for many people who wish to stop using drugs.
- Stigma associated with substance use remains an issue as "People feel judged or not welcomed" was ranked in the top 50% of challenges faced when trying to get help.

Emerging needs to most effectively reduce substance use and related harm:

- Recovery housing was noted as the top priority in both open-ended comments and pre-populated selection choice questions. Specific comments include notes around the need for wraparound services in housing contexts.
- Strategies to reach people at the point of justice system-involvement is a high priority. Re-entry services, diversion, and treatment in jail represent three of the top five areas where the community thought this funding could make a difference. Cumulatively, these strategies were selected 31% of the time, representing the most common response by a significant margin.
- Transportation barriers ranked very closely behind cost of care as a challenge for people seeking treatment and/or recovery; people in Buncombe County have a hard time getting to treatment centers, and when they do access inpatient treatment, struggle to make appointments and stay connected with sustainable care in the community afterwards.

***Community priorities for use of Opioid Settlement funds in FY* 2028-2030:**

- Recovery Housing
- Services to reach people involved with the criminal justice system
- Recovery support & harm reduction resources such as peer support services, transportation and/or mobile treatment resources, and safer use supplies.

Environmental Scan

Tropical Storm Helene

Tropical Storm Helene created a cascading crisis in Buncombe County, worsening risks for people with opioid use disorder and those already facing housing instability. Major climate events often disrupt access to medications for opioid use disorder, increase trauma, interrupt treatment routines, and raise overdose risk for years afterward [1, 2]. These impacts were evident locally:

clinics and pharmacies lost electronic health record access, buprenorphine supplies ran short, and methadone programs closed temporarily due to power outages, infrastructure damage, and staff displacement. In the weeks after the storm, health centers reported that many early calls were from patients in withdrawal rather than typical disaster-relief requests, highlighting how fragile treatment access becomes during emergencies[3].

Helene also intensified Buncombe County's housing crisis. The 2026 Point-in-Time Count identified 824 unhoused individuals, the highest on record [4]. Storm damage destroyed more than 11,000 homes, causing a sharp rise in unsheltered homelessness. Eighty-seven residents reported losing their homes directly because of the storm, and most still lacked stable temporary housing months later [5]. Combined with the county's widening affordability gap and wages that fall far short of local rental costs, the disaster deepened the connection between trauma, housing instability, and substance-use risk across the community [6, 7].

Healthcare Policy Changes

Medicaid expansion has significantly strengthened North Carolina's response to the opioid crisis [8]. Since implementation in late 2023, more than 13,500 Buncombe County residents have gained coverage, increasing access to medications for opioid use disorder (MOUD), mental health care, and overdose-prevention services [9]. Expansion efforts have been associated with lower overdose mortality, higher buprenorphine treatment rates, and fewer opioid-related hospitalizations. State modeling suggests that sustained access to MOUD could avert hundreds of overdose deaths each year [10, 11, 12].

Beginning in late 2026, new Medicaid policies pose risks to coverage stability and treatment continuity [13]. Upcoming work requirements, more frequent six-month renewals, and stricter eligibility rules for non-citizens are expected to increase administrative challenges and disenrollment, making it hard for some residents to maintain MOUD access [14]. At the same time, the Healthy Opportunities Pilot (HOP), which had been paused in mid-2025 due to lack of funding, received far less funding than requested, leaving uncertainty about whether housing, food, transportation, and interpersonal-safety supports can expand enough to meet community need [15, 16]. Together, these policy changes could weaken some of the gains achieved through Medicaid expansion by destabilizing care access and reducing support for the social drivers of health [17].

Justice System & Services Landscape

December 1, 2025, NC House Bill 307, also known as Iryna's Law, went into effect in North Carolina. This criminal justice reform restricts pretrial release from detention for certain offenses, increasing the number of people who will spend time in jail rather than being released to the community while awaiting trial. This increase in the number of people detained in Buncombe County represents a potential threat to the progress made toward reducing substance use-related harm in recent years, as incarceration is a well-documented risk factor associated with increased vulnerability to overdose [18].

The risk of increased incarceration rates is not hypothetical. In June of 2026 the Buncombe County Sheriff's Office (BCSO) identified the implementation of House Bill 307 as a contributing factor to unusually high jail population numbers inside Buncombe County Detention Facility (BCDF) at that time. Specifically, changes in the types of violations eligible for pretrial release, reductions in the number of individuals eligible for unsecured bond, and limitations on magistrates' ability to set conditions of release mandated by Iryna's law have been correlated with recent increases in the average daily BCDF population. This increase can be seen in the difference between average daily jail population awaiting trial prior to the implementation of Iryna's law, which was 364 in May 2025, compared to 438 in May 2026 [19].

Since 2023, the local justice system has experienced additional changes that affect service capacity. In response to rising public concerns about safety and sanitation downtown, the City of Asheville and the Buncombe County Sheriff's Office launched alternative response pilots that connected individuals—often those with behavioral health or substance-use concerns—to appropriate services rather than traditional law-enforcement action. These pilots showed strong results and led to the creation of the permanent Resource and Engagement Support Team (REST), which now includes peer-support specialists and continued support for co-response in the Sheriff's Office and expansion into Asheville Police Department.

During this same period, several support services were reduced or reconfigured. A public health linkage-to-care peer support role ended in 2023. Peer support specialists embedded in the detention facility stopped services between 2025 and 2026 due to funding and staffing challenges, though efforts to rebuild this capacity are underway. The detention facility also transitioned to a new medical provider, temporarily limiting MOUD inductions to continuing treatment for existing patients. Despite these challenges, the detention center continues to distribute naloxone and other harm-reduction supplies, and diversion and coordination efforts are being restructured.

Drug Supply Trends

The drug supply continues to evolve in ways that increase overdose risk. Carfentanil, an ultrapotent synthetic opioid, has reemerged nationally and has been detected in counterfeit pills, worsening overdose severity and complicating response [20]. Orphines, another class of ultrapotent synthetic opioids, are beginning to appear in drug-checking reports and early toxicology findings [21]. Their extreme potency and reduced responsiveness to naloxone make them especially dangerous [22].

Despite statewide and local reductions in fentanyl-positive overdose deaths, fentanyl remains deeply embedded in polysubstance use. Most fentanyl-positive deaths involve other substances such as cocaine or methamphetamine [23]. Buncombe County reflects these trends: in 2024, fentanyl was present in most overdose deaths, often alongside stimulants. Smoking has become a more common route of drug use among local decedents, while injection-related deaths have decreased. Overdose impacts continue to be disproportionately concentrated among Black residents, men, and individuals ages 25–54 [24].

Stimulant use disorder remains a major contributor to overdose mortality, often co-occurring with fentanyl use [25, 26]. There are no FDA-approved medications for stimulant use disorder, leaving significant gaps in treatment. Contingency management, a behavioral approach that uses positive reinforcement, has shown strong evidence in reducing stimulant use and lowering mortality, highlighting the importance of expanding access to this intervention [27, 28.]

Kratom use has also increased locally. Providers report that some individuals with long-term recovery stability are experiencing withdrawal symptoms, tolerance, and dependence patterns similar to traditional opioids. Its widespread availability in gas stations and retail shops contributes to rising use [29].

Analysis & Recommendations

Taken holistically, the 2027-2030 opioid settlement strategic planning process shows continued progress in overdose prevention, treatment access, harm-reduction capacity, and reentry support. Buncombe County is reversing more overdoses in the community, connecting people to treatment more quickly, strengthening supports for people returning from incarceration, and improving recovery stability through expanded housing, employment, and transportation pathways. These gains reflect sustained collaboration among first responders, harm reduction partners, clinical providers, and justice system teams and demonstrate that the system is more coordinated and capable than it was four years ago.

Even so, listening to the community makes it clear that people in Buncombe County continue to face threats from the lethality of illicit substances entering the community and barriers to accessing treatment and recovery resources. Recovery housing, intentional strategies to reach people at the point of justice system involvement, and continued emphasis on recovery support services like peer support specialists and harm reduction resources like Naloxone were identified as top priorities to reduce the risk of overdose and make treatment more accessible to address the impacts of opioid use in the coming years.

Further, environmental scanning to assess external factors such as the impacts of a natural disaster, state and federal policy changes, local trends in substance use, and changes in support programming highlight similar vulnerabilities around the criminal justice system, housing supply, and the need to increase access to trauma-informed resources communitywide. For example, recent storm impacts strained treatment access and deepened housing instability; emerging Medicaid requirements threaten coverage continuity and reduced capacity to address social drivers of health; and implementation of Iryna's Law increased the local jail population, heightening overdose risk associated with incarceration. At the same time, changes in the drug supply, including more potent substances and rising polysubstance use, underscore the urgency of flexible, trauma-responsive, and coordinated systems of care.

Addiction is a chronic, relapsing disease that requires ongoing management, just like other long-term health conditions. Relapse is not a moral failing; it is part of the condition. Effective treatment depends on consistent access to medication, behavioral support, harm reduction engagement, and coordinated systems of care. The dual approach guiding Buncombe County's work under the 2024-2026 Opioid Settlement Strategic Plan – prioritizing life-saving interventions while building long-term stability – reflects this reality (see Appendix D for details of the FY 2024-2026 Opioid Settlement Strategic Plan). It recognizes that people need immediate protection from an increasingly dangerous drug supply, and they also need sustained support to maintain recovery. Continuing this dual approach will allow Buncombe County to preserve the progress made in recent years and meet the community's needs with compassion, evidence-based care, and long-term commitment.

Nonetheless, emerging conditions in the justice system, communitywide increases in trauma connected to the impacts of Tropical Storm Helene, and healthcare policy changes at the state and federal level necessitate adjustment to ensure the county is prepared to respond to the impacts of this evolving landscape. Updating the dual approach with a

renewed emphasis on coordination, accessibility, and holistic supports will help Buncombe County sustain the successes of the first strategic plan, while adapting to address the complex environmental factors and contemporary community priorities identified through this strategic planning process.

The visualization below provides an overview of updated strategies for FY 2028-2030, reflecting this renewed dual approach to change.

A Renewed Dual Approach to Change

Continued Prioritization of Life-Saving Resources		Invest in Planning & Prevention to Address Root Causes	
Access to Care	• Meeting people where they are • Alternative public safety response models • Treatment during incarceration	Coordinated Services	• Integrated information systems • Coordinated case management • Justice system diversion and reentry resources • Systems-level coordination
Harm Reduction Resources	• Narcan/Naloxone • Safer-use supplies • Drug checking & early-warning systems • Outreach & Education	Holistic Care & Stability Supports	• Strengthen recovery housing • Employment & training pathways • Transportation access

Example activities to implement the strategies in this renewed dual approach to change are described below:

A. Continued Prioritization of Life-Saving Resources

- **Access to Care** - **Bringing Treatment to People**
    - **Meet people where they are** using mobile treatment, telehealth prescribing, and flexible peer-led outreach. Prioritize engagement in

encampments, motels, rural areas, and other high-risk settings, offering low-barrier walk-in navigation in locations where people frequently visit. Incorporate contingency management, small incentives for attending appointments or completing treatment activities to support individuals with stimulant or polysubstance use. Pair these approaches with MOUD to improve retention and reduce overdose risk.

- Expand **alternative response models** so behavioral health needs are not handled solely through traditional law enforcement and to promote the right linkage to care. Co-response teams currently reach a portion of eligible calls; increasing staffing and hours would extend trauma-informed engagement and improve warm handoffs to care. Long-term impact requires linking co-response with ongoing case management and strengthening coordination with emergency departments. Specialized pathways for individuals with severe and persistent mental illness can also reduce overdose risk related to co-occurring conditions.

- Expand **treatment during incarceration** to reduce high post-release overdose risk. Restore MOUD induction capacity in the detention facility, strengthen prerelease housing screening and reentry coordination, and offer in-jail peer navigation to build treatment readiness. Use contingency management for stimulant-use disorder within jail programming and maintain uninterrupted MOUD access during population surges associated with policy changes. Building relationships prior to release improves continuity of care and engagement in the community.

- **Harm Reduction Resources: Reducing Immediate Risk**

  - Maintain widespread access to **naloxone, safer-use supplies, and drug-checking**. Prioritize distribution in reentry, post-overdose encounters, shelters, and encampments, and expand Naloxone First Aid Stations. Continue providing safer-use and safer-disposal supplies, including materials tailored to new sedatives and smoking-related stimulant use to prevent injury and overdose.

  - Strengthen **early-warning systems** and public education. Ensure harm reduction teams, emergency departments, and first responders receive rapid alerts about high-potency substances or new adulterants. Establish clear emergency messaging protocols to help mobilize outreach quickly. Provide supportive care guidance for substances that may not respond to naloxone.

- Continue peer-led **community outreach** to address increasing potency and unpredictable contamination. Engage encampments, motels, rural areas, and stimulant-using communities with tailored education and warm handoffs to MOUD and other supports. Maintain post-disaster outreach protocols to ensure continuity of supplies and information. Outreach teams should offer case management to connect individuals with medical care, MOUD, wound care, and social supports.

B. Invest in Planning & Prevention to Address Root Causes

- **Coordinated Services: Reducing Fragmentation**
  - Strengthen **integrated information systems** and shared client record access so programs operate from a unified understanding of individual needs. Enhance real-time communication between community paramedicine, harm reduction organizations, emergency departments, detention facilities, recovery housing, and treatment providers.
  - Expand **coordinated case management** for familiar faces and justice-involved individuals to prevent people from falling through gaps. Unified case management pathways that follow individuals across overdose response, ED discharge, jail release, recovery housing, and outpatient care provide the sustained support many residents require.
  - Improve **justice system coordination through earlier diversion, stronger reentry planning**, and fewer high-risk release scenarios. Formal prerelease protocols that align detention medical teams, reentry staff, housing providers, and treatment programs can improve continuity of care as Iryna's Law increases pretrial detention. Coordination with probation and parole helps reduce relapse triggers such as unstable housing, transportation barriers, and missed appointments.
  - Strengthen **systems-level coordination** through a countywide structure that unites leadership and frontline teams around shared priorities and unified data. Regular interdisciplinary meetings, trend monitoring, and aligned budgeting will support rapid response to emerging needs. Pursuing coordination across EMS, detention-based MOUD services, co-response programs, harm reduction services, reentry and diversion, social services, and mobile clinics can reduce duplication and improve warm handoff pathways.
- **Holistic Care & Stability Supports: Addressing Root Causes**

- **Strengthen recovery housing** by ensuring quality, wraparound supports, and alignment with North Carolina Association of Recovery Residences (NCARR) standards. Expand specialized housing models, embed clinical care and peer support within housing environments, and offer rental assistance or sliding-scale options to stabilize early recovery. Prerelease coordination should include early screening and documentation support, so individuals leave custody prepared for housing placement. Recovery respite models can offer short-term stabilization after episodes of use or upon release.

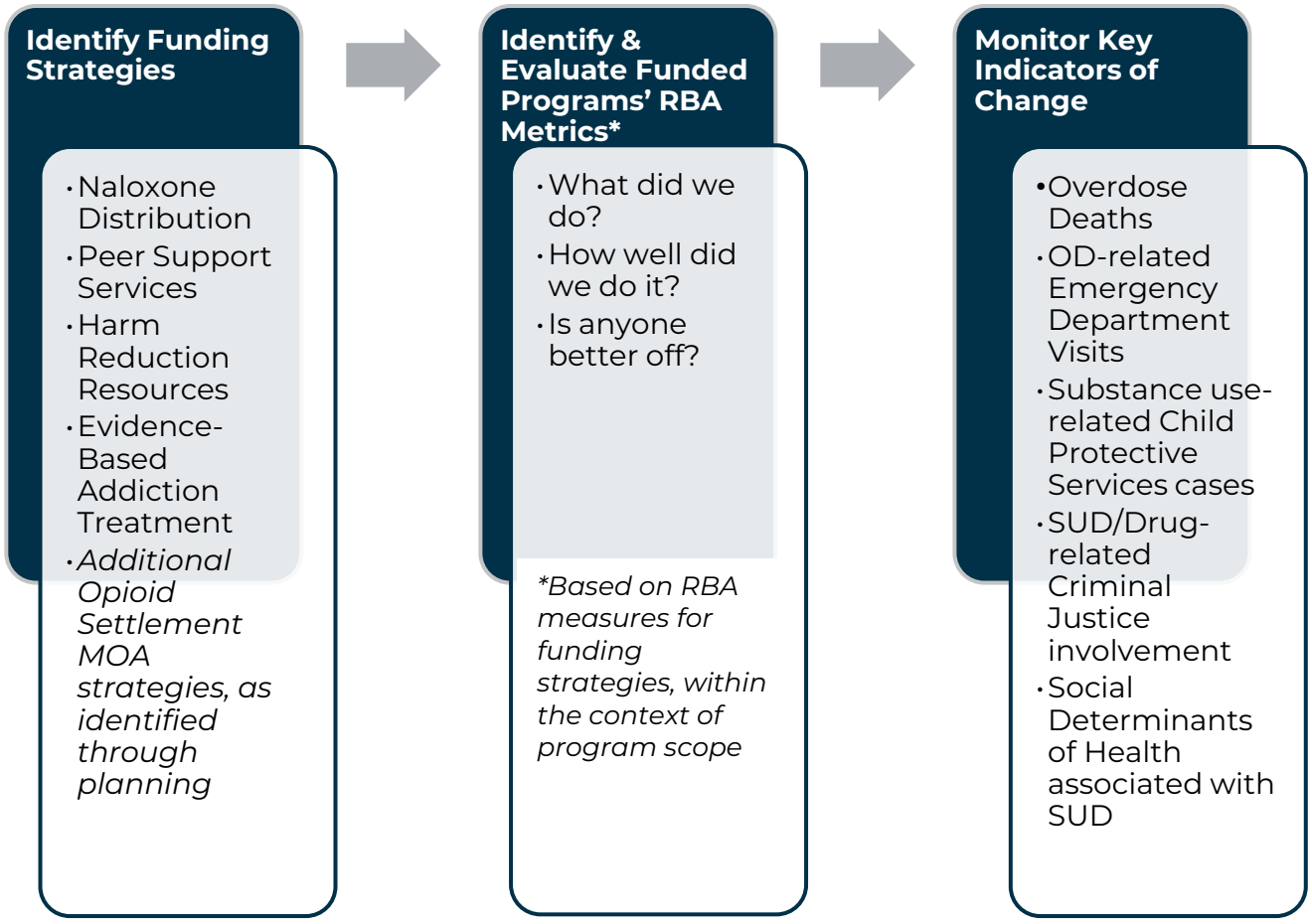
- Expand **employment and training pathways** to help those in recovery meet Medicaid requirements, build income stability, and sustain recovery. Embed workforce navigators in recovery housing and outreach teams, establish MOUD-friendly hiring partnerships, and provide targeted financial support such as transportation stipends and temporary wage supplements. Strong coordination with workforce agencies and reentry programs improves transitions from incarceration or treatment.

- Improve **transportation access**, one of the most persistent barriers to treatment and recovery. Expand driver's-license restoration support, coordinate rides to MOUD appointments and job interviews, offer bus passes and rideshare credits, and develop shuttle options to reduce rural access gaps. Transportation planning should be incorporated into prerelease coordination so individuals leave custody with a clear plan for accessing treatment and work.

Monitoring & Evaluation Framework

The monitoring and evaluation framework to evaluate impact of Opioid Settlement funds in FY 2028-2030 will rely on Results Based Accountability (RBA) metrics to assess the effectiveness of interventions to address Substance Use Disorder (SUD) and related harms. This framework identifies, collects, and analyzes program-specific data points for all services funded through Opioid Settlement dollars to implement best-practice strategies to impact the key indicators of change established in the FY 2024-2026 Opioid Settlement Strategic Plan. Details of this framework and associated reporting metrics can be found in Appendix E of this report. The visualization on page 17 provides an overview of this evaluation process:

FY 2028-2030 Monitoring & Evaluation Process



Appendix A:
FY2023-2026 Opioid Settlement Allocations

This appendix provides an overview of how Buncombe County used opioid settlement funds each fiscal year. These funds come from the national opioid settlements and are distributed to North Carolina and its local governments according to the NC Memorandum of Agreement (MOA), which also outlines the strategies counties are allowed to fund.

