

# Opioid Settlement Strategic Planning Report

Buncombe County, NC  
FY 2024-2026



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# Buncombe County Government

*Avril M. Pinder, CPA, ICMA-CM*  
County Manager

Dear Buncombe Community,

As all too many are aware, the harm of the opioid epidemic continues to wreak havoc in our community in far reaching ways. We are grateful for the work of our North Carolina Attorney General Josh Stein and others, to bring much needed funds to our nation, our state, and our local community to combat the harms of opioids. With the support of the Attorney General's office and the North Carolina Association of County Commissioners, including our own Commissioner Jasmine Beach-Ferrara, a memorandum of agreement (MOA) was created that provides direction in how funds can be used and a process of transparency on how funds were used.

To be good stewards of these funds, Buncombe County Government wanted to be sure that the strategies chosen to be funded were rooted in hearing from our community and most importantly those who have directly experienced the related harms from the opioid epidemic. This work and the information contained in this report allows us to tailor our strategies in a way that meets the needs identified by our county and that are outside of the specific strategies outlined in the MOA. While these funds may not address all the challenges our community identified, we have guideposts for the next three years on strategies to prioritize and how we can measure if those strategies are making an impact on the root causes identified in this planning process.

Thank you to all our community partners and County staff that provided their time and talents to share insights, provide guidance, raise awareness, and ask questions in order to shape and inform this strategic plan. Buncombe County is committed to continue working alongside our community to save lives and ensure our residents are safe, healthy, and engaged in their community.

Sincerely,

Avril M. Pinder  
County Manager

# Executive Summary



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.

These Opioid Settlement funds were awarded to Buncombe County during a critical time in the opioid epidemic's impact in our community. In 2015, the number of fatal overdoses in the county was roughly in line with the state average; in 2017 Buncombe residents were losing their life to overdose with nearly three times the frequency as in 2015, while the statewide average did not experience such exponential growth during that time\*. By 2021, Buncombe remained consistently above the North Carolina average for number of lives lost to overdose each year (see Appendix C for details). Simultaneously, the introduction of fentanyl into drug supplies, the impacts of the COVID-19 pandemic on resident's mental, physical, and financial wellbeing, and its associated strain on medical and social service infrastructure placed a growing strain on Buncombe County's robust community of recovery resources.

\*Source: Opioid and Substance Use Action Plan Data Dashboard. <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>

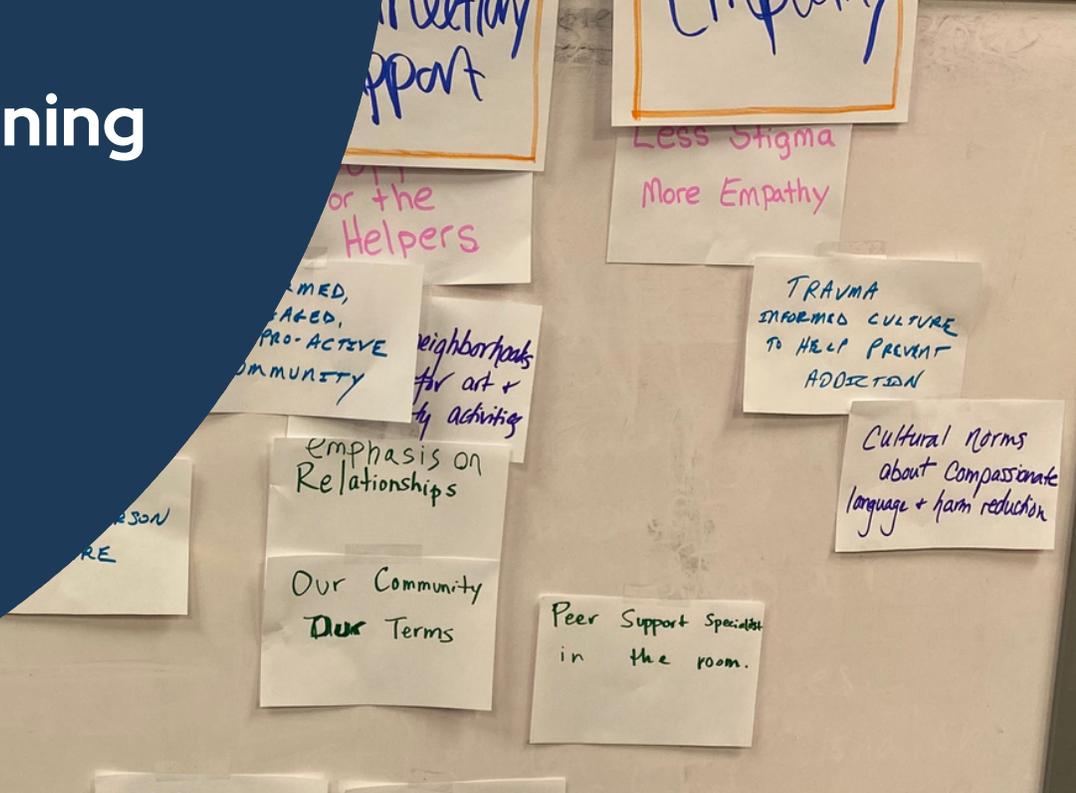
In this context, the Buncombe County Manager, as directed by the Board of County Commissioners, initiated a strategic planning process to analyze needs, opportunities, and priorities to maximize the impact of Settlement funding allocations. This planning process was conducted with a steering committee of multidisciplinary stakeholders from over 40 community organizations, county departments, law enforcement agencies, treatment, and social service providers. Beginning in September 2022, steering committee members contributed to establishing the shared vision for progress, as well as six workgroups to cumulatively produce the findings and recommendations in this report.

The contents of this report were influenced by 31 targeted discussions conducted with proximate stakeholders, including treatment and social service providers, court system partners, first responders, and harm reduction agencies. Steering committee members further conducted community outreach via survey and received over 1,000 responses from community members (see Appendix B for details). These outreach efforts resulted in a clear mandate to consider equity in all interventions, including supporting culturally competent recovery services and outreach for BIPOC residents. Additionally, public engagement to increase awareness of risks and resources, funding prevention programs, and early intervention for youth also emerged as clear priorities for responding to the opioid epidemic in Buncombe County.

This report further acknowledges the imperative need to channel life-saving resources to those actively at risk of death and other substance use-related harm in our community today. In 2021, more Buncombe County residents lost their life to overdose than in any other year on record\*. As this report is produced, the Board of County Commissioners and staff are actively working to prioritize projects, initiatives, and interdepartmental coordination with a targeted focus on reducing fatal overdoses. Prescriptive recommendations at this level of programmatic detail are outside the scope of this report but operate in coordination with the processes and findings described here.

\*Source: Opioid and Substance Use Action Plan Data Dashboard. <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>

# Strategic Planning at a Glance



## Steering Committee Purpose

- Conduct environmental scanning
- Agree on shared vision for positive community change by 2038
- Establish workgroup membership and schedule

## Steering Committee Workgroups

### Visioning Process

Community  
Outreach

Key Indicators

Root Cause  
Analysis

Strategies &  
Recommendation  
Development

Implementation  
Structure  
Development

Monitoring &  
Evaluation  
Planning

# VISION

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

**Purpose:** Identify one or more population-level measures to monitor in order to gauge progress towards the shared vision.

