



OPIOID SETTLEMENT FUNDING

# COMMUNITY MEETING REPORT

ORANGE COUNTY OPIOID ADVISORY COMMITTEE

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2024

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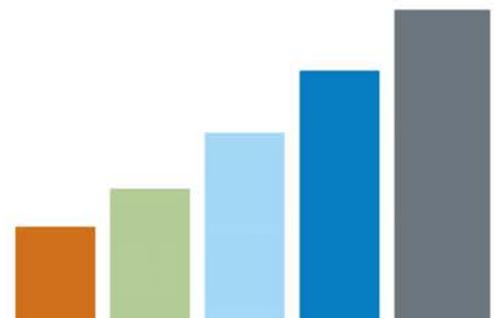


## Preface

This Community Meeting Report aims to summarize the feedback collected during the inaugural community meeting held on April 27, 2024. It serves as one of several tools to inform recommendations for future investments of the Orange County Opioid Settlement Funds and is not meant to be the sole determining factor.

Additionally, it is crucial to recognize that the Opioid Settlement Funds are merely one of many funding sources being employed to address the growing effects of opioids in the community. This report does not aim to list all existing programs; rather, it serves as a summary of the community feedback gathered during the meeting pertaining to the 12 strategies listed in Option A of the settlement funding agreement.

**How to read the strategy prioritization reports:** The strategy prioritization reports include a summary of discussions captured during the breakout sessions, an overall ranking, and a total (expressed as a percentage) of the “investments made by participants. The overall ranking represents the combined total of the averages from the surveys and the totals from the “investment” exercise.





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# Meeting Overview

On April 27, 2024, the Orange County, NC Opioid Advisory Committee held an Opioid Settlement Funding community meeting at the Whitted Human Services facility in Hillsborough, NC. The community meeting, a requirement of the NC Opioid Settlement Funding Agreement, was designed to solicit stakeholder feedback on community needs as it relates to the harmful impacts of opioid use disorder. Community input is vital to ensuring future investment recommendations are aligned with the needs of the whole community.

To aid the discussion, the community meeting included educational presentations from experts, panel discussions from those with lived experience and those engaged in OUD treatment/support, and a series of facilitated breakout sessions and activities to solicit input. The event concluded with an overview of next steps and a tentative timeline for future funding opportunities.



# Executive Summary

The Opioid Settlement Funding Community Meeting was notably successful, drawing a diverse range of participants from the community. Over 60 individuals engaged actively, comprising individuals with firsthand experience, treatment and support professionals, community leaders, elected officials, and a spectrum of subject matter experts. To conclude the event, participants shared their feedback through various channels, including written surveys, digital surveys, interactive breakout stations, and an investment exercise.



The survey and investment exercise provided participants with the chance to rank or prioritize the strategies detailed in "Option A" of the NC Opioid Settlement Funding Agreement. An analysis of these rankings revealed that participants identified Recovery Housing Support, Early Intervention, Syringe Service Programs, Narcan Distribution, and Evidence-Based Addiction Treatment as the most critical strategies. Notably, Recovery Housing Support emerged as the top priority, garnering 16.67% of the "investment" responses and an average prioritization score of 4.8 out of 5.

During the evaluation of the Recovery Housing Support breakout session, participants expressed favorable views towards residential programs such as Freedom House and Horizons. Concurrently, they highlighted significant obstacles related to eligibility, availability, and the stigma surrounding medications for opioid use disorder (MOUD).

Each of the strategies mentioned scored at least a 3.95, signifying a "high priority" status, underscoring the need to allocate funds to all strategies. Additionally, a number of "Investment" votes were recorded for each strategy. The subsequent pages provide a detailed analysis of each of the input methods and a crosswalk to available funding. While extremely valuable, it is important to note that this was not a statistically valid survey.

