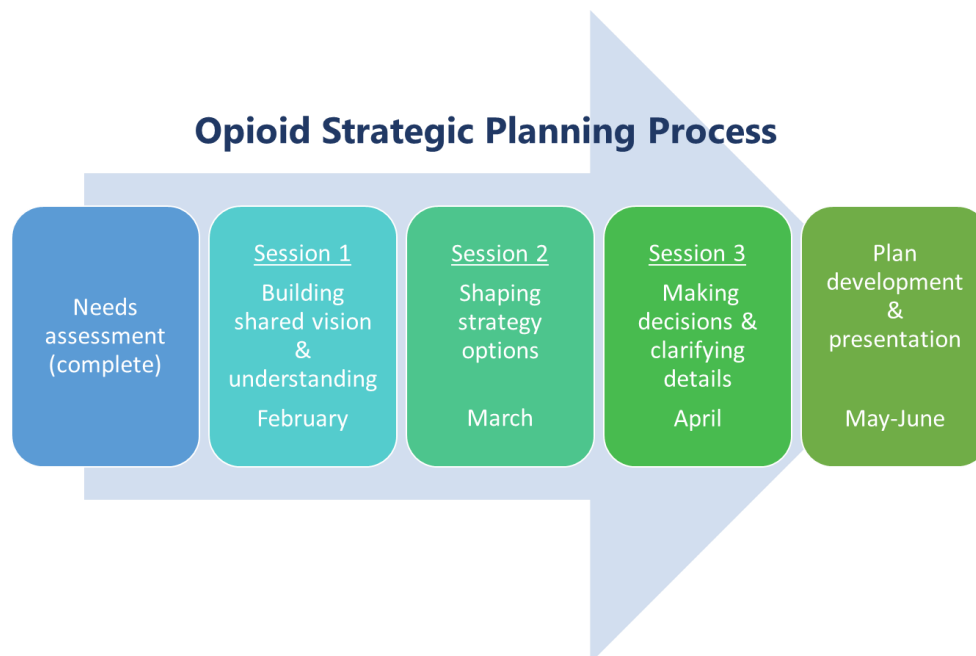


## Graham County Opioid Settlement Strategic Plan

June 12, 2023

This document is the result of a collaborative strategic planning process facilitated by Heather Gates of Human-Centered Strategy, LLC. A diverse group of stakeholders met across a series of three in-person planning sessions to shape this content, with leadership provided by the Graham County Health Department. Our planning process is outlined below.



### PLANNING WORKGROUP MEMBERS

The following stakeholders (types from Exhibit C of the Opioid Settlement MOA) attended one or more work sessions to support this plan:

**Amy Seay**, DSS (A3)  
**Bethany Leonard**, CLC – GCHD (A3,A9)  
**Joseph Jones**, Sheriff’s Office (A6)  
**Charlie Beam**, WNCAP (A3,A9)  
**Clinton Jones**, CLC – GCHD (A3,A9)  
**Gabe Hooper**, Analenisgi/CIHA (A2)  
**Jacob Nelms**, County Commissioner (A1)

**Jason Holloway**, HIGHTS (A4)  
**Meggan Smith**, past Interim GCHD Director (A2)  
**Rev. Michelle Shiplet**, Grace Place & GREAT (A8)  
**Sheena Kanott Lambert**, Tsalagi Public Health (A2,A10)  
**Sunny Jenkins**, Graham County Schools (A2,A4)  
**Donna Stephens**, Interim GCHD Director (A2)  
Bayla Ostrach, needs assessment lead (N/A)  
Heather Gates, facilitator (N/A)

# GRAHAM COUNTY OPIOID SETTLEMENT STRATEGIC PLAN

## ALIGNED PLANS & FOCUS AREAS

The content and strategies within this plan align with focus areas outlined in the [NC Opioid & Substance Abuse Action Plan](#). In addition to this statewide plan, our group will continue to monitor and explore opportunities for alignment with the following plans: Graham County Community Health Assessment & Improvement Plan, the EBCI Tribal Health Improvement Plan, and additional substance use planning conversations held within the local substance use coalition and neighboring counties in western North Carolina.