**FY2024-2026 Indicators:**

1. Overdose deaths
2. Overdose-related Emergency Department visits
3. Families involved with Child Protective Services (CPS) due to co-occurring substance use and child maltreatment
4. Criminal justice data related to substance use and/or distribution
5. 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

# ROOT CAUSE ANALYSIS

**Purpose:** Explore root causes of addiction, drug misuse, overdose, and related issues in the community, using quantitative data as well as stakeholder narratives, community voices, the stories of those with lived experience, or similar qualitative information\*.

## **Key Themes:**

- Trauma and/or chronic toxic stress exposure
- Social isolation
- Geographic isolation
- Racial, gender, and/or sexual identity-based marginalization
- Disrupted and/or limited education opportunities
- Poverty
- Criminal justice involvement
- Housing insecurity and homelessness
- Insufficient access to healthcare, including:
  - Unmet mental health support needs
  - Limited access to medication and preventative care

### **In the words of a resident with lived experience:**

*"Not everyone is a [bad person] that uses and not everyone that uses, uses to get high. Some/most use to feel normal or self medicate because doctors won't or can't prescribe what is needed to fix imbalance of oneself."*

# COMMUNITY OUTREACH

## Purpose:

- Engage diverse stakeholders
- Identify gaps in existing efforts
- Establish priorities for change

## Process:

- Conducted **31 feedback sessions** with proximate stakeholders including treatment and social service providers, court system partners, first responders and harm reduction agencies.
  - Provided overview of the Opioid Settlement
  - Reviewed current state data relevant to the opioid epidemic
  - Elicited feedback regarding priorities, concerns, and planning process
- Designed and **collected\* 1,118 surveys**, targeted at reaching four distinct perspectives from across the community:
  - a. Individuals with Substance Use Experience
  - b. General Public
  - c. Peer Support Specialists
  - d. Treatment Providers

### **What would be most helpful for your wellness right now?**

*"More access to educational funding & opportunity to start continuing education while at facilities would be great. More transitional housing for mother/child living for part-time joint custody parents. Being [away] from your child, especially if full-time custody is required at a facility is a [deterrent] from staying longer or coming to a treatment center."*

# COMMUNITY OUTREACH

## Key Findings

### Strengths

- Post-Overdose Response Team services through Buncombe County EMS
- Access to addiction treatment for incarcerated persons 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

### 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

### 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

*"The stigma surrounding people with substance use disorders makes it difficult for them to get help. The lack of treatment centers. The lack of compassion in the community. The lack of education regarding Opioid Use disorders in the community."*

### 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

# STRATEGIES, MONITORING, & IMPLEMENTATION OVERVIEW

This section provides a summary of the favored strategies for FY 2024-2026 as identified through strategic planning. Recommended strategies are informed by the high-level abatement strategies identified in the Settlement MOA. Each summary includes a definition of associated key indicators, a goal, and specific measures\* for assessing progress toward the 2038 shared vision. This is meant to provide accountability to the public in the form of objectively measurable outputs toward this plan's identified priorities for change.

\*All measures will be disaggregated by social demographics where available. See Appendix D for Monitoring & Evaluation planning details

# RECOMMENDED STRATEGIES

## A Dual Approach to Change

Holistic consideration of the information gathered through evaluation of local trend data, stakeholder narratives, and community voices throughout this strategic planning process has produced a clear mandate to apply a sense of urgency to both time-sensitive action to reduce fatal overdose trends, as well as longer-term efforts focused on prevention. These recommendations reflect a recognition of the need for ongoing listening, learning, and partnership to build trust within historically marginalized communities reckoning with a legacy of neglect and exploitation by social service and medical institutions.

Simultaneously, Buncombe County is committed to supporting those in need today through an emphasis on coordination, communication, and data-informed decision making across public safety and public health infrastructure.

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

**Description** - Support collaborative strategic planning to address opioid misuse, addiction, overdose, or related issues, including staff support, facilitation services, or any activity or combination of activities listed in Exhibit C to the MOA (collaborative strategic planning).

**Key Indicators:**

- *Overdose-Related Emergency Department (ED) Visits*
  - Process Measure - ED visits due to overdose, per year
  - Quality Measure - ED visits due to overdose, per year disaggregated by substance type
  - Outcome Measure - Annual change in the number of ED visits due to overdose
- *Criminal Justice Data Associated with Substance Use and/or Distribution*
  - Process Measure - Drug-related arrests, per year
  - Quality Measure - Number of people enrolled in Substance Use Disorder (SUD) treatment programs through the Buncombe County Detention Facility (BCDF)
  - Outcome Measure - Recidivism rates for individuals who receive access to diversion or post-release Justice Services SUD-centered programming, compared to the general population

**FY 2026 Goals:**

- Reduction in the number of overdose-related ED visits, year-over-year
- Reduction in proportion of jail population incarcerated due to substance use-related charges, year over year

**Description** - Support evidence-based addiction treatment consistent with the American Society of Addiction Medicine's national practice guidelines for the treatment of opioid use disorder – including Medication-Assisted Treatment (MAT) with any medication approved for this purpose by the U.S. Food and Drug Administration – through Opioid Treatment Programs, qualified providers of Office-Based Opioid Treatment, Federally Qualified Health Centers, treatment offered in conjunction with justice system programs, or other community-based programs offering evidence-based addiction treatment. This may include capital expenditures for facilities that offer evidence-based treatment for OUD. (If only a portion of a facility offers such treatment, then only that portion qualifies for funding, on a pro rata basis.)

**Key Indicators:**

- *Overdose Deaths*
  - Process Measure - Overdose deaths, per year
  - Quality Measure - Number of overdose reversal and fentanyl test strips distributed through county programs
  - Outcome Measure - Annual change in the number of overdose deaths
- *Social Determinants of Health: Healthcare Access*
  - Process Measure - Number of Medicaid and/or uninsured treatment providers available countywide, disaggregated by services offered
  - Quality Measure - Availability of mobile healthcare services countywide, disaggregated by services offered
  - Outcome Measure - Number of EMS dispatches, overall and disaggregated by nature code

**FY 2026 Goals:**

- Reduction in the number of overdose deaths, year over year
- Reduction in the number of behavioral health-related EMS dispatches,\* year over year

**Description** – Fund evidence-based recovery support services, including peer support specialists or care navigators based in local health departments, social service offices, detention facilities, community-based organizations, or other settings that support people in treatment or recovery, or people who use drugs, in accessing addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.

**Key Indicators:**

- *Social Determinants of Health: Healthcare Access*
  - Process Measure – Number of Medicaid and/or uninsured treatment providers available countywide, disaggregated by services offered
  - Quality Measure – Availability of mobile healthcare services countywide, disaggregated by services offered
  - Outcome Measure – Number of EMS dispatches, overall and disaggregated by nature code
- *Social Determinants of Health: Education Access*
  - Process Measure – General population educational attainment rates
  - Quality Measure – The number of harm reduction education programs operated through County programs
  - Outcome Measure – Asheville City and Buncombe County Schools college and career readiness rates, by subgroup
- *Social Determinants of Health: Social & Community Context*
  - Process Measure – Utilization of overdose reversal and test strip resources, as measured by Public Health distribution
  - Quality Measure – Social demographics of individuals served through Settlement-funded interventions, compared to the general population
  - Outcome Measure – Percentage of residents who report consistent access to the social and emotional support they need

**FY 2026 Goals:**

- Reduction in the number of behavioral health-related EMS dispatches,\* year over year
- Increase in the proportion of Asheville City and Buncombe County Schools Students who graduate high school college or career ready
- Increase in the percentage of individuals who report they "always/usually" get the social and emotional support needed

**Description** - Support programs or organizations that distribute naloxone to persons at risk of overdose or their social networks, such as Syringe Service Programs, post-overdose response teams, programs that provide naloxone to persons upon release from jail or prison, emergency medical service providers or hospital emergency departments that provide naloxone to persons at risk of overdose, or community-based organizations that provide services to people who use drugs. Programs or organizations involved in community distribution of naloxone may, in addition, provide naloxone to first responders.