# Participant Input



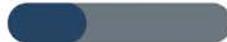
## BREAKOUT SESSIONS

PARTICIPATION  68%

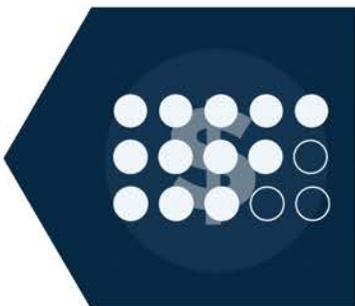
Participants moved between six guided breakout stations, each equipped with two strategies and staffed by a member of the Opioid Advisory Committee well-versed in each approach. At each station, participants were tasked with pinpointing the "Plus" (successes), "Minus" (barriers or challenges), and "Interesting" (points worth delving into) aspects of each strategy.



## WRITTEN AND DIGITAL SURVEYS

PARTICIPATION  35%

During check-in, participants received a paper survey, which they returned upon leaving. Additionally, QR codes were strategically placed around the facility to prompt participants to complete the survey on their smartphones. The survey asked participants to prioritize strategies, share their experiences with opioid use disorder, and offer feedback through a narrative section. Although translation services were offered, the surveys were exclusively in English.



## INVESTMENT EXERCISE

PARTICIPATION  50%

At the check-in, participants were given six colored dots in their materials. Each dot represented a simulated dollar amount, and participants were instructed to "invest" (place) their dots however they preferred on the poster boards corresponding to each strategy. Even though there were twelve strategies available, participants were restricted to using only six dots. This exercise provided additional opportunity for participants to prioritize the strategies.

# Breakout Sessions

Participants moved between six guided breakout stations, each equipped with two strategies and staffed by a member of the Opioid Advisory Committee well-versed in each approach. At each station, participants were tasked with pinpointing the "Plus" (successes), "Minus" (barriers or challenges), and "Interesting" (points worth delving into) aspects of each strategy.

The sessions were highly engaging and interactive, with each group switching approximately every 10-12 minutes.



# RECOVERY HOUSING SUPPORT

## STATION 5

### Successes

- Residential programs
  - Freedom House
  - Horizons
- Oxford Houses
- Project Homestart (housing vouchers)

### OVERALL RANKING

# 1

Prioritization Average

**CRITICAL**

**Participants  
Allocated**

# 16.7%

**of Investment**

### Barriers/Challenges

- Housing attached to recovery is not always sustainable
- Limitations on eligibility
- Location of housing throughout community
- Stigma associated with MOUD in recovery housing
- No standards, licensing, etc.
- Housing should not be time limited
- Lack of available housing
- Land use ordinances and zoning that prevent expansion of affordable housing

### Points to Explore Further

- Housing first models (i.e. Houston)
- Need for housing support (case management)
- Education at abstinence based houses regarding MOUD
- Reduce barriers related to legal charges
- Patient-centered approaches
- End housing discrimination
- Additional housing options for families
- Trauma response framework
- Amend zoning regulations
- Vital conditions model
- Change land use ordinances



# EARLY INTERVENTION

## STATION 1

### Successes

- HR-centered education for middle and high-school students
- Orange Partnership with Orange Co. Schools
  - Peer educators
  - Youth empowerment
  - Clean products
- Graduation rate for public schools
- Grow Your World
  - Parental Support
  - Peer Support Services

### OVERALL RANKING

# 2

Prioritization Average

**HIGH**

**Participants  
Allocated**  
**12.2%**  
**of Investment**

### Barriers/Challenges

- Differences in definitions (lived vs. formal)
- Honesty vs. Scare Tactics
- Lack of evidence-based curriculum (i.e. SBIRT)
- D.A.R.E. Program
- Lack of extra curricular programs and transportation
- Awareness of school programs
- Program referral limited to justice involvement
- Justice involved individuals restricted from youth programs
- Funding (for non-profits)
- Lack of involvement from K-12 Public Schools

### Points to Explore Further

- Waiting room resources
- Explore opportunities in and after Emerg. Dept.
- Explore accessibility of students to those with lived experience
- Skill development
- Expand past focus on youth
- Extent promotion of programming
- Technology to connect those who want to assist
- Improving accessibility
- Explore way to remove the siloing between school districts
- Programs for parents
- Additional trauma therapists/counselors/nurses in each school full-time