Each year, the County receives a settlement payment. Rather than budgeting the full amount available, the County budgets only what is needed to support approved programs for that fiscal year. "Allocated" reflects the portion of funds budgeted for these programs, while "expended" shows what was spent. Because settlement payments decrease over time, early years include larger "front-loaded" payments, and any unspent funds remain available for future use. The County's fiscal year (FY) is July 1 – June 30.

The tables below show each department's expenditure and summary of the services or items funded during each fiscal year. Some positions or activities were funded only for part of the year because they were previously supported by other sources or began later in the fiscal year. When this occurs, the tables note the specific months the position or activity was funded so readers can understand how the annual expenditure reflects the actual period of service. For services that were contracted through an organization, the provider is identified after the service.

Fiscal Year 2023 Opioid Settlement Portfolio Overview

Opioid Settlement Fund Overview	
FY 2023 Funding Available	$2,097,003.75
FY 2023 Allocated Amount	$458,500.00
FY 2023 Expended Amount	$352,612.16
Rollover for Future FY	$1,780,967.05
FY 2024 Funding Available	$6,221,087.76

FY 2023 Opioid Settlement Fund Allocations		
FY 2023 Allocations, by Settlement MOA Strategy		
MOA Strategy	**Allocated Amount**	**Expended Amount**
Option A #1 Collaborative Strategic Planning	$50,000.00	$21,148.31
Option A #2 Evidence-based Addiction Treatment	$90,000.00	$25,000.00

Option A #3 Recovery Support Services	$120,000.00	$115,286.27
Option A #7 Naloxone Distribution	$50,000.00	$49,371.74
Option A #12 Reentry Programs	$148,500.00	$141,805.84

FY 2023 Allocations, by Department		
Department	**Allocated Amount**	**Expended Amount**
Emergency Services	$120,000.00	$115,286.27
Justice Services	$118,00.00	$111,312.74
Public Health	$80,500.00	$79,864.84
County Manager Office	$140,000.00	$46,148.31

FY 2023 Allocations, by Department Program			
County Department - Program	**Allocated Amount**	**Expended Amount**	**MOA Strategy Funded Under**
Emergency Services - Community Paramedicine Post Overdose Response Team (PORT)	$120,000.00	$115,286.27	Recovery Support Services
Justice Services - Community Re-Entry	$118,000.00	$111,312.74	Reentry Programs
Public Health – Harm Reduction Community Naloxone	$50,000.00	$79,864.84	Naloxone Distribution
Public Health – Harm Reduction Linkage to Care Reentry	$30,500.00	$30,493.10	Reentry Programs
County Manager Office – Behavioral Health Strategic Planning	$26,000.00	$4,223.31	Collaborative Strategic Planning
County Manager Office - Behavioral Health Recovery Housing Advisor	$24,000.00	$16,925.00	Collaborative Strategic Planning
County Manager Office - Behavioral Health Evidence-based Addiction Treatment	$90,000.00	$25,000	Evidence-based Addiction Treatment

Emergency Services FY 2023 Opioid Settlement Fund Expenditures	
Expended Amount	$115,286.27
Program Funded	Community Paramedicine Post Overdose Response Team (PORT)
Items/Services Funded	1. 1 Full-Time Peer Support Coordinator (January – June 2023) 2. Contract for 2 Full-Time Equivalent Peer Support Specialists (February – June 2023) – Umoja Health Wellness & Justic Collective 3. Team Training

Justice Services FY 2023 Opioid Settlement Fund Expenditures	
Expended Amount	$111,312.74
Program Funded	Community Reentry Team

Items/Services Funded	1. Contract for 1 Full-Time Program Supervisor, 2 Full-Time Peer Support Specialists and 1 Full-Time Case Manager (April – June 2023) – RHA Health Services 2. Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.)
Public Health FY 2023 Opioid Settlement Fund Expenditures	
Expended Amount	$79,864.84
Program Funded	Harm Reduction
Items/Services Funded	1. Naloxone Nasal Spray, Xylazine Test Strips, Nasal & Intramuscular Training Devices 2. Contract for 1 Full-Time Linkage 2 Care Re-entry Peer Support Specialist (March – June 2023) – Sunrise Community for Recovery and Wellness
County Manager Office FY 2023 Opioid Settlement Fund Expenditures	
Expended Amount	$46,148.31
Program Funded	Behavioral Health
Items/Services Funded	1. Strategic Planning Activities – Food for meetings & public event, supplies, printing, advertising, NC Summit on Reducing Overdose 2. Contract for a Recovery Housing Advisor to analyze and provide recommendations – Bowman Collaborative Consulting, LLC 3. Contract to provide Evidence-based Addiction Treatment - WNCCHS

Fiscal Year 2024 Opioid Settlement Portfolio Overview

Opioid Settlement Fund Overview	
FY 2024 Funding Available	$6,221,129.23
FY 2024 Allocated Amount	$2,711,995.00
FY 2024 Expended Amount	$2,350,848.88
Rollover for Future FY	$3,990,983.28
FY 2025 Funding Available	$6,473,446.89

FY 2024 Opioid Settlement Fund Allocations		
FY 2024 Allocations, by Settlement MOA Strategy		
MOA Strategy	**Allocated Amount**	**Expended Amount**
Option A #1 Collaborative Strategic Planning	$267,277.00	$124,281.52
Option A #3 Recovery Support Services	$2,227,421.00	$2,081,512.67

Option A #7 Naloxone Distribution	$217,297.00	$145,054.69

FY 2024 Allocations, by Department		
Department	**Allocated Amount**	**Expended Amount**
Emergency Services	$1,574,708.00	$1,621,243.03
Justice Services	$333,928.00	$333,882.93
Public Health	$168,885.00	$151,608.31
Access and Human Affairs	$112,297.00	$50,300.08
County Manager Office	$401,370.00	$144,267.18
Strategy & Innovation	$68,807.00	$23,549.35
911 Operations	$25,000.00	$25,000.00

FY 2024 Allocations, by Department Program			
County Department - Program	**Allocated Amount**	**Expended Amount**	**MOA Strategy Funded Under**
Emergency Services - Community Paramedicine Post Overdose Response Team (PORT)	$1,574,708.00	$1,621,243.03	Recovery Support Services
Justice Services - Community Reentry	$333,928.00	$333,882.93	Recovery Support Services
Public Health – Harm Reduction Community Naloxone	$75,000.00	$75,000.00	Naloxone Distribution
Public Health – Harm Reduction Program Manager	$93,885.00	$77,606.31	Recovery Support Services
Access & Human Affairs – Connection & Healing Coordinator	$112,297.00	$50,300.08	Naloxone Distribution
County Manager Office – Behavioral Health Manager	$73,470.00	$20,344.67	Collaborative Strategic Planning
County Manager Office - Behavioral Health Medical Substance Use Professional	$100,000.00	$55,387.50	Collaborative Strategic Planning
County Manager Office - Behavioral Health Hope & Healing Campaign	$30,000.00	$19,754.61	Naloxone Distribution
County Manager Office - Behavioral Health Social Determinants of Health Funds	$224,900.00	$48,780.40	Recovery Support Services
Strategy & Innovation – Behavioral Health & Justice Analyst	$68,807.00	$23,549.35	Collaborative Strategic Planning
911 Operations – Nurse Navigation Study	$25,000.00	$25,000.00	Collaborative Strategic Planning

Emergency Services FY 2024 Opioid Settlement Fund Expenditures	
Expended Amount	$1,621,243.03
Program Funded	Community Paramedicine Post Overdose Response Team (PORT)
Items/Services Funded	1. 1 Full-Time Peer Support Coordinator, 1 Full-Time Case Management Supervisor (November 2023 – June 2024), 3 Full-Time Community Paramedic Supervisors (September 2023 – June 2024), and 3 Full-Time Community Paramedics (October 2023 – June 2024) 2. Contract for 3 Full-Time Equivalent Peer Support Specialists – Umoja Health Wellness & Justic Collective 3. Contract for 1 Full-Time Equivalent Licensed Clinician (October 2023 – June 2024) – Counterflow 4. Expansion Equipment & Supplies, i.e. 2 Outfitted Vehicles, Safety Equipment, Uniforms
Justice Services FY 2024 Opioid Settlement Fund Expenditures	
Expended Amount	$333,882.93
Program Funded	Community Reentry Team
Items/Services Funded	1. Contract for 1 Full-Time Program Supervisor, 2 Full-Time Peer Support Specialists and 1 Full-Time Case Manager – RHA Health Services 2. Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.)
Public Health FY 2024 Opioid Settlement Fund Expenditures	
Expended Amount	$151,608.31
Program Funded	Harm Reduction
Items/Services Funded	1. 1 Full-Time Harm Reduction Program Manager (October 2023 – June 2024) to coordinate and manage the Harm Reduction Clinic, disposals, naloxone distribution, and training 2. Naloxone Nasal Spray
Access & Human Affairs FY 2024 Opioid Settlement Fund Expenditures	
Expended Amount	$50,300.08
Program Funded	Outreach & Engagement
Items/Services Funded	1 Full-Time Connection & Healing Coordinator (January 2024 - June 2024) to coordinate efforts to outreach and educate with an emphasis on vulnerable populations
County Manager Office FY 2024 Opioid Settlement Fund Expenditures	
Expended Amount	$144,267.18
Program Funded	Behavioral Health

Items/Services Funded	1. 1 Full-Time Behavioral Health Manager (May 2024 – June 2024) to coordinate and collaborate with County departments and the community and oversee Opioid Settlement Funds and planning 2. Contract for a Medical Substance Use Professional to provide consultation (August 2023 – June 2024) – Shukla Health Consulting, LLC 3. Hope & Healing Campaign – Advertising, Educational Outreach Events, and Tabling at Events to raise awareness of risks, train, and distribute naloxone and information on services *Cross-departmental implementation 4. Steps to Success - Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.) **Relevant departments were able to access these funds for their eligible clients* (November 2023 – June 2024)
Strategy & Innovation FY 2024 Opioid Settlement Fund Expenditures	
Expended Amount	$24,547.35
Program Funded	Collaborative Strategic Planning
Items/Services Funded	1 Full-Time Behavioral Health & Justice Analyst (May 2024 – June 2024) to support strategic plan implementation through monitoring and evaluation activities and facilitation of interdepartmental coordination activities
911 Operations FY 2024 Opioid Settlement Fund Expenditures	
Expended Amount	$25,000.00
Program Funded	Collaborative Strategic Planning
Services Funded	Contract for a Nurse Navigation Feasibility Study – Mission Critical Partners

Fiscal Year 2025 Opioid Settlement Portfolio Overview

Opioid Settlement Fund Overview	
FY 2025 Funding Available	$6,473,446.89
FY 2025 Allocated Amount	$3,315,520.00
FY 2025 Expended Amount	$2,914,107.47
Rollover for Future FY	$3,745,307.71
FY 2026 Funding Available	$6,172,156.11

FY 2025 Opioid Settlement Fund Allocations		
FY 2025 Allocations, by Settlement MOA Strategy		
MOA Strategy	**Allocated Amount**	**Expended Amount**

Option A #1 Collaborative Strategic Planning	$324,324.00	$124,281.52
Option A #2 Evidence-based Addiction Treatment	$46,800.00	$9,906.98
Option A #3 Recovery Support Services	$2,571,481.00	$2,081,512.67
Option A #7 Naloxone Distribution	$372,255.00	$145,054.69

FY 2025 Allocations, by Department

Department	Allocated Amount	Expended Amount
Emergency Services	$1,846,649.00	$1,772,659.50
Justice Services	$383,000.00	$333,273.97
Public Health	$829,356.00	$647,111.91
Access and Human Affairs	$116,932.00	$116,915.94
Strategy & Innovation	$139,583.00	$44,085.06

FY 2025 Allocations, by Department Program

County Department - Program	Allocated Amount	Expended Amount	MOA Strategy Funded Under
Emergency Services - Community Paramedicine Post Overdose Response Team (PORT)	$1,846,649.00	$1,772,659.50	Recovery Support Services
Justice Services - Community Re-Entry	$368,000.00	$318,273.97	Recovery Support Services
Justice Services - Prison Re-Entry	$15,000.00	$15,000.00	Recovery Support Services
Public Health – Harm Reduction	$343,023.00	$305,252.96	Naloxone Distribution
Public Health – Behavioral Health	$183,460.00	$157,690.64	Collaborative Strategic Planning
Public Health – Behavioral Health Tele-health Office-based Outpatient Treatment (OBOT) Pilot	$46,800.00	$9,906.98	Evidence-based Addiction Treatment
Public Health – Behavioral Health Hope & Healing Campaign	$30,000.00	$9,851.33	Naloxone Distribution
Public Health - Behavioral Health Social Determinants of Health Funds	$224,900.00	$164,089.09	Recovery Support Services
Access & Human Affairs – Connection & Healing Coordinator	$116,932.00	$116,915.94	Naloxone Distribution
Strategy & Innovation – Behavioral Health & Justice Analyst	$139,583.00	$44,085.06	Collaborative Strategic Planning

Emergency Services FY 2025 Opioid Settlement Fund Expenditures	
Expended Amount	$1,772,659.50
Program Funded	Community Paramedicine Post Overdose Response Team (PORT)
Items/Services Funded	1. 1 Full-Time Peer Support Coordinator, 1 Full-Time Case Management Supervisor, 3 Full-Time Community Paramedic Supervisors, and 3 Full-Time Community Paramedics 2. Contract for 3.5 Full-Time Equivalent Peer Support Specialists – Umoja Health Wellness & Justic Collective 3. Contract for 1.5 Full-Time Equivalent Licensed Clinicians – Counterflow 4. Program Equipment & Supplies, i.e., Final Expansion Equipment, Safety Equipment, and Uniforms
Justice Services FY 2025 Opioid Settlement Fund Expenditures	
Expended Amount	$333,273.97
Program Funded	Community Reentry Team
Items/Services Funded	1. Contract for 1 Full-Time Program Supervisor, 2 Full-Time Peer Support Specialists and 1 Full-Time Case Manager – RHA Health Services 2. Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.)
Program Funded	Prison Reentry
Items/Services Funded	Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.)
Public Health FY 2025 Opioid Settlement Fund Expenditures	
Expended Amount	$647,111.91
Program Funded	Harm Reduction
Items/Services Funded	1. 1 Full-Time Harm Reduction Program Manager to coordinate and manage the Harm Reduction Clinic, disposals, naloxone distribution, and training 2. Naloxone Nasal Spray 3. Harm Reduction Program Supplies – Disposal, Naloxone, Medical Supplies, Client Supplies
Program Funded	Behavioral Health
Items/Services Funded	1. 1 Full-Time Behavioral Health Manager to coordinate and collaborate with County departments and the community and oversee Opioid Settlement Funds and planning 2. Contract for a Medical Substance Use Professional to provide consultation – Shukla Health Consulting, PLLC 3. Contract for a Medical Substance Use Professional to Pilot Tele-health Office-based Outpatient Treatment (OBOT) - Shukla Health Consulting, PLLC 5. Hope & Healing Campaign – Advertising, Educational Outreach Events, and Tabling at Events to raise awareness of risks, train,

	and distribute naloxone and information on services *Cross-departmental implementation 4. Steps to Success - Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.) *Relevant departments were able to access these funds for their eligible clients*
Access & Human Affairs FY 2025 Opioid Settlement Fund Expenditures	
Expended Amount	$116,915.94
Program Funded	Outreach & Engagement
Items/Services Funded	1 Full-Time Connection & Healing Coordinator to coordinate efforts to outreach and educate with an emphasis on vulnerable populations
Strategy & Innovation FY 2025 Opioid Settlement Fund Expenditures	
Expended Amount	$44,085.06
Program Funded	Collaborative Strategic Planning
Items/Services Funded	1 Full-Time Behavioral Health & Justice Analyst (July 2024 – October 2024) to support strategic plan implementation through monitoring and evaluation activities and facilitation of interdepartmental coordination activities

Fiscal Year 2026 Opioid Settlement Portfolio Overview

Opioid Settlement Fund Overview	
FY 2026 Funding Available	$6,172,156.11
FY 2026 Allocated Amount	$3,218,194.00
FY 2026 Expended Amount	$3,076,854.45
Rollover for Future FY	$3,236,546.39
FY 2027 Funding Available	$5,954,584.93

FY 2026 Opioid Settlement Fund Allocations		
FY 2026 Allocations, by Settlement MOA Strategy		
MOA Strategy	**Allocated Amount**	**Expended Amount**
Option A #1 Collaborative Strategic Planning	$157,598.00	$153,767.32
Option A #3 Recovery Support Services	$2,570,841.00	$2,493,459.00
Option A #7 Naloxone Distribution	$489,755.00	$429,628.75

FY 2026 Allocations, by Department		
Department	**Allocated Amount**	**Expended Amount**
Emergency Services	$1,850,496.00	$1,843,057.32
Justice Services	$380,408.00	$361,063.75
Public Health	$750,626.55	$748,490.69
Access and Human Affairs	$122,637.00	$122,806.83

FY 2026 Allocations, by Department Program			
County Department - Program	**Allocated Amount**	**Expended Amount**	**MOA Strategy Funded Under**
Emergency Services - Community Paramedicine Post Overdose Response Team (PORT)	$1,850,496.00	$1,843,057.32	Recovery Support Services
Justice Services - Community Re-Entry	$365,408.00	$361,063.75	Recovery Support Services
Justice Services - Prison Re-Entry	$15,000.00	$15,000.00	Recovery Support Services
Public Health – Harm Reduction	$459,755.00	$421,980.80	Naloxone Distribution
Public Health – Behavioral Health Manager	$157,598.00	$153,767.32	Collaborative Strategic Planning
Public Health – Behavioral Health Hope & Healing Campaign	$30,000	$7,647.95	Naloxone Distribution
Public Health - Behavioral Health Social Determinants of Health Funds	$217,300.00	$167,230.48	Recovery Support Services
Access & Human Affairs – Connection & Healing Coordinator	$122,637.00	$122,806.83	Naloxone Distribution

Emergency Services FY 2026 Opioid Settlement Fund Expenditures	
Expended Amount	$1,843,057.32
Program Funded	Community Paramedicine Post Overdose Response Team (PORT)
Items/Services Funded	1. 1 Full-Time Peer Support Coordinator, 1 Full-Time Case Management Supervisor, 3 Full-Time Community Paramedic Supervisors, and 3 Full-Time Community Paramedics 2. Contract for 3.5 Full-Time Equivalent Peer Support Specialists – Umoja Health Wellness & Justic Collective 3. Contract for 1.5 Full-Time Equivalent Licensed Clinicians – Counterflow 4. Program Supplies, i.e., Safety Equipment, Medical Supplies, Uniforms

Justice Services FY 2026 Opioid Settlement Fund Expenditures	
Expended Amount	$361,063.75
Program Funded	Community Reentry Team
Items/Services Funded	1. Contract for 1 Full-Time Program Supervisor, 2 Full-Time Peer Support Specialists and 1 Full-Time Case Manager – RHA Health Services 2. Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.)
Program Funded	Prison Reentry
Items/Services Funded	Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.)
Public Health FY 2026 Opioid Settlement Fund Expenditures	
Expended Amount	$750,626.55
Program Funded	Harm Reduction
Items/Services Funded	1. 1 Full-Time Harm Reduction Program Manager to coordinate and manage the Harm Reduction Clinic, disposals, naloxone distribution, and training 2. Naloxone Nasal Spray 3. Contract for 1.5 Full-Time Equivalent Peer Support Specialists to staff the Harm Reduction Clinic, conduct Naloxone trainings safe-disposals, and clean ups – Sunrise Community for Recovery and Wellness 4. Harm Reduction Program Supplies – Disposal, Naloxone, Medical Supplies, Client Supplies
Program Funded	Behavioral Health
Items/Services Funded	1. 1 Full-Time Behavioral Health Manager to coordinate and collaborate with County departments and the community and oversee Opioid Settlement Funds and planning 6. Hope & Healing Campaign – Advertising, Educational Outreach Events, and Tabling at Events to raise awareness of risks, train, and distribute naloxone and information on services *Cross-departmental implementation 2. Steps to Success - Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.) **Relevant departments were able to access these funds for their eligible clients*
Access & Human Affairs FY 2026 Opioid Settlement Fund Expenditures	
Expended Amount	$122,806.83
Program Funded	Outreach & Engagement
Items/Services Funded	1 Full-Time Connection & Healing Coordinator to coordinate efforts to outreach and educate with an emphasis on vulnerable populations