**Key Indicators:**

- *Overdose Deaths*
  - Process Measure - Overdose deaths, per year
  - Quality Measure - Number of overdose reversal and fentanyl test strips distributed through County programs
  - Outcome Measure - Annual change in the number of overdose deaths
  
- *Social Determinants of Health: Social & Community Context*
  - Process Measure - Utilization of overdose reversal and test strip resources, as measured by Public Health distribution
  - Quality Measure - Social demographics of individuals served through Settlement-funded interventions, compared to the general population
  - Outcome Measure - Percentage of residents who report consistent access to the social and emotional support they need

**FY 2026 Goals:**

- Reduction in the number of overdose deaths, year over year
- Increase in the percentage of individuals who report they "always/usually" get the social and emotional support needed

**Description** - Fund programs, services, or training to encourage early identification and intervention for children or adolescents who may be struggling with problematic use of drugs or mental health conditions, including Youth Mental Health First Aid, peer-based programs, or similar approaches. Training programs may target parents, family members, caregivers, teachers, school staff, peers, neighbors, health or human services professionals, or others in contact with children or adolescents.

### **Key Indicators:**

- *Social Determinants of Health: Social & Community Context*
  - Process Measure - Utilization of overdose reversal and test strip resources, as measured by Public Health distribution
  - Quality Measure - Social demographics of individuals served through Settlement-funded interventions, compared to the general population
  - Outcome Measure - Percentage of residents who report consistent access to the social and emotional support they need
- *Social Determinants of Health: Education Access*
  - Process Measure - General population educational attainment rates
  - Quality Measure - The number of harm reduction education programs operated through County programs
  - Outcome Measure - Asheville City and Buncombe County Schools college and career readiness rates, by subgroup
- *Families involved with Child Protective Services (CPS) due to co-occurring substance use and child maltreatment*
  - Process Measure - Number of CPS Cases where co-occurring substance use and child maltreatment were identified through the assessment findings, per year
  - Quality Measure - Number of CPS Cases with no additional finding of child-maltreatment one year following case closure.
  - Outcome Measure - Number of substance use-related CPS cases closed without foster care placement

### **FY 2026 Goals:**

- Increase in the percentage of individuals who report they "always/usually" get the social and emotional support needed
- Increase in the proportion of Asheville City and Buncombe County Schools Students who graduate high school college or career ready
- Decrease in number of CPS cases opened due to substance use, year over year

**Description** - Fund programs offering employment support services to people in treatment or recovery, or people who use drugs, such as job training, job skills, job placement, interview coaching, resume review, professional attire, relevant courses at community colleges or vocational schools, transportation services or transportation vouchers to facilitate any of these activities, or similar services or supports.

**Key Indicators:**

- *Social Determinants of Health: Economic Stability*
  - Process Measure - Number of Buncombe County residents living in poverty
  - Quality Measure - Number of households with no access to a personal vehicle
  - Outcome Measure - Average wage, compared to the living wage in Buncombe County, year over year
- *Criminal Justice Data Associated with Substance Use and/or Distribution*
  - Process Measure - Drug-related arrests, per year
  - Quality Measure - Number of people enrolled in Substance Use Disorder (SUD) treatment programs through the Buncombe County Detention Facility (BCDF)
  - Outcome Measure - Recidivism rates for individuals who receive access to diversion or post-release Justice Services SUD-centered programming, compared to the general population
- *Social Determinants of Health: Neighborhood & Built Environment*
  - Process Measure - Average cost of housing, compared to median household income in Buncombe County
  - Quality Measure - Number of recovery housing programs operating in the county, disaggregated by service definition
  - Outcome Measure - Asheville-Buncombe Continuum of Care annual Point-in-Time count of the homeless population

**FY 2026 Goals:**

- Decrease in the number of Buncombe County residents living in poverty, year over year
- Reduction in proportion of jail population incarcerated due to substance use-related charges, year over year
- Reduction in the number of individuals identified in annual Point-in-Time count

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

## **Key Indicators:**

- *Social Determinants of Health: Neighborhood & Built Environment*
  - Process Measure - Average cost of housing, compared to median household income in Buncombe County
  - Quality Measure - Number of recovery housing programs operating in the county, disaggregated by service definition
  - Outcome Measure - Asheville-Buncombe Continuum of Care annual Point-in-Time count of the homeless population

## **FY 2026 Goals:**

- Reduction in the number of individuals identified in annual Point-in-Time count

# Implementation Planning

## Timeline & Context

The recommendations within this report will be shared with the Board of Commissioners in alignment with the Fiscal Year 2024 budget deliberation timeline and procedures. As a result, funding allocations and opportunity for operationalization of the recommendations herein are anticipated to be solidified in June of 2023.

## Implications

The identified need for urgent action to meet today's dual challenges of both preventative and immediate, life-saving intervention warrant the exploration of abatement strategies in addition to those listed in option A of the Settlement MOA. Approaches under consideration to meet this need in FY24-26 include the following MOA Option B strategies:

- **Prevent Misuse of Opioids** - Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:
  - i. Fund media campaigns to prevent opioid misuse.
  - ii. Corrective advertising or affirmative public education campaigns based on evidence.
- **Research** - Support opioid abatement research that may include, but is not limited to, the following:
  - iii. Monitoring, surveillance, data collection, and evaluation of programs and strategies described in this opioid abatement strategy list.
  - iv. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.
- **Support People in Treatment and Recovery** - Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.



# SUMMARY

North Carolina's participation in nationwide financial settlements to address the Opioid Epidemic coincides with a time of unprecedented substance use-related harm in Buncombe County. The efforts outlined in this report represent the County's commitment to meeting this extraordinary moment with a proportionate degree of intention and urgency.

Yet, this strategic planning process marks only the first chapter in a 17-year journey to incorporate Opioid Settlement funding into the County's ongoing efforts to promote resident well-being. Just as the root causes of this crisis stretch beyond any single community or individual decision, so too will the path toward our vision for the future demand various phases of intervention. This report outlines an ambitious understanding of this reality by highlighting approaches to address today's urgent challenges, while remaining firmly rooted in an awareness of their longitudinal nature.

# Appendix A

## Root Cause Analysis

**Purpose:** Explore root causes of addiction, drug misuse, overdose, and related issues in the community, using quantitative data as well as stakeholder narratives, community voices, the stories of those with lived experience, or similar qualitative information.

**Process:** The Root Cause Analysis Workgroup members conducted a literature review through the framework of the Key Indicators previously established by the Steering Committee. This effort yielded the following themes\* for understanding conditions, experiences, and influences that increase the likelihood of substance use and/or associated harm:

### a. Overdose deaths

- Individuals **living unsheltered** are significantly more likely to experience overdose than those who are sheltered

Source: National Alliance to End Homelessness. *Opioid Abuse and Homelessness* - National Alliance to End Homelessness. (2019, December 30).

- **Criminal Detention** increases the likelihood that an individual will experience overdose; in 2016–2019 an average of 57% of all overdoses in Buncombe County occurred among individuals with a booking history in the Buncombe County Detention Facility

Source: Buncombe County Detention Facility MAT Program. Gayton, S. & Buncombe County Office of the Sheriff. (2022, February 28). Strategic Community Opioid Response [Slide show].