# SYRINGE SERVICE PROGRAM

## STATION 1

### Successes

- Orange County Health Department Program
- Momentum for UNC's Student Health Action Coalition SSP program
- Available in multiple locations
- Community based outreach
- Accessibility
- Referrals (linkage to care)

### OVERALL RANKING

# 3

Prioritization Average

**HIGH**

### Participants Allocated

# 10%

### of Investment

### Barriers/Challenges

- Neighbors (awareness, education, etc.)
- SHAC's SSP program location and accessibility
- Siloed resources
- Publicity and trust of services
- Finite funding availability
- Outreach to communities of color
- Policies to extend to smoking supplies (immunity from arrest, charge, and prosecution)
- Limits individuals who seek support
  - Not all substances require a syringe/needle

### Points to Explore Further

- Mobile units to increase access
- EMS to include harm reduction kits
- Extend access via libraries
- Continued education about importance
- Share Orange Co. data w/ other counties
- Additional Peer Support Specialist
  - Increases rapport w/ individuals
- Continuing resource support
- Smoking as safer use
- More harm reduction supplies (testing kits)

# NALOXONE DISTRIBUTION

## STATION 2

### Successes

- Having access to free Narcan
- Students interested in becoming trainers
- 50% of all Orange Co. EMS overdose responses had received Narcan prior to EMS arrival

### OVERALL RANKING

# 4

Prioritization Average

**HIGH**

### Participants Allocated

# 9.4%

### of Investment

### Barriers/Challenges

- Cost of Naloxone and associated co-pays
- Individuals can take all Narcan from vending machines
- Lack of centralized management and reporting
- Scarce supply and high demand
- Not enough intranasal doses
- Limited funds available for non-profits, requires doses to be split
- Chapel Hill needs access to vending machines
- Lack of community education/awareness

### Points to Explore Further

- Pharmacies should dispense free Narcan
- Diversify vending machine locations (libraries, schools, hotels/motels, gas stations, etc.)
- Is expiration an issue?
- Explore adding additional vending machines
- Understand the main issue with stocking vending machine
- Explore community level access like "book boxes" found in parks.
- Explore distribution to those experiencing homelessness

# EVIDENCE-BASED ADDICTION TREATMENT

## STATION 3

### Successes

- Initiation occurring at Orange Co. Detention Center
- Initiated occupational therapy collaboration
- Medicaid 90 day prior to release
- Diversion/Deflection in place
- Harm reduction supplies/support
- Funding for post-overdose response team creation

### OVERALL RANKING

# 5

Prioritization Average

**HIGH**

**Participants  
Allocated**

# 8.9%

**of Investment**

### Barriers/Challenges

- Communication between jails and prisons
- Verify if someone is on medication for opioid use disorder
  - OTP not an PMP
- Community access
- Jails/Prisons safety net for mental health/SUD
- 340B process limits access to Sublocade®
- Art as education therapy

### Points to Explore Further

- Crisis response immediate access
- Evidence-based is not adversity equity
- Explore leave behind programs for law enforcement
- Affordable Care Act Misuse?
- Explore non-traditional approaches (art, theater, music)

# RECOVERY SUPPORT SERVICES

## STATION 5

### Successes

- Formerly Incarcerated Transition Program
- Freedom house
- UNC Health Substance Treatment and Recovery (STAR) Clinic
- UNC Horizons

### OVERALL RANKING

# 6

Prioritization Average

**HIGH**

**Participants  
Allocated**

# 8.3%

**of Investment**

### Barriers/Challenges

- Not enough Peer Support Specialist
  - Certification is expensive
  - Takes time
  - Salaries are low
- Hard to learn about services
- Services are fragmented
- Private insurance does not have extensive coverage
- Not enough community transition support