PREVENTION



CONNECTION  
TO CARE



HARM  
REDUCTION

This plan has a balanced approach focusing on prevention, connection to care, and reducing harm and is centered in the perspectives and needs of those with lived experience. In addition, a component of this plan addresses improvement related to monitoring data trends and impact.

## SHARED VISION FOR POSITIVE CHANGE

Through large and small group discussion during our planning work sessions, the shared vision for positive change below was drafted and includes population-level and service-system components:

***Changing family patterns to support future generations – where kids can imagine better: empty jails and no foster care. Happy and healthy families (free from overdose) with support across the lifespan from an integrated system of services and the community.***

### **Agencies and services**

- Agencies know resources and how to connect people to them across WNC
- Services and supports are safe and trusted
- Agencies are connected and meeting people where they are
- Quality services are available and sustained – no wait for treatment
- Those in need of service are eligible and have achievable goals
- Early intervention

### **Community**

- Less stigma
- More education
- Focus on wholeness
- Connected families

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## KEY INDICATORS

*Population-level trends to monitor progress over time*

- **Fatal Overdose** – rate (and #) of overdose deaths among Graham County residents – reported annually in the NCDHHS Opioid & Substance Use Action Plan Data Dashboard
- **Non-Fatal Overdose** – rate (and #) of non-fatal overdoses among Graham County residents – as measured by community-reported overdose reversals. Currently these data are not collected and aggregated in a centralized way that gives an accurate and comprehensive understanding of the metric, so our group discussed a trended estimate. Future work will focus on the feasibility of combining fatal and non-fatal overdose data through data collected by the medical examiner, EMS, neighboring hospitals, and community reversals reported to local naloxone distributor(s).

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## STORY BEHIND THE DATA (ROOT CAUSES)

The overall trends for the indicators mentioned above show increases over time (with possibly a small decrease in recent years based on early data analysis not yet publicly available). Work group members throughout the planning process mentioned root causes that shape these data curves by considering: what is helping? and what is in the way? The information below reflects perceptions of workgroup participants and is informed by the needs assessment that was conducted prior to the start of this planning process.

### **Strengths /What's helping?**

- Narcan/Naloxone exists & people are using it
- Support for harm reduction
- Community programs, services, & resources
  - Celebrate Recovery
  - Grace Place/Five Points Center – food, welcome, non-judgmental
  - Community Linkage to Care (CLC)
  - WNCAP (regional HIV/AIDS and harm reduction services provider)
  - G.R.E.A.T.
  - Medication for Opioid Use Disorder (MOUD), formerly/also known as MAT
  - NCCARE 360
  - Transit
- Community paramedicine
- Positive activities / social support
- Community involvement – people trying to fight the cause
- Education and awareness around this issue among the community & providers; training around Narcan use as well as on changing/emerging substances
- School drug education
- Policy: fair chance policy, syringe services legalized, Medicaid expansion
- Permanent supportive housing stipends - VAYA
- Individuals are seeking services

## **Challenges /What's in the way?**

### *Service System Challenges & Gaps*

- Stigma
- Not enough awareness of Narcan or resources
- Increased risk for HepC / infectious disease not being discussed
- Need more evidence-based services; lack of comprehensive services / gaps in service: ex:
  - Substance use classes not available locally and are mid-day where available in neighboring counties
  - Low availability of Medications for Opioid Use Disorder (MOUD)
  - SAIOP available by teleconference and not preferred (not available in-person locally)
  - Interns from WCU coming to schools to support kids – having to pay for their own travel which limits access
- Services need core sustained funding (not temporary and grants) – Mental Health/ Substance Use (MH/SU) overrun with problems and gaps in interdependent services
- Confidentiality sometimes broken
- Punitive approaches; SU criminalized
- Disconnection between agencies
- Service delivery / policy barriers
- Laws: not hiring those with charges; death by distribution
- Physician bias on the topic
- No funds or limited funding
- Close-mindedness in community
- Lack of education