### b. Overdose-related Emergency Department visits

- Emerging research demonstrates a correlation between **experiences and perception of stigma**, hesitance to seek care, and increased risk of non-fatal overdose

Source: *International Journal of Drug Policy*. <https://doi.org/10.1016/j.drugpo.2019.03.012>

# Appendix A

## Root Cause Analysis

### c. Families involved with CPS associated with substance use

- **Trauma and Adverse Childhood Experiences**, including exposure to substance use in the home, is associated with increased likelihood to experience substance use disorder

Source: *Depression and Anxiety*. <https://doi.org/10.1002/da.20751>

- A growing body of research indicates a link between **chronic environmental stress, interrupted attachment** and vulnerability to substance use

Source: Milken Institute School of Public Health.

[https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-](https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/Resource%20Description_Pair%20of%20ACEs%20Tree.pdf)

[Center/Resource%20Description\\_Pair%20of%20ACEs%20Tree.pdf](https://www.cdc.gov/drugoverdose/od2a/case-studies/ACEs.html); CDC Injury Center.

<https://www.cdc.gov/drugoverdose/od2a/case-studies/ACEs.html>

### d. Criminal Justice Data Related to Substance Use and/or Distribution

- **Criminal detention** increases likelihood that an individual will experience overdose in their lifetime.

Source: Buncombe County Detention Facility MAT Program. Gayton, S. & Buncombe County Office of the Sheriff. (2022, February 28). Strategic Community Opioid Response [Slide show].

- **Individuals with Substance Use Disorder are disproportionately represented in the criminal justice system.** It is estimated that 6% of the general population over the age of 25 have a substance use disorder, while 63% of people in jail and 58% of those in prison are estimated to have a substance use disorder.

Source: SAMHSA. <https://www.samhsa.gov/criminal-juvenile-justice/about>

### e. Social Determinants of Health: Economic Stability

- **Poverty and economic insecurity** are known vulnerability factors. increasing likelihood to experience substance use and overdose.

Source: *PLOS ONE*. <https://doi.org/10.1371/journal.pone.0227966>

### f. Social Determinants of Health: Education Access

- **Interrupted and incomplete education** opportunities are correlated with an increased likelihood to use substances; at the same time, education access has been shown to be a protective factor against overdose death.

Source: Brandeis University Opioid Policy Research Center. <https://opioid-resource-connector.org/sites/default/files/2021-02/Issue%20Brief%20-%20Final.pdf>

### g. Social Determinants of Health: Healthcare Access

- **Inadequate access to mental health care** is associated with increased vulnerability to substance use and related harm

Source: *Health Affairs*. <https://doi.org/10.1377/hlthaff.2020.01472>

## Appendix A

### Root Cause Analysis

- **Uninsured individuals** are at greater risk for overdose than those with insurance

Source: KFF Health Research. <https://www.kff.org/uninsured/issue-brief/key-facts-about-uninsured-adults-with-opioid-use-disorder/>

- A growing body of research indicates that the traditional **designation of substance use treatment as distinct from medical health care** has created barriers to effective treatment

Source: U.S. Office of the Surgeon General. <https://doi.org/10.1111/dar.12580>

#### e. Social Determinants of Health: Neighborhood & Built Environment

- **Housing insecurity** is a risk factor for substance use and overdose death

Source: Brandeis University Opioid Policy Research Center. <https://opioid-resource-connector.org/sites/default/files/2021-02/Issue%20Brief%20-%20Final.pdf>

- Studies indicate that access to **transportation resources** and assistance is associated with increased treatment engagement and continuation

Source: *Journal of Evidence-Based Social Work*. <https://www.tandfonline.com/doi/abs/10.1080/26408066.2022.2150530>

- In recent years, **rural areas** have experience opioid-related deaths at a rate 13% above urban localities.

Source: Health Resources & Services Administration. [https://www.hrsa.gov/rural-health/opioid-response#:~:text=The%20rate%20of%20deaths%20involving,in%20urban%20counties%20\(4.0\).](https://www.hrsa.gov/rural-health/opioid-response#:~:text=The%20rate%20of%20deaths%20involving,in%20urban%20counties%20(4.0).)

#### f. Social Determinants of Health: Social & Community Context

- A growing body of research indicates a link between **social isolation** and Opioid Use Disorder

Source: *Social Cognitive and Affective Neuroscience*. <https://doi.org/10.1093/scan/nsab029>

- **Systemic marginalization** - including among LGBTQIA+ and BIPOC populations - is correlated with increased likelihood to experience substance use and related harm.

Source: *Social Work in Public Health*. <https://doi.org/10.1080/19371918.20>

Source: *Journal of Personality and Social Psychology*. <https://doi.org/10.1037/a0019880>

## a. The Steering Committee

# Appendix B

## Methodologies

The FY2024-2026 Buncombe County Opioid Settlement Strategic Planning Steering committee was comprised of 45 stakeholders from across Buncombe County. Recruitment of these partners emphasized hearing from voices representative of the many experiences, backgrounds, and perspectives represented in Buncombe County. Ultimately, the committee was comprised of individuals with lived experience, loved ones of those impacted by substance use, direct service professionals, medical professionals, community activists, private provider and municipal government leadership.



# Appendix B

## Methodologies

### b. Community Outreach

The Community Outreach Workgroup designed for surveys with distinct questions to hear from unique perspectives across the community. **In total, 1,118 surveys were collected** via:

- Email
- Paper Survey
- QR Code distribution in local businesses
- Buncombe County Public Input website

### c. Surveying

- **Substance Use Experiences Survey** – Designed for individuals who identify as in active use and/or treatment, or whose lives have been directly impacted by others' substances
  - 377 Total Responses
    - 211 – Buncombe County Detention Facility
    - 80 – FIRST at Blue Ridge
    - 19 – Western Carolina Rescue Mission
    - 9 – Buncombe County Treatment Courts
    - 54 – NCDHHS JFK Alcohol and Drug Addiction Treatment Center
    - 3 – Swain Recovery Center
    - 1 – Buncombe County Family Justice Center
- **General Public** – Designed for any member of the Buncombe County community
  - 689 Total Responses
    - 32% – Family member or loved one of someone impacted by substance misuse
    - 15% – A person with lived experience with substance misuse
    - 20% – A professional in the field of substance use and/or mental health
    - 29% – A concerned community member
    - 1% – None of the above, this topic is new to me
- **Peer Support Survey** – Designed for individuals working in the field as Licensed Peer Support Specialists
  - 14 Total Responses
- **Providers Survey** – Designed for medical, social service, legal, law enforcement and/or clinical service providers
  - 39 Total Responses