Fiscal Year 2027 Opioid Settlement Portfolio Overview

Opioid Settlement Fund Overview	
FY 2027 Funding Available	$5,954,584.93
FY 2027 Allocated Amount	$3,648,282.00
FY 2027 Expended Amount	Pending
Rollover for Future FY	Pending
FY 2028 Funding Available	Pending

FY 2027 Opioid Settlement Fund Allocations

FY 2027 Allocations, by Settlement MOA Strategy

MOA Strategy	Allocated Amount	Expended Amount
Option A #1 Collaborative Strategic Planning	$165,521.00	Pending
Option A #4 Recovery Housing Support	$328,500.00	Pending
Option A #3 Recovery Support Services	$2,517651.00	Pending
Option A #7 Naloxone Distribution	$636,610.00	Pending

FY 2027 Allocations, by Department

Department	Allocated Amount	Expended Amount
Emergency Services	$1,894,264.00	Pending
Justice Services	$450,856.00	Pending
Public Health	$802,131.00	Pending
Access and Human Affairs	$130,300.00	Pending
Social Work	$370,731.00	Pending

FY 2027 Allocations, by Department Program

County Department - Program	Allocated Amount	Expended Amount	MOA Strategy Funded Under
Emergency Services - Community Paramedicine Post Overdose Response Team (PORT)	$1,894,26400	Pending	Recovery Support Services
Justice Services - Community Re-Entry	$50,000.00	Pending	Recovery Support Services
Justice Services - Prison Re-Entry	$30,000.00	Pending	Recovery Support Services
Justice Services – Diversion Services (JRC)	$50,000.00	Pending	Recovery Support Services

Public Health – Harm Reduction	$606,610.00	Pending	Naloxone Distribution
Public Health – Behavioral Health Manager	$165,521.00	Pending	Collaborative Strategic Planning
Public Health – Behavioral Health Hope & Healing Campaign	$30,000.00	Pending	Naloxone Distribution
Access & Human Affairs – Connection & Healing Coordinator	$130,300.00	Pending	Naloxone Distribution
Social Work – Residential Support	$328,500.00	Pending	Recovery Housing Support
Social Work – Sobriety Treatment and Recovery Team (START)	$42,231.00	Pending	Recovery Support Services

Emergency Services FY 2027 Opioid Settlement Fund Expenditures	
Expended Amount	Pending
Program Funded	Community Paramedicine Post Overdose Response Team (PORT)
Items/Services Funded	1. 1 Full-Time Peer Support Coordinator, 1 Full-Time Case Management Supervisor, 3 Full-Time Community Paramedic Supervisors, and 3 Full-Time Community Paramedics 2. Contract for 3.5 Full-Time Equivalent Peer Support Specialists – Umoja Health Wellness & Justic Collective 3. Contract for 1.5 Full-Time Equivalent Licensed Clinicians – Counterflow 4. Program Supplies, i.e., Medical Supplies, Uniforms 5. Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.)
Justice Services FY 2027 Opioid Settlement Fund Expenditures	
Expended Amount	Pending
Program Funded	Community Reentry Team
Items/Services Funded	1. Contract for 1 Full-Time Program Supervisor, 2 Full-Time Peer Support Specialists and 1 Full-Time Case Manager – RHA Health Services 2. Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.)
Program Funded	Prison Reentry
Items/Services Funded	Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.)
Program Funded	Diversion Services (Justice Resource Center)
	Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.)
Public Health FY 2027 Opioid Settlement Fund Expenditures	
Expended Amount	Pending
Program Funded	Harm Reduction

Items/Services Funded	1. 1 Full-Time Harm Reduction Program Manager to coordinate and manage the Harm Reduction Clinic, disposals, naloxone distribution, and training 2. Naloxone Nasal Spray 3. Contract for 2.5 Full-Time Equivalent Peer Support Specialists to staff the Harm Reduction Clinic, conduct Naloxone trainings safe-disposals, and clean ups – Sunrise Community for Recovery and Wellness 4. Harm Reduction Program Supplies – Disposal, Naloxone, Medical Supplies, Client Supplies 5. Client Support Funds to address Social Drivers of Health needs, i.e. (housing, transportation, treatment, etc.) 6. Contract for 1 Full-Time Case Manager to staff the Harm Reduction Clinic and provide case management (partial coverage after a grant ends)
Program Funded	Behavioral Health
Items/Services Funded	1. 1 Full-Time Behavioral Health Manager to coordinate and collaborate with County departments and the community and oversee Opioid Settlement Funds and planning 2. Hope & Healing Campaign – Advertising, Educational Outreach Events, and Tabling at Events to raise awareness of risks, train, and distribute naloxone and information on services *Cross-departmental implementation
Access & Human Affairs FY 2027 Opioid Settlement Fund Expenditures	
Expended Amount	Pending
Program Funded	Outreach & Engagement
Items/Services Funded	1 Full-Time Connection & Healing Coordinator to coordinate efforts to outreach and educate with an emphasis on vulnerable populations
Social Work FY 2027 Opioid Settlement Fund Expenditures	
Expended Amount	Pending
Program Funded	Residential Support
Items/Services Funded	Contract for 10 Residential beds and wrap around support for mothers with substance use and involved in child welfare – ABCCM Transformation Village
Program Funded	Sobriety Treatment and Recovery Team (START)
Items/Services Funded	Contract for 4 Full-Time Family Mentors/Peer Support Specialists with history of DSS involvement (July 2026 – August 2026) – Pyramid Healthcare

Appendix B: FY 2023-2026 Impact Data

Key Indicators of Change

The population-level outcomes used to measure the impact of Opioid Settlement funding in Buncombe County were established during the FY2024-2026 strategic planning process. Through this effort, a work group of interdisciplinary experts, impacted community members, and individuals with lived experience identified the following key indicators of change for understanding the impact of opioids and substance use in Buncombe County.

The table below summarizes the most current available data for each indicator from 2022 through 2026. Because data sources vary, some measures are reported by calendar year, while others follow fiscal year reporting cycles. Where data is not yet available, cells are intentionally left blank. Data with an asterisk (*) is currently a projection based on 9 months of data. The Social Determinants of Health (SDOH) measure for social and community context is conducted through a survey every 3 years, with data from 2021 as the year closest to 2022 for which baseline data is available. Please see Appendix E for further details about the data sources and reporting frequency for each key indicator.

Indictor	Measure	2022	2023	2024	2025	2026
Overdose-related Deaths	Number of people who died of an overdose in Buncombe County	151	152	103	82	
Overdose-related ED Visits	Number of ED visits for known or suspected overdose in Buncombe County	376	503	337	258	323*
Criminal justice data associated with substance use	Number of arrests for drug possession in Buncombe County	479	571	640		
SDOH – Neighborhood & Built Environment	Point-in-time data for the number of people living unsheltered in Buncombe County	116	230	171	219	328
SDOH - Education Access	Number of career pathway concentrations completed by students in Buncombe County Schools	1,469	1,505	3,304	3,341	
SDOH – Social & Community Context	Percent of Buncombe County residents who report they have someone to rely on for help or support	72.8%+		66.10%		
SDOH – Healthcare Access	Percent of Buncombe County population without healthcare coverage	10.7%	10.4%	9.2%		

SDOH – Economic Stability	Percent of the Buncombe County Population living below the poverty level	2018-2022	2019-2023	2020 – 2024	2021-2025	2022-2026
		11.2%	11.8%	13%		
Child Protective Services (CPS) cases associated with substance use	Number of children entering Buncombe County foster care related to co-occurring parental substance use	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26
		103	69	90	78	76	87

+ 2021 Data

Opioid Settlement Impact Reports

The information below represents the annual reports submitted to the state in accordance with the NC Memorandum of Agreement (MOA) guidelines. Services funded under each strategy were reported by that specific strategy. The MOA required Results-Based Accountability (RBA) reporting, which included at least one performance measure for each of the following: "How much did we do?", "How well did we do it?", and "Is anyone better off?"

There is a brief general narrative for each year. Every funded strategy includes two brief qualitative components, a progress report, and a success story, each limited to about one page or approximately 250 words. Following these qualitative sections is the quantitative report, which combines data from all programs funded under the given strategy. Although additional measures were suggested, the information presented here reflects the data that was collected and submitted to the state. If a demographic category is not shown for a particular year, it indicates that no participants from that demographic were served during that reporting period.

Fiscal Year 2023 Impact Report

Brief General Narrative: Planning for fiscal year 2023 started in March of 2022 through the Behavioral Health Justice Collaborative and proximate community feedback to identify needs, gaps, and priorities. Through this initial planning it was decided that further collaborative strategic planning needed to occur and to get more input from those with lived experience. However, there were several programs that met definitions within exhibit A of the MOA and were facing funding gaps during the current fiscal year. Without support from the opioid settlement funds these programs would not be able to continue and there would have been a further gap in services being provided to the community. Additionally, as recommendations were coming forward to the Commission for approval, there was community feedback regarding concerns that they were outpacing what was budgeted for Naloxone distribution and there was an ongoing delay of funds to the local LME/MCO that has assisted in providing community access to Naloxone. During the initial review of recommendations to the Commission, there was an ask to see if we could expand access to Medications for Opioid Use Disorder and so funds were set aside to explore how Opioid funds may fill a gap within Evidenced Based Addiction Treatment.

Annual Public Meeting: May 18th, 2023

Funded Strategy - Option A, #1, Collaborative Strategic Planning, per ordinance #22-10-02 approved on 10/4/2022 for $50,000 till 6/30/2023

#1. A. – Progress Report
Collaborative Strategic Planning was supported by the Behavioral Health Manager and the Behavioral Health and Justice Analyst by coordinating and facilitating an Opioid Settlement

Project Steering Committee. This Committee with over 40 individuals from a variety of stakeholder groups started work in mid-September 2022 and continued through March 2023. Facilitators were intentional in providing a variety of options to participate to accommodate busy schedules and to allow those that could not participate in a workgroup to still provide input and feedback. Individuals were invited to participate as they were available in one or more workgroups, Community Outreach, Key Indicators, Root Cause Analysis, Goals/Strategies/Recommendations, Implementation Structures, and Monitoring/Evaluation. The Community Outreach workgroup identified groups to connect with to get input and created surveys that were specific for the public, peer support specialists, those with substance use experiences, and providers. There was a total of 31 stakeholder feedback sessions conducted and over 1,118 Surveys were collected. Approximately, 43% of respondents identified as having lived experience with substance use, 20% identified as a family member or loved one of someone impacted by substance use, 17% identified as a professional in the field of substance use/mental health or were Peer Support Specialists and 18% identified as a concerned community member. Another project that was supporting Collaborative Strategic Planning was supporting a Recovery Housing Advisor to complete an analysis of the current state of recovery housing in Buncombe County and provide recommendations on how funds could best be used to increase equitable access and improve outcomes of recovery housing. This was completed through research and interviews with over 30 community stakeholders.

#1. B. – Success Story

Several survey respondents were thankful that they could share their thoughts and experiences. Over 375 respondents were in the local detention center the day the survey was administered, which was also on the day of the Point in Time Count that allowed the Sheriff's office to understand who was unhoused without shelter prior to their arrest or detainment and who will be homeless without shelter upon their release.

Option A, #1, Collaborative Strategic Planning

Start Date: 10/4/2023 End Date: 6/30/2023

Strategy-Specific Process Measures	Count	Notes
# of staff hired to lead Collaborative Strategic Planning efforts related to the Opioid Settlements	2	Personnel costs were covered by a Dogwood Health Trust Grant
# of meetings facilitated to support Collaborative Strategic Planning efforts related to Opioid Settlements	77	

During the collaborative strategic planning process, were…	Yes/No
A. Diverse stakeholders engaged?	Yes
B. Facilitator designated?	Yes
C. Related planning efforts built upon?	Yes
D. Shared vision agreed upon?	Yes
E. Key indicator(s) identified?	Yes
F. Root causes explored and identified?	Yes
G. Potential strategies identified and evaluated?	Yes
H. Gaps in existing efforts identified?	Yes
I. Strategies prioritized?	Yes
J. Goals, measures, and evaluation plan identified?	Yes
K. Alignment of strategies considered?	No
L. Organizations identified?	Yes
M. Budgets and timelines developed?	Yes
N. Recommendations offered?	Yes

Total # of Activities Marked "Yes" 13

Strategy-Specific Quality Measures	Count	Notes
# of recommendations that were approved by local officials	5	100% of recommendations offered were approved by local officials
# of recommendations offered to local officials	5	
# of stakeholder categories (as outlined in Exhibit C Item A Detail) that were met during the collaborative strategic planning process	10	71% of stakeholder categories (as outlined in Exhibit C Item A Detail) that were met during the collaborative strategic planning process
# of stakeholder categories (as outlined in Exhibit C Item A Detail)	14	

Strategy-Specific Outcome Measures	Count	Notes
# of recommendations implemented during the reporting period	5	100% of recommendations implemented during the reporting period
# of recommendations that were approved by local officials	5	

Funded Strategy - Option A, #2, Evidenced-based Addiction Treatment, per ordinance #22-10-02 approved on 10/4/2022 for $90,000 till 6/30/2023

#2. A. – Progress Report

During a briefing to County Commissioners, there was an ask in seeing if we could expand access to Evidenced-based Addiction Treatment, specifically to Medications for Opioid Use Disorder. Funds were allocated and further exploration of current gaps within programs were assessed; however, due to another grant being awarded to a provider working with Buncombe County Community Paramedicine, most clients were being covered for treatment. One provider did have an identified need for clients that were uninsured and already getting a sliding fee discount but had times where they could not afford getting their prescription covered or had challenges in accessing related medical services such as labs or sessions with their behavioral health treatment provider and this was a barrier for them continuing on medications or treatment as a whole. A local FQHC used funds to help supplement gaps for clients so that they were supported to maintain their treatment and access to medications for opioid use disorder.

#2. B. – Success Story

Western North Carolina Community Health Service's Project Wellness program has seen a variety of success with clients they have worked with. One client that entered the program, who was very engaged and refrained from continued opiate use, showed desire later in treatment to reduce their medication dosage. The client was able to gradually decrease their dose to the point of being able to graduate from the program. The program encouraged the client to remain in contact as needed and ensured they understood that they could return to the program if needed. A couple weeks later, the client returned saying they felt that they had made a rushed decision and asked to return to their prior (low) dose and was able to resume. Shortly after, the person said they felt that the dose was not adequate and asked to make a minor increase. This client remains in the program and continues to work in the substance us field. Another individual came to Project Wellness and expressed a desire "to have my life back" so they could continue to function well at work as they identified that their fentanyl use was starting to cause considerable problems. At initial induction, the client felt some withdrawal and became frightened at continuing to take the medication. The client resumed using fentanyl, but Project Wellness staff

called him and encouraged him to try again. They agreed to start induction again and again became fearful of withdrawal symptoms. Project Wellness staff again reached out and encouraged him to come in to discuss these issues and make another plan, to which they agreed. On their third try, the client felt some withdrawal but confidently continued taking their MAT medication and is now on a therapeutic dose and has stopped fentanyl use. They expressed that they were encouraged that their life is going to improve, "because you all kept encouraging me and got me to stick with this plan. I would never have gotten here without all of you." One person, who moved to the area after getting out of prison in another state came to the clinic for medical care. During their appointment the client discussed their substance use and their need for help. The client's physician referred them to Project Wellness and on the same day they were able to start on medications for opioid use disorder. This person was able to find jobs that helped them keep going and then found a job working in a substance use detox facility. During this success, the client's roommate suddenly decided to leave the area, which left the client without a place to live. Project Wellness staff worked with the client and available community resources that resulted in finding a new apartment of their own to move into. Their success continues and they often tell Project Wellness staff, "I would not be where I am right now without the help I have received from you all."

Option A, #2, Evidence-based Addiction Treatment

Start Date: 3/1/2023 End Date: 6/30/2023

Strategy-Specific Process Measures	Count
# of buprenorphine prescriptions provided	195
# of referrals to FQHC MAT services	8
# of unique patients with OUD served at FQHC	69

Demographics	Count
Black Non-Hispanic	4
Native Hawaiian or Other Pacific Islander Non-Hispanic	1
White Non-Hispanic	65

Strategy-Specific Quality Measures	Count	Notes
# of referrals to OBOT services that resulted in 1st appointment attended at FCHC	8	100% of referrals to OBOT services that resulted in 1st appointment attended at FCHC

Strategy-Specific Outcome Measures	Count	Notes
# of unique patients with OUD served who were connected and adhere to treatment	65	94% of patients with OUD who adhere to treatment for 3 consecutive months

Funded Strategy - Option A, #3, Recovery Support Services, per ordinance #22-10-02 approved on 10/4/2022 for $120,000 till 6/30/2023

#3. A. – Progress Report

As part of the Recovery Support Services strategy, the Post Overdose Response Team was able to continue funding Peer Support Specialists to provide case management and support to individuals that were interested in receiving services and linkages to treatment and other supports. Additionally, individuals who were inducted on a medication for opioid use disorder by Community Paramedics were supported in being connected with an ongoing provider for medications and other relevant treatment. With funding, the entire Community Paramedicine team was able to attend a training provided by Umoja Health, Wellness, and Justice Collective called H.O.P.E. (Healing our Past/Personal/Privileged Experiences), which is a diversity, equity, and

inclusion training that is resilience focused, trauma responsive, and taught from a culturally specific lens. This deepened the team's understanding of trauma and taught more effective connection techniques in frequently disenfranchised populations. Additionally, staff were able to partner with a local organization to participate in their Mercy League training that provided in-depth de-escalation techniques using relationships as a basis for promoting peace and safety. During this funding cycle, the Community Paramedicine program implemented a new data tracking system that was better suited for the work being done compared to traditional emergency services record systems. This provided an opportunity to fine tune data collection and reporting process and will be an ongoing project as the team continues to use the system and expand their reach. Partnering with Haywood St. and having space for peers and other supports to collaborate and convene. Along with partnership with the local alcohol and drug abuse treatment center the team has strengthened same day/24-hour access to detox/treatment beds. The team is also working on expanding relationships and that can further support access to funding that address social determinants of health.

#3. B. – Success Story

One success story demonstrates the importance of the Post Overdose Response Team and how meeting people where they are and showing up can make a difference in continued engagement. An individual overdosed in their vehicle at a local fast-food establishment. The local police department provided 8 mg Narcan without arousal. EMS crew gave an additional 2 mg, which did arouse the individual who was then in full withdrawal with a Clinical Opiate Withdrawal Score (COWS) of 25 out of 36. The individual was struggling to have any engagement or respond to any answers from law enforcement or the EMS crew. A Community Paramedic took over interactions to initiate rapport and was able to get the individual to engage enough to agree to support including receiving a dose of medication for opioid use disorder. The individual was then transported to the local emergency department (ED) and the Community Paramedic met with them at the ED to confirm a successful induction on medication and their COWS score had dropped down to a 9. The individual was discharged at 0330 from the ED. Community Paramedic went to the ED to check in on the individual at 0600 and was alerted to their discharge. Community Paramedic decided to check triage, since the individual's vehicle had been left at the scene of overdose and found the individual just as ED security was asking them to leave the property as they had been discharged. Community Paramedic gave the individual a ride back to their vehicle, which had been secured by law enforcement and coordinated with the fast-food management to ensure the vehicle would not be towed. The individual stated to the Community Paramedic "that's what really made me want to commit to working with your program. Usually, I would have disappeared, and you would have never heard from me. That really showed me you guys are trying to help me."