### *Individual Experiences*

- Mental and emotional challenges
- Self-medicating; trauma; substance use is a symptom
- Fear of calling 911
- Scared to seek services
- Do not want to ask for help / embarrassed to seek services
- Want to get help and don't know what to do

### *Context & Social Drivers of Health*

- Increasingly toxic & changing substances
- Poverty / unemployment
- Lack of affordable housing
- Internet access
- Lack of transportation (& drivers)
- Domestic violence
- Stigma impacts kids and employment – cycle

## POTENTIAL STRATEGIES

### *Identification of ideas, gaps, and potential strategies*

We brainstormed ideas that could help build on our strengths and address challenges. These discussions included additional conversations around gaps in existing local services, and resulted in the following list of ideas:

- Residential (family) treatment and support services – sustainable (longer term)
- Long-term treatment
- Local treatment options
- WNCAP Harm Reduction M-F/9-5
- Share resources (build on existing efforts) for people with use disorder – unhoused
- Post Overdose Response Team (PORT) – Overdose (OD) Task Force
- Places to get cleaned up and get clothes
- Expand Narcan access
- Vending machines that distribute Narcan and supplies
- Classes/engagement (in-person): anger management, domestic violence, parenting
- Counseling and support for kids
- More people who will foster kids
- Close the gap between “the moments” to treatment – some key moments of intervention: reversal/overdose, kids in office at school for SU, jail/re-entry, DSS taking kids
- Grant writing support
- Job training
- AA/NA offered again locally
- Increase public awareness of services
- Support/expand Community Linkage to Care
- Connection and community
- Social Work interns from WCU – help with transportation (barrier to their support currently)
- More support groups
- Education to help with non-stigmatizing language
- Community education and awareness
- Quality improvement (QI) data/measures – better data on overdose and reversals; OD map
- Hep C / HIV – more education
- Communication campaign and messaging – to help change mindsets and create supportive culture with family, employers, and providers
- Recovery Education Center – multi-service location for a place to hang out, learn, get assessment, and therapy
- Substance Abuse Intensive Outpatient (SAIOP) – only available online or in Murphy/Franklin (could potentially partner with Cherokee Indian Hospital Authority (CIHA))
- Recovery focused transitional housing – where you live and work on the property to help maintain it (Fontana Village)
- Whole Family Support – (ex. Mary Benson House where you treat the whole family)
- Extend “moments” with supportive housing, safe space, income/employment, mental health, harm reduction

# GRAHAM COUNTY OPIOID SETTLEMENT STRATEGIC PLAN

## PRIORTIZATION

To help identify priority strategies, our group considered:

- ✓ Sustaining what was already working and in-place (and at risk for going away) – Priority 1
- ✓ Expansion of existing services – Priority 2
- ✓ Adding new services to address priority gaps – Priority 3
- ✓ Sustainability
- ✓ What strategies were listed and could be funded per the MOA and Exhibits A & B
- ✓ Available investment and what could be covered with that level of funding
- ✓ Removing small barriers with large impact
- ✓ Rural context

Through our discussions, the following favored strategies were discussed and further prioritized:

Prevent	Connect to Care	Reduce Harm
<p><b><u>School &amp; Community-based support</u></b> <i>(also in Graham CHIP)</i></p> <ul style="list-style-type: none"> <li>• Counseling (A6)</li> <li>• HIGHTS (A6)</li> <li>• Nurse Extenders</li> <li>• WCU student support (BG12)</li> <li>• Paramedicine</li> </ul> <p><b><u>Education/Training</u></b></p> <ul style="list-style-type: none"> <li>• AA/NA Classes</li> <li>• Anger Management</li> <li>• Domestic Violence</li> <li>• Parenting</li> <li>• HepC / HIV</li> </ul>	<p><b><u>Community Linkage to Care</u></b> (A6, B-B,C,D,E) <i>(also in Graham CHIP)</i></p> <ul style="list-style-type: none"> <li>• Peer and transition support</li> <li>• Referrals</li> <li>• Expand to PORT</li> </ul> <p><b><u>Safe place to recover &amp; get supportive services</u></b> (A&amp;B)</p> <ul style="list-style-type: none"> <li>• Transitional housing</li> <li>• Recovery center</li> <li>• Recovery education center</li> <li>• Grace lace expansion?</li> </ul> <p><b><u>Treatment Services</u></b> (A&amp;B)</p> <ul style="list-style-type: none"> <li>• Residential / family treatment</li> <li>• Local treatment services</li> <li>• SAIOP intensive outpatient – partnership with CIHA to expand?</li> </ul> <p><b><u>Funding &amp; monitoring impact</u></b></p> <ul style="list-style-type: none"> <li>• Grant writer</li> <li>• Improve data quality (B-H, J, L)</li> </ul>	<p><b><u>Expanded Naloxone/Narcan Access</u></b> (A&amp;B in several places)</p> <p>Health Department</p> <ul style="list-style-type: none"> <li>• Snowbird / Mobile Unit</li> <li>• Expanded WNCAP services</li> <li>• Vending Machine (new)</li> </ul> <hr/> <p><b><u>CROSS-CUTTING: Communication Campaign</u></b> (BG1-2)</p> <ul style="list-style-type: none"> <li>• Story + education</li> <li>• Decrease stigma</li> <li>• Decrease shame &amp; silence</li> </ul>

The final prioritized strategies are included with additional detail in the pages that follow. These strategies consider the decision filters listed above along with alignment with our shared vision, root causes, and service gaps.

# GRAHAM COUNTY OPIOID SETTLEMENT STRATEGIC PLAN

## PRIORITY STRATEGIES & FUNDING RECOMMENDATIONS

Each strategy description includes a goal and basic overview, timeline, budget, lead agency, partners, and performance measures. If funded, each lead agency will further develop action plans and evaluation approaches needed to collect performance data for their strategy. Collectively, via the Substance Use Coalition, we will continue to review population-level trends over time.



### 1. PREVENTION - School-Based Supports for Youth. MOA #A.6 & B.G9

Strategy Description	Timeline & Funding Needs
<ul style="list-style-type: none"> <li>• <b>Goal: sustain paraprofessional youth support (A6)</b> Support for .5FTE youth support counselor through HIGHTS to support youth at-risk for substance use or influenced by substance use disorder (\$35K – 2023)</li> <li>• <b>Goal: expand MH/SU support staff in the schools (A6)</b> Travel for WCU social work students that support school-based mental health and substance use efforts (\$2K per year)</li> <li>• <b>Goal: expand supportive gathering options and safe/nurturing spaces for youth after school (BG9)</b> After school activities (Summer Knights program) convened by the schools with funding to support extra staff time and supplies (\$8K)</li> </ul>	2023-24 \$45,000
	2024-25 \$10,000
	2025-26 \$10,000
	2026-27 \$10,000
	<b>Lead Agency:</b> Graham County Schools <b>Collaborating Partners:</b> HIGHTS, Graham County Health Department, Western Carolina University
Evaluation/Performance Measures	
How much did we do?	# of students engaged in services & activities # of FTEs available to support youth
How well did we do it?	#/% of students receiving services & activities who reported they were treated with care & respect -safe space/alternate activities available for middle and high school age students with proper supervision
Is anyone better off?	#/% students seen in counseling who have improved relationships # of connections between community care, school, parents and DJJ

# GRAHAM COUNTY OPIOID SETTLEMENT STRATEGIC PLAN



## 2. CONNECT TO CARE – *Expand access to Opioid Use Disorder treatment related supports; Address needs of justice involved population*