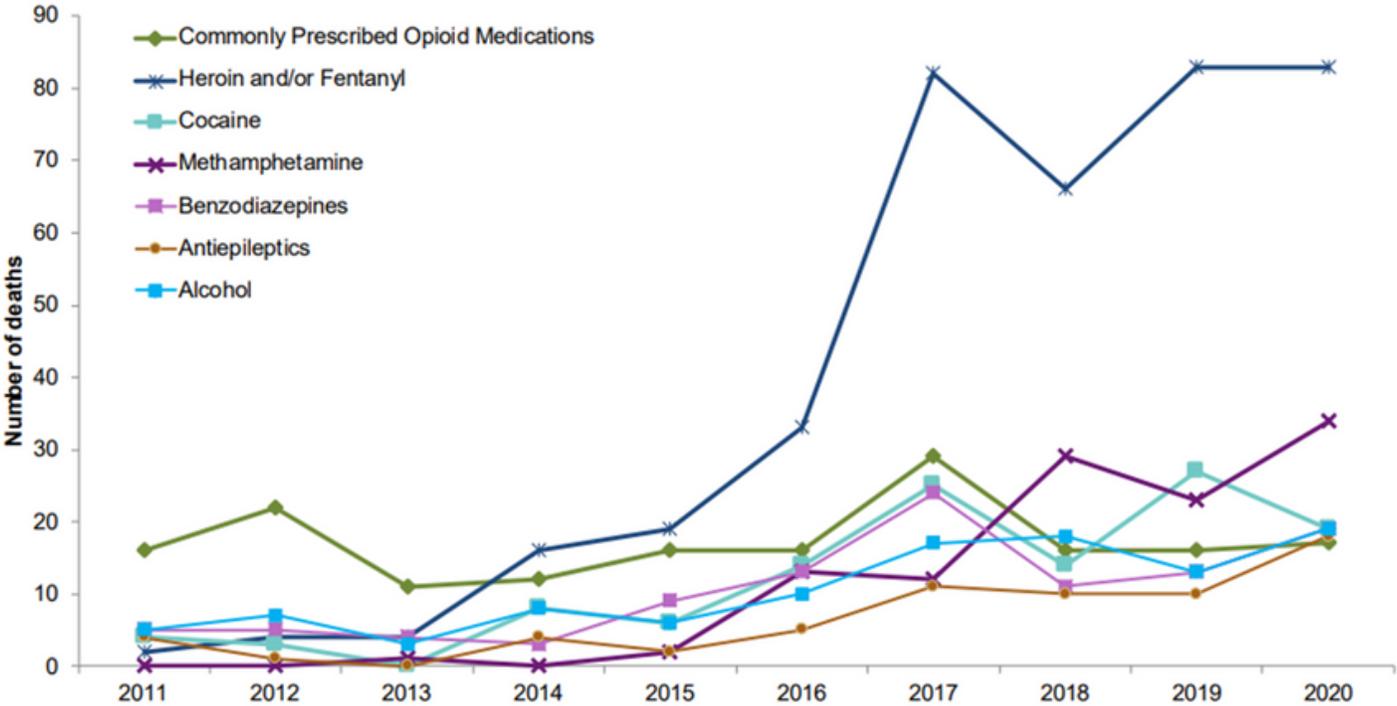
# Appendix C

## Environmental Scan

Overdose deaths from Fentanyl continue to rise at alarming rates: in 2015, 33% of overdose deaths involved Fentanyl; by 2021, 74% of overdoses did. This marks a 823% percent increase. Introduced into the local drug supply around 2015, Fentanyl is a synthetic opioid that is being added to other drugs, including stimulants such as methamphetamine.

### Substances\* Contributing to Overdose Deaths

Buncombe County Residents, 2011-2020



\*These counts are not mutually exclusive. If the death involved multiple substances, it can be counted on multiple lines.

Source: NC State Center for Health Statistics, Vital Statistics

- Polysubstance overdose deaths are rapidly increasing. For example, in 2015, 10% of all overdose deaths were stimulant involved; by 2021, 50% were\*.
- In 2021, 48% of Buncombe County residents reported that their life has been negatively impacted by their own or others' substance use, compared to 36% nationwide\*\*.

Source: \*NC State Center for Health Statistics, Vital Statistics; \*\*WNC Health Network

# Appendix C

## Environmental Scan

### a. Trend Data, continued

In addition to growing prevalence of use in general and lethality of polysubstance exposure, substance use-related harm has also demonstrated increasing impact across demographic groups in Buncombe County in recent years.

## Overdose Death Rate

By County of Residence

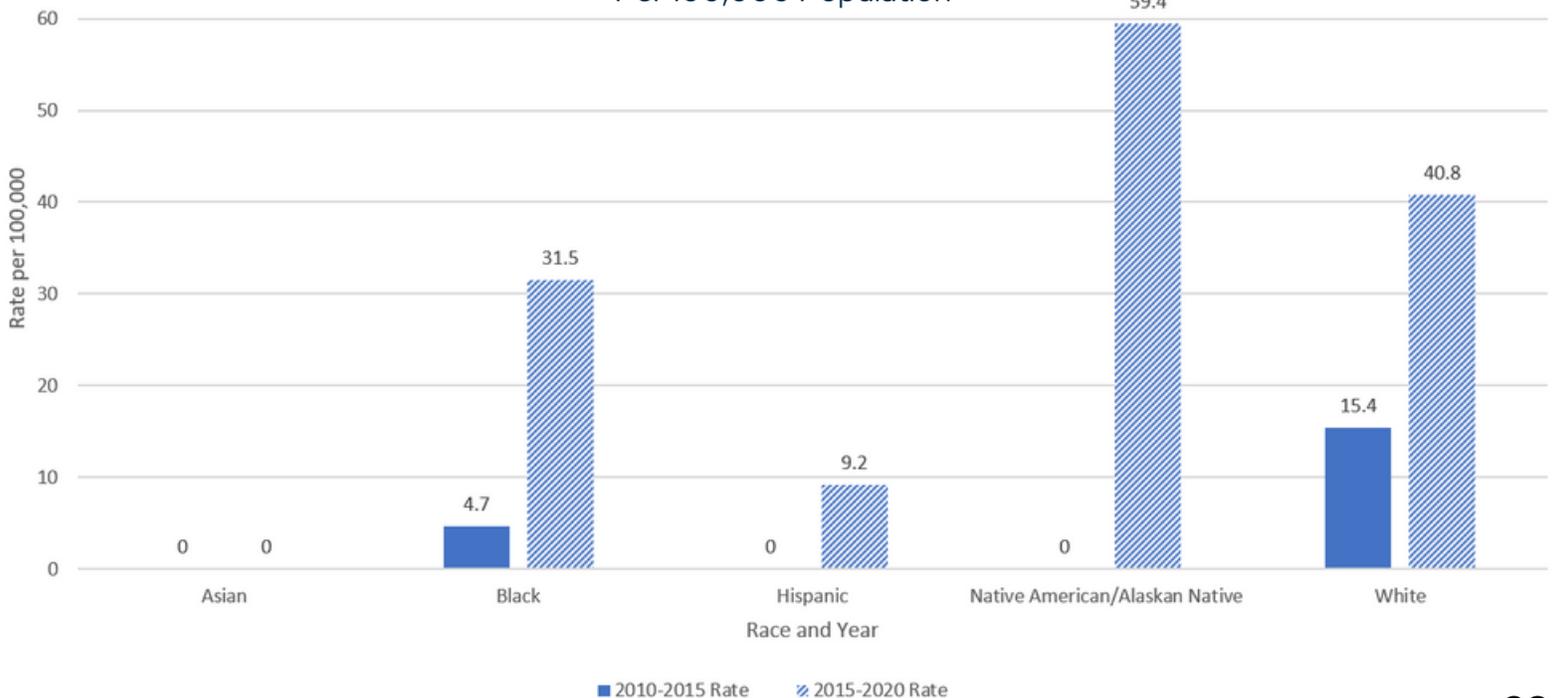


Source: NCDHHS Opioid and Substance Use Action Plan Data Dashboard

In 2015, 3% of all overdose deaths among Buncombe County residents were BIPOC individuals; by 2021, 13% of all overdose deaths were BIPOC individuals\*.

