



# Gaston County

Gaston County  
Board of Commissioners  
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## DHHS - Public Health Division Board Action

File #: 25-599

Commissioner Keigher - DHHS - Health Division - To Approve the Amended 2026-2029 Gaston County Opioid Settlement Strategic Plan

### STAFF CONTACT

Abigail Newton - Assistant Public Health Director - DHHS - Public Health Division - 704-853-5103

### BUDGET IMPACT

The adoption of this amended plan will allow spending for programs in Exhibit B, while continuing to fund programs in Exhibit A, of the MOA between NC and local governments on proceeds relating to the settlement of opioid litigation.

### BACKGROUND

The State of NC joined in the national litigation against pharmaceutical supply chain participants who engaged in the manufacture, marketing, promotion, distribution, or dispensing of opioid medications that has harmed the public. On June 8, 2021, the Board of Commissioners approved the Memorandum of Agreement Between the State of North Carolina and Local Governments on Proceeds Relating to the Settlement of Opioid Litigation (Resolution 2021-172) joining in the national litigation. Gaston County was awarded \$40,520,354.00 in settlement funds to be received over a period of 18 years. To date the County has received \$14 million in settlement funds.

This Board Action, if approved, will allow public health to extend the reach of the settlement funds and positively impact more lives. The report, created with the community, will guide our spending for the next four years, ensuring that the funds assist as many individuals as possible for as long as possible.

This is an amendment to the original plan adopted by the BOC at its 8/26/25 Regular meeting (2025-273); pages 6-7 have been updated to reflect partners. The new document must be approved by the BOCC.

### POLICY IMPACT

N/A

### ATTACHMENTS

Updated Gaston County Opioid Settlement Strategic Plan

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	JBailey	CBrown	CCloninger	AFrale	BHovis	TKeigher	SShehan	Vote
2025-394	12/09/2025	SS	JB	A	A	A	A	A	AB	A	U

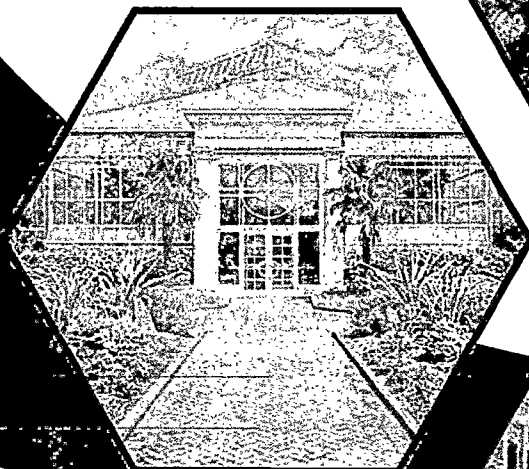
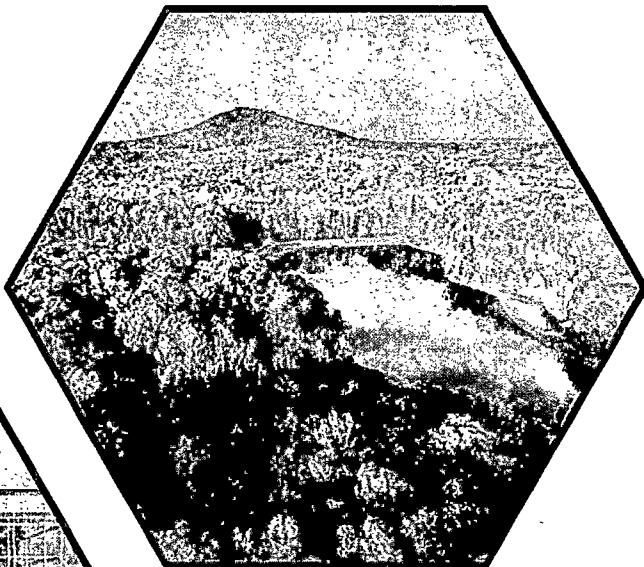
### DISTRIBUTION:

Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

# Gaston County Opioid Settlement Strategic Plan

2026-2029



**GASTON COUNTY**  
Public Health

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# Summary

Creating a strategic plan as comprehensive and critical as this one requires significant time and input from voices across Gaston County. The purpose of the opioid settlement funds is to keep our residents alive so they can embark on their own recovery journeys, whatever that may look like. This is what makes these funds so vital; we must invest them wisely to protect our friends, family, neighbors, and community members from the opioid crisis that has impacted every corner of the county.

Through strategic investments, we can transform Gaston County into a place with comprehensive support systems that prevent substance use, reduce its harms, provide treatment, and assist individuals in their recovery journeys. To identify priority funding areas, the Collaborative Strategic Planning Committee convened monthly from March 2024 to October 2024 to fulfill the requirements of Exhibit C of the NC MOA. This work will enable us to fund strategies from both Option A and Option B of the NC MOA. The committee identified the most pressing needs in the county through various feedback channels and prioritized them accordingly.

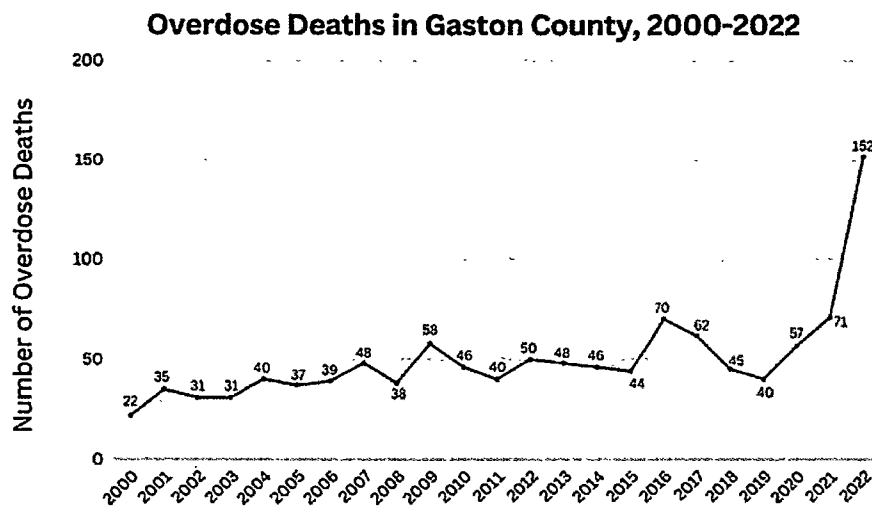
It is our recommendation, as the Collaborative Strategic Planning Committee, that the strategies listed in "Prioritization of Potential Strategies" be considered for funding in accordance with the timeline and budget recommendations. We included multiple strategies under each priority area as a way to remain responsive to the community's needs while staying within the parameters of the NC MOA. The recommendations in this report will guide our spending over the next four years, ensuring that opioid settlement funds assist as many individuals as possible for as long as possible. Our goal is to use these funds to strengthen programs and organizations so they can eventually sustain themselves without ongoing financial support. This approach will allow us to extend the reach of the funds and positively impact more lives. While \$40 million is a significant amount, it only begins to scratch the surface of addressing the harm caused by the opioid crisis.

Any opinions, findings, or recommendations expressed in this report are those of the individuals who participated in the Collaborative Strategic Planning process and does not reflect the opinion of the entire organization. Gaston County Public Health Recognizes the broad range of perspectives, priorities, and goals of the individuals and organizations who have contributed to the process; while we strive to reach a general consensus, participation in this process does not indicate full endorsement of all final recommendations.