Several individuals that have received support from the Post Overdose Response Team have talked about how it "saved my life". There are frequent messages of finding the "strength and hope" for recovery by "talking with people who have made it through addiction" and "continuing to show up" even after a relapse. One individual shared "thanks for believing in me when I just didn't. It's a miracle that I haven't used since I met ya'll even with my brother using in the same house I've been in. I no longer have overwhelming urges to use, and I've gotten my social security card, ID, found respite support, applied for student loan funding and I start my Human Services and Substance Abuse classes at AB Tech soon! I would not have made it without your team's support!"

Option A, #3, Recovery Support Services	
Start Date: 10/4/2023	End Date: 6/30/2023

Strategy-Specific Process Measures	Count	Notes
# of peer support specialists/care navigators	5	
# of unique participants	804	Due to a change in reporting systems and still working on reporting features, demographics are available for all participants whether they have completed an intake or did not since 10/1/2022. All individuals had signed a release of information for follow-up.
# of total contacts with all participants of the program	1360	
# of participants who use opioids and/or have OUD, referred to addiction treatment	53	

Demographics	Count
American Indian/Alaska Native Non-Hispanic	4
Black Non-Hispanic	25
Native Hawaiian or Other Pacific Islander Non-Hispanic	1
White Non-Hispanic	204
Hispanic	5
Some Other Race or Multiple Races	3
Unknown	562

Strategy-Specific Quality Measures	Count	Notes
# of referrals to addiction treatment, recovery supports, harm reduction services, primary healthcare, and other services that result in linkage to supports/services	34	64% of referrals that results in linkage (e.g., first appointment)

Strategy-Specific Outcome Measures	Count	Notes
# of unique participants with OUD served who were connected to treatment and adhered to treatment	30	57% of patients with OUD who adhere to treatment 3 months after first appointment

Funded Strategy - Option A, #7, Naloxone Distribution, per ordinance #22-10-02 approved on 10/4/2022 for $50,000 till 6/30/2023

#7. A. – Progress Report

During the initial planning phase, Naloxone distribution seemed to be covered through support of the County's Syringe Service Program and supply distributed through the local LME/MCO Vaya Health. Prior to Commissioners voting on current funding of Opioid Settlement Funds there was increased communication from harm reduction providers that they were running out of Naloxone at a faster rate than expected and there was a delay in funds being distributed to Vaya Health to purchase and distribute Naloxone. Buncombe County Public Health's Health Promotion Team, which oversees the Syringe Service Program agreed to coordinate with the local harm reduction providers to give access to funds to purchase Naloxone and associated medical supplies. In addition, the team began planning for a monthly standing training where individuals could come and learn about the risks of substance use, the warning signs of an overdose, how to respond to any overdose, and a review of some of the community resources available in our community such as the Community Paramedicine Post Overdose Response Team and other harm reduction and

treatment providers. Additionally, there were intentional efforts to train Community Health Workers and the Connectors that are a part of the Community Engagement Markets that are typically held in low-income communities. There was some continued hesitancy in taking Naloxone with them after the training as some felt they were not yet ready to use the medication if needed.

#7. B. – Success Story
There was a positive response to the standing monthly training for Naloxone with interest in seeing if the training could occur during later evening hours.

Option A, #7, Naloxone Distribution

Start Date: 10/4/2023 End Date: 6/30/2023

Strategy-Specific Process Measures	Count
# of intranasal naloxone kits distributed	1021
# of naloxone trainings	40

Strategy-Specific Quality Measures	Count	Notes
# of naloxone distributed to community-based organizations	86	8% of naloxone distributed to community-based organizations

Strategy-Specific Outcome Measures	Count
# of community overdose reversals using naloxone	167

Funded Strategy - Option A, #12, Reentry Programs, per ordinance #22-10-02 approved on 10/4/2022 for $148,500 till 6/30/2023

#12. A. – Progress Report
Buncombe County Justice Services' Community Reentry Team and Public Health's Linkage to Care Reentry Team were facing funding cliffs in fiscal year 2023. Justice Services Community Reentry was being funded through Dogwood Health Trust that ended on February 28th, 2023. One of Public Health's Linkage to Care Reentry Team Members was also on the same grant with Dogwood Health Trust and another Team Member was funded by the Safer Together Bureau of Justice Affairs grant with a lapse in funds for the month of June 2023. Both programs were focused on supporting individuals that were leaving jail or prison to help create a plan and support them in accessing services and support. The Community Reentry Team has found that they have the most success when individuals are linked to them directly from treatment or at release from jail so that they can be connected with safe housing. Being able to connect with someone the moment they are released makes a difference on whether they will engage or continue to engage. Additionally, it is important that at the time they are ready to seek treatment that they are offered the same day the opportunity to get an assessment and referral for treatment. Without a safe place to stay, many individuals may not show back up to get the next step of support they need in their recovery.

#12. B. – Success Story
The following is a client's regarding the services and support they received. "When I first came to the Justice Resource Center (JRC) for help, I was homeless, jobless, and hopeless. Working with Destiny, who is my Peer Support, she gave me hope that I could stop using and become a productive member of society. I'm living in transitional housing. I've started working. I'm staying clean and I'm rebuilding and repairing relationships. The Community Reentry Team supplied me with resources to help remove some of that barriers that were holding me back from living a successful life. I would like to personally thank Destiny for her hard work and support." This client

came in seeking funding for transitional housing after completing treatment and he was also looking for clothing and insurance resources. Client stated that he has had a hip injury since 2016 that prevents him from working. The team was able to help the client get into a transitional house, where he stayed for four days before coming back to the JRC. Client stated that the house was good, he just didn't feel as though he could get his best out of it with the dynamics of the younger men living there already. He asked if the assistance could be transferred to a different house that he had gotten into. The team agreed and reached out to both house managers and the client made the transition. The client came back a week later to inform the team that he was scheduled for surgery on his hip and now has insurance. He wanted to thank us and to let us know that he feels he could not have started and succeeded in this new phase of life with us.

Option A, #12, Reentry Programs

Start Date: 3/1/2023 End Date: 6/30/2023

Strategy-Specific Process Measures	Count
# of reentry navigators/peer support specialists on staff	3
# of unique participants screened in custody	109
# of unique participants served (released from custody and engaged in services during the reporting period)	86

Demographics	Count
Black Non-Hispanic	16
White Non-Hispanic	69
Hispanic	1

Strategy-Specific Quality Measures	Count
# of individuals referred to ongoing mental health treatment, including outpatient therapies, medication maintenance and recovery services	34
# of program participants in housing	45

Strategy-Specific Outcome Measures	Count
# of participants reporting refraining from illicit substance use for 3 months post-incarceration	42
# of unique participants not experiencing rearrest in the reporting period	75

Fiscal Year 2024 Impact Report

Brief General Narrative: Buncombe County continues to use settlement funds to support Justice Service's Community Reentry Team, sustain and expand Emergency Medical Service's Community Paramedicine Post Overdose Response Teams, and support community level Naloxone Distribution. Community Paramedicine was able to expand their Post Overdose Response Teams from two teams to four teams on shift 24/7 and added a Care Management Supervisor, which increases their capacity for outreach, overdose response, and offering critical support during and after emergencies. In addition to distributing Naloxone to community partners, Public Health, established a regular monthly drop-in training to educate people around the risks and signs of an overdose, how to respond, and the resources available in the community. The Hope and Healing Campaign was also created to support public messaging through a variety of materials and languages that share the risks and resources available in the community. Videos were recorded that included community partners sharing their story and journey to recovery or

our medical substance use professional sharing information regarding Opioid Use Disorder and evidenced-based treatment in both English and Spanish. Through the Office of Equity and Human Rights, an Inclusive Connection and Healing Coordinator position was established to support and inform outreach to our marginalized communities including hosting community conversations around opioids and working towards identifying and expanding culturally relevant treatment options. Based on previous survey results from individuals in active use and/or treatment as well as feedback from peer support specialists, funds were set aside for relevant County programs to use for eligible individuals to address their social determinants of health needs such as transportation, housing, treatment, medications, etc. About 40% of the funds have been directed towards personal care and housing needs. As a County, there continues to be additional growth in coordinating and collaborating with one another to ensure there is awareness of the services available and how to make connections to services. Structures have been created in a way that puts focus on lived experience and what is happening on the ground to inform opportunities to enhance services and fill gaps, while at the same time coordinating budgets, improving efficiency across departments, and using data to help inform our objectives.

Annual Public Meeting: May 7th, 2024

Funded Strategy - Option A, #1, Collaborative Strategic Planning, per ordinance #23-11-13 and resolution #23-11-11 approved on 11/7/2023 for $267,277 effective 7/1/2023 till 6/30/2024

#1. A. – Progress Report
Collaborative Strategic Planning was funded again this year to support ongoing planning efforts as was identified in the FY23-FY26 Strategic Planning Report. A Medical Substance Use Professional (MSUP) was contracted for consultation services to assist with planning activities that included prioritizing interventions, such as expanding access to medications for opioid use disorder (MOUD), providing evidenced based information and data for consideration and inclusion into outreach efforts, and prioritizing measures for related programs to collect and monitor. The MSUP initially focused on connecting with the various County departments and programs to learn more about their work and opportunities to leverage currently available services as well as identifying potential gaps. In partnership with the Community Paramedicine's Post Overdose Response Team, the MSUP engaged various treatment providers in the community to provide low-barrier access to MOUD by ensuring a clear process from Community Paramedics that provided induction onto MOUD to an ongoing treatment provider. While warm-hand offs and coordination improved, there continued to be a gap for individuals that were uninsured, unhoused and without transportation access. To support individuals that have limited access and need continued support, while also ensuring Community Paramedics have the capacity to continue inducting new clients onto MOUD, a pilot tele-health low-barrier MOUD access was recommended for funding in FY25.

The Behavioral Health Manager and the Behavioral Health & Justice Analyst's salary and benefits were partially funded by Opioid Settlement Funds this year after a planning grant was expended. Both positions continued to support Collaborative Strategic Planning efforts through facilitation support, project management, coordination between County departments, and supporting the work of the Medical Substance Use Professional. For example, understanding what programs are currently collecting in terms of data, what information is not being collected, and defining the key measures across programs that we want collected. An area of focus this next fiscal year will be around collecting referral outcomes for patients. As well as identifying areas of opportunity to fill in gaps and enhance the services being provided to the community. A significant project was around developing sustainability infrastructure for coordination of internal County programs, designed to foster collaboration around budget sustainability and operational efficiency for settlement funds and beyond. Since 3 of the 7 recommended strategies were funded in FY24, efforts were made to identify potential interventions and options to fund the strategies that were identified as being related to root causes, i.e. early intervention, employment-related services, and

recovery housing. Efforts were also supported to identify alternative funding sources to support these strategies and three grants were submitted, one to expand access to recovery housing, another to create a culturally relevant inclusive healing space, and one to support access to youth mental health services.

#1. B. – Success Story
Through Collaborative Strategic Planning we look forward to seeing the impact of these efforts as they are implemented in FY25. By keeping this important work in the forefront of discussions with County leadership has supported more awareness of the various services County departments provide, how they are connected with one another, and how they can support the mission of each other's programs.

With support by the MSUP, relationships were strengthened with local OTPs in being able to give warm hand offs for clients that were inducted on buprenorphine by Community Paramedics and wanted to continue treatment by clarifying and working to streamline the referral process. There continues to be a subset of the population that have difficulties in meeting the program requirements due to lack of stability with housing and transportation. We look forward to reporting on the success of this pilot program as it is implemented in the FY25 fiscal year.

By the end of the fiscal year, the County had defined a structure to support ongoing coordination and planning for the use of Opioid Settlement Funds and our overall response to substance use. This structure puts an emphasis on those closest to the work and those with lived experience to provide the anecdotal trends before data is available, improve coordination between programs, and problem solve barriers. We look forward to reporting on the success of this structure as it is implemented in the FY25 fiscal year.

In addressing the disparity in the rise of fatal overdoses in our BIPOC community, several BIPOC leaders in the recovery and healing space were gathered together to brainstorm ways to increase outreach to the BIPOC community and an inclusive healing space was identified as a strategy to help link folks to recovery support services and partnering with a local church. By having Opioid Settlement Funds there was additional capacity to help with convening, facilitation, creating a proposal, and seeking alternative funding sources. We look forward to reporting on the success of this grant that has since been awarded and coordinating with the resources settlement funds are providing, such as naloxone distribution.

Option A, #1, Collaborative Strategic Planning

Start Date: 7/1/2023 End Date: 6/30/2024

Strategy-Specific Process Measures	Count	Notes
# of staff hired to lead Collaborative Strategic Planning efforts related to the Opioid Settlements	3	Behavioral Health Manager and Behavioral Health & Justice Analyst continued to support collaborative strategic planning efforts. A Medical Substance Use Professional was hired to provide consultation services around best practices for treatment, programming, and data collection.
# of meetings facilitated to support Collaborative Strategic Planning efforts related to Opioid Settlements	35	

During the collaborative strategic planning process, were…	Yes/No	Notes
A. Diverse stakeholders engaged?	Yes	
B. Facilitator designated?	Yes	
C. Related planning efforts built upon?	Yes	
D. Shared vision agreed upon?	No	Vision was established in 2023
E. Key indicator(s) identified?	Yes	
F. Root causes explored and identified?	No	Root causes identified in 2023
G. Potential strategies identified and evaluated?	Yes	
H. Gaps in existing efforts identified?	Yes	
I. Strategies prioritized?	Yes	
J. Goals, measures, and evaluation plan identified?	No	Identified in 2023
K. Alignment of strategies considered?	No	
L. Organizations identified?	Yes	
M. Budgets and timelines developed?	Yes	
N. Recommendations offered?	Yes	
Total # of Activities Marked "Yes"	11	

Strategy-Specific Quality Measures	Count	Notes
# of recommendations that were approved by local officials	4	57% of recommendations offered were approved by local officials for FY25
# of recommendations offered to local officials	7	
# of stakeholder categories (as outlined in Exhibit C Item A Detail) that were met during the collaborative strategic planning process	6	60% of stakeholder categories (as outlined in Exhibit C Item A Detail) that were met during the collaborative strategic planning process
# of stakeholder categories (as outlined in Exhibit C Item A Detail)	10	

Strategy-Specific Outcome Measures	Count	Notes
# of recommendations implemented during the reporting period	3	43% of recommendations implemented during the reporting period
# of recommendations that were approved by local officials	7	

Funded Strategy - Option A, #3, Recovery Support Services, per ordinance #23-11-13 and resolution #23-11-11 approved on 11/7/2023 for $2,227,421 effective 7/1/2023 till 6/30/2024

#3. A. – Progress Report

This strategy continued to support the Community Reentry Team within Justice Services and expanded the Post Overdose Response Team (PORT) within Emergency Services Community Paramedicine program. The Community Reentry Team continues to provide support to those returning to the community from incarceration for up to one year post release. By helping people connect to community services and resources, of those that participated with Community Reentry, 81% have not experienced rearrest in the reporting period. The Post Overdose Response Team was expanded by two additional teams so that there are 4 Community Paramedics on shift 24/7 and allowing for greater community outreach and response capacity further into the County. With this expansion of Teams, a Care Management Supervisor was added to help oversee the

overall linkage to care of participants by supporting coordination with the various community providers and providing guidance as needed to Peer Support Specialists and Licensed Clinicians on the team. The expansion of PORT allowed capacity of the Community Paramedics to further coordinate with the local emergency department and with the local detention center. Community Paramedics were able to interact with individuals as they are being booked into the detention center and when they are being released so that they are aware of services available and to offer induction onto Medications for Opioid Use Disorder (MOUD) for those where treatment was indicated and desired. Coordination with the local emergency department and detention center will be an ongoing effort into the next fiscal year by optimizing engagement with at risk individuals, filling gaps in accessing MOUD, and increasing warm hand offs. Almost 80% of PORT participants reported an improvement on the Quality-of-Life Scale (QOLS).

An addition to this year's budget, funds were set aside specifically to address social determinants of health for eligible participants of relevant County programs such as providing financial support to access housing, treatment, medications, transportation, education/employment, court/document fees, personal care, and communication tools all to help improve one's health or well-being. This was developed and implemented in the latter half of the fiscal year with about 40% of funds used for personal care and housing, 35% for communication, 15% for transportation, and 6% for treatment and medication needs. Programs will be monitoring outcomes of participants that benefited from these funds and achieving their goals compared to those that did not receive funds.

#3. B. – Success Story

Between both our Community Re-entry Team and Post Overdose Response Teams (PORT) there is a plethora of success stories from individuals who participated in these services. Some of the key themes throughout the various stories shared were gratitude, appreciation for the empathy, advocacy, honesty, and persistence found by their team members, and being met with a non-judgmental stance even during relapses and setbacks. One person said "I can honestly say that I owe my life to them, and I would not be at the place I am at in life if it wasn't for them. The road has been extremely long and far from easy, but I was supported through ups and downs and never felt judged for my failings and was always met with the attitude that yes you may fall down but as long as you have the will to get up and keep going that they would be there to support me." Another key theme was the practical assistance being provided to them in accessing housing support, treatment options, transportation, education, employment support, and tools for communication. As another individual shared "it is a lot easier to stay out of trouble with a little support and direction when you have so much up against you." PORT being uniquely positioned to provide medications for opioid use disorder (MOUD) meant several individuals were able to start medications after being released from incarceration, wherever they were, or prior to incarceration so that they could continue those medications while serving time. Frequently, individuals are not on Medicaid, but they can still start MOUD all while they are supported in applying for Medicaid and other benefits so they can continue treatment and receive the support needed to maintain their recovery. Many individuals served by these programs were able to resolve legal issues, repair relationships with family members, reengage in their child's life and provide financially, find employment, housing, transportation, and support groups to build their recovery community. Since PORT began in Buncombe County, at least seven participants have gone on to become certified peer support specialists, showing that recovery is possible and helping others in finding their own path.

Option A, #3, Recovery Support Services	
Start Date: 7/1/2023	End Date: 6/30/2024

Strategy-Specific Process Measures	Count	Notes
# of unique participants, who use opioids and/or have OUD, served	455	Community Reentry (308) - represents all clients served. Community Paramedicine Post Overdose Response Team (PORT) (147) - Of the 281 referrals to PORT, 147 intakes were successfully completed
# of total contacts with all participants of the program	4066	PORT only
# of participants who use opioids and/or have OUD, referred to addiction treatment	333	PORT only. This metric is total # of referrals made - 161 referred to MOUD providers (OTP, OBOT) and 172 detox/rehab referrals
# of participants who use opioids and/or have OUD, referred to recovery supports (e.g., employment services, housing services, etc.)	563	PORT only. This metric is total # of referrals made.
# of participants who used opioids and/or have OUD, referred to harm reduction services (e.g., syringe and supply access, overdose prevention education, disease prevention, etc.)	151	PORT only. This metric is total # of referrals made.
# of participants who use opioids and/or have OUD, referred to primary healthcare	215	PORT only. This metric is total # of referrals made.
# of participants who use opioids and/or have OUD, referred to other services	294	This metric is total # of referrals made. Includes referrals for driver's license/ID support; Justice services; Medicaid; Food Stamps; Domestic Violence and/or Sexual Assault support
# of peer support specialists/care navigators	7	
# of naloxone kits distributed	858	Only reporting from Community Paramedic Post Overdose Response Team.