## Buncombe County Overdose Deaths by Race

Per 100,000 Population



Source: \*Buncombe County Register of Deeds

## Appendix C

### Environmental Scan

#### b. Challenges & Barriers

##### "What concerns you about substance use in Buncombe County?"

*I am concerned by the impacts of substance misuse on the homelessness issue and the large amounts of trash, including used needles that are associated with substance misuse in our community. I see discarded needles daily.*

##### Key Themes from General Public Survey Results:

- Insufficient access to and options for affordable treatment
- Housing & homelessness
- Prevalence of use
- Crime & public safety concerns
- Impact on children & families
- Social Determinants of Health barriers
- Stigma
- Need for increased education & awareness
- Overdose, deaths, increasing risks associated with use

*The rising cost of living and the increasing difficulty that people with histories of trauma, substance use, or criminal records have in making life work here - increasing the likelihood of return to use and complicating the journey to change one's patterns of use.*

# Appendix C

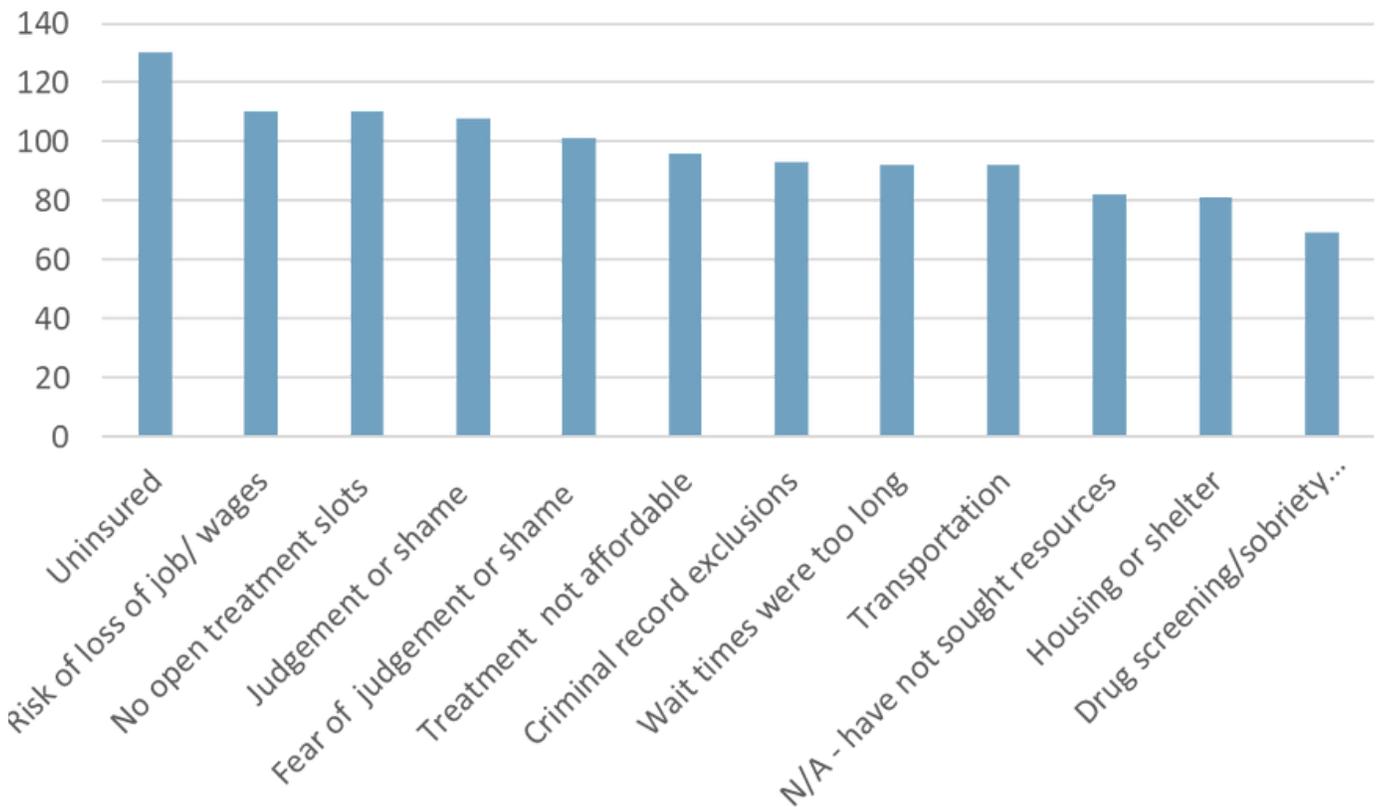
## Environmental Scan

*I desperately want to go to treatment. The thing that's holding me back is I don't have anyone to help me get into the program I'm seeking.*

### "What challenges have you faced in seeking resources to address substance use?"

- Being uninsured
- Risk of losing job or wages while pursuing substance use treatment/resources
- No available treatment slots and/or providers
- Experiences and/or fear of experiencing judgement and shame
- Treatment is not affordable

Challenges Faced During Most Recent Experience Seeking Resources for Substance Use



## c. Priorities for Change

**"What have you seen be effective in helping people maintain recovery?"**

Key Themes from General Public & Provider

Survey Results :

- Community/Connection
- SUD Treatment
- Medications for Opioid Use Disorder
- Inpatient Treatment
- Education & Awareness Raising
- Whole-Person Care
- Prevention
- Social Determinants of health resources
- Diversion