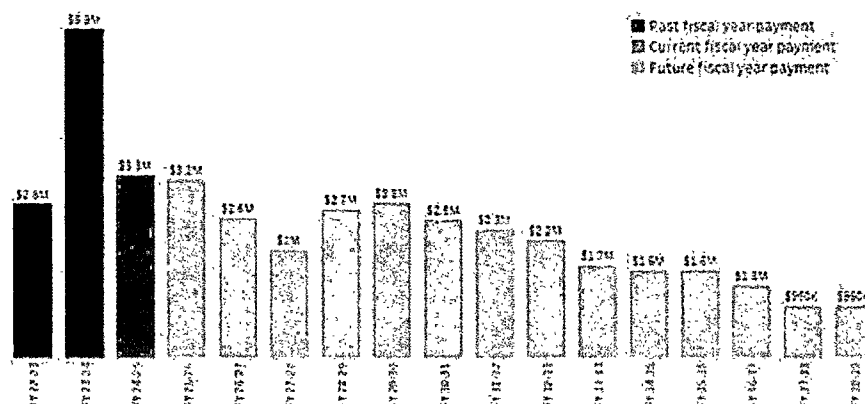
# Background

The overdose crisis is one of the worst public health emergencies the United States has faced in decades. In 2022, there were 107,941 reported drug overdose deaths in the United States (CDC, 2024b), this includes 4,339 people in North Carolina, 152 of which were Gaston County residents. Also, a staggering 81.6% of the overdose deaths in Gaston County involved illicit opioids (NC Department of Health and Human Services, 2024). Provisional data from the CDC shows that there were 94 overdose deaths in Gaston County in 2023 (Ahmad et al., 2024), but those records have not been finalized by the NC State Medical Examiner's Office, so were not included in the graph below.



North Carolina will receive \$1.5 billion from a series of national opioid settlements totaling \$56 billion, these funds will bring desperately needed relief to communities impacted by opioids. Spending of these funds is governed by the North Carolina Memorandum of Agreement (NC MOA) between the state of North Carolina and the local governments. Municipalities that qualify for opioid settlement funds can designate their respective county to assume responsibility for their settlement funds. Gastonia opted for Gaston County to administer these funds in a manner consistent with the NC MOA. According to the NC Opioid Settlement Payment Schedule Dashboard, Gaston County is expected to receive roughly \$40 million over 18 years (this is inclusive of Gastonia). This graph is updated as of October 28, 2024. To date, Gaston County has received \$11,796,701.54 in opioid settlement funds.

**Gaston County** will receive at least **\$40,520,354** in opioid settlement funds from 2022 through 2038.



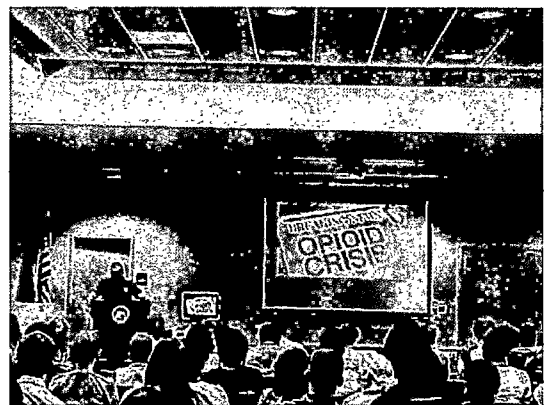
# Engaging the Community

Once a county or municipality signs onto the NC MOA, they may begin funding strategies from a list of high-impact options called Option A. To fund strategies from a longer list of options, called Option B, the county or municipality must first complete a collaborative strategic planning process, the details of which are laid out in [Exhibit C](#) of the NC MOA. This process began in early 2024 with the convening of the Collaborative Strategic Planning Committee.

Special considerations were made to include those with lived and living experience in multiple ways throughout this process. We elicited feedback through focus groups, surveys, the Gaston Controlled Substances Coalition and its subcommittees, public meetings, and one-on-one interviews and conversations with community members.

On behalf of Gaston County Public Health, we would like to extend a thank you to the following individuals for their participation in the collaborative strategic planning process:

- Andrea Stephens, United Way of Gaston County
- Blair Hall, Gaston County Schools
- Brandon Miller, Gaston County EMS
- Brittany Lewis, Gaston County Public Health Department
- Carrie Meier, Gaston County Public Health Department
- Diana Willman, Gaston County Public Health Department
- Farah Laliwala, McLeod Centers for Wellbeing
- Holly Wall, Partners Health management
- Jeff Phelps, Gaston County Police Department
- Jenna Koebel, CaroMont Hospital
- Jennifer Davis, Faith Community Leader
- Justin Greer, Gaston County EMS
- Karen Kmec, Gaston County Department of Social Services
- Katherine Long, McLeod Centers for Wellbeing
- Keith McCabe, Gaston County Sheriff's Office
- Luke Upchruch, Gaston College
- Dr. Mark Lassiter, DDS, Gaston County Board of Health and Human Services
- Melanie Lowrance, Gaston County Community Support Services
- Michelle Mathis, Olive Branch Ministry
- Nazrul Chowdhury, Remembering Austin Foundation
- Natan Shemesh, Gaston County Department of Social Services
- Ronda Williams, NCCPSS, Olive Branch Ministry
- Shawn Collins, Department of Juvenile Justice and Delinquency Prevention
- Shenice Bailey, Gaston County Schools
- Stephanie, Jamoulis, Community Support Services



The collaborative strategic planning process and this report were completed by Carly Kyre, Gaston County Community Support Services, in conjunction with the individuals listed above.

Item A Detail: Stakeholder Involvement

Stakeholders	Description	Content of Report & Recommendations
A-1	Local Officials	County and municipal officials, such as those with responsibility over public health, social services, and emergency services.  Gaston County EMS, Gaston County Public Health, Gaston County Department of Social Services: Involved in focus groups, surveys, the Gaston Controlled Substances Coalition and its subcommittees, public meetings, and one-on-one interviews, conversations with community members, and the Opioid Settlement Team.
A-2	Healthcare Providers	Hospital and health systems, addiction professionals and other providers of behavior health services, medical professionals, medical professionals, pharmacists, community health centers, medical safety net providers, and other healthcare providers.  CaroMont Hospital, McLeod Centers for Wellbeing and Integra Health: Involved in focus groups, surveys, the Gaston Controlled Substances Coalition and its subcommittees, public meetings, and one-on-one interviews, conversations with community members, and the Opioid Settlement Team.
A-3	Social Service Providers	Providers of human services, social services, housing services, and community health services such as harm reduction, peer support, and recovery services.  Gaston County Department of Social Services, McLeod Centers for Wellbeing, and Olive Branch Ministries: Involved in focus groups, surveys, the Gaston Controlled Substances Coalition and its subcommittees, public meetings, and one-on-one interviews, conversations with community members, and the Opioid Settlement Team.
A-4	Education and Employment Service Providers	Educators, such as representatives of K-12 schools, community colleges, and universities; and those providing vocational education, job skills training, or related employment services.  Gaston County Schools and Gaston College: Involved in focus groups, surveys, the Gaston Controlled Substances Coalition and its subcommittees, public meetings, and one-on-one interviews, conversations with community members, and the Opioid Settlement Team.
A-5	Payers and Funders	Healthcare payers and funders, such as managed care organizations, prepaid health plans, LME-MCOs, private insurers and foundations.  Partners Health Management, United Way of Gaston County and Remembering Austin Foundation: Involved in focus groups, surveys, the Gaston Controlled Substances Coalition and its subcommittees, public meetings, and one-on-one interviews, conversations with community members, and the Opioid Settlement Team.
A-6	Law Enforcement	Law enforcement and correction officials  Gaston County Police Department, Gaston County Sheriff's Office, Department of Juvenile Justice and Delinquency Prevention: Involved in focus groups, surveys, the Gaston Controlled Substances Coalition and its subcommittees, public meetings, and one-on-one interviews, conversations with community members, and the Opioid Settlement Team.