Demographics	Count
Black Non-Hispanic	75
White Non-Hispanic	336
Hispanic	14
Some Other Race or Multiple Races	2
Unknown	28

Strategy-Specific Quality Measures	Count	Notes
# of unique participants, who use opioids and/or have OUD, served, who report they are satisfied with services	117	80% of participants are satisfied with services from Community Paramedic Post Overdose Response Team
# of referrals to addiction treatment, recovery supports, harm reduction services, primary healthcare, and other services that result in linkage to supports/services	112	76% of referrals that results in linkage (e.g., first appointment) from Community Paramedic Post Overdose Response Team
# of staff with lived experience with OUD	10	42% of staff with lived experience with OUD
# of staff	24	

# of unique participants, who use opioids and/or have OUD, served who received naloxone kit	147	100% of participants of the Community Paramedic Post Overdose Response Team received a naloxone kit
# of participants in mental health or substance use treatment	82	27% of participants of the Community Reentry Team were in mental health or substance abuse treatment
# of program participants in housing 6 months post release	82	27% of participants of the Community Reentry Team were in housing 6 months post release

Strategy-Specific Outcome Measures	Count	Notes
# recognizing a qualify of life improvement	116	79% of Community Paramedicine Post Overdose Response Team participants recognized a qualify of life improvement.
# of participants reporting refraining from illicit substance use for 3 months post-incarceration	149	48% of Community Reentry participants who report they have refrained from illicit substance use for 3 months post-incarceration.
# of unique participants not experiencing rearrest in the reporting period	249	81% of Community Reentry participants not experiencing rearrest in the reporting period.

Funded Strategy - Option A, #7, Naloxone Distribution, per ordinance #23-11-13 and resolution #23-11-11 approved on 11/7/2023 for $217,297 effective 7/1/2023 till 6/30/2024

#7. A. – Progress Report

Public Health's Harm Reduction Program Manager along with Syringe Service Program (SSP) staff supported a Monthly Drop-in Narcan Training that provided information regarding risks, signs of an overdose, how to respond to an overdose, as well as the local resources available in Buncombe County. Additionally, Naloxone was distributed to organizations that provide outreach or services to marginalized communities such as Unete, Operation Gateway, Umoja Health Wellness and Justice Collective, My Daddy Taught Me That, Housing Authority for the City of Asheville, Compass Point, Helpmate, AHOPE, Haywood St Congregation, 12 Baskets, SPARC Foundation, Oxford Houses, Land of Sky, Holler Harm Reduction, Steady Collective, and WNCAP. A train the trainer event was hosted to certify Community Health Workers about harm reduction and naloxone use, many from the above listed community organizations. Other community trainings included meeting with staff from educational institutions, bars and restaurants, music venues, community mental health organizations, internal County teams, all Library branches and everything in-between. The Naloxbox initiative was also supported by installing dedicated wall mounted units to store Naloxone kits, instructions, CPR masks and gloves for individuals to access and respond to an overdose. Overall, 6,456 Naloxone kits were distributed to SSP participants, the general community and community organizations. Just from SSP participants alone, there were over 600 community overdose reversals reported after attaining Naloxone from the SSP. Over 21,000 Fentanyl and Xylazine test strips were distributed to aid the public in the detection of Fentanyl and Xylazine and offer informed use of substances tested.

With support from the County's Community and Public Engagement Team, the "Hope & Healing" campaign was created to continue providing community awareness of the risks and resources available. Palm Cards were created in English, Spanish, and Russian, showing culturally relevant people, current statistics, quotes from those that lost a loved one to an overdose, and local community low-barrier services that can further link individuals to the services they need. A video was also created with community members and leaders that are in recovery to spread the message of hope and healing and where to access resources and Naloxone. Portions of these

recordings were then used for radio/streaming ads, local movie theatre opening ads, social media postings, etc. Our Medical Substance Use Professional also recorded a video titled, "Let's Talk Opioids with Dr. Shuchin Shukla" to provide information in English and Spanish about Opioids, what treatments work, impact on our communities, resources available, advice for family and friends and more. From our recent social media campaign, spanning both Instagram and Facebook, we had a total reach (# of people seeing content) of 20,461 users, with 17,148 impressions (# of times content displayed) and 429 engagements (# of interactions content received). These metrics reflect a strong level of interest and interaction across both platforms, indicating effective audience engagement and outreach. Radio/Digital Advertising had more than 18,191 impressions with a reach of 8,132 in English and for Spanish ads there were 4,137 impressions with a reach of 974. Additionally, funds supported participation in community events such as the PRIDE festival, Grind Fest, the Mexican Consulate visit, and other community health fairs to share materials and distribute Naloxone.

As part of this strategy an Inclusive Connection & Healing Coordinator that sits in the Office in Equity and Human Rights was hired to help support outreach to our BIPOC and marginalized communities. This position was filled in January 2024 and began coordinating with various community partners, such as the Asheville/Buncombe Black Elders' meeting, and current initiatives underway. A community conversation event was hosted in partnership with two local black sororities, called Opioids in the Black Community: Ending the Silence to help raise awareness around the impact of opioids, the resources available, and provide overdose reversal training. This position will continue to support outreach efforts in various communities to help increase access to Naloxone and lifesaving treatment.

#7. B. – Success Story

Community Health Workers that were trained to teach the community about harm reduction and Naloxone use, shared their plans to share this knowledge with their respective communities. The monthly Naloxone drop in training that is open to the public was revamped from a presentation and saw an increased monthly engagement from staff and the public alike. Trainers would routinely hear stories of losing a loved one to an overdose that drew their desire to attend the training, as well as feedback that the kits given out had been used to reverse subsequent overdoses. In attending an array of events to distribute Naloxone, test strips, and engage the community, the consistent feedback was how glad the community is to have such a service, that there is free and readily available access for harm reduction resources and that the County is being seen as taking action in response to the Opioid epidemic.

Option A, #7, Naloxone Distribution

Start Date: 7/1/2023 End Date: 6/30/2024

Strategy-Specific Process Measures	Count	Notes
# of unique participants, who use opioids and/or have OUD, served	1519	
# of intramuscular naloxone kits distributed	1582	
# of intranasal naloxone kits distributed	5072	Includes Community Paramedicine distribution that came from another source
# of trainings on harm reduction (e.g., overdose prevention, safer use practice, disease prevention) provided	253	All trainings include Harm Reduction and how to use Naloxone, lasting an hour or more in length. Community Paramedic also conducted trainings.

# of naloxone trainings	118	All trainings include Harm Reduction and how to use Naloxone, lasting an hour or more in length. Community Paramedic also conducted trainings.
# of people trained in harm reduction	7354	Full count is not available for FY24 from Public Health, but added for FY25 to track. Community Paramedicine had their # trained.
# of people trained on naloxone	1100	Full count is not available for FY24 from Public Health, but added for FY25 to track. Community Paramedicine had their # trained.

Demographics	**Count**	**Notes**
Black Non-Hispanic	25	Demographic data only captured at the tail end of the year and is a focus for FY25 reporting.
Native Hawaiian or Other Pacific Islander Non-Hispanic	2	Demographic data only captured at the tail end of the year and is a focus for FY25 reporting.
White Non-Hispanic	323	Demographic data only captured at the tail end of the year and is a focus for FY25 reporting.
Hispanic	2	Demographic data only captured at the tail end of the year and is a focus for FY25 reporting.
Unknown	1167	Demographic data only captured at the tail end of the year and is a focus for FY25 reporting.

Strategy-Specific Quality Measures	**Count**	**Notes**
# of naloxone distributed to EMS	660	9% of naloxone distributed to EMS
# of naloxone distributed to community-based organizations	2652	40% of naloxone distributed to community-based organizations
# of naloxone distributed to firefighters	50	0.8% of naloxone distributed to firefighters
# of naloxone distributed to police	150	2% of naloxone distributed to police

Strategy-Specific Quality Measures	**Count**	**Notes**
# of community overdose reversals using naloxone	615	Participants are asked if they have used Naloxone on someone or if it has been used on them since their last visit.

Fiscal Year 2025 Impact Report

Brief General Narrative: This year started off with a solid foundation to support additional growth in coordinating and collaborating with one another to ensure awareness of services available, how to make those connections to services, and leveraging skill sets and capacity. In late September, Buncombe County experienced catastrophic devastation due to Tropical Storm Helene. This resulted in a change of focus from individual recovery from substance use to an entire community recovering from the impacts of the storm. As a community, so much was lost and yet we gained more than we could have imagined by witnessing and experiencing neighbors

stepping up to support one another. We are grateful for County staff and partners that continued to show up for our community, Peer Supports providing impromptu groups with individuals showing up at Community Care Stations, expressing their fears of relapse, seeking support and harm reduction supplies, Community Paramedics providing Medications for Opioid Use Disorder (MOUD) for individuals they had never met and needing a bridge while their provider or pharmacy was inaccessible, mental health clinicians volunteering their time to provide emotional support to first responders and the community, countless individuals helping our most vulnerable community members access needed resources, and so much more. Buncombe County used settlement funds to continue supporting the Justice Service's Community Reentry Team, sustain and expand the Emergency Medical Service's Community Paramedicine Post Overdose Response Teams, continue supporting community level Naloxone Distribution through trainings and events, added the cost for harm reduction supplies, as well as continued support around Collaborative Strategic Planning. Lastly, we piloted a low-barrier tele-health services for Medications for Opioid Use Disorder with Community Paramedicine for individuals that were uninsured and lacked the resources to maintain engagement with office-based providers when initiating treatment.

Annual Public Meeting: June 26th, 2025

Funded Strategy - Option A, #1, Collaborative Strategic Planning, per ordinance # 24-06-10 and resolution # 24-06-12 approved on 6/18/2024 for $324,324 effective 7/1/2024 till 6/30/2025

#1. A. – Progress Report
A contract for a Medical Substance Use Professional was extended to continue supporting programmatic and evaluation improvement processes within the County. The year began with a focus on supporting a Latinx outreach event around overdose prevention, planning around homeless services, exploring expansion of services under EMS, initiation of the Telehealth Pilot, and consultation with schools, HHS, EMS, and jail services. Due to the impact of the storm and the need to focus more on storm response and recovery, many of the efforts underway needed to be paused and reassessed for a future time. The year also started with a Behavioral Health & Justice Analyst position that supports facilitation and project management; however, the individual moved into a permanent position and after the storm it was decided to not continue funding this position. With the dedicated support of the Behavioral Health Manager, collaborative strategic planning has been an ongoing process. By serving as a link between various County departments and the community, the position has been able to support enhanced coordination and efficiency by connecting to existing resources and fostering new collaborations. This position has also been able to support progress within prioritized strategies that are not currently funded by identifying alternative funding sources and supporting the work needed to develop budgets and apply for outside funds.

#1. B. – Success Story
Through collaborative strategic planning efforts additional funds were secured to further prioritized strategies. In partnership with a local council of government and application was submitted and a $3.5 million dollar grant was awarded to expand recovery housing for women and mothers in recovery from substance use. In collaboration with local leaders in the healing and recovery space another grant was submitted and $510,000 awarded to support the development of an inclusive healing space to reduce stigma and increase access to culturally responsive treatment. Stronger relationships were developed with a local school system to continue identifying gaps and opportunities available within the community to fill those gaps. Work with a local collaborative has aimed to support youth voice and youth led projects around mental health awareness to increase the support needed for early intervention in our community.

Option A, #1, Collaborative Strategic Planning

Start Date: 7/1/2024 End Date: 6/30/2025

Strategy-Specific Process Measures	Count	Notes
# of staff hired to lead Collaborative Strategic Planning efforts related to the Opioid Settlements	2	2 positions were hired in 2022 through a planning grant. FY24 both transitioned fully to Opioid Funds. FY25 started with 2 positions, but 1 position ended in October.
# of meetings facilitated to support Collaborative Strategic Planning efforts related to Opioid Settlements	35	

During the collaborative strategic planning process, were…	Yes/No	Notes
A. Diverse stakeholders engaged?	Yes	
B. Facilitator designated?	Yes	
C. Related planning efforts built upon?	Yes	
D. Shared vision agreed upon?	No	Vision was established in 2023
E. Key indicator(s) identified?	No	Identified in 2024
F. Root causes explored and identified?	No	Root causes identified in 2023
G. Potential strategies identified and evaluated?	No	
H. Gaps in existing efforts identified?	No	
I. Strategies prioritized?	No	Identified in 2024
J. Goals, measures, and evaluation plan identified?	No	Identified in 2023
K. Alignment of strategies considered?	No	
L. Organizations identified?	No	
M. Budgets and timelines developed?	Yes	
N. Recommendations offered?	Yes	
Total # of Activities Marked "Yes"	6	

Strategy-Specific Quality Measures	Count	Notes
# of recommendations that were approved by local officials	4	
# of recommendations offered to local officials	7	57% of recommendations offered were approved by local officials for FY25.
# of stakeholder categories (as outlined in Exhibit C Item A Detail) that were met during the collaborative strategic planning process	8	
# of stakeholder categories (as outlined in Exhibit C Item A Detail)	10	80% of stakeholder categories (as outlined in Exhibit C Item A Detail) were met during the collaborative strategic planning process.

Strategy-Specific Outcome Measures	Count	Notes
# of recommendations implemented during the reporting period	4	43% of recommendations implemented during the reporting period.

# of recommendations that were approved by local officials	4	43% of recommendations implemented during the reporting period.

Funded Strategy - Option A, #2, Evidence-based Addiction Treatment, per ordinance # 24-6-10 and resolution # 24-06-12 approved on 6/18/2024 for $46,800 effective 7/1/2024 till 6/30/2025

#1. A. – Progress Report

In fiscal year 2024, our Post Overdose Response Team (PORT) and Community Paramedics providing induction onto Medications for Opioid Use Disorder (MOUD) found several individuals had difficulty accessing a low-barrier treatment provider to continue medications. This was increasing the number of daily dosing Community Paramedics were providing and decreasing the capacity to initiate induction on MOUD for new clients. Many of the individuals were uninsured, unhoused, and without access to reliable transportation, which resulted in the limited ability to attend appointments as scheduled. In working with our Medical Substance Use Professional, a pilot tele-health service for individuals that were uninsured was developed to provide prescriptions while working to apply for Medicaid and/or identify a treatment provider while they became more stable. As Medicaid expansion continued to gain traction with more individuals becoming eligible, there was less of a need to provide additional support for those that were uninsured. While there were some individuals that did not continue in treatment after transferring to a new provider, there was significant difference between those that have insurance versus those that do not have insurance and their continued engagement in treatment.

#1. B. – Success Story

This pilot became an invaluable service, especially in the first two weeks after the storm hit WNC. Over 28 bridge prescriptions were provided for individuals that were not already established participants with Community Paramedicine's PORT team, which helped prevent a lapse in care. Flexibility was also instrumental in helping a participant maintain buprenorphine while seeking a higher level of care. This participant was having a mental health episode, resulting in multiple 911 calls while Community Paramedics continued giving daily doses of buprenorphine. Had they not seen a physician quickly to get a prescription, they may not have been able to continue their medication prior to being seen by a new provider at an inpatient facility. Another individual who was injecting fentanyl 3 times per day was supported in a way that met them where they were. By being able to start micro dosing medications until their cravings went away, within a week, they were in recovery from Fentanyl.

Option A, #2, Evidence-based Addiction Treatment

Start Date: 7/1/2024 End Date: 6/30/2025

Strategy-Specific Process Measures	Count
# of buprenorphine prescriptions provided by Pilot Tele-health OBOT	83
# of referrals to Pilot Tele-health OBOT	33
# of unique patients with OUD served at Pilot Tele-health OBOT	33

Demographics	Count
Black Non-Hispanic	3
White Non-Hispanic	30

Strategy-Specific Quality Measures	Count	Notes
# of referrals to Pilot Tele-health OBOT that resulted in 1st appointment attended	27	82% of referrals to Pilot Tele-health OBOT services that resulted in 1st appointment attended

Strategy-Specific Outcome Measures	Count	Notes
# of unique patients with OUD who were connected to treatment and have adhered to treatment at 6 months	14	52% of unique patients with OUD who adhere to treatment for 6 months after first appointment

Funded Strategy - Option A, #3, Recovery Support Services, per ordinance # 24-06-10 and resolution # 24-06-12 approved on 6/18/2024 for $2,571,481 effective 7/1/2024 till 6/30/2025

#3. A. – Progress Report

Emergency Services' Community Paramedicine Post Overdose Response Team (PORT) sustained the expanded paramedic teams and increased the hours for peer support specialists and clinicians. With contribution from the local LME/MCO, up to $50,000 was offset from this year's budget for the peers and clinician's personnel cost. This team responded to nearly a thousand overdose calls and successfully inducted over 77% of participating individuals onto buprenorphine, with more than 900 instances of ongoing medication dosing. While there was a reduction in overdoses in 2024 the number of individuals being inducted on medications remained high. Justice Services' Community Re-entry program has continued its work, providing recovery support and resources to those leaving the Buncombe Detention Facility. The program has been effective in helping people avoid re-arrest, with 83% of enrollees not experiencing re-arrest during this reporting period. A key and unique strategy fully implemented this year was using a portion of funds to address social determinants of health, the non-medical factors that influence health outcomes. About $240,000 was spent on individuals in County services such as PORT and Re-entry. Most of these funds (57%) went toward housing support, followed by communication tools (18%) and access to treatment (12%). The results were striking: every PORT participant who received two or more instances of financial support has not experienced an overdose since and remain engaged in services with many obtaining housing and employment. The use of these funds for tangible support like housing and transportation proved to be a powerful and effective way to help people rebuild their lives and sustain recovery. The Inclusive Connection & Healing Coordinator, a new role established in the Office of Equity and Human Rights in early 2024, began supporting events to raise community awareness about risks and resources available. After the storm disrupted planned events, their focus shifted to implementing a grant to create an inclusive healing space. In partnership with community leaders and a local church, the "Southside Health Space: Where Every Journey Finds Its Strength", will increase access to culturally responsive treatment and reduce stigma.

#3. B. – Success Story

Participants in the Community Paramedicine's Post Overdose Response Team program are asked, 'Has your involvement with this program improved your outlook on hope for your future?' The following are representative examples of responses. "I wouldn't be alive without the PORT team. The PORT team saved my life. I was giving up hope." "Before I got into the program I didn't have a lot, but now I'm doing great." "Yes, showed me that life is so much nicer living sober, got a job, girlfriend and it feels great!" "Got employment, lot more energy, positive thoughts, looking at life different in a positive way." Justice Service's Community Reentry Team shared a story about an individual that was met at the local day shelter program by one of their Peer Support Specialists (PSS) who shared the various services available at the Justice Resource Center, encouraging the individual and their partner to come visit. This individual admitted that they were a heavy fentanyl user and had attempted suicide via heart injections of the substance. They were also homeless, in and out of the detention center, and had lost custody of their child. After a recent arrest, they

came to the Justice Resource Center and met with the PSS. They were able to have an in-depth conversation about the choices being made, the consequences that come with those choices, and how it affects everyone around them. PSS was also able to explore the option of going to the local Facility Based Crisis Center for detox with the option of going to a longer treatment if necessary. Since then, this participant has begun their road to recovery and is 96 days without use, back home living with their parents, visitation rights with their child re-established, has a job, and is now an active member of a local church. The participant shared to their PSS that the team was the only people who would even talk to her and acknowledge her as a person who needed help and if it had not been for the help received at the Justice Resource Center, they would have successfully taken their own life.