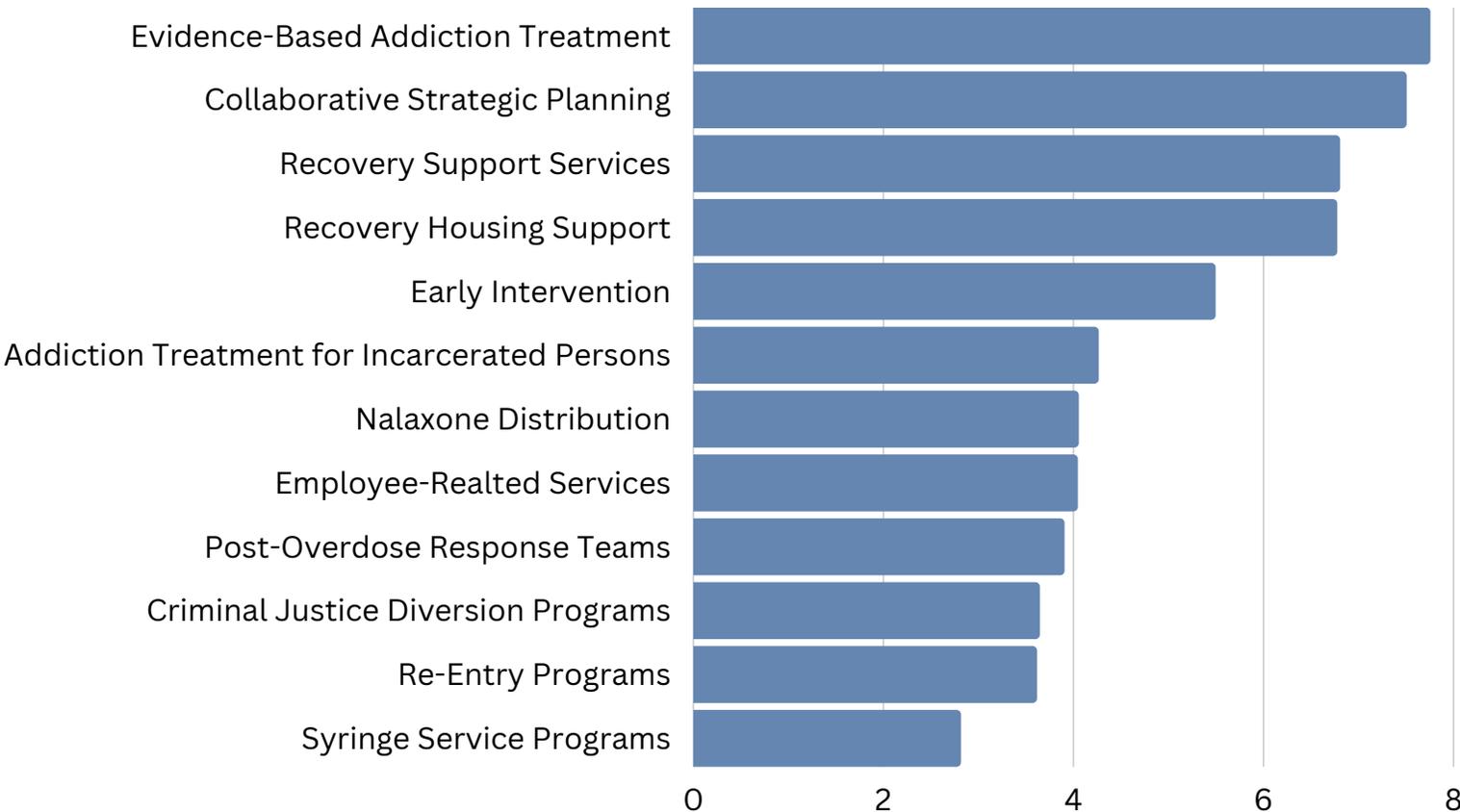
## Appendix C

### Environmental Scan

- Harm reduction
- Mental Health Resources
- Peer Support
- Housing and/or shelter
- Criminal Justice Accountability

### General Public Funding Priorities

*Based on a ranking of MOA Option A Strategies, with a score of 10 as the strategy receiving the highest amount of funding*



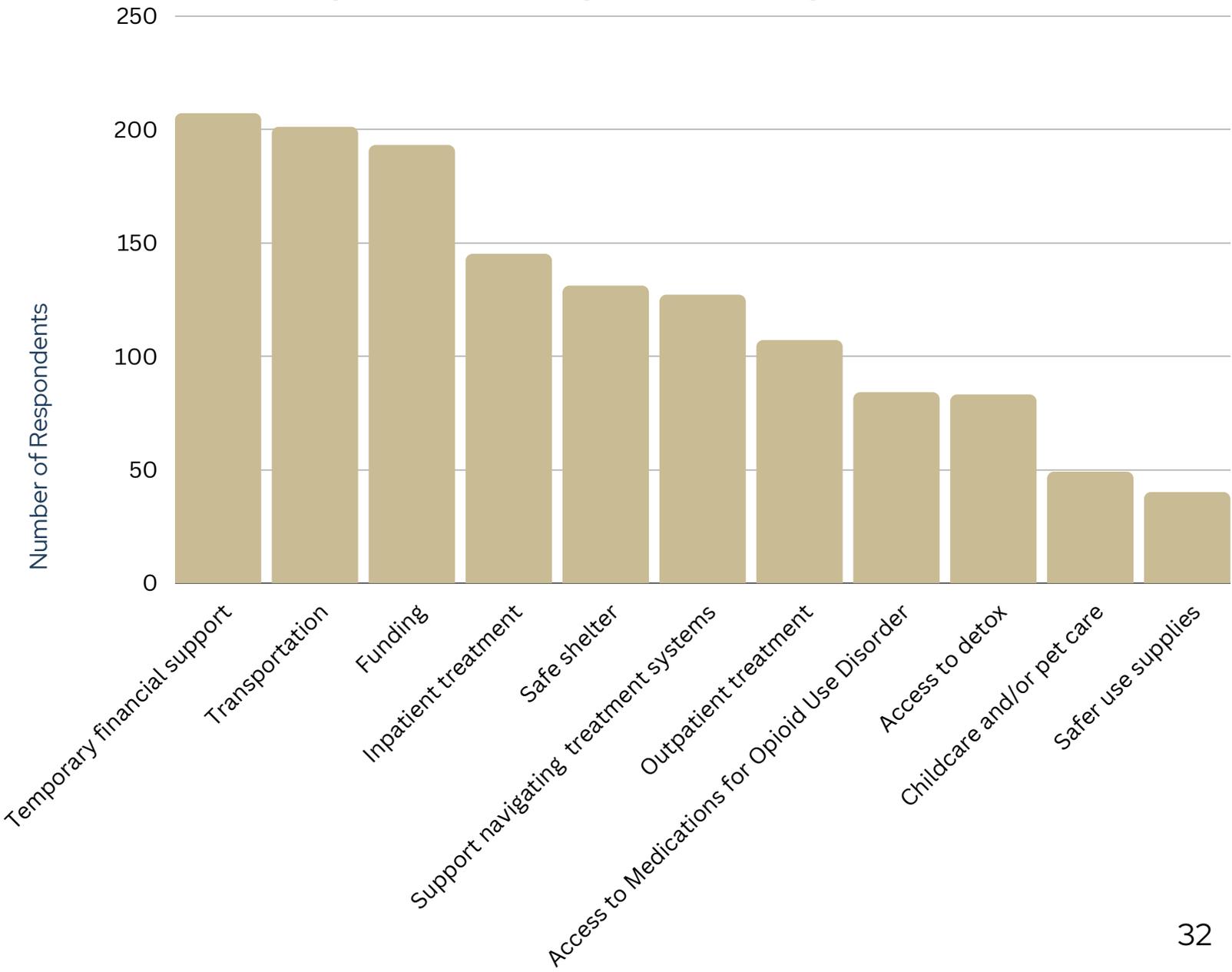
# Appendix C

## Environmental Scan

### Empowering Recovery & Wellbeing Substance Use Experiences Survey Results

*You have to reach out and show people a way they can reach the goals they want not just give them options to get there.*