### Points to Explore Further

- Diversity available for Peer Support Specialist
  - Include more languages
- Funding to build capacity of PSS
- Help with relocation expenses
- More support for children
- Center direct services providers: reduce stigma, possible consequences
- Centralized resources
- Better education for primary care providers to help people get linked
- Recovery is more than abstinence
- Patient-centered planning, varying lengths of stay
- Trauma response framework
- Help navigating Child Protective Services
- PSS that includes incarceration experience
- Coalition to reduce siloed care

# REENTRY PROGRAMS

## STATION 4

### Successes

- Formerly Incarcerated Transition Program
- SW IT
- CJRD Reentry Programs
- MOUD in Orange County Detention Center
- UNC Psychiatry
- Restoration (legal)
- Expansion of MOUD access
- Durham Tech
- Vending machine at detention facility
- "Ban the Box" in private sphere

### OVERALL RANKING

# 7

Prioritization Average

**CRITICAL**

### Participants Allocated

# 7.8%

### of Investment

### Barriers/Challenges

- Transgender trauma in incarceration
- Lack of permanent/sustainment funding
- Increasing choice
- Access to medication and methadone
- Low barrier housing options
- Father/child housing options
- Medicaid loss in prison
- Living wages
- Art?
- Chronic pain management

### Points to Explore Further

- Needs of people in reentry
- Medicaid expansion efforts in jail/prison
- What communication and education exists?
- Where are the public schools?
- Person centered, not focuses on substance
  - Holistic/individual stated needs

# CRIMINAL JUSTICE DIVERSION PROGRAMS

## STATION 4

### Successes

- Programs that exist work
  - Criminal Justice Dept. Diversion Programs
  - Law Enforcement diversion/deflection
  - Lantern
  - CCDR
- Debt fund program
- Legal Restoration Counsel

### OVERALL RANKING

8

Prioritization Average

**CRITICAL**

### Participants Allocated

7.2%

### of Investment

### Barriers/Challenges

- Wait times
- Transportation
- Justice system buy in
- Juvenile Justice Programs (funding)
- Limited staffing
- Information sharing
- Criminalization of simple possession
- Help prior to homelessness
- Syringe exchange bias
- Lack of advocacy
- Meeting basic needs
- Housing for transgender and women
- Lack of Low-Barrier Housing
  - Undocumented resources
  - Housing Helpline issues

### Points to Explore Further

- CDF need now
- Trauma informed care
- UNC Chapel Hill/University buy-in
- Where are public schools?
- Expansion of outreach targeting young people

# ADDICTION TREATMENT FOR INCARCERATED PERSONS

## STATION 3

### Successes

- Initiation occurring at Orange Co. Detention Center

### OVERALL RANKING

9

Prioritization Average

**CRITICAL**

### Participants Allocated

6.7%

### of Investment

### Barriers/Challenges

- How to assist adults with children
- Transitional supportive housing to permanent supportive housing
- Capacity for timely access to mental health plus treatment for substance use disorder

### Points to Explore Further

- Continuing listening to community needs

# EMPLOYMENT-RELATED SERVICES

## STATION 6

### Successes

- Durham Small Business Center
  - Marketing
- Day 1 receipt of services in prison (prepared for employment)
- Workforce programs in Orange County
  - OC hires subsidized residents
- Blue Cross Blue Shield Annual Event - bringing all staff together more frequently

### OVERALL RANKING

# 10

### Prioritization Average

## HIGH

### Participants Allocated

# 6.7%

### of Investment

### Barriers/Challenges

- Increased bike routes
- Stigma
- Lack of funding to hire employees and/or volunteers to assist with services
- Transportation
- Immigration status
- Translation of printed materials/information
- "Get Rid of the Box" beyond OC Government
- Lack of recovery informed employers
- Living wages
- Random drug screens