Option A, #3, Recovery Support Services

Start Date: 7/1/2024 End Date: 6/30/2025

Strategy-Specific Process Measures	Count	Notes
# of unique participants, who use opioids and/or have OUD, served	437	Community Reentry (193) - represents all clients served; Community Paramedicine Post Overdose Response Team (PORT) (244) - Of the 291 referrals to PORT, 244 intakes were successfully completed
# of total contacts with all participants of the program	5434	PORT only
# of participants who use opioids and/or have OUD, referred to addiction treatment	201	PORT only
# of participants who use opioids and/or have OUD, referred to recovery supports (e.g., employment services, housing services, etc.)	239	PORT only
# of participants who used opioids and/or have OUD, referred to harm reduction services (e.g., syringe and supply access, overdose prevention education, disease prevention, etc.)	244	PORT only. All referrals are provided access to Narcan and information on safer use practices and supply access.
# of participants who use opioids and/or have OUD, referred to primary healthcare	221	PORT only
# of participants who use opioids and/or have OUD, referred to other services	1610	PORT only
# of peer support specialists/care navigators	8	Community Reentry (3); PORT (5)
# of naloxone kits distributed	869	PORT only
# of individuals screened in custody	193	Community Reentry only
# of individuals served (released from custody and engaged in services during the reporting period)	193	Community Reentry only

Demographics	Count	Notes
American Indian/Alaska Native Non-Hispanic	3	PORT only
Black Non-Hispanic	52	Community Reentry (33); PORT (19)
White Non-Hispanic	349	Community Reentry (148); PORT (201)
Hispanic	15	Community Reentry (12); PORT (3)
Some Other Race or Multiple Races	2	PORT only

Unknown	16	PORT only

Strategy-Specific Quality Measures	**Count**	**Notes**
# of unique participants, who use opioids and/or have OUD, served, who report they are satisfied with services	222	91% of participants are satisfied with services from PORT
# of referrals to addiction treatment, recovery supports, harm reduction services, primary healthcare, and other services that result in linkage to supports/services	1744	100% of referrals that results in linkage (e.g., first appointment) from PORT
# of staff with lived experience with OUD	10	43% of staff with lived experience with OUD
# of staff	23	
# of unique participants, who use opioids and/or have OUD, served who received naloxone kit	199	82% of participants of PORT received a naloxone kit
# of participants in mental health or substance use treatment	118	61% of participants of the Community Reentry Team were in mental health or substance abuse treatment
# of participants in housing 6 months post release	48	25% of participants of the Community Reentry Team were in housing 6 months post release
# of participants receiving specialty care assistance (basic needs assistance, transportation, phones, etc.)	177	92% of participants of the Community Reentry Team received specialty care (basic needs assistances, transportation, phones, etc.)

Strategy-Specific Outcome Measures	**Count**	**Notes**
# of unique participants with OUD served who were connected to employment services and obtained employment	176	74% of PORT participants with OUD who have obtained employment at 6 months, through engagement with recovery support services at 6 months
# of unique participants with OUD served who were connected to primary healthcare services and who kept using services	201	91% of PORT participants with OUD using primary healthcare services at 6 months
# of participants who use Opioids and/or have OUD, served who report getting the social and emotional support they need	222	91% of PORT participants report getting the social and emotional support they need
# of community overdose reversals using naloxone	128	PORT only
# of participants reporting refraining from illicit substance use for 3 months post-incarceration	140	73% of Community Reentry participants who report they have refrained from illicit substance use for 3 months post-incarceration.
# of unique participants not experiencing rearrest in the reporting period	161	83% of Community Reentry participants not experiencing rearrest in the reporting period.

Funded Strategy - Option A, #7, Naloxone Distribution, per ordinance # 24-06-10 and resolution # 24-06-12 approved on 6/18/2024 for $372,255 effective 7/1/2024 till 6/30/2025

#7. A. – Progress Report

In fiscal year 2025, the Harm Reduction program distributed over 4,000 naloxone kits and trained at least 487 individuals in harm reduction principles and naloxone administration. This progress was bolstered by a diverse range of community outreach efforts, including participation in events like Overdose Awareness Day, A Day of Hope in Community at a local day shelter, and PRIDE Festival. With support from the Inclusive Connection and Healing Coordinator, the County hosted the Opioids in the Latinx Community: Community Health Workers Info Session and Opioids in the Black Community: Permission to Breathe. The harm reduction program also adapted quickly, with the team going into shelters and community care stations after the storm to provide essential services and resources. An influx of naloxone from the state to community partners during the storm response reduced the need to use all the county's allocated funds for naloxone. The program also received a grant to partner with a local agency to expand outreach to the Hispanic community to provide training in Spanish and creating bi-lingual educational materials. The program's success is reflected in its growth; an additional service added at the end of FY24 led to a 190% increase in participants and the participant demographic became more diverse. While the number of participants increased the % of visits with syringes being distributed decreased. The Harm Reduction Program Manager also led efforts to install syringe disposal kiosks and tamper-proof wall mounts at local shelters and is collaborating with a community group to identify additional locations for safe disposal.

#7. B. – Success Story

One of the Harm Reduction Peers who provides case management for participants, funded through a grant, shared some success stories of two individuals. One was described as "a very inspiring person who has a heart of gold." Due to the storm, this individual lost everything they owned, home and vehicle. Ever since the flood they had been struggling to get back on their feet and decided to go to detox and then rehab as a starting point. They then came to the harm reduction program to get support in planning their next steps and eventually was able to get connected with a potential job and housing outside of the area. Unfortunately, a few days later they came back and shared that things did not work out as planned. They were able to vent and talk through what all happened and started game planning some more, meeting with the case manager almost every day, providing updates as they went. Finally, they were able to get a job locally and a friend helped them get some work clothes. The case manager reflected on how "when something doesn't go as planned the first time, doesn't mean something better isn't right behind it" and appreciated how this participant did not give up. Another individual, described to be "a sweet, kindhearted person, always taking care of anyone, giving them food, clothes, a tent to sleep in or just anything they need, if he had it and someone needed it, he would have their back." They further shared this participant had been unhoused for almost 20 years and said they felt safe living outside and not being trapped by walls. This individual is now close to moving into their very own home and is "so excited you can see the light in their eyes when they talk about it."

Option A, #7, Naloxone Distribution

Start Date: 7/1/2024 End Date: 6/30/2025

Strategy-Specific Process Measures	Count	Notes
# of unique participants, who use opioids and/or have OUD, served	2718	The Harm Reduction Program served 2,718 unique individuals in FY25 and had a total of 12,788 program in-person visits.
# of intramuscular naloxone kits distributed	972	
# of intranasal naloxone kits distributed	3217	

# of trainings on harm reduction (e.g., overdose prevention, safer use practice, disease prevention) provided	62	51 community training and 11 individual instructions on request. Trainings include harm reduction and naloxone.
# of naloxone trainings	62	51 community training and 11 individual instructions on request. Trainings include harm reduction and naloxone.
# of people trained in harm reduction	487	
# of people trained on naloxone	487	
# of used syringes collected and disposed of properly	122039	Enhanced focus on syringe disposal.
# of personal syringe disposal units distributed	1313	Individual syringe disposal units distributed to program participants.

Demographics	Count	Notes
American Indian/Alaska Native Non-Hispanic	18	Increase from 0 in FY24
Asian Non-Hispanic	3	Increase from 0 in FY24
Black Non-Hispanic	238	Significant increase in participants
Native Hawaiian or Other Pacific Islander Non-Hispanic	2	Increase from 0 in FY24
White Non-Hispanic	769	95% White end FY24 to 61.5% White in FY25
Hispanic	38	Increase from 0 in FY24
Some Other Race of Multiple Races	30	
Unknown	1575	

Strategy-Specific Quality Measures	Count	Notes
# of naloxone distributed to individuals	2787	67% of naloxone distributed to individuals. 636 distributed at trainings and 2151 to program participants.
# of naloxone distributed to community-based organizations	1402	33% of naloxone distributed to community-based organizations. There was less community partner demand due to influx of donations from the state during emergency response to Helene
# of those trained on naloxone, who report they know how to respond to an opioid overdose and administer naloxone	487	100% of those trained reported they know how to respond to an opioid overdose and administer naloxone.

Strategy-Specific Outcome Measures	Count	Notes
#of community overdose reversals using naloxone	474	Participants are asked if they have used Naloxone on someone or if it has been used on them since their last visit.

Fiscal Year 2026 Impact Report

Brief General Narrative:
In FY26, Buncombe County advanced a coordinated and community-centered response to substance use, strengthening prevention, harm reduction, treatment access, and recovery support across multiple initiatives. The Connection and Healing Coordinator expanded outreach through events such as the Southside Healing Center launch, Family Fun Day, Overdose

Awareness Day, and United4Youth. These efforts increased community awareness of opioids, harm-reduction tools, grief supports, and youth-focused prevention resources, while deepening partnerships with local organizations and the Department of Juvenile Justice.

The Community Paramedicine team enrolled 20% more participants in the Post Overdose Response Team (PORT) and enhanced rapid access to primary care and MOUD treatment through its collaboration with Appalachian Mountain Health. Participants reported improved stability in managing health needs, increased treatment retention, and greater access to housing, employment, and Medicaid approval, with 98% of applicants successfully enrolled. A growing number of program graduates became certified peer support specialists, expanding the recovery workforce.

Strategic planning efforts continued to align countywide behavioral health priorities, connecting partners across public safety, EMS, schools, community organizations, and justice-system stakeholders. Through initiatives such as Sequential Intercept Mapping, youth mental-health collaborations, crisis-resource visibility, and community-input engagement, Buncombe County strengthened shared frameworks that reduce siloing and improve access to behavioral health support.

Together, these strategies reflect Buncombe County's commitment to a comprehensive, collaborative, and person-centered approach, one that enhances community wellbeing while expanding opportunities for recovery, resilience, and long-term stability.

Annual Public Meeting: June 26th, 2026

Funded Strategy - Option A, #1, Collaborative Strategic Planning, per ordinance # 25-06-04 and resolution #25-06-05 approved on 6/3/2024 for $57,598 effective 7/1/2025 till 6/30/2026

#1. A. – Progress Report
The Collaborative Strategic Planning strategy continues to serve as the backbone of Buncombe County's coordinated response to substance use, anchored by the Behavioral Health Manager. Over FY24–FY26, this role supported cross-departmental alignment, advanced planning structures, and strengthened partnerships essential for reducing overdose deaths and improving behavioral health outcomes. The Manager helped move early-intervention priorities forward, including youth mental-health awareness efforts with the Buncombe County Children's Collaborative (BCCC), ongoing coordination with Asheville City Schools through the School Health Advisory Council, and enhancing visibility and access to crisis resources such as 988. In August 2025, the Manager supported the facilitation of a Sequential Intercept Mapping process to examine behavioral-health needs at every point of contact within the justice system, producing new opportunities for improvement in crisis response, diversion, and reentry. A formal evaluation and request process was implemented based on four overdose-reduction pillars: prevention, harm reduction, evidence-based treatment, and recovery support to shape the FY27 budget development. The Behavioral Health Program Manager also contributed to convenings, such as the Foundation for Social Connection that brought community members and elected officials to consider how investments can be made that support third spaces to enhance social connection. Another event was the Faith & Mental Health Summit bringing faith leaders together to explore opportunities to equip themselves and members with tools to support wellness and connections to professional services when needed. The Manager also participated in system-level bodies such as the County's 2030 Strategic Plan team, the Continuum of Care's System Planning and Implementation Committee, the Long-Term Recovery Group (LTRG), Community Organizations Active in Disasters (COAD) to support alignment with behavioral health needs in our community. This also included supporting the planning of the Community Assessment for Public Health Emergency Response (CASPER) to include behavioral health related questions and supporting planning for Emergency Support Function 8 by incorporating coordination with MOUD providers

during a disaster. To ensure transparent and accessible engagement, the Manager oversaw updates to the County's Public Input page and facilitated community-input activities for the upcoming strategic plan update, beginning in June. Overall, this strategy strengthens alignment, reduces siloing, and ensures that planning, budgeting, and implementation are grounded in community voice and cross-system collaboration.

#1. B. – Success Story

Through collaborative strategic planning, the team used the Sequential Intercept Model (SIM) to help the Criminal Justice Coordinating Council visualize gaps and opportunities across the local crisis-to-treatment pathway. Sharing the SIM map and goals around developing alternate response options sparked stronger alignment across public safety, EMS, and behavioral health partners, reinforcing current community feedback about increasing diversion and expanding co-response capacity. While much of the partner progress emerged organically and program-to-program, the strategic planning work created a shared framework and common language that helped partners recognize overlapping priorities and move toward more coordinated approaches for individuals in crisis. This collective clarity has supported ongoing conversations about reducing justice involvement and improving rapid access to care.

Option A, #1, Collaborative Strategic Planning

Start Date: 7/1/2025 End Date: 6/30/2026

Strategy-Specific Process Measures	Count	Notes
# of staff hired to lead Collaborative Strategic Planning efforts related to the Opioid Settlements	1	Behavioral Health Manager
# of meetings facilitated to support Collaborative Strategic Planning efforts related to Opioid Settlements	83	

During the collaborative strategic planning process, were…	Yes/No	Notes
A. Diverse stakeholders engaged?	Yes	
B. Facilitator designated?	Yes	
C. Related planning efforts built upon?	Yes	
D. Shared vision agreed upon?	No	Vision was established in 2023
E. Key indicator(s) identified?	No	Identified in 2024
F. Root causes explored and identified?	No	Root causes identified in 2023
G. Potential strategies identified and evaluated?	Yes	
H. Gaps in existing efforts identified?	No	
I. Strategies prioritized?	No	Identified in 2024
J. Goals, measures, and evaluation plan identified?	No	Identified in 2023
K. Alignment of strategies considered?	No	
L. Organizations identified?	No	
M. Budgets and timelines developed?	Yes	
N. Recommendations offered?	Yes	
Total # of Activities Marked "Yes"	6	

Strategy-Specific Quality Measures	Count	Notes
# of recommendations that were approved by local officials	3	100% of recommendations offered were approved by local officials for FY27.

# of recommendations offered to local officials	3	
# of stakeholder categories (as outlined in Exhibit C Item A Detail) that were met during the collaborative strategic planning process	7	70% of stakeholder categories (as outlined in Exhibit C Item A Detail) were met during the collaborative strategic planning process.
# of stakeholder categories (as outlined in Exhibit C Item A Detail)	10	

Strategy-Specific Outcome Measures	Count	Notes
# of recommendations implemented during the reporting period	3	100% of recommendations implemented during the reporting period.
# of recommendations that were approved by local officials	3	

Funded Strategy - Option A, #3, Recovery Support Services, per ordinance per ordinance # 25-06-04 and resolution # 25-06-05 approved on 6/3/2025 for $2,570,841 effective 7/1/2025 till 6/30/2026

#3. A. – Progress Report

The Connection and Healing Coordinator supported community outreach events such as the launching of the Southside Healing Center, tabling at events such as Family Fun Day, Overdose Awareness Day, and United4Youth. They provided education around opioids, harm-reduction resources, and held a youth-focused community event and a meeting with the local Department of Juvenile Justice staff. Additional efforts included grief-support events, Mental Health First Aid training, and collaborations with faith and community organizations.

Community Paramedicine enrolled 20% more participants in the Post Overdose Response Team (PORT) compared to last year. Their strong partnership with Appalachian Mountain Health continues to improve rapid engagement in primary care and MOUD treatment. This collaboration also supports advocacy for longer prescriptions, allowing participants to qualify for residential programs such as First at Blue Ridge. Close coordination with peer support specialists have helped physicians feel more comfortable scheduling weekly or less frequent appointments, improving treatment retention as participants stay engaged and better navigating daily life. Appalachian Mountain Health is also working toward tracking PORT referrals to monitor whether individuals remain in treatment after one year. Through this partnership, participants not only receive MOUD but also connect with primary care, leading to improvements in blood pressure, diabetes, mental health, and other health needs. The team has implemented a tiered engagement approach, including outreach from the mental health clinician even when peer services are declined, increasing opportunities for connection and support. This past year, three previous program participants have become certified peer support specialists and are now working in the community. The team has also seen more individuals seeking help for withdrawal from synthetic kratom (7-OH). Additionally, they have successfully supported many participants in securing employment and housing, including placements in new apartments designated for low- and moderate-income residents. Among those applying for Medicaid, 98% have been approved.

#3. B. – Success Story

The Justice Resource Center (JRC) supported me in finding safe sober housing and was able to help connect me to resources to help pay for my halfway house. While I did not utilize all the services offered, they offered me the support of knowing that they could help me navigate my needs should they arise. They offered hope and second chances when I was living a life where the second chance could be the time I finally figured out how to do it right. They offered me peace of mind. I was able to secure my own transportation but I know that if that had not been an option I

could have looked for that with them as well, also just general support finding employment and help to navigate the systems that can seem to be built against a person who has spent time in and out of the jail house as much as I have been. I spent 10 years on the streets of Asheville and have been in and out of the county jail probably 20+ times. Now I am celebrating my first year clean, I have my own home, I have been employed for a year and I have a car and license. None of this could have been achieved without the support of my community and the JRC is a part of that.

Participants describe the PORT program and its peer supports as transformative, sharing that "I feel like I have people in my corner… if I didn't have you guys I'd still be out there alone," and "I wouldn't be alive without the PORT team." These stories are reflected in outcomes such as a participant who, overwhelmed by an open DSS case, found renewed strength through peer encouragement; another who overcame a fear of blood draws with a peer holding their hand and is now a phlebotomist; and a veteran who secured life-saving heart surgery after advocacy from his prescribing physician and has since gained full-time employment and started an LLC to help others reach treatment. Many participants also say recovery has opened new possibilities, with one noting that "life is so much nicer living sober. I now have a job, got a girlfriend and it feels great!" Together, these experiences show how compassionate peer support helps people overcome obstacles, regain stability, and achieve life-changing progress in health, recovery, and daily life.

Option A, #3, Recovery Support Services

Start Date: 7/1/2025 End Date: 6/30/2026

Strategy-Specific Process Measures	Count	Notes
# of unique participants, who use opioids and/or have OUD, served	701	PORT (288) with a 77% rate of successful intake vs # referred (373). "Unable to Locate" is main source of failed intake; Community Reentry (301) includes all unique participants; Justice Resource Center (112) are only individuals that received support for Social Determinants of Health barriers.
# of total contacts with all participants of the program	6444	PORT (6,152); Justice Resource Center (292) are only individuals that received support for Social Determinants of Health barriers.
# of participants who use opioids and/or have OUD, referred to addiction treatment	276	PORT Only
# of participants who use opioids and/or have OUD, referred to recovery supports (e.g., employment services, housing services, etc.)	382	PORT (270) with 34 to justice, 100 to homeless, 104 to employment, 6 to DV, and 26 to detox. Justice Resource Center (112) are only individuals that received support for Social Determinants of Health barriers.
# of participants who used opioids and/or have OUD, referred to harm reduction services (e.g., syringe and supply access, overdose prevention education, disease prevention, etc.)	123	PORT (11); Justice Resource Center (112) are only individuals that received support for Social Determinants of Health barriers.
# of participants who use opioids and/or have OUD, referred to primary healthcare	276	PORT Only
# of participants who use opioids and/or have OUD, referred to other services	229	PORT (117) for mental health counseling; Justice Resource Center (112) are only

		individuals that received support for Social Determinants of Health barriers.
# of peer support specialists/care navigators	13	PORT (6); Community Reentry (3); Justice Resource Center (4)
# of naloxone kits distributed	399	PORT Only
# of established agency-level network partners	7	PORT Only - includes PCP providers, contractors providing direct PORT services, sheltering, and detox/rehab agencies
# of participants inducted onto MOUD by Community Paramedic	276	PORT Only (96%)
# of individuals screened in custody	306	Community Reentry Only
# of individuals served (released from custody and engaged in services during the reporting period)	301	Community Reentry Only

Demographic	**Count**	**Notes**
American Indian/Alaska Native Non-Hispanic	3	Justice Resource Center (3)
Asian Non-Hispanic	2	Justice Resource Center (2)
Black Non-Hispanic	79	PORT (16); Community Reentry (55); Justice Resource Center (8)
Native Hawaiian or Other Pacific Islander Non-Hispanic	2	PORT (2)
White Non-Hispanic	481	PORT (151); Community Reentry (235); Justice Resource Center (95)
Hispanic	27	PORT (15); Community Reentry (11); Justice Resource Center (1)
Some Other Race or Multiple Races	8	PORT (5); Justice Resource Center (3)
Unknown	99	PORT (99)

Strategy-Specific Quality Measures	**Count**	**Notes**
# of unique participants, who use opioids and/or have OUD, served, who report they are satisfied with services	365	91% of participants who use opioids and/or have OUD, are satisfied with Services. PORT (253 and 88%); Justice Resource Center (112 and 100%)
# of referrals to addiction treatment, recovery supports, harm reduction services, primary healthcare, and other services that result in linkage to supports/services	112	100% of referrals from the Justice Resource Center that resulted in linkage (e.g., first appointment)
# of staff with lived experience with OUD	1	25% of staff at the Justice Resource Center have lived experience with OUD
# of staff	4	
# of participants in mental health or substance use treatment	231	77% of participants from Community Reentry are in mental health or substance use treatment
# of participants in housing 6 months post release	55	18% of participants from Community Reentry were provided and maintained post release housing assistance.