#### Resources Individuals in Active Use and/or Treatment Report as Most Helpful in Pursuing Treatment



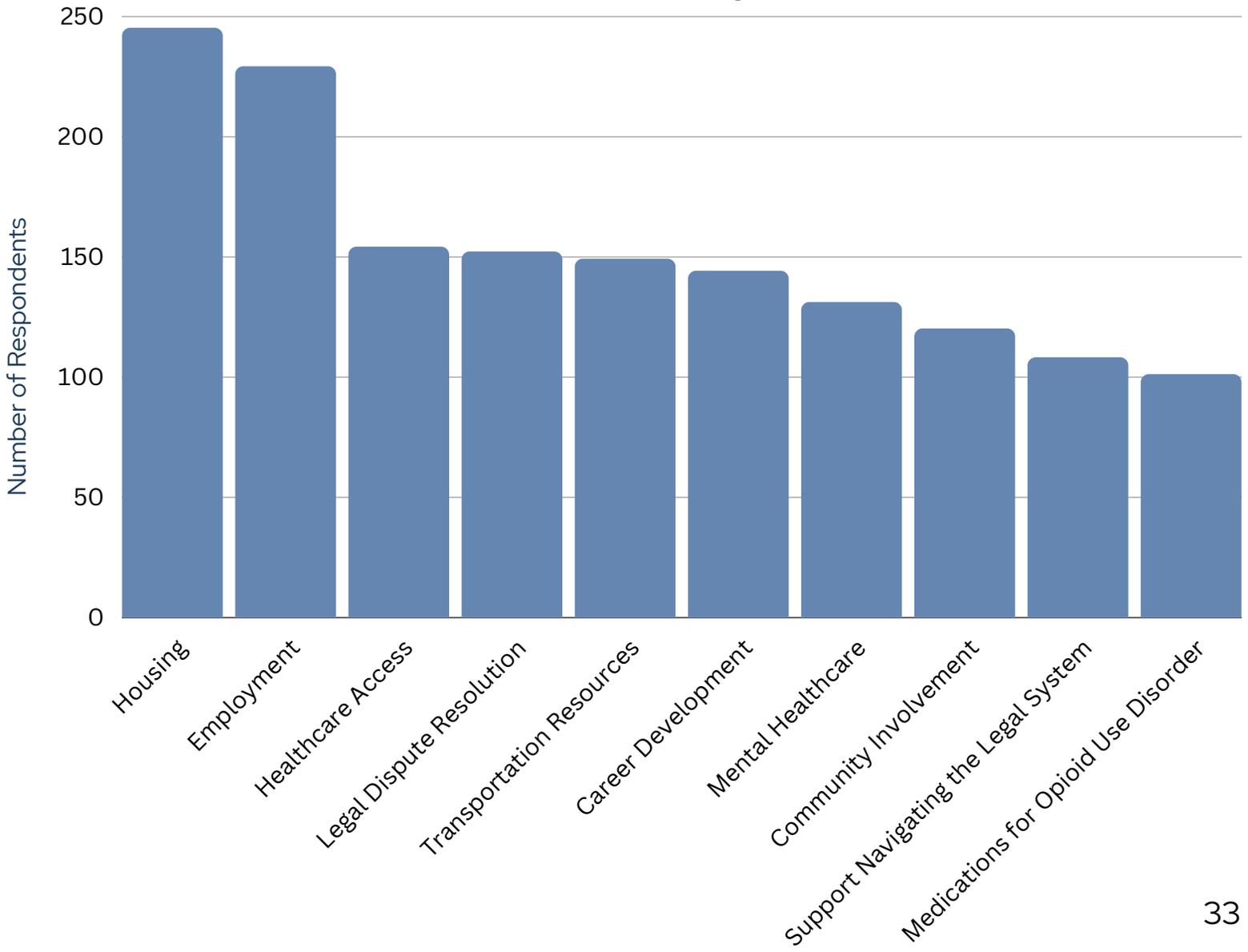
# Appendix C

## Environmental Scan

### Empowering Recovery & Wellbeing Substance Use Experiences Survey Results

*Financial burden difficulties plus being homeless and struggling with addiction is very hard to climb out of with limited transportation in my experiences with it. Next housing.*

**Wellness Resources Reported as Most Needed by  
Individuals in Active Use and/or Treatment**



Indicator	Process Measure	Quality Measure	Outcome Measure
Overdose Deaths	Overdose deaths per year	Reversal kits & test strip distribution funded through County Services	Annual change in the number of overdose deaths
	<b>Source:</b> North Carolina Opioid and Substance Use Action Plan Data Dashboard	<b>Source:</b> Buncombe County Department of Public Health, Health Promotions program data	<b>Source:</b> North Carolina Opioid and Substance Use Action Plan Data Dashboard
Emergency Department (ED) Visits due to Overdose	ED visits due to overdose, per year	ED visits due to overdose per year, disaggregated by substance type	Annual change in the number of ED visits due to overdose
	<b>Source:</b> North Carolina Opioid and Substance Use Action Plan Data Dashboard	<b>Source:</b> UNC Injury Prevention Research Center	<b>Source:</b> North Carolina Opioid and Substance Use Action Plan Data Dashboard
Families involved with Child Protective Services (CPS) due to co-occurring substance use and child maltreatment	Number of CPS Cases where co-occurring substance use and child maltreatment were identified through the assessment findings, per year	Number of CPS Cases with no additional finding of child-maltreatment one year following case closure.	Number of substance use-related CPS cases closed without foster care placement
	<b>Source:</b> Buncombe County Social Work Services program data	<b>Source:</b> Buncombe County Social Work Services program data	<b>Source:</b> Buncombe County Social Work Services program data

Indicator	Process Measure	Quality Measure	Outcome Measure
Criminal justice data related to substance use and/or distribution	Drug-related arrests, per year	Number of people enrolled in Substance Use Disorder (SUD) treatment programs through the Buncombe County Detention Facility (BCDF)	Recidivism rates for individuals who receive access to diversion or post-release Justice Services SUD-centered programming, compared to the general population
	<b>Source:</b> WNC Health Network, WNC Healthy Impact Data Workbook	<b>Source:</b> Buncombe County Justice Services program data; Buncombe County Detention Facility MAT Program data	<b>Source:</b> Buncombe County Justice Services program data
Social Determinants of Health: Economic Stability	Number of Buncombe County residents living in poverty	Number of households with no access to a personal vehicle	Average wage, compared to the living wage in Buncombe County, year over year
	<b>Source:</b> WNC Health Network, WNC Healthy Impact Data Workbook	<b>Source:</b> WNC Health Network, WNC Healthy Impact Data Workbook	<b>Source:</b> Just Economics WNC; WNC Health Network, WNC Healthy Impact Data Workbook
Social Determinants of Health: Education Access	General population educational attainment rates	Instances of harm reduction education programming conducted through county services	Asheville City and Buncombe County Schools college and career readiness rates, by subgroup
	<b>Source:</b> WNC Health Network, WNC Healthy Impact Data Workbook	<b>Source:</b> Buncombe County Department of Public Health, Health Promotions program data	<b>Source:</b> NC Department of Public Instruction Annual District Report Card

# Appendix D

## Monitoring & Evaluation Plan, continued

Indicator	Process Measure	Quality Measure	Outcome Measure
Social Determinants of Health: Healthcare Access	Number of Medicaid and/or uninsured treatment providers available countywide, disaggregated by services offered	Availability of mobile healthcare services countywide, disaggregated by services offered	Number of EMS dispatches, overall and disaggregated by nature code
	<b>Source:</b> Vaya Health	<b>Source:</b> Buncombe County Behavioral Health Manager local resource inventory	<b>Source:</b> Buncombe County Department of Emergency Services
Social Determinants of Health: Neighborhood and Built Environment	Average cost of housing, compared to median household income in Buncombe County	Number of recovery housing programs operating in the county, disaggregated by service definition	Asheville-Buncombe Continuum of Care (CoC) annual Point-in-Time count of the homeless population
	<b>Source:</b> American Community Survey; WNC Health Network, WNC Healthy Impact Data Workbook	<b>Source:</b> Buncombe County Opioid Settlement Recovery Housing Consultation	<b>Source:</b> Asheville-Buncombe CoC Annual Point-in-Time Report
Social Determinants of Health: Social and Community Context	Utilization of overdose reversal and test strip resources, as measured by Public Health distribution to individuals and community partners	Social demographics of individuals served through Settlement-funded interventions, compared to the general population	Percentage of residents who report consistent access to the social and emotional support they need
	<b>Source:</b> Buncombe County Department of Public Health, Health Promotions program data	<b>Source:</b> WNC Health Network, WNC Healthy Impact Data Workbook; Buncombe County Opioid Settlement Allocation Agreements	<b>Source:</b> WNC Health Network, WNC Healthy Impact Data Workbook

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