### 2A. Community Linkage to Care & Post Overdose Response Team. MOA #A6.B-E

Strategy Description	Timeline & Funding Needs	
<ul style="list-style-type: none"> <li>• <b>Goal: Continue Community Linkage to Care Program</b> – an existing program (with expiring funding) based at the Graham County Health Department that supports people who use drugs, with a history of drug use, and people seeking treatment and recovery, to healthcare, social services, and treatment (if desired); support 2.0 FTE certified peer support specialists and program expenses.</li> <li>• <b>Goal: Collaborate with community paramedicine and EMS to start a Post Overdose Response Team (PORT)</b> to coordinate referrals and outreach to overdose survivors.</li> </ul>	2023-24	\$120,000
	2024-25*	\$48,000
	2025-26*	\$49,000
	2026-27*	\$15,000
	*matching funds/ leverage funds to help increase grant-writing success and braid funding	
<b>Lead Agency:</b> Graham County Public Health <b>Collaborating Partners:</b> EMS, local law enforcement, WNCAP, and other local partner agencies and service providers		
Evaluation Measures		
How much?	# of ppl linked to care; types/# of referrals total; # of people diverted from jail through CLC referral; # of PORT referrals; # of PORT referrals resulting in engagement; # of PORT clients linked to services; # of naloxone kits distributed to PORT referrals	
How well?	-partner-reported coordination quality between CLC team, EMS, and law enforcement -level of satisfaction with the effectiveness of PORT case management meetings -expanded partner data coordination/sharing	
Anyone better off?	Strategy contributes directly to reduction in overdose deaths (one of our primary indicators) #/% of overdose survivors engaged with CLC	

### 2B. Group Opioid Use Disorder Counseling and Training MOA #BB.15

Strategy Description	Timeline & Funding Needs	
<ul style="list-style-type: none"> <li>• <b>Goal: Support adults who use or have used opioids</b> (may also have other co-occurring SA/MH disorders). Contracted support for a clinical counselor already providing services in Graham County to expand their</li> </ul>	2023	\$10,000
	2024	\$12,000
	2025	\$14,000
	2026	\$16,000



# GRAHAM COUNTY OPIOID SETTLEMENT STRATEGIC PLAN

scope and convene weekly gatherings; this group will use the 12-week, evidenced-based curriculum, Prime for Life.	<b>Lead Agency:</b> Graham County Public Health will serve as the contracting agency for this service. <b>Collaborating Partners:</b> local referral agencies
Evaluation/Performance Measures	
How much did we do?	# of group classes offered locally each month
How well did we do it? [revise?]	#/% of participants connected to services that report they were treated with care & respect, and that content was non-stigmatizing
Is anyone better off? [revise?]	#/% participants seen who are in active recovery



## 3. REDUCE HARM – Expand Harm Reduction Services. MOA # BH.9&11

Strategy Description	Timeline & Funding Needs	
<ul style="list-style-type: none"> <li><b>Goal: Expand the impact of harm reduction services available in Graham County.</b></li> </ul> Funds will be used to support WNCAP's harm reduction services in Graham County through maintaining and potentially expanding services, aiding in the purchase of harm reduction supplies, and providing support for travel to leverage the staff time and effort being contributed by this agency.	2023	\$20,000
	2024	\$20,000
	2025	\$20,000
	2026	\$20,000
	<b>Lead Agency:</b> WNCAP <b>Collaborating Partners:</b> Grace Place/Five Points Center, CLC at Local Health Department	
Evaluation/Performance Measures		
How much did we do?	# of hours of harm reduction outreach provided in Graham County per week/month # of naloxone kits distributed to people at greatest risk for overdose death (PWUD)	
How well did we do it?	Consistency of harm reduction outreach services available (coverage/in Graham every week) WNCAP reports (monthly) – extent to which they have adequate supplies to support Graham County # of unique participants served	
Is anyone better off?	# of Graham County community OD reversals reported # of Graham County individuals tested for HCV/HIV # of Graham County individuals linked to HCV/HIV treatment	