# of participants receiving specialty care assistance (basic needs assistance, transportation, phones, etc.)	285	95% of participants from Community Reentry received specialty care (basic needs assistance, transportation, phones, etc.)
# of EMS calls that Community Paramedic's responded to	6225	7% of the EMS calls that Community Paramedic's responded to were calls for opioid overdose (430)

Strategy-Specific Outcome Measures	Count	Notes
# of unique participants with OUD who were connected to treatment and have adhered to treatment	145	Of the 276 participants referred by PORT, 53% adhered to treatment 6 months after first appointment.
# of unique participants with OUD served who were connected to employment services and obtained employment	104	Of the 382 participants referred by PORT, 27% obtained employment at 6 months, through engagement with recovery support services at 6 months
# of unique participants with OUD served who retain permanent housing at 6 months	104	Of the 270 participants referred by PORT, 39% obtained housing. *Housing retainment is not tracked currently
# of unique participants with OUD served who were connected to other services and who kept using services	69	Of the 117 participants referred by PORT, 59% are still using other services at 6 months.
# of participants who use Opioids and/or have OUD, served who report getting the social and emotional support they need	257	64% of participants served report getting the social and emotional support they need. PORT (145/288) Justice Resource Center Only (112/112)
# of community overdose reversals using naloxone	208	PORT Only and is based on what is gathered at the scene of an overdose, so this may be under reported.
# of participants reporting refraining from illicit substance use for 3 months post-incarceration	152	50% of the participants served in Community Reentry reported abstinence or decrease in substance use post release
# of unique participants not experiencing rearrest in the reporting period	208	Of the 283 participants served by Community Reentry, who also had a jail booking in the previous 3 months of service engagement, 73% did not experience rearrest within the 3 months following
# of participants, following receipt of SDoH assistance rated their improvement in quality of life as a 4 or 5 on a 5-point Likert scale	367	383 Social Determinants of Health (SDoH) needs were addressed for Harm Reduction Program participants, including barriers related to transportation, medication access, housing, and other essential supports. Following receipt of SDoH assistance, 367 participants rated their improvement in quality of life as a 4 or 5 on a 5-point Likert scale, meaning 96% of individuals who received support reported a high level of improvement.

Funded Strategy - Option A, #7, Naloxone Distribution, per ordinance # 25-06-04 and resolution #25-06-05 approved on 6/3/2025 for $489,755 effective 7/1/2025 till 6/30/2026

#7. A. – Progress Report

In FY26, Buncombe County strengthened its naloxone distribution and harm-reduction infrastructure through coordinated trainings, expanded community outreach, and improved safe-disposal systems. At the beginning of the school year, the Harm Reduction Program partnered with Asheville City and Buncombe County Schools to train all school nurses on administering naloxone, ensuring consistent preparedness across school campuses for opioid overdose emergencies. Alongside traditional naloxone distribution efforts, the County increased access points for harm-reduction education, overdose recognition, and community-based prevention supports.

FY26 also marked major progress in syringe disposal and return rates. Responding to community concerns about rising syringe litter, the Harm Reduction Program implemented a multipronged approach emphasizing safer disposal options for participants, external organizations, and the public. Through program-wide surveys and Peer Advisory Council feedback, staff reduced the standard number of syringes distributed per visit and paired each request with a personal disposal option, resulting in 15% fewer syringes distributed, even while participant volume increased by 60%. The program provided 2,457 individual disposal units, contributing to a 37% increase in the program's syringe return rate and driving a return level 75% above North Carolina's average for Syringe Service Programs.

Across FY26, the County safely collected and disposed of 146,955 used syringes, a 20.5% increase over the previous year. To further expand community disposal access, new public syringe-disposal kiosks were installed in targeted locations, alongside tamper-proof wall-mounted units placed within partner organizations and businesses. These combined efforts significantly reduced public exposure to used syringes while strengthening a comprehensive, communitywide safety net for overdose prevention and harm reduction.

#7. B. – Success Story

During FY26 we were able to provide nearly 5,800 Naloxone kits to the community and of those distributed we were able to support UNETE with their subsequent Naloxone distribution needs. We have held a contract with UNETE for more than a year now to provide outreach and education within the Hispanic community in the area and after completing a train the trainer event with them, they have since hosted their own trainings within community. Over the last FY their training efforts reached 340 community members and during those events they were able to distribute 217 Naloxone kits to attendees, as well as information about overdose prevention and available resources. UNETE reports that they are looking to expand these efforts and try to reach more hotel workers and restaurant workers, as well as other businesses.

Option A, #7, Naloxone Distribution

Start Date: 7/1/2025 End Date: 6/30/2026

Strategy-Specific Process Measures	Count	Notes
# of unique participants, who use opioids and/or have OUD, served	4041	20,455 total participant visits to the program, with 3,041 unique individuals served.
# of intramuscular naloxone kits distributed	1490	
# of intranasal naloxone kits distributed	4243	
# of trainings on harm reduction (e.g., overdose prevention, safer use practice, disease prevention) provided	54	

# of naloxone trainings	98	Harm Reduction (54) & Community Paramedicine (44) reporting.
# of people trained in harm reduction	496	
# of people trained on naloxone	1430	Harm Reduction and Naloxone is conducted at every training. Harm Reduction (496) & Community Paramedicine (834)
# of Peer Support Enhanced Engagements	1398	CPSS enhanced engagement is beyond routine interaction, discussing needs, working on goals or providing supportive counseling.
# of Case Manager Enhanced Engagements	371	Case Manager enhanced engagement is beyond routine interactions and consists of more problem-solving and resource connection to achieve goals including accessing social determinants of health funds to address barriers. This position had a staffing gap during this reporting period and anticipates engagement to be much higher for the upcoming year.
# of used syringes collected and disposed of properly	146955	
# of personal syringe disposal units distributed	2457	

Demographics	**Count**
American Indian/Alaska Native Non-Hispanic	9
Asian Non-Hispanic	4
Black Non-Hispanic	247
Native Hawaiian or Other Pacific Islander Non-Hispanic	0
White Non-Hispanic	703
Hispanic	39
Some Other Race of Multiple Races	5
Unknown	2034

Strategy-Specific Quality Measures	**Count**	**Notes**
# of unique participants, who use opioids and/or have OUD, served, who report they are satisfied with services	3041	100% of participants, who have OUD, who are satisfied w/ services. We maintain a comment box and complaint forms that are readily available and received no complaints in FY26.
# of naloxone distributed to individuals	3711	64.73% of naloxone distributed to individuals
# of naloxone distributed to community-based organizations	2022	35.27% of naloxone distributed to community-based organizations
# of those trained on naloxone, who report they know how to respond to an opioid overdose and administer naloxone	496	100% of those trained who report they know how to respond to an opioid overdose and administer naloxone through Harm Reduction program.

Strategy-Specific Outcome Measures	**Count**	**Notes**
#of community overdose reversals using naloxone	633	33.54% increase over last fiscal year

Appendix C: Buncombe County Opioid Settlement Strategic Planning Community Survey Results Report

August 2026

Background

In 2022, Buncombe County launched efforts to develop a strategic plan to understand the impacts of opioid use in the community and inform allocation of the portion of over $20 million in settlement funding the county was scheduled to receive in fiscal years (FY) 2024-2027. As a part of this effort, planners conducted an extensive community engagement effort that included:

- 31 feedback sessions with proximate stakeholders
- 1,118 responses to surveys targeted at reaching community members across four distinct perspectives:
    - Individuals with lived substance use experience
    - General public
    - Peer support specialists
    - Treatment providers

This engagement yielded the following findings regarding substance use, local resources, and opportunities to address harm associated with the opioid epidemic in Buncombe County at that time:

Strengths

- Post-Overdose Response Team services through Buncombe County EMS
- Access to addiction treatment for incarcerated people through the Buncombe County Sheriff's Office
- Invested community of providers operating multiple collaborative bodies
- Justice Services diversion and community re-entry programs for incarcerated individuals and returning citizens
- Public Health programming providing Medications for Opioid use Disorder, Naloxone distribution, and Syringe Services

Challenges

- Increase in social isolation and mental health stressors as a result of the COVID-19 pandemic

- Social service and medical provider burnout, turnover, and staffing challenges
- Increasing cost of living and growing unhoused population
- Rural locality and prevalence of geographically isolated communities
- Stigma and marginalization of people who use substances

Gaps

- Insufficient access to affordable housing
- Insufficient access to mental health care
- Limited public transportation infrastructure
- Lack of cultural diversity among recovery service providers
- Barriers to resource access tied to sobriety, criminal history, and/or medication regimen
- Lack of coordination between programs and systems

Opportunities for Change

- Increase public education and awareness raising
- Enhance youth-centered resources
    - Prevention education
    - Mental health and substance use treatment
    - Opportunities for prosocial connection
- Increase access to shelter and housing
- Increase access to inpatient treatment and Medications for Opioid Use Disorder
- Expand education and career development opportunities
- Promote community and connection

In the spring of 2026, the county's Behavioral Health Manager initiated a new round of community engagement designed to gauge progress since the initiation of Opioid Settlement fund utilization in 2023 and seek community insights into priorities for allocation of these dollars in FY 2028-2030.

Engagement Overview for FY 2028-2030

- The FY28-30 Opioid Settlement engagement survey was open from June 2 through July 10, 2026
- The survey was conducted through Buncombe County's Public Input site to ensure accessibility to the community at large, subject matter experts, folks with lived experience, and individuals at risk of experiencing negative impacts associated with substance use.
- Outreach strategies to reach these various audiences included:
    - Press releases & social media marketing

- Email distribution to steering committee workgroup members from the 2022 strategic planning effort
- Coordination and survey distribution through substance use treatment providers, subject matter experts, and community organizations
    - Including paper survey distribution inside treatment programs
- Collaboration with the Buncombe County Detention Facility (BCDF) to provide survey access to incarcerated individuals via digital tablets

Participation

- 520 survey participants, total
- 12 substance use treatment providers distributed paper surveys
- 48 survey responses from BCDF tablets

Survey participants' relationship to substance use

Substance Use Experience*	# of Respondents	% of Respondents
I am the family member or loved one of someone who used or uses drugs or alcohol in a way that caused problems.	256	50%
I have used drugs or alcohol in ways that caused problems for me in the past	248	48%
I work or volunteer with people who use drugs or alcohol	238	46%
I am currently using drugs or alcohol in ways that cause problems for me	71	14%
None of the above	37	7%

Note*- this question allowed multiple selections; many participants identified with more than one category of relationship to substance use. When analyzed for participants who identified with current and/or past personal experience with substance use, **54% of survey participants identified as

having personal lived experience using drugs or alcohol in ways that caused problems in their lives.

Survey participation, by locality

Locality of Residence	# of Respondents	% of Respondents
City of Asheville	195	43.4%
Buncombe County-Other	46	10.2%
Outside Buncombe County	36	8.0%
Arden	29	6.5%
Candler	26	5.8%
Ridgecrest	21	4.7%
Weaverville	18	4.0%
Swannanoa	14	3.1%
Fairview	13	2.9%
Black Mountain	13	2.9%
Fletcher	10	2.2%
Leicester	9	2.0%
Woodfin	6	1.3%
Alexander	4	0.9%
Montreat	4	0.9%
Biltmore Forest	3	0.7%
Barnardsville	2	0.4%

Survey participants' personal demographics

Race	# of Respondents	% of Respondents
White	324	73%
Black or African American	44	10%
Prefer not to answer	25	6%
Multi-Racial	15	3%
Hispanic, Latino, or Spanish	12	3%
Other	10	2%
American Indian or Alaska Native	9	2%

Age	# of Respondents	% of Respondents
36-45 years old	139	31%
46-55 years old	113	26%
26-25 years old	92	21%
56-65 years old	53	12%
18-25 years old	21	5%
66-75 years old	15	3%
Over 75 years old	4	0.9%
Prefer not to answer	4	0.9%
Under 18 years old	1	0.2%

Survey Results

Question 1: Since 2023, what improvements have you seen in Buncombe County related to drug or alcohol use?

Improvements Observed	# of Respondents	% of Respondents
Easier access to overdose-reversal tools, like Narcan	307	66%
More tools to help people stay safe, like clean needles, alcohol pads, testing strips, or safe disposal bins	250	54%
More support from peers or support groups	203	44%
Better access to medicines that help with opioid use	197	42%
Easier access to treatment for substance use or mental health	171	37%
More support for people coming home after jail or prison	145	31%
Lower risk of overdose or death	128	28%
More help reaching communities that face extra barriers	105	23%
Improved access to housing for people in recovery	104	22%
Other –	47	10%
"Other" Comment Box Response Theme - No improvements observed	21	5%

Question 2: What do you think are the biggest problems people in Buncombe County face when trying to get help for drug or alcohol use?

Problems Faces	# of Respondents	% of Respondents
Cost or lack of insurance makes it hard to get care	279	59%
Travel or daily needs make it hard to get help (transportation, childcare, work, housing)	277	59%
Long wait times or not enough openings	219	46%
People feel judged or not welcomed	181	38%
Rules about past criminal records make it hard to get help	166	35%
People feel alone or can't find support from others who understand	149	32%
Services don't fit people's needs (times, location, or language)	146	31%
Hard to find or understand information about services	141	30%
Hard to meet rules or paperwork requirements	140	30%
I'm not sure – I don't have enough experience to answer this question	54	11%
Other	44	9%

Question 3: Where do you think opioid settlement funds will make the biggest difference over the next three to five years?

Funding Strategy	# of Respondents	% of Respondents
Recovery Housing - Provide safe places to live for people in recovery	319	68%
Reentry Support - Help people leaving jail or prison connect to care, housing, and jobs	281	60%
Diversion Programs – Connect people to treatment instead of sending them to jail for some charges	268	57%
Treatment in Jail - Better addiction treatment for people in jail or prison	246	53%
Recovery Support – Support programs that help people find and get started with services	245	52%
Jobs and Education – More help to get people ready for jobs and find work	224	48%
Medications for Opioid Use - Help people get medicines that treat opioid use	181	39%
Harm Reduction Tools - Provide safer use supplies like test strips, clean syringes, and safe disposal kits	164	35%
Naloxone/Overdose Reversal - Get Narcan into as many hands as possible to stop overdoses	163	35%
Planning and Coordination - Help local groups work together so people can get care without barriers	161	34%
Post-Overdose Support - More support for Post-Overdose Response Teams	154	33%
Help for Young People – Support programs that help young people stay healthy	150	32%

Quention 4: Is there anything else you want to share about how the County should use the Opioid Settlement Fund?

519 Respondents chose to answer the open-ended question to provide additional feedback, beyond the selection-based questions above. From those responses, 11 themes emerged:

"Anything Else" to Fund	# of Respondents	% of Comments
Recovery Housing	74	3%
Peer Support & Community Health Workers	74	3%
Harm Reduction (Narcan, syringe services, safer use supplies)	64	2%
Reentry Support (post-incarceration housing, employment, navigation)	59	2%
Support for transportation barriers after treatment - bus passes/funds for other transport, rural outreach, telehealth	41	1%
Mental Health Care (trauma treatment, counseling, psychiatric care)	38	1%
Law enforcement, Accountability, and Diversion	36	1%
Prevention & Programs for Youth	32	1%
Funding for grassroots programs with history and established trust in community	27	1%
MAT access (methadone, buprenorphine, sublocade)	26	1%
Stigma reduction & community education	25	1%

Of these open-ended response themes, seven overlap with options previously provided in question 3:

- Recovery housing
- Peer support & community health workers [i.e. Recovery Support]
- Harm reduction (Narcan, syringe services, safer use supplies)

- Reentry support
- Prevention & programs for youth
- MAT access [i.e., medications for opioid use]

Of the novel suggestions for funding priorities reflected in comment themes, the top responses were:

- Mental health care
- Law enforcement, Accountability, and Diversion
- Transportation access

Representative responses for open-ended response themes can be seen in the table below:

"Anything Else" to Fund	Representative Response
Recovery Housing	"Invest in reentry programming, including housing. It is critical that we recognize that **post-treatment housing and post-incarceration housing are not the same thing**. Individuals exiting treatment often face different barriers than those returning from incarceration, and both populations require targeted housing solutions designed around their unique needs. A one-size-fits-all approach will not adequately address either challenge…."
Peer Support & Community Health Workers	"I have personally witnessed the power of peer support and the way it changes lives. Navigating the system is difficult, and having someone who has walked that path before you can make all the difference."
Harm Reduction	"Continue support the Harm Reduction spots. In active addiction I felt comfortable and safe going to these places. They even helped me apply for Medicaid which was very helpful."
Reentry Support	"Resources for folks in jail are lacking. Access to sober living, rehab and halfway houses is lacking. Often times folks are released from jail after dark, with none of their possessions and no safe place to go. It's no wonder they look for the drugs that numb their pain and fears"
Support for transportation barriers after treatment - bus passes/funds for other transport, rural outreach, telehealth	"Give to the people that been in recovery to pay for them a ride so they could have transportation back and forth to work and meeting AA/NA"

Mental Health Care (trauma treatment, counseling, psychiatric care)	"Mental health services and prevention programs that can help to prevent drug use available to low-income people; One of the most important things needed is Mental health services available to low-income people we need to focus not just to treat the problem but to prevent it."
Law enforcement, Accountability, and Diversion	"Diversion programs is #1. Quit sending people straight to jail and prison before you try to fix the disease of addiction."
Prevention & Programs for Youth	"I'd like to see more prevention and structured day programs for community youth; ie, after school programs"
Funding for grassroots programs with history and established trust in community	"I believe it would benefit the County to specifically fund existing programs rather than creating new ones. Give the funds to well known, well respected organizations that have a track record of intensive, extensive or peer-lead support services. Fund peer-led agencies."
MAT access (methadone, buprenorphine, Sublocade)	"I believe that all providers of MOUD in our local OTPs should have access to grant funding to assist patients with treatment costs. There are currently only a couple of programs who don't have access to that funding and it prohibits us from being able to treat those who are uninsured and unable to afford treatment costs"
Stigma reduction & community education	"Awareness campaigns that humanize and destigmatize drug addiction, mental health challenges, and homelessness."

Reflection & Analysis

Analysis of the community survey results yields a variety of insights regarding challenges faced by individuals with substance use disorder seeking recovery and/or safety, opportunities for intervention to support vulnerable populations, and ultimately effective strategies for use of Opioid Settlement funding to maximize its impact in Buncombe County. These findings can be understood across the following categories:

Improvements Observed:

- Narcan is more widely available today than prior to the first Opioid Settlement fund allocation to Buncombe County in 2023.
- Safer use and disposal tools to reduce risk around substance use supplies are much more accessible.
- More peer support professionals are working in Buncombe County today than in 2023; however, there is opportunity to continue to

increase access to these specialized professionals for people seeking recovery.

Challenges Faced:

- Lethality of the drug supply and risk of overdose continues to be a concern.
- Substance use treatment is too expensive for many people who wish to stop using drugs.
- Stigma associated with substance use remains an issue as "People feel judged or not welcomed" was ranked in the top 50% of challenges faced when trying to get help.