### Points to Explore Further

- Incentivize employers and small businesses
- Additional interaction with vocational rehabilitation programs
- HOPE booths - gives encouraging messages
- Partner with community partners on educational training
- Resources for employers to assist with mental health/substance use
- Governor's apprenticeship program
- HOPE Renovations
- More community building opportunities for the ENTIRE community
- Work with Chamber of Commerce on "Ban the Box" Campaign
- Enhance campaign around living wages

# POST-OVERDOSE RESPONSE TEAM

## STATION 2

### Successes

- *None listed*

### OVERALL RANKING

# 11

Prioritization Average

**HIGH**

### Participants Allocated

# 6.1%

### of Investment

### Barriers/Challenges

- Program is only funded for 12 hr. coverage
- Complications w/ Peer Support Specialist
- Administered by government employees
- Must be at least 18 years old
- Funding for only (1) Peer Support Specialist

### Points to Explore Further

- Direct Primary Care
- Continuation of Naloxone access
- Privacy precautions
- Community Education
- Trauma informed services

# COLLABORATIVE STRATEGIC PLANNING

## STATION 6

### Successes

- Mental Health First Aid Training in the schools
- Additional training for community resiliency model
- Multiple vested community partners willing to collaborate

### OVERALL RANKING

*Participants were not asked to evaluate.*

### Prioritization Average

### Participants Allocated

*Participants were not asked to evaluate.*

### of Investment

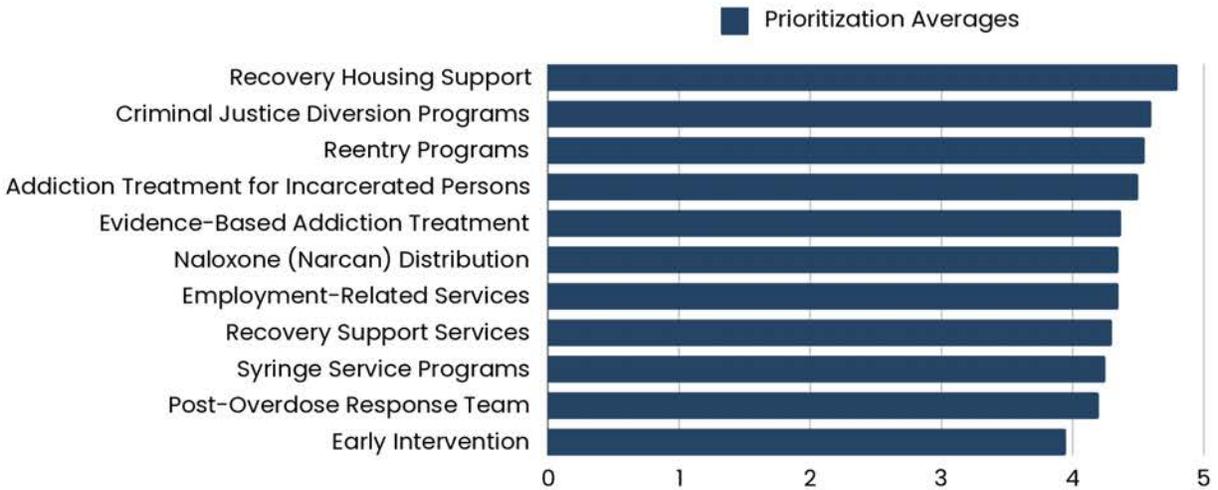
### Barriers/Challenges

- Resources are not streamlined
- Need central coordinator/coordinating entity
- Lack of public information on emerging issues/trends
- Resource sharing is limited
- Need additional coordination between treatment services
- Lack of services for pregnant woman in use
- SNAP ban for felonies