Stakeholders		Description	Content of Report & Recommendations
A-7	Employers	Employers and Business Leaders	N/A
A-8	Community Groups	Community groups, such as faith communities, community coalitions that address drug misuse, groups supporting people in recovery, youth leadership organizations, and grassroots community organizations.	Community Engagement Leadership and Gaston Controlled Substance Coalition: Involved in focus groups, surveys, the Gaston Controlled Substances Coalition and its subcommittees, public meetings, and one-on-one interviews, conversations with community members, and the Opioid Settlement Team.
A-9	Stakeholders with "Lived Experience"	Stakeholders with "lived experience," such as people with addiction, people who use drugs, people in medication-assisted or other treatment, people in recovery, people with criminal or justice involvement, and family members or loved ones of the individuals just listed.	Olive Branch Ministry: Involved in focus groups, surveys, the Gaston Controlled Substances Coalition and its subcommittees, public meetings, and one-on-one interviews, conversations with community members, and the Opioid Settlement Team.
A-10	Stakeholders reflecting diversity of community	Stakeholders who represent the racial, ethnic, economic, and cultural diversity of the community, such as people of color, Native Americans, members of the LGBTQ community, and members of traditionally unrepresented or underrepresented groups.	Gaston County Public Health LatinX Coordinator: Involved in focus groups, surveys, the Gaston Controlled Substances Coalition and its subcommittees, public meetings, and one-on-one interviews, conversations with community members, and the Opioid Settlement Team.



# Building Upon Related Planning

To not duplicate efforts, the Collaborative Strategic Planning Committee evaluated the findings from the following reports as a foundation for their recommendations.

## **Opioid Settlement Funding: Guidance for Gaston County, 2023**

- This report was created by the Gaston Controlled Substances Coalition to help Gaston County officials frame opioid-related resources and needs as they allocate Opioid Settlement Funds. The report is hyperlinked above.

## **Gaston County Community Health Assessment, 2021**

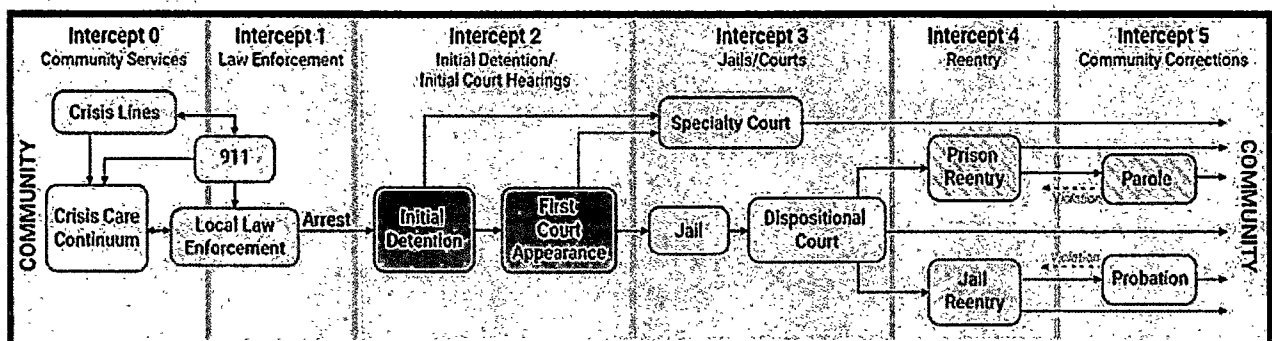
- A Community Health Assessment (CHA) is a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection, and analysis. This report was created by Gaston County Public Health and CaroMont Regional Medical Center. The report is hyperlinked above.

## **Intergovernmental & Interagency Task Force on Homelessness in Gaston County Report, 2021**

- The goal of this report is to examine the multitude of issues and complexities surrounding homelessness in Gaston County and develop evidence-based solutions that will lead to effective and documented outcomes. The report is hyperlinked above.

## **Sequential Intercept Model (SIM) Mapping Workshop, 2024**

- The Sequential Intercept Model (SIM) details how individuals with mental health and substance use challenges come into contact with and move through the criminal justice system. the SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. Gaston County will receive its personalized map and corresponding report at the end of 2024. A visual representation of what a SIM map looks like is below.



Source: Substance Abuse and Mental Health Service's Gains Center

# Creating a Shared Vision

To ground this process and set an overarching goal for what we want to accomplish through the investment of opioid settlement funds, the Collaborative Strategic Planning Committee created a vision statement of what we think Gaston County could look like one day. Through a series of drafting exercises, conversations, revisions, and votes, the agreed upon vision statement for positive community change is:

**“Gaston County envisions a community where coordinated efforts exist to address substance use, spanning from early intervention to long-term and self-defined recovery. A community that works together to remove barriers to care, embraces all pathways to recovery, implements harm reduction strategies, is stigma-free, and promotes health equity.”**

## Key Performance Indicators

To monitor and measure progress toward the shared vision, the Collaborative Strategic Planning Committee selected metrics from the North Carolina Department of Health and Human Services (NC DHHS) Opioid and Substance Use Action Plan Data Dashboard as well as data collected regularly by Gaston County Emergency Medical Services (GEMS), Gaston County Police, and Gastonia City Police. This data will be monitored regularly to determine if Gaston County is making progress toward achieving the vision. The metrics selected are as follows:

- Overdose deaths
- Emergency department visits Residents dispensed opioids
- Children in foster care due to parental substance use
- Hepatitis C rates
- Equity measures for AI/AN NH, Black NH, Hispanic, Asian NH, White NH
- Total overdoses responded to by GEMS
- Total naloxone distributed by GEMS
- Youth overdoses responded to by GEMS
- Total number of opioids seized by law enforcement

# Root Cause Analysis

No one particular reason causes people to begin using drugs or develop a substance use disorder (SUD). To dig deeper into the root causes of substance use, the Collaborative Strategic Planning Committee did multiple rounds of the “5-Why’s” exercise to explore how different influences can lead someone to use drugs. Conversations were focused on individual, interpersonal, community, and societal influences.

Individual and personal influences can lead someone to use drugs. A need to self-medicate was identified as the first overarching individual theme. This led the group to the following root causes of substance use:

- Trauma, pain, brain health challenges, lack of access to care.
- No family support, stigma and shame, fiscal challenges, geographical challenges, lack of supportive agencies and resources, inappropriate prescribing.
- Lack of education in the community and supportive providers, unjust policies in the criminal justice system, lack of supportive housing and employment, lack of public transit, and generational SUD.
- Siloed approaches to care, lack of research, people with SUD are not a priority, apathy towards those with SUD, and lack of voices of those with lived/living experience in creating programs.

There are also interpersonal reasons why a person might use drugs, including generational drug use. The committee identified the following root causes of substance use that can stem from generational drug use:

- Generational manufacturing/industry and employment, genetics, generational trauma.
- Shame and stigma, lack of education and ability to advance in employment, lack of testing and tracking for SUD, lack of adequate medical care, lack of early intervention, Adverse Childhood Experiences (ACEs), and lack of dual diagnosis screenings.
- Lack of community education, lack of safe spaces to seek services and trust of providers, lack of empathy and supportive resources, and fiscal challenges.
- Lack of cultural humility of persons who use drugs, and lack of voices of persons who use drugs being centered in policies, procedures, and programming.