Emerging Needs:

- Recovery housing was noted as the top priority in both open-ended comments and pre-populated selection choice questions.
- Strategies to reach people at the point of justice system-involvement is a high priority. Re-entry services, diversion, and treatment in jail represent three of the top five areas where the community thought this funding could make a difference. Cumulatively, these strategies were selected 31% of the time, representing the most common response by a significant margin.
- Transportation barriers ranked very closely behind cost of care as a challenge for people seeking treatment and/or recovery; people in Buncombe County have a hard time getting to treatment centers, and when they do access inpatient treatment, struggle to make appointments and stay connected with sustainable care in the community afterwards.

Community Funding Priorities:

- Recovery Housing
- Services to reach people involved with the criminal justice system
- Recovery support & harm reduction resources such as peer support services, transportation and/or mobile treatment resources, and safer use supplies.

Appendix D:

Buncombe County Opioid Settlement

FY 2024-2026

Strategic Planning



Opioid Settlement Background

In July 2021, Attorney General Josh Stein announced a historic $26 billion agreement that resolves litigation over the role of four companies in creating and fueling the Opioid Epidemic. Buncombe County signed onto the statewide memorandum of agreement that directs how settlement funds are distributed to bring desperately needed resources to communities harmed by the opioid epidemic. Under this agreement, Buncombe County is scheduled to receive a total of $16,177,778 in settlement funds between 2022-2038.

Strategic Planning at a Glance

In anticipation of receiving these settlement funds, the Buncombe County Manager, as directed by the Board of County Commissioners, initiated a strategic planning process to analyze needs, opportunities, and priorities to maximize the impact of Settlement funding allocations. This planning process was conducted with a steering committee of multidisciplinary stakeholders from over 40 community organizations, county departments, law enforcement agencies, treatment, and social service providers. Steering committee members supported County staff in:

- Conducting environmental scanning
- Agreeing on shared vision for positive community change by 2038
- Establishing membership and schedules for the following workgroups:
  - Community outreach
  - Key indicator identification
  - Root cause analysis
  - Strategies & recommendation development
  - Implementation structure development
  - Monitoring & evaluation planning

2038 Vision for Change

Buncombe County is a community where substance use recovery is characterized by timely and coordinated holistic care centered in empathy, cultural responsiveness, and evidence-based methods from prevention to long-term recovery.

Key Indicators of Progress Toward our Vision

FY2024-2026 Indicators:

- Overdose deaths
- Overdose-related Emergency Department visits
- Families involved with Child Protective Services (CPS) due to co-occurring substance use and child maltreatment
- Criminal justice data related to substance use and/or distribution
- The five domains of Social Determinants of Health, as associated with substance use
  - Economic stability
  - Education access
  - Healthcare access
  - Neighborhood and built environment
  - Social and community context

Strategic Recommendations:

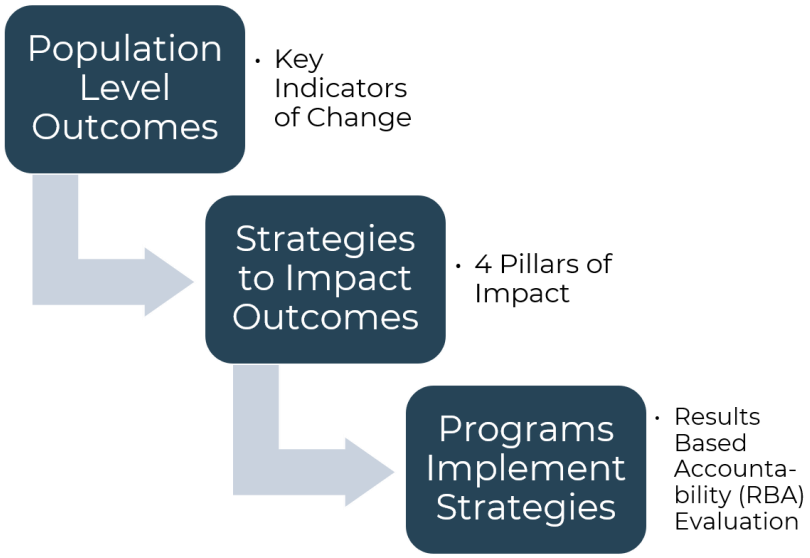
A Dual Approach to Change

Bold intervention to address the increasing lethality of drug supplies by **prioritizing life-saving and harm-reducing measures today**		Apply a sense of urgency to **investment in prevention and longer-term planning to address systemic root causes** of substance use	
Collaborative Strategic Planning	• Real-time information sharing • Enhance community outreach in underserved communities • Collaborative goal setting, objective identification, and prioritization	**Early Intervention**	• Invest in youth voice and leadership • Education & awareness-raising • Community-based resources (e.g. youth peer support programs)
Evidence-Based Addiction Treatment	• Expand access to MOUD • Streamline data & information sharing across County MOUD programs	**Employment-Related Services**	• Holistic care models support job readiness in treatment/shelter settings • Employer collaboration to promote hiring & recovery-friendly workplaces
Acute Response Resources	• Funding for **Recovery Support Services** addressing Social Determinants of Health • Funding & Education for **Naloxone Distribution**	**Recovery Housing**	• Support housing providers in meeting best-practice quality benchmarks • Create opportunities to expand evidence-based housing options

Appendix E: Buncombe County Opioid Settlement FY 2027-2030 Monitoring & Evaluation Plan

Background

The FY28–30 monitoring and evaluation framework applies Results-Based Accountability (RBA) measures to assess the effectiveness of opioid settlement–funded interventions. By identifying, collecting, and analyzing program-specific data across all funded services, the framework supports continuous improvement and tracks progress toward the key indicators established in the FY24–26 Strategic Plan, as visualized below:



Population-Level Outcomes:

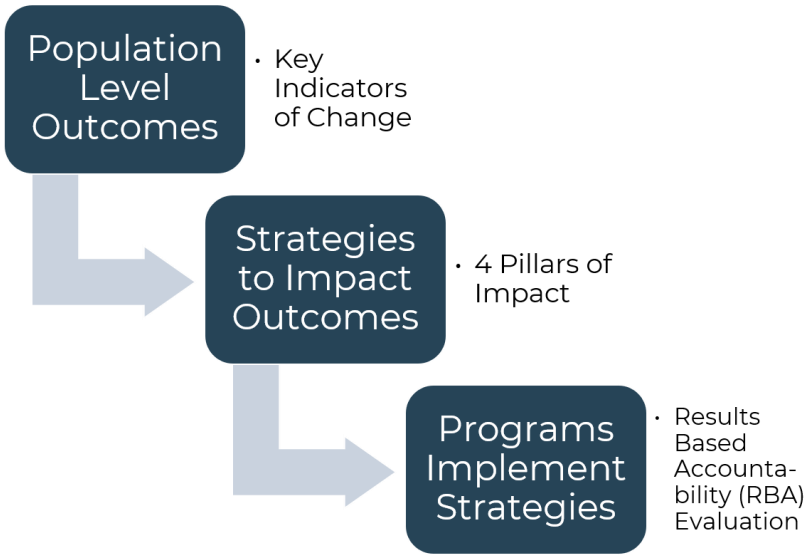
The population-level outcomes used to measure the impact of Opioid Settlement funding in Buncombe County were established during the FY2024-2026 strategic planning process. Through this effort, a work group of interdisciplinary experts, impacted community members, and individuals with lived experience identified the following **key indicators of change** for understanding the impact opioids and substance use in Buncombe County:

1. Overdose-related deaths
2. Overdose-related Emergency Department visits (ED)
3. The number of Child Protective Services (CPS) cases associated with substance use
4. Criminal justice data associated with substance use

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1. Overdose-related deaths
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3. The number of Child Protective Services (CPS) cases associated with substance use
4. Criminal justice data associated with substance use

5. Social Determinants of Health (SDOH) associated with substance use

Strategies to Impact Outcomes

In 2023, Buncombe County contracted with a licensed MD medical substance-use expert to strengthen the County's use of evidence-based and data-informed practices in implementing Opioid Settlement strategies. In addition to supporting programs in expanding access to Medications for Opioid Use Disorder (MOUD), this expert advised on best-practice evaluation methods to help the county understand how program-level activities contribute to changes in the population-level outcomes identified as key indicators of change.

Through this partnership, the Buncombe County Department of Public Health identified **four pillars of program-level funding strategies** with the strongest evidence of improving outcomes aligned with the county's key indicators of change:

1. Naloxone Distribution
2. Peer Support Services
3. Harm Reduction Resources
4. Evidence-Based Addiction Treatment

Measuring Implementation of Pillar Strategies

The North Carolina Memorandum of Agreement (MOA), which governs how counties receive and invest Opioid Settlement funds, designates **Results Based Accountability (RBA)** as the required method for reporting on the use and impact of these dollars. RBA provides a structured framework for identifying the data needed to understand program effectiveness through three types of measures:

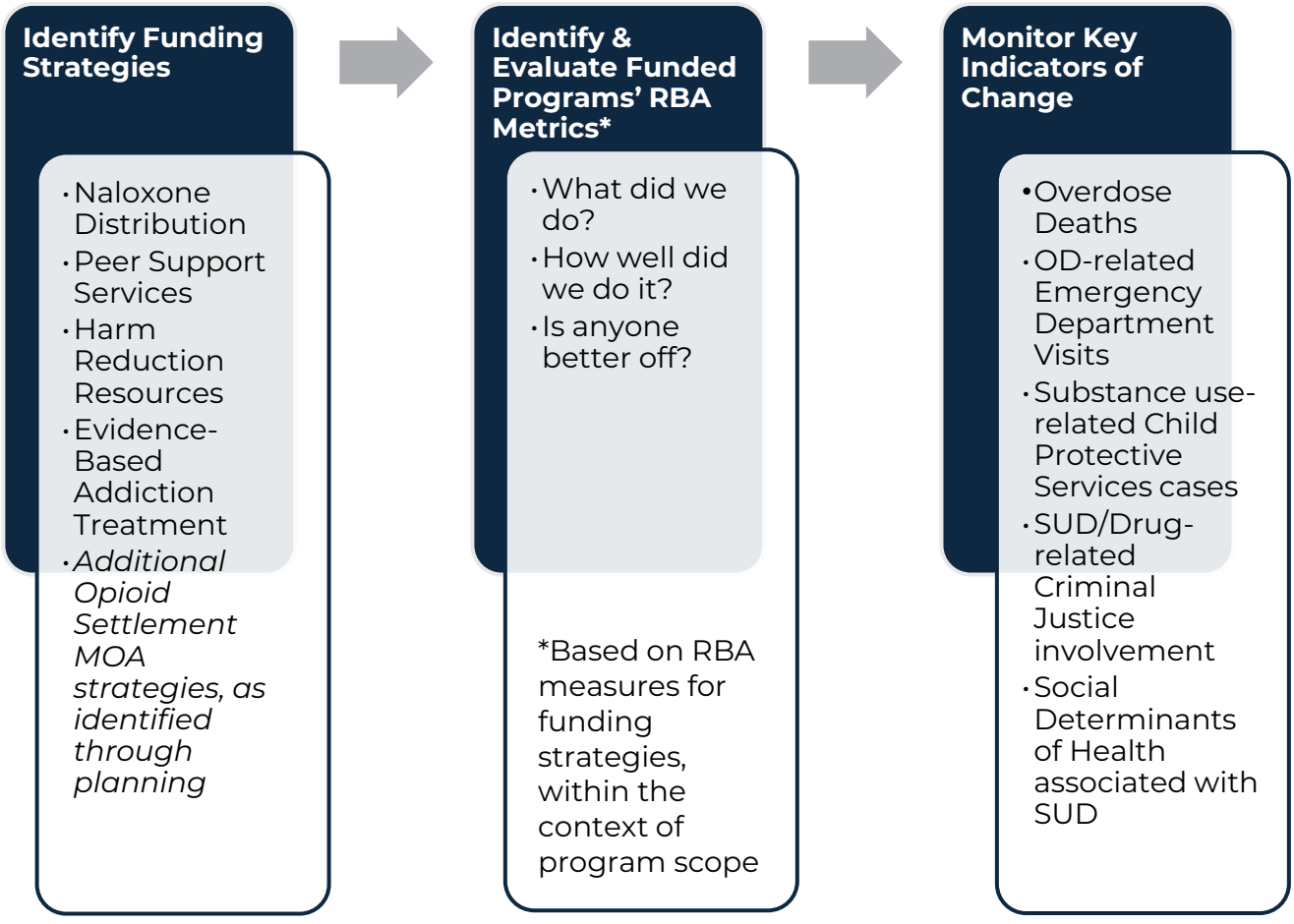
- Process Measures – what did the program do?
- Quality Measures – how well did the program do it?
- Outcome Measures – is anyone better off because of this work?

As part of identifying the pillars of impact, county staff collaborated with the contracted medical substance-use expert to identify evidence-based RBA measures for each pillar at the program level.

Monitoring & Evaluation Process

Buncombe County's Department of Public Health will use the following process to identify, collect, and track data to understand the efforts and outcomes of Opioid Settlement fund allocations in FY2028-2030:

- Monitor and report changes in all key indicators at the population level over time.
- Confirm RBA metrics for the four pillar strategies, as well as any additional strategies prioritized for FY2028-2030 funding.
- For each funded program or activity, identify and report annually:
    - Relevant key indicators connected to the program's work
    - RBA measures most appropriate for the program's scope and use of settlement funds.
- Identify the pre-established RBA metrics most relevant to each program's scope of work and Opioid Settlement funding allocations
- Conduct comprehensive evaluation across all measures to understand the full impact of funded programs and strategies.



RBA & Impact Measures

Key Indicators Impact Measures

Indictor	Measure	Data Source	Reporting Period
Overdose-related Deaths	Number of Buncombe County residents who died of overdose	NC DHHS Injury & Violence Prevention Branch Overdose Epidemic Data	Calendar year; typically, a 12–18-month lag in reporting
Overdose-related ED Visits	Number of ED visits for known or suspected overdose in Buncombe County	NC DHHS Injury & Violence Prevention Branch Overdose Epidemic Data	Calendar year; typically, a 12–18-month lag in reporting
The number of Child Protective Services (CPS) cases associated with substance use	Number of children entering Buncombe County foster care related to co-occurring parental substance use and maltreatment	Buncombe County HHS – Social Work Division Program Data	Fiscal year
Criminal justice data associated with substance use	Number of arrests for drug possession in Buncombe County	NC State Bureau of Investigations Crime Statistics Data	Calendar year
SDOH – Economic Stability	Percent of the Buncombe County Population living below the poverty level	US Census Bureau	Calendar year; rolling 4-year average
SDOH – Neighborhood & Built Environment	Point-in-time data for the number of people living unsheltered in Buncombe County	US Department of Housing and Urban Development Exchange	Calendar year; in line with HUD regulations
SDOH – Social & Community Context	Percent of Buncombe County residents who report they have someone to rely on for help or support	WNC Health Network Healthy Impact Survey	Calendar year; new data once every 3 years
SDOH – Healthcare Access	Percent of Buncombe County population without healthcare coverage	US Census Bureau	Calendar year; typically, a 2-year lag in reporting

SDOH – Education Access	Number of career pathway concentrations completed by students in Buncombe County Schools & Asheville City Schools, combined	North Carolina Department of Public Instruction School Report Cards	Calendar year; in line with academic calendar

Pillar Strategies RBA Measures

<u>Naloxone Distribution</u>

Process Measure:

- Number of Naloxone kits distributed

Quality Measures:

- Number of Narcan/Naloxone kits distributed to program participants (individuals)
- Number of programs provided Narcan/Naloxone for distribution to county programs
- Number of programs provided Narcan/Naloxone for distribution to external partners

Outcomes Measures:

- Percent of participants who report Narcan/Naloxone use since last visit or after beginning program enrollment
- Percent of participants who report personally experience overdose since last visit or after beginning program enrollment

<u>Peer Support Services</u>

Process Measure:

- Number of opioid settlement-funded certified Peer Support Specialists employed in the program

Quality Measures:

- Number of program participants engaging with peer support through the program
- Number of participants who receive referral for recovery support services (employment or housing)
- Number of participants who receive referrals for substance use treatment

- Number of participants who receive referrals for physical health care services
- Number of participants who receive referral for benefits (e.g. health insurance)
- Number of program participants referred to external peer support services

Outcomes Measures:

- Percent of participants with SUD who attend their first substance use treatment appointment
- Percent of participants with SUD who remain engaged with substance use treatment at 30/60/90-days/6 months post-engagement
- Percent of participants with SUD who re-engage in program after completion, case close-out
- Percent of participants with SUD who receive new criminal charges after beginning services
- Percent of participants with SUD who have obtained employment since beginning services
- Percent of participants with SUD who have obtained housing since beginning services
- Percent of participants with SUD who maintain custody of a child throughout program participation
- Percent of participants with SUD who regain custody of a child after beginning services

Harm Reduction Resources

Process Measure:

- Number of harm reduction resources provided (other than Naloxone)

Quality Measures:

- Number of event participants trained at community Harm reduction trainings/events
- Number of community Harm reduction trainings facilitated/hosted
- Number of participants provided safer use supplies, by type
- Number of safe syringe disposal units distributed
- Number of test strips distributed

Outcome Measures:

- Number of units of use supplies collected for safe destruction, tracked by location/various sites

- Percent of participants who were admitted to the ED for OD/wound care after program enrollment
- Percent of visits with no syringes distributed
- Change in Number of syringes distributed per visit over time

Evidence-Based Addiction Treatment

Process Measure:

- Number of participants connected to MOUD treatment

Quality Measures:

- Number of MOUD inductions, by individual participant
- Number of MOUD inductions, overall
- Number of program participants referred to MOUD treatment

Outcome Measures:

- Percent of participants with SUD who adhere to MOUD regimen at 30/60/90 days, 6 months post-engagement
- Percent of participants who received MOUD induction that re-engage in program after completion, case close-out
- Percent of participants who report cessation of substance use

Reporting Framework

The following fields are included to demonstrate a hypothetical reporting example for future fiscal years using one of the programs that received Opioid Settlement funding in previous fiscal years, Emergency Services' Community Paramedics Program, for reference. This example is not intended to describe or predict actual funding allocations or RBA measures for the example fiscal year below.

FY 2028 Opioid Settlement Funding Evaluation Report Example

Program Name: Community Paramedics	
Key Indicators Associated with Program Scope	**Pillar Funding Strategies Associated with Program Scope**
• Overdose Deaths • Overdose-Related Emergency Department Visits	• Recovery support services • Naloxone Distribution • Harm reduction access • MOUD treatment and/or referrals

Community Paramedics FY 28 RBA Measure Results					
Process Measures Associated with Settlement Funding	**Q1 Data**	**Q2 Data**	**Q3 Data**	**Q4 Data**	**FY 28 Total**
Number of unique participants served					
Number of participants referred to addiction treatment					
Number of Naloxone kits distributed					
Number of participants inducted onto MOUD by Community Paramedic					
Quality Measures Associated with Settlement Funding	**Q1 Data**	**Q2 Data**	**Q3 Data**	**Q4 Data**	**FY 28 Total**
Percent of participants who report they are satisfied with services					
Percent of referrals to addiction treatment that result in linkage to services (e.g., attend first appointment)					
Percent of participants who received a naloxone kit					
Outcome Measures Associated with Settlement Funding	**Q1 Data**	**Q2 Data**	**Q3 Data**	**Q4 Data**	**FY 28 Total**
Percent of participants who continue to treatment 6 months after first appointment					
Percent of participants who were admitted to the ED for overdose after program enrollment					
Number of community overdose reversals using naloxone					

Community Paramedics FY 28 Data Analysis Narrative
This space will be used to outline findings from the comprehensive evaluation conducted to understand and describe the full context of funding impact across programs, activities, and measures.

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