# GRAHAM COUNTY OPIOID SETTLEMENT STRATEGIC PLAN

## 4. CROSS-CUTTING IMPACT ACROSS ALL APPROACHES

### Communication Campaign & Community Conversations



MOA #BG.1-2

Strategy Description	Timeline & Funding Needs	
<ul style="list-style-type: none"> <li><b>Goal: Decrease stigma surrounding opioid use disorder and treatment</b> through a community-wide communication campaign and series of conversations to share story and educate the public, providers, employers, and families on substance and opioid use disorder. The campaign will partner with key community leaders (such as pastors) and engage individuals with lived experience to share their stories – to help reduce stigma, shame, and silence that contributes to many of community and service system access challenges. Funds will be used to gather community members (staff time and supplies) and hire contract support for messaging and paid media placement as needed.</li> </ul>	2023	\$29,000
	2024	\$5,000
	2025	\$5,000
	2026	TBD
	<p><b>Lead Agency:</b> Graham County Public Health (convener of collaborative approach)  <b>Collaborating Partners:</b> Substance Use Coalition and other local partner agencies and stakeholders</p>	
Evaluation/Performance Measures		
How much?	# of participants # of events # of outreach and communication efforts	
How well?	# of partners giving presentations and sharing story	
Anyone better off?	#/% of participants engaged who report learning something new and/or having expanded curiosity or understanding following a partner session or connection	

## ADDITIONAL COUNTY CONSIDERATIONS

### *Not funding requests*

Our discussions generated thoughts about complementary ways that County government could help address some of our current challenges in addition to the opioid settlement funding request. See below for some time-sensitive and ongoing challenges that could use additional support and influence.

- Advocate for local allocation/support within regional efforts (ongoing)
- Support legislation related to funding Kinship Care – to support Foster Services (2023)
- Continue advocating for improvement in areas where state-level policy impacts our ability to operate efficiently within our local reality (ex., justice & legal) (ongoing)

# GRAHAM COUNTY OPIOID SETTLEMENT STRATEGIC PLAN

## ADDITIONAL COMMUNITY CONTRIBUTIONS - *in-kind support*

In addition to leading and partnering on the proposed strategies, additional activities being led by partner agencies will contribute to the overall community-wide approach (though not currently requesting the use of Opioid Settlement funding to support that work). Some examples:

Service/Program	Lead Agency	Focus Area
Community paramedicine services	EMS	Harm Reduction
Counseling and nurse extenders in the schools	School System	Connection to Care
Expanded educational services (AA/NA, parenting, anger management, Hep C/HIV)	Health Department	Prevention & Connection to Care
Services to support EBCI enrolled Tribal members	CIHA & Tsalagi Public Health	Impacts all areas
Exploring safe place to recover and get supportive services	Grace Place / Five Points Center, and other partners	Connection to Care
Expanding harm reduction services in Graham County to one day/week	WNCAP	Harm Reduction
Help advertise for key vacancies in local infrastructure (ex., transportation)	All partners	Impacts all areas

## CRITICAL ISSUES STILL IN NEED OF ATTENTION

*That are not funded fully in this plan, nor currently covered by partners*

- Transitional housing
- Residential/family treatment
- Substance Use & Mental Health services – locally accessible/in-person treatment options – explore collaboration with other partners within the region; including SAIOP – intensive outpatient services or programs like SMART Recovery
- Domestic violence support/classes for offenders
- Funding for non-Medicaid eligible individuals

For questions or suggestions to this plan or the strategies included, please contact Bethany Leonard at [bethany.leonard@grahamcounty.org](mailto:bethany.leonard@grahamcounty.org) or Donna Stephens at [donna.stephens@grahamcounty.org](mailto:donna.stephens@grahamcounty.org).