The community someone lives in can also influence if they decide to use drugs. Two avenues were discussed when exploring the community influences on drug use, the first being the lack of education, starting in schools. The following are the identified community root causes stemming from the lack of education in schools:

- Fear of talking about drugs and false belief that it encourages drug use, fear of parent pushback, health and physical education classes follow a limited curriculum and are not always prioritized.
- Southern culture of burying head in the sand rather than addressing issues head-on, health and physical education classes do not impact school ratings.
- Lack of education around the science that good quality information reduces the likelihood of risky behavior and does not encourage it, policy and system issues exist that do not prioritize evidence-based health information.

The second community root cause is the ease of access to legal and illegal drugs and peer pressure. The following were the root cause the group attributed to ease of access and peer pressure:

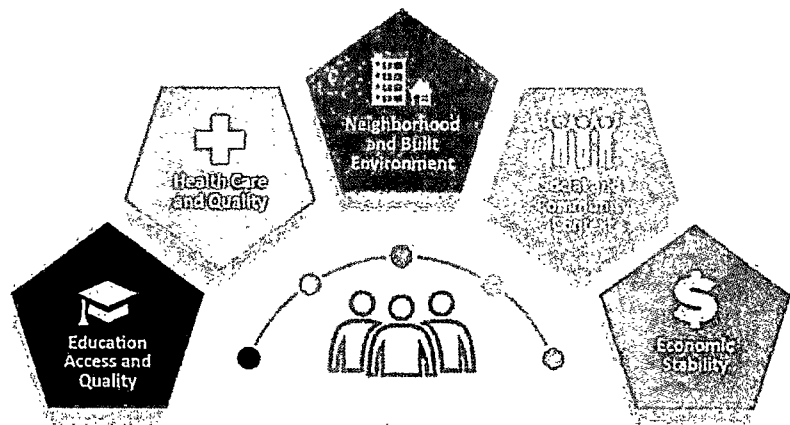
- Gaps exist in a clinic's ability to stop people from receiving medications from multiple providers and it is easy to get on the street. There is a lack of access to education on the effects of substance use.
- Clinics need to make money and fewer patients would reduce revenue. Substance use is glamorized among some groups.
- Providers and clinics are not always invested in the well-being of their clients and people have a false sense of confidence that drugs will not harm them.

Finally, there are societal reasons why someone may begin using drugs, and the committee chose to explore stigma and societal norms as a root cause. The following are the identified root causes:

- People do not want their neighbors to know about their substance use for fear of judgment.
- People fear they will be treated differently if they disclose their substance use.
- Misinformation on what someone who uses drugs may look like is common.

**Appendix A** is a fishbone diagram that helps visualize the individual, interpersonal, community, and societal factors discussed above.

The committee also wanted to emphasize how the Social Determinants of Health can influence someone to use drugs. The Social Determinants of Health include education access and quality, health care and quality, neighborhood and built environment, social and community context, and economic stability (CDC, 2024).



Source: Centers for Disease Control and Prevention

Research by Galea and Vlahov (2002) found that individuals who experience more negative social determinants have worse health outcomes that can influence drug-use behaviors. They also found that minority groups experience a higher level of social factors that negatively impact their health and further contribute to disparities in the health of people who use drugs (Galea & Vlahov, 2002).

## Gap Analysis

The purpose of a gaps analysis is to survey existing programs, services, or community support systems and identify the gaps or shortcomings. A gaps analysis was completed during the Sequential Intercept Model (SIM) mapping workshop. This analysis, completed by a diverse group of community agencies similar to the Strategic Planning Committee, created a list of gaps and needs in Gaston County pertaining to substance use and mental health services. The list created during the SIM workshop was presented to the Collaborative Strategic Planning Committee for their review and was tailored to the needs of this report. The identified gaps and needs are as follows:

- **Remove Barriers to Access**

- Rigid guidelines for services (ex. no interpreter services, strict requirements, varying eligibility requirements).
- Transportation
  - No traditional bus system, GoGastonia micro-transit has limited hours and is only available in Gastonia.
  - Youth transportation to services and treatment is limited.
- Information regarding services people are eligible for is not being distributed consistently.
- Navigation of the systems by the clients is difficult, people likely qualify for benefits and services they are not aware of.
- Stigma exists regarding accessing services for mental health and substance use.
- Pregnant persons of all ages lack services for SUD, many providers don't know how to properly treat a pregnant person with a SUD.

- **Improve Cultural Humility**

- Treatment options need to be tailored to the diverse populations.
- Knowledge of different substance use trends in the community isn't commonly known or shared.
- Access to language lines and funding for them (ex. Language Line Solutions), are not budgeted for by all agencies.
  - Need data for language changes and use in the community (ex. Haitian-Creole and Laotian are rising in the community).
  - More bilingual staff are needed.
- More staff training opportunities on substance use-related topics.
  - Ex. Implicit bias or changes in drug supply would help community agencies and law enforcement.

- **Increase Access to Treatment Options**

- MAT (Medication Assisted Treatment)
  - More options for Office Based Opioid Treatment (OBOT), where talk therapy is a requirement.
- More walk-in treatment centers (GEMS can get overwhelmed with Bridge Program participants).

- More places offering Mobile MAT and harm reduction services (ex. mobile clinics).

- Mental Health

- Individuals are being sent out of county for services, more accessible options are needed.
- A Social Worker with a LCSW/LCMHC in detention, or a social worker to help with service coordination and reentry.

- Residential Treatment (SUD/MH)

- Treatment centers are currently overwhelmed and limited beds are available even outside of Gaston County.

- Day center for crisis stabilization to connect people to peer support and other services.

- Specialized courts

- Mental health and homelessness courts
- DUI and Domestic Violence courts
- Family treatment courts

- More Intellectual and Developmental Disabilities (IDD) services are needed.

- Walk-in health clinics for physical health and other non-substance use-related issues

- **Improve Collaboration**

- Amongst professional agencies

- An active accurate list of resources for information (phone numbers, eligibility requirements) would help with referrals.
- Improved data sharing is needed between organizations, but information releases are difficult to obtain.
  - MOAs and MOUs take time and can delay service delivery
  - Information technology system to help in information sharing across agencies (ex. Julota) could be beneficial.
- Not duplicating services (i.e. multiple workgroups and committees doing the same thing) is crucial.

- Amongst individuals served

- Peer Support and individuals with lived and living experience to work with those who use substances is critical.

- Gaston County can contract to offer Peer Support services, but there are barriers to hiring them as County employees.
- Link and provide connection to community support during incarceration so there is no lag between release and services.
- **Remove Barriers to Success in Recovery**
  - It is difficult to reinstate benefits once incarcerated.
    - Ex. Medicaid, Food Stamps, WIC
  - Getting a valid ID, Social Security card, or birth certificate is often needed to receive benefits.
  - Obtain a job
    - Workforce development programs and job fairs are needed.
    - Recovery friendly workplaces are needed.
  - Obtain and keep housing
    - Need a homeless shelter and emergency shelter in Gaston County.
    - Needs options for families whose children have been placed into foster care due to parental substance use.
- Many landlords will not rent out homes to those with substance use disorder or do not accept public funding.
- Reentry resources are not always available due to a lack of funding and space.
- Individuals using multiple substances have different and increased needs.
- Officers have high caseloads
  - Cannot properly follow up and provide referrals due to seeing so many people.
  - After incarceration, Probation and Parole (PPO) have just days to figure out how to help if plans are not done timely.
- Lack of Juvenile Services
  - Major gaps exist in getting youth into treatment.
- Limited legal aid or assistance for those charged with a substance use-related crime.