### Points to Explore Further

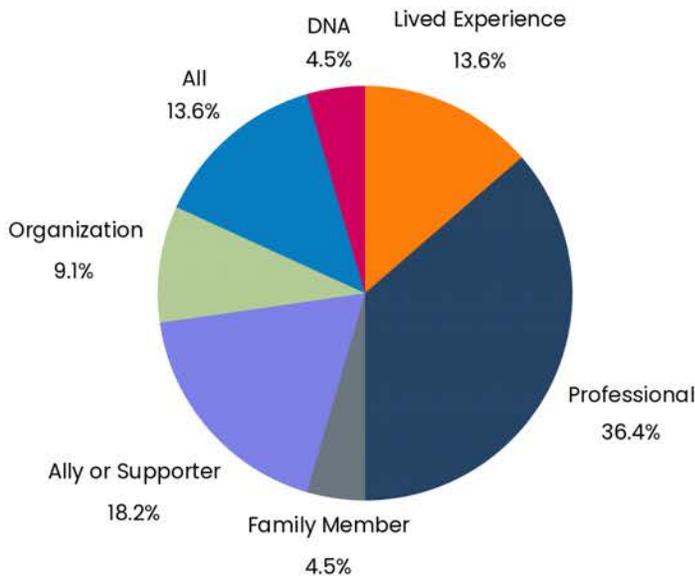
- How to coordinate with Harm Reduction Coalition
- How do folks get a seat at the table?
- Improve receptiveness of new ideas
- Explore text alert system about emerging issues (increase in overdoses, bad batch, etc.)
- Advocate for ending the felony SNAP ban with NC Department of Justice
- Improve bi-directional communication and resource sharing
- How do we get folks into "alarm" mode?

# Survey Results



The Opioid Advisory Committee received twenty-one survey responses, which accounted for approximately 35% of all participants. Among these, one response was submitted digitally, while twenty responses were gathered from paper surveys distributed in the registration packets.

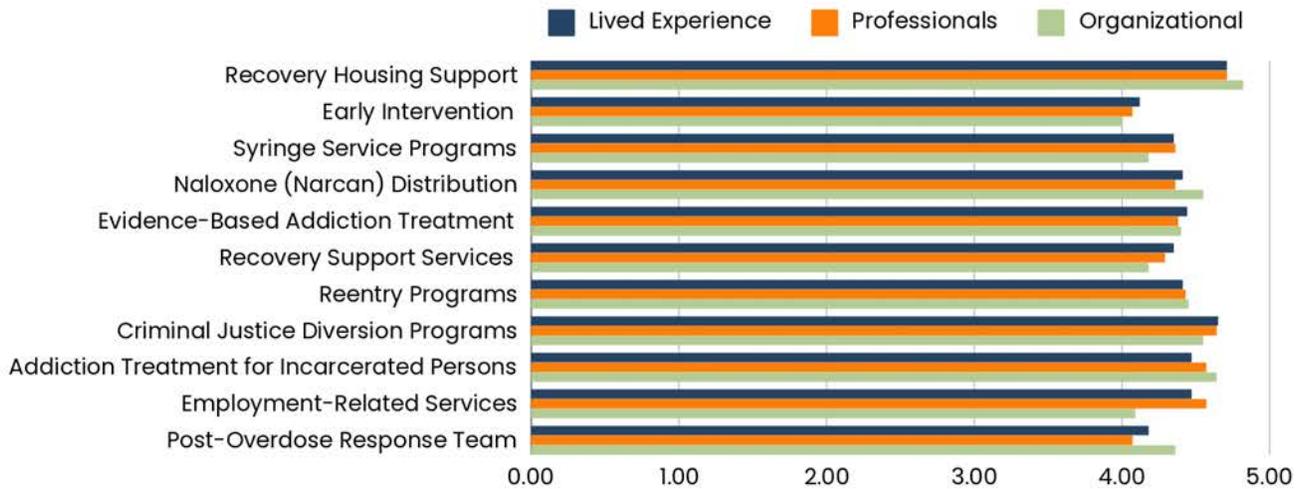
Participants were tasked with ranking each strategy on a scale from (1) LOW to (5) CRITICAL, with (3) representing a neutral stance. Notably, Recovery Housing Support emerged as the top priority, whereas Early Intervention was deemed the least critical. Each strategy received an average score of at least 3.95, signifying a relatively high level of priority across all categories.