## Identification and Evaluation of Potential Strategies

To identify potential strategies for funding, input was gathered through a series of focus groups, surveys, meetings, and the review of the local service gaps and root causes of substance use. An overview of the feedback collected is below and in more detail in the appendices.

### Community Input Survey 2023

In 2023, Gaston County surveyed the public and asked individuals to rank their top four strategies from Option A of the NC MOA, share service and program needs regarding substance use, and what they believe are the biggest barriers to treatment. The survey received a total of 613 responses between March 31, 2023, and April 14, 2023. To view the full results of the survey, follow this link: [Community Input Survey 2023](#). Highlights are included in **Appendix B**.

### Child Welfare Focus Group

Two focus groups were conducted with Social Workers and Peer Support Specialists in the Gaston County Department of Social Services Child Welfare divisions. This includes those working in Foster Care, Child Protective Services (CPS), and In-Home services. The purpose of this focus group was to gain insight into the needs of people who are involved in the Child Welfare system due to substance use. According to the Quality Assurance Manager for Gaston County CPS, the total number of screened-in reports for fentanyl increased from 4 in July 2024 to 14 in August 2024, a 250% increase. Findings from these two focus groups are outlined in more detail in **Appendix C**.

## **Adult and Aging Services Focus Group**

A focus group was conducted with Social Workers in Gaston County Department of Social Services Adult and Aging division to gain insight into substance use and opioid-related issues among their clients and client's families. This gave us a unique opportunity to learn about issues among the elderly, in assisted care facilities and skilled nursing facilities, and adults who are in the custody of Adult Protective Services, all of which tend to be overlooked when programs surrounding substance use are being created or given funding. Findings from this focus group are included in Appendix D.

## **Youth Overdose Prevention Workgroup**

In response to an alarming number of adolescents who have suffered an overdose in Gaston County, the Youth Overdose Prevention Workgroup was formed to bring together members of the Gaston Controlled Substances Coalition, the Child Fatality Prevention Team, the Community Child Protection Team, the Opioid Settlement Team, and other community members with an interest in preventing youth overdoses. Recommendations from this group that could be supported by opioid settlement funding include increasing prevention education in schools starting as young as 3rd grade and increasing the number of mental health counselors to allow all children the opportunity to have weekly mental health check-ins.



**Pictured: Youth Overdose Prevention Workgroup**

## **Olive Branch Ministry Participants Focus Group**

Two focus groups were held with participants from Olive Branch Ministry, the Syringe Service Program in Gaston County to gather insight from people with living experience what their needs are and what services would be helpful for them. The full details of the conversations with the Olive Branch Ministry participants are detailed in **Appendix E**.

## **Annual Public Meetings Feedback**

In 2024, Gaston County Community Support Services hosted three public meetings across the county to inform the public about the opioid settlement and gather input from the different municipalities, community organizations, and community members about how they would like to see the money be spent. Full details of the suggestions from the public meetings is included in **Appendix F**.



**Pictured: Rev. Michelle Mathis presenting on removing barriers to care and engagement through stigma reduction at the annual public meeting in Cherryville, NC on August 29, 2024.**

## **Law Enforcement Feedback**

To gather feedback from various law enforcement entities, Gaston County Community Support Services presented at the Gaston County Police Chief's Meeting and at the School Resource Officer meeting as a way to inform about the opioid settlement and learn what they are seeing. Feedback from these meetings is included in **Appendix G**.

# Prioritization of Potential Strategies

The Collaborative Strategic Planning Committee prioritized the recommended funding strategies through the evaluation of the root cause analysis, the gaps analysis, and recommendations from the various focus groups, surveys, meetings, and conversations. As a group, we understand that implementing this many strategies in four years is unlikely. However, due to the ever-changing nature of the opioid crisis we chose to include them as a priority so we can remain responsive and fund programs as needed. The prioritization is as follows:

## 1. Recovery Housing Support

- **Option A (4).** 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.

## 2. Training and Staffing

- **Option A (1).** 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).
- **Option B (J3).** Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
- **Option B (K1).** Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis. For example, training for law enforcement agencies to respond to opioid related calls.

## 3. Evidence-Based Treatment Options

- **Option A (2).** Evidence-based addiction treatment (includes MAT through OBOTs, OTPs, FQHCs, and other qualified providers). Can include capital expenditures for facilities that offer evidence-based addiction treatment.

## 4. Recovery Supports

- **Option A (3).** Recovery support services - 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.
- **Option B (D3).** Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.



## **5. Children's Services**

- **Option A (6).** Early Intervention – 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.
- **Option B (G9).** School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
- **Option B (E8).** Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
- **Option B (E10).** Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

## **6. Naloxone Distribution**

- **Option A (7).** Support programs or organizations that distribute naloxone to persons at risk of overdose or their social networks.

## **7. Harm Reduction Efforts**

- **Option A (9).** Syringe Service Programs
- **Option B (H11).** Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

## **8. Employment related services**

- **Option A (5).** 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.

## **9. Services for Justice-Involved Persons**

- **Option A (12).** Reentry programs for those leaving jail or prison
- **Option A (11).** Addiction treatment for incarcerated persons (Jail MAT)

## **10. Public information and Media**

- **Option B (G1).** Fund media campaigns to prevent opioid misuse.

# Budget and Implementation Timeline

Table M.1

Exhibit A or B:		Number and/or Letter:				Priority Strategy Name:							
STRATEGY TIMELINE													
	2026				2027				2028				
Implementation Activity	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	
1. Option B, B4; Housing	\$43,750	\$43,750	\$43,750	\$43,750	\$43,750	\$43,750	\$43,750	\$43,750	\$43,750	\$43,750	\$43,750	\$43,750	
2. Option A, Strategy 1; Collaborative Strategic Planning	\$85,625	\$ 85,625	\$ 85,625	\$ 85,625	\$ 85,625	\$ 85,625	\$ 85,625	\$ 85,625	\$ 85,625	\$ 85,625	\$ 85,625	\$ 85,625	
3. Option B, D7; Training on Justice Involved Person	\$ 1625	-	-	-	\$ 1625	-	-	-	\$ 1625	-	-	-	
4. Option B, J3; Infrastructure and Staffing	\$ 31,875	\$ 31,875	\$ 31,875	\$ 31,875	\$ 31,875	\$ 31,875	\$ 31,875	\$ 31,875	\$ 31,875	\$ 31,875	\$ 31,875	\$ 31,875	
5. Option A, Strategy 2: Evidence-based Addiction Treatment	\$ 93,750	\$ 93,750	\$ 93,750	\$ 93,750	\$ 93,750	\$ 93,750	\$ 93,750	\$ 93,750	\$ 93,750	\$ 93,750	\$ 93,750	\$ 93,750	
6. Option B, A2; Evidence-based Treatment – ASAM	\$ 36,250	\$ 36,250	\$ 36,250	\$ 36,250	\$ 36,250	\$ 36,250	\$ 36,250	\$ 36,250	\$ 36,250	\$ 36,250	\$ 36,250	\$ 36,250	
7. Option A, Strategy 3; Recovery Support Services	\$ 121,875	\$ 121,875	\$ 121,875	\$ 121,875	\$ 121,875	\$ 121,875	\$ 121,875	\$ 121,875	\$ 121,875	\$ 121,875	\$ 121,875	\$ 121,875	
8. Option B, B7; Recovery Transportation	\$ 19,375	\$ 19,375	\$ 19,375	\$ 19,375	\$ 19,375	\$ 19,375	\$ 19,375	\$ 19,375	\$ 19,375	\$ 19,375	\$ 19,375	\$ 19,375	
9. Option B, D3; Treatment and Recovery Court	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	
10. Option A, Strategy 6; Early Intervention	\$ 32,500	\$ 32,500	\$ 32,500	\$ 32,500	\$ 32,500	\$ 32,500	\$ 32,500	\$ 32,500	\$ 32,500	\$ 32,500	\$ 32,500	\$ 32,500	
11. Option B, G9; School or youth-based prevention	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	
12. Option B, E8; Support <u>for Children</u> and Families	\$ 19,062.50	\$ 19,062.50	\$ 19,062.50	\$ 19,062.50	\$ 19,062.50	\$ 19,062.50	\$ 19,062.50	\$ 19,062.50	\$ 19,062.50	\$ 19,062.50	\$ 19,062.50	\$ 19,062.50	
13. Option B, E10; Support for Children's Services	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	
14. Option A, Strategy 7; Naloxone Distribution	\$11,562.50	\$11,562.50	\$11,562.50	\$11,562.50	\$11,562.50	\$11,562.50	\$11,562.50	\$11,562.50	\$11,562.50	\$11,562.50	\$11,562.50	\$11,562.50	
15. Option A, Strategy 9; Syringe Service Programs	\$ 2,312.50	\$ 2,312.50	\$ 2,312.50	\$ 2,312.50	\$ 2,312.50	\$ 2,312.50	\$ 2,312.50	\$ 2,312.50	\$ 2,312.50	\$ 2,312.50	\$ 2,312.50	\$ 2,312.50	
16. Option B, H11; Support Mobile Units	\$ 3,437.50	\$ 3,437.50	\$ 3,437.50	\$ 3,437.50	\$ 3,437.50	\$ 3,437.50	\$ 3,437.50	\$ 3,437.50	\$ 3,437.50	\$ 3,437.50	\$ 3,437.50	\$ 3,437.50	
17. Option A, Strategy 5; Employment Support Services	\$2812.50	\$2812.50	\$2812.50	\$2812.50	\$2812.50	\$2812.50	\$2812.50	\$2812.50	\$2812.50	\$2812.50	\$2812.50	\$2812.50	
18. Option A, Strategy 12; Reentry Services	\$26,875	\$26,875	\$26,875	\$26,875	\$26,875	\$26,875	\$26,875	\$26,875	\$26,875	\$26,875	\$26,875	\$26,875	
19. Option A, Strategy 11; Tx for Incarcerated Persons	\$98,750	\$98,750	\$98,750	\$98,750	\$98,750	\$98,750	\$98,750	\$98,750	\$98,750	\$98,750	\$98,750	\$98,750	
20. Option B, G1; Fund Media Campaigns	\$ 3,750				\$ 3,750				\$ 3,750				

Table M.1

Exhibit A or B:		Number and/or Letter:				Priority Strategy Name:							
STRATEGY TIMELINE													
	2029				N/A				N/A				
Implementation Activity	July-Sept	Oct-Dec	Jan-March	April-June									
1. Option B, B4; Housing	\$ 43,750	\$ 43,750	\$ 43,750	\$ 43,750									
2. Option A, Strategy 1; Collaborative Strategic Planning	\$ 85,625	\$ 85,625	\$ 85,625	\$ 85,625									
3. Option B, D7; Training on Justice Involved Person	\$ 1625	-	-	-									
4. Option B, J3; Infrastructure and Staffing	\$ 31,875	\$ 31,875	\$ 31,875	\$ 31,875									
5. Option A, Strategy 2: Evidence-based Addiction Treatment	\$ 93,750	\$ 93,750	\$ 93,750	\$ 93,750									
6. Option B, A2; Evidence-based Treatment – ASAM	\$ 36,250	\$ 36,250	\$ 36,250	\$ 36,250									
7. Option A, Strategy 3; Recovery Support Services	\$ 121, 875	\$ 121, 875	\$ 121, 875	\$ 121, 875									
8. Option B, B7; Recovery Transportation	\$ 19,375	\$ 19,375	\$ 19,375	\$ 19,375									
9. Option B, D3; Treatment and Recovery Court	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000									
10. Option A, Strategy 6; Early Intervention	\$ 32,500	\$ 32,500	\$ 32,500	\$ 32,500									
11. Option B, G9; School or youth-based prevention	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500									
12. Option B, E8; Support for Children and Families	\$ 19,062.50	\$ 19,062.50	\$ 19,062.50	\$ 19,062.50									
13. Option B, E10; Support for Children's Services	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500									
14. Option A, Strategy 7; Naloxone Distribution	\$11, 562.50	\$11, 562.50	\$11, 562.50	\$11, 562.50									
15. Option A, Strategy 9; Syringe Service Programs	\$ 2,312.50	\$ 2,312.50	\$ 2,312.50	\$ 2,312.50									
16. Option B, H11; Support Mobile Units	\$ 3,437.50	\$ 3,437.50	\$ 3,437.50	\$ 3,437.50									
17. Option A, Strategy 5; Employment Support Services	\$2812.50	\$2812.50	\$2812.50	\$2812.50									
18. Option A, Strategy 12; Reentry Services	\$26,875	\$26,875	\$26,875	\$26,875									
19. Option A, Strategy 11; Tx for Incarcerated Persons	\$98,750	\$98,750	\$98,750	\$98,750									
20. Option B, G1; Fund Media Campaigns	\$ 3,750	-	-	-									
STRATEGY BUDGET													
Line Item	Amount	Description											
Personnel/Fringe	\$6,777,300	Salary and fringe for personnel											
Operating Costs	\$4,518,200	Program supplies, office supplies, training											
Contracted Services	\$0												
Other	\$0												
TOTAL	\$11,288,500												

# Goals, Measures, and Potential Organizations to Implement Recommended Strategies

Included in this section are the suggested goals, measures, and potential organizations responsible for implementing the prioritized strategies. Upon selection for funding after an RFP process, the awardee will work with Gaston County Public Health to establish a formal set of reportable measures.

## **Option B (B4) – Support People in Treatment and Recovery (Housing)**

- **Goals** – Create or expand housing first initiatives that allows those in treatment, recovery, or those who use drugs to get assistance in finding housing.
- **Process measure (How much did you do?)** – # of unique participants who have OUD, served.
- **Quality measure (How well did you do it?)** – # of people with OUD who received assistance with rent.
- **Outcome measure (Is anyone better off?)** – # of unique participants who have OUD, served who retain permanent housing at six months.
- **Potential Organizations** – Displaced Roses, Kintegra, HealthNet Gaston, Oxford Houses, ICGH, Phoenix Counseling, McLeod, United Way, Potters House, Catherine's House, Vanderburgh House

## **Option A (1) – Collaborative Strategic Planning**

- **Goals** – Increase collaboration amongst stakeholders to decide the best use of the opioid settlement funds.
- **Process measure (How much did you do?)** – # of staff hired to lead collaborative strategic planning efforts related to the Opioid Settlements.
- **Quality measure (How well did you do it?)** – # of recommendations that were approved by local officials.
- **Outcome measure (Is anyone better off?)** – # of recommendations implemented during the reporting period.
- **Potential Organizations** – Gaston County Public Health

## **Option B (J3) – Leadership, Planning, and Coordination (Care Navigator)**

- **Goals** – Hire a staff member whose purpose is to improve cross-system and multi-agency coordination to address the opioid crisis in Gaston County, and to act as a care navigator for those with OUD.
- **Process measure (How much did you do?)** – # of staff hired to address the opioid crisis.
- **Quality measure (How well did you do it?)** – # of people referred to recovery support services.
- **Outcome measure (Is anyone better off?)** – # of clients who report receiving the support they need in their recovery journey.
- **Potential Organizations** – Gaston County DHHS, Olive Branch Ministry, CaroMont, Kintegra, McLeod, ICGH, any treatment provider in Gaston County.