Participants were asked to choose a descriptor that best represented them:

- I have experienced opioid use disorder.
- I am a professional engaged in treating/support those with OUD.
- I am a friend or family member.
- I am an ally or supporter.
- I am a member of a community organization engaged in this space.
- Other

# Survey Respondents



The chart displays survey results from respondents' self-identity types (lived experience, professionals, and those who are members of organizations).

## Recovery Housing Support Highest Priority Across All Respondents

**Lived Experience  
Top 4  
Highest Priorities**

**Criminal Justice Diversion Programs**

**Addiction Treatment for Incarcerated Persons**

**Employment-Related Services**

**Evidence-Based Addiction Treatment**

# Survey Comments



In conclusion, participants were invited to share any extra comments, suggestions, or ideas. Seven respondents shared their thoughts, with several touching upon common themes highlighted in the word cloud displayed above.

*“Community meetings and gatherings are great. Let’s keep talking.”*

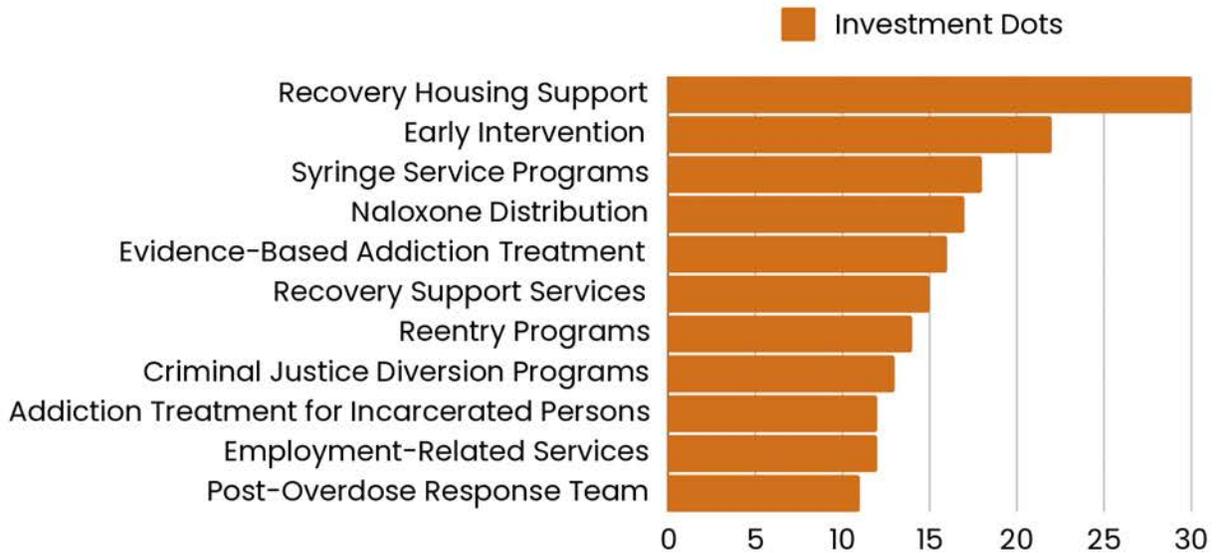
*“Given the rise in fentanyl + xylazine I feel that explaining access to MAT, including methadone treatment, is more important than ever”*

*“Still be open to innovative ideas”*

*“Today was amazing. Only suggestion is to emphasize the necessity of people w/ OUD earlier in the meeting. Many people with SUD feel like imposters in these settings. By prioritizing them early in the meeting, it can help them feel empowered to share, a part of the solution, that lived experience is expertise that no amount of learning can replace, like their opinions, insights, etc. are invaluable, heard, considered, etc. Help them build confidence to stay until the end. Sorry for the extremely long run-on sentence.”*

*“We need more trained (free training) peer + recovery coaching. These classes too high of a cost to a recovering person.”*