## **Option B (K1) – Training**

- **Goals** – Allow government, non-profit, and community agencies to provide responsive training for emerging substance use related issues as they occur.
- **Process measure (How much did you do?)** – # of trainings held.
- **Quality measure (How well did you do it?)** – # of attendees at trainings.
- **Outcome measure (Is anyone better off?)** – # of attendees who report they are better equipped to address the substance use related topic of the training.
- **Potential Organizations** – Gaston County Health and Human Services, Olive Branch Ministry

### **Option A (2) – Evidence Based Addiction Treatment**

- **Goals** – Provide uninsured and underinsured Gaston County residents with the opportunity to receive evidence-based medication assisted treatment (MAT) for opioid use disorder (OUD). Increase treatment services targeted toward pregnant and postpartum women.
- **Process measure (How much did you do?)** – # of referrals to opioid treatment programs.
- **Quality measure (How well did you do it?)** – # of referrals to opioid treatment programs that resulted in first appointment attended.
- **Outcome measure (Is anyone better off?)** – # of unique patients with OUD served who were connected and adhered to treatment.
- **Potential Organizations** – McLeod Centers for Wellbeing, Monarch, Phoenix, ICGH, New Seasons, Kintegra, Freedom Detox, Sun Path, Ethos, Freedom House, ASPEN, Infinite Beginnings, Pavana

### **Option B (A2) – Treat Opioid Use Disorder**

- **Goals** – Expand the availability of evidence-based addiction treatment to include additional modalities that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD.
- **Process measure (How much did you do?)** – # of providers offering alternate OUD treatment options.
- **Quality measure (How well did you do it?)** – # of referrals to alternate treatment options that resulted in a first appointment.
- **Outcome measure (Is anyone better off?)** – # of patients with OUD served who were connected and adhered to treatment.
- **Potential Organizations** – CaroMont Hospital, McLeod Centers for Wellbeing, Monarch, Phoenix, ICGH, New Seasons, Kintegra, Freedom Detox, Sun Path, Ethos, Freedom House, ASPEN, Infinite Beginnings, Pavana

### **Option A (3) Recovery Support Services**

- **Goals** – Increase the availability of recovery support services and connections to services in Gaston County.
- **Process measure (How much did you do?)** – # of unique participants who use opioids or have OUD, served.
- **Quality measure (How well did you do it?)** – # of unique participants, who use opioids and/or have OUD, served, who report they are satisfied with services.
- **Outcome measure (Is anyone better off?)** – # of unique participants with OUD served who were connected to treatment and adhered to treatment.
- **Potential Organizations** – Gaston Emergency Medical Services (GEMS), Olive Branch Ministry, Freedom House, Infinite Beginnings, McLeod, Alternative Community Penalties Program.

### **Option B (B7) – Support People in Treatment and Recovery (Transportation)**

- **Goals** – Remove transportation as a barrier to those who are in recovery and provide accessible transportation to services that support their recovery.
- **Process measure (How much did you do?)** – # of participants who use opioids or have OUD served.
- **Quality measure (How well did you do it?)** – # of participants who use opioids or have OUD who report they are satisfied with services.
- **Outcome measure (Is anyone better off?)** – # of participants who use opioids and/or have OUD, served who report getting the social and emotional support they need.
- **Potential Organizations** – Gaston Emergency Medical Services (GEMS)

**Option B (D3) – Address the Needs of the Criminal Justice Involved Persons (Recovery Courts)**

- **Goals** – Provide those with an opioid use disorder the opportunity to enter long-term treatment and court supervision rather than serving jail time, reducing overcrowding in the jail that often occurs when people are arrested due to substance use related charges. Explore creation of a youth recovery court in partnership with the Department of Juvenile Justice.
- **Process measure (How much did you do?)** – # of recovery court participants who have OUD, served.
- **Quality measure (How well did you do it?)** – # of participants who report being satisfied with services.
- **Outcome measure (Is anyone better off?)** – # of participants who completed their treatment plan.
- **Potential Organizations** – Gaston County Police, District Attorney, Gaston County Sheriff's Office, Probation and Parole Office

**Option A (6) – Early Intervention**

- **Goals** – Identify early signs of substance use and mental health concerns in children to refer them to services, and train adults on how to recognize those early signs.
- **Process measure (How much did you do?)** – # of children referred to Behavior Interventionist for additional screening.
- **Quality measure (How well did you do it?)** – # of unique participants trained, who feel more confident in supporting children and adolescents who may be struggling.
- **Outcome measure (Is anyone better off?)** – # of unique participants trained, who report using skills/knowledge gained in training.
- **Potential Organizations** – Support Inc., Blossom, Ellie, Pinnacle, Kintegra, Gaston County Schools, Lighthouse Children's Advocacy Center, Gaston County Public Health, Department of Juvenile Justice, Providing Opportunities for Recovery in Teens

**Option B (G9) – Prevent Misuse of Opioids (Youth Prevention)**

- **Goals** – Create and deliver evidence-based programming geared toward the prevention of drug use among children.
- **Process measure (How much did you do?)** – # of prevention lessons held.
- **Quality measure (How well did you do it?)** – # of youth who feel they learned something new about the harms of drugs.
- **Outcome measure (Is anyone better off?)** – # of substance related disciplinary actions.
- **Potential Organizations** – Gaston County Schools, Kintegra, Communities in Schools, Department of Juvenile Justice

**Option B (E8) – Provide advanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.**

- **Goals** – Hire someone who can offer trauma-informed behavioral health treatment to children and families suffering trauma from substance use in the family and connect them with other resources.
- **Process measure (How much did you do?)** – # of children who have been removed from the home or are at risk of being removed from the home due to parental substance use that were referred to behavioral health treatment.
- **Quality measure (How well did you do it?)** – # of referrals that resulted in first behavioral health treatment appointment.
- **Outcome measure (Is anyone better off?)** – # of patients that adhered to treatment for at least two months.
- **Potential Organizations** – Gaston County DSS, Community Action Head Start, Gaston County Schools, Kintegra, McLeod

**Option B (E10) – Support for Children’s Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.**

- **Goals** – Hire an additional Certified Peer Support Specialist to work in the Department of Social Services who focuses on working with families who have had children removed due to parental substance use, with a focus on reunification and securing housing or helping parents get into residential treatment programs.
- **Process measure (How much did you do?)** – # of referrals for housing assistance.
- **Quality measure (How well did you do it?)** – # of parents who received assistance with housing. # of parents who received residential services.
- **Outcome measure (Is anyone better off?)** – # of parents who have retained permanent housing after 3 months.
- **Potential Organizations** – Gaston County Department of Social Services, Olive Branch Ministry

**Option A (7) – Naloxone Distribution**

- **Goals** – Increase naloxone distribution in Gaston County, eliminate barriers to obtaining naloxone, and eliminate stigma associated with carrying naloxone.
- **Process measure (How much did you do?)** – # of intramuscular naloxone kits distributed, # of intranasal naloxone kits distributed. # of naloxone trainings offered.
- **Quality measure (How well did you do it?)** – # of those trained on naloxone, who report they know how to respond to an opioid overdose and administer naloxone.
- **Outcome measure (Is anyone better off?)** – # of community overdose reversals using naloxone.
- **Potential Organizations** – Partners, Court system, GEMS, Gaston County Schools, all police departments, Olive Branch Ministry, McLeod Centers for Wellbeing, Gaston Together, Sheriff’s Office, Gaston County Public Health, Gaston County Libraries, Kintegra, Gaston College, Faith Based Organizations