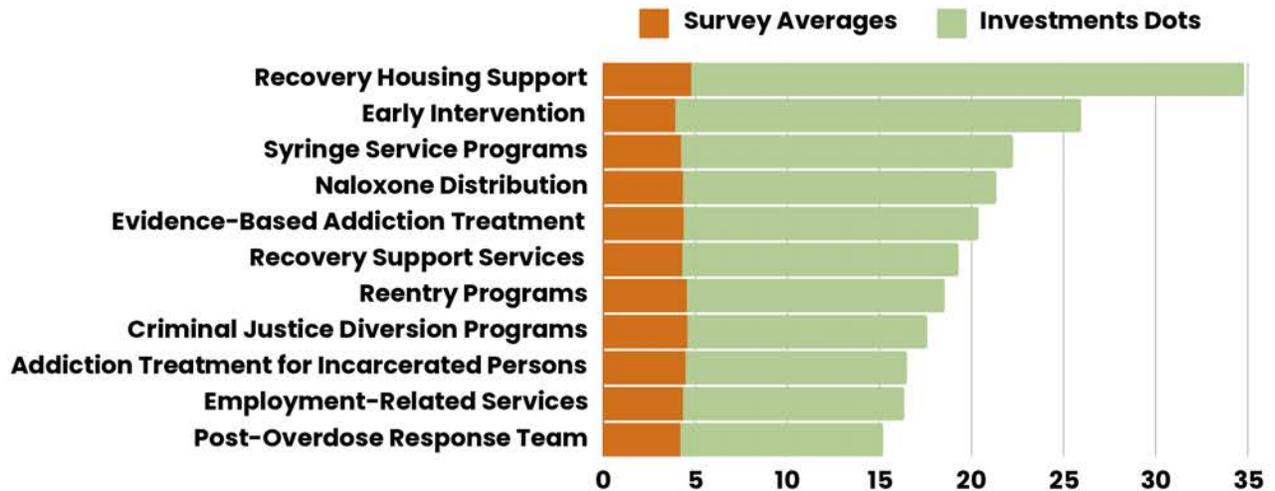
# Investment Results



At the check-in, participants were given six colored dots in their materials. Each dot represented a simulated dollar amount, and participants were instructed to "invest" (place) their dots however they preferred on the poster boards corresponding to each strategy. While there were eleven strategies available, participants were restricted to using only six dots. This exercise provided additional opportunity for participants to prioritize the strategies.



# Compiled Input



The chart above offers a summary of survey responses and the outcomes of investment voting activities. The average score for each strategy is derived from written survey feedback, and the total investment votes are tallied for each strategy. The chart below illustrates the same in comparison to Opioid Settlement Funds investments to date.

Option A Strategies <i>(listed in ranked order of compiled results)</i>	Survey Results	"Investment" Exercise Results	Opioid Funds Allocated to Date
Recovery Housing Support	4.8	30	\$0
Early Intervention	3.95	22	\$20,000
Syringe Service Programs	4.25	18	\$64,200
Naloxone (Narcan) Distribution	4.35	17	\$14,500
Evidence-Based Addiction Treatment	4.37	16	\$250,485
Recovery Support Services	4.3	15	\$367,67
Reentry Programs	4.55	14	\$153,500
Criminal Justice Diversion Programs	4.6	13	\$0
Addiction Treatment for Incarcerated Persons	4.5	12	\$0
Employment-Related Services	4.35	12	\$0
Post-Overdose Response Team	4.2	11	\$244,020



# Contact

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The Orange County Opioid Advisory Committee wants to extend our deep gratitude to everyone who participated in and organized the 2024 Opioid Settlement Funding Community Meeting. We especially appreciate those who bravely shared their survival stories. A special mention goes to Sheriff Charles Blackwood, the Orange County Sheriff's Office team, and their kind donors for providing lunch.

For more details about the Orange County Opioid Advisory Committee, the distribution of Orange County's Opioid Settlement Funds, or guidance on applying for funding, please visit [www.orangecountync.gov/2998/Opioid-Settlement-Funds](http://www.orangecountync.gov/2998/Opioid-Settlement-Funds) or contact the person above.