**Option A (9) – Syringe Service Programs**

- **Goals** – Evidence-based prevention of the spread of disease to protect Gaston County by supporting the local syringe exchange. Provide the local Syringe Service Program (SSP) in Gaston County the opportunity to increase the amount of harm reduction supplies and naloxone given to people who use drugs. Increase the capacity of the SSP to make linkages to care for participants to behavioral health, primary care, addiction treatment, and to other recovery supports and services they need.
- **Process measure (How much did you do?)** – # of unique participants who use opioids and/or have OUD, served.
- **Quality measure (How well did you do it?)** – # of unique participants who use opioids and/or have OUD served, who report they have enough sterile syringes to cover every injection between SSP visits.
- **Outcome measure (Is anyone better off?)** – # of participants engaged with SSP services at 3 months.
- **Potential Organizations** – Olive Branch Ministry

**Option B (H11)**

- **Goals** – Decrease barriers to substance use treatment and other recovery supports by bringing services directly to the people who need them through the use of a mobile clinic. Be able to provide supplies for the mobile unit to meet the needs of the population.
- **Process measure (How much did you do?)** – # of days the mobile clinic was utilized.
- **Quality measure (How well did you do it?)** – # of people who received services.
- **Outcome measure (Is anyone better off?)** – # of people who report they would not have otherwise been able to receive services without the mobile clinic.
- **Potential Organizations** – CaroMont, Kintegra, Gaston County DHHS, McLeod, Gaston County Public Health, HealthNet Gaston, GEMS

**Option A (5) – Employment Related Services**

- **Goals** – Help those in treatment, recovery, or those who use drugs find employment, receive job training, job skills training, interview training, resume review, professional attire, or take relevant courses at community college or vocational schools.
- **Process measure (How much did you do?)** – # of people assisted with job placement.
- **Quality measure (How well did you do it?)** – # of unique participants who have OUD, who attended job training and then sought job placement services.
- **Outcome measure (Is anyone better off?)** – # of people assisted with job placement who are employed three months after placement.
- **Potential Organizations** – NC Works, Displaced Roses, Goodwill Industries, Workforce Development Board, Gaston Business Association, NCIA, Recovery Friendly NC

**Option A (12) – Reentry Programs**

- **Goals** – Connect individuals with opioid use disorder or co-occurring substance use disorder or mental health conditions who are about to be released from the Gaston County Jail and the Gaston County Prison to the services and supports they need.
- **Process measure (How much did you do?)** – # of written transition case plans developed prior to release.
- **Quality measure (How well did you do it?)** – # of unique participants who use opioids and/or have OUD, enrolled, who report they are satisfied with services.
- **Outcome measure (Is anyone better off?)** – # of unique participants who use opioids and/or have OUD, enrolled, who experience an arrest within six months of completing the program.
- **Potential Organizations** – Gaston Emergency Medical Services (GEMS), Gaston County Sheriff's Office, Alternative Community Penalties Program, Olive Branch Ministry, Probation and Parole, Law Enforcement Assisted Diversion (LEAD)

**Option A (11) – Addiction Treatment for Incarcerated Persons**

- **Goals** – Provide those incarcerated at the Gaston County Jail who have opioid use disorder or who are on an active Medication Assisted Treatment prescription the opportunity to continue their treatment or start treatment while incarcerated.
- **Process measure (How much did you do?)** – # of people who are incarcerated who receive buprenorphine for OUD.
- **Quality measure (How well did you do it?)** – # of people who are incarcerated who receive medication for OUD, who report they are satisfied with services.
- **Outcome measure (Is anyone better off?)** – # of people who are incarcerated and screen positive as having OUD who started MAT in jail. # of participants who are incarcerated and were on MAT before entering jail, who continued MAT in jail.
- **Potential Organizations** – Gaston County Sheriff's Office, GEMS, Olive Branch Ministry

**Option B (G1) – Prevent Misuse of Opioids (Media Campaign)**

- **Goals** – Raise awareness around the harms of opioid misuse county-wide and target specific areas to provide information using geo-mapping.
- **Process measure (How much did you do?)** – # of advertisements completed.
- **Quality measure (How well did you do it?)** – # of people reached by targeted geo-mapping.
- **Outcome measure (Is anyone better off?)** – # of people who engaged with content from the media campaign.
- **Potential Organizations** – Haven Creative, Lamar Billboards, sporting venues, Gaston County Library, GoGastonia Transit, Parks and Recreation Department, YMCA, high school football stadiums, Gaston Business Association, Gaston County Public Health



# Opportunities to Braid Strategies with Other Funds, Leverage Partnerships, and Create Regional Solutions

To get the most out of the opioid settlement funds, it is important to look for opportunities to make funded programs sustainable through other funding streams and creative solutions. This will help maximize the use of the funds and ensure that they are able to help as many people as possible for as long as possible. The Collaborative Strategic Planning Committee brainstormed ways to braid opioid settlement funds with other sources, develop regional solutions, form strategic partnerships, and pursue other creative solutions.

Awardees under **Option B** strategies **A2, B4, D3, G9, J3, K1**, and **Option A** strategies **1, 2, 3, 5, 6, 7, 11**, and **12** will be asked to explore sustainability by partnering with and exploring funding from the following organizations and departments: Partners Health Management Maintenance of Efforts (MOE) funding, NCDHHS Grants, SAMHSA Grants, HRSA Grants, Medicaid Expansion, Gaston Community Foundation, CaroMont Regional Medical Center, Gaston Controlled Substances Coalition, Gaston Together, Carolina Cares, EDC, Chamber of Commerce, United Way of Gaston County, Rotary Clubs, Faith Communities, Gaston College, Belmont Abbey College, Municipality Leadership, and Gaston County Government.

Opportunities for alignment for other recommended strategies include:

- **Option B (B7)** – Work with GoGastonia public transit system to help build a stronger infrastructure for transporting people to and from recovery services.
- **Option B (E8) and (E10)** – Olive Branch Ministry provides peer support in DSS, Partners Health Management provides funding for ACEs programming and trainings.
- **Option A (9)** – Kintegra, Gaston County Public Health, Gaston County Police Department, Gastonia City Police, other municipal police departments partner and refer to the Syringe Service Program.
- **Option B (H11)** – Partner with Olive Branch Ministry to discreetly bring harm reduction supplies to the communities that need them.
- **Option B (G1)** – Work with Gaston County Communications to create podcasts, social media posts, and messaging through other channels. Partner with local community theaters to create videos for use around the county. Partners Health Management is willing to allocate funds toward drug messaging geared towards youth. The Youth Overdose Prevention Committee has members willing to donate time to work on youth focused messaging.

# **Glossary of Terms**

ACEs – Adverse Childhood Experiences

CDC – Centers for Disease Control and Prevention

CHA – Community Health Assessment

CPS – Child Protective Services

DJJ – Department of Juvenile Justice

DSS – Department of Social Services

FDA – Food and Drug Administration

FQHC – Federally Qualified Health Center

GEMS – Gaston Emergency Medical Services

LCMHC – Licensed Clinical Mental Health Counselor

LCSW – Licensed Clinical Social Worker

MAT – Medication Assisted Treatment

MH – Mental Health

MOA – Memorandum of Agreement

MOU – Memorandum of Understanding

MOUD – Medications for Opioid Use Disorder

NC MOA – North Carolina Memorandum of Agreement

OBOT – Office Based Opioid Treatment

OTP – Opioid Treatment Program

OUD – Opioid Use Disorder

PPO – Probation and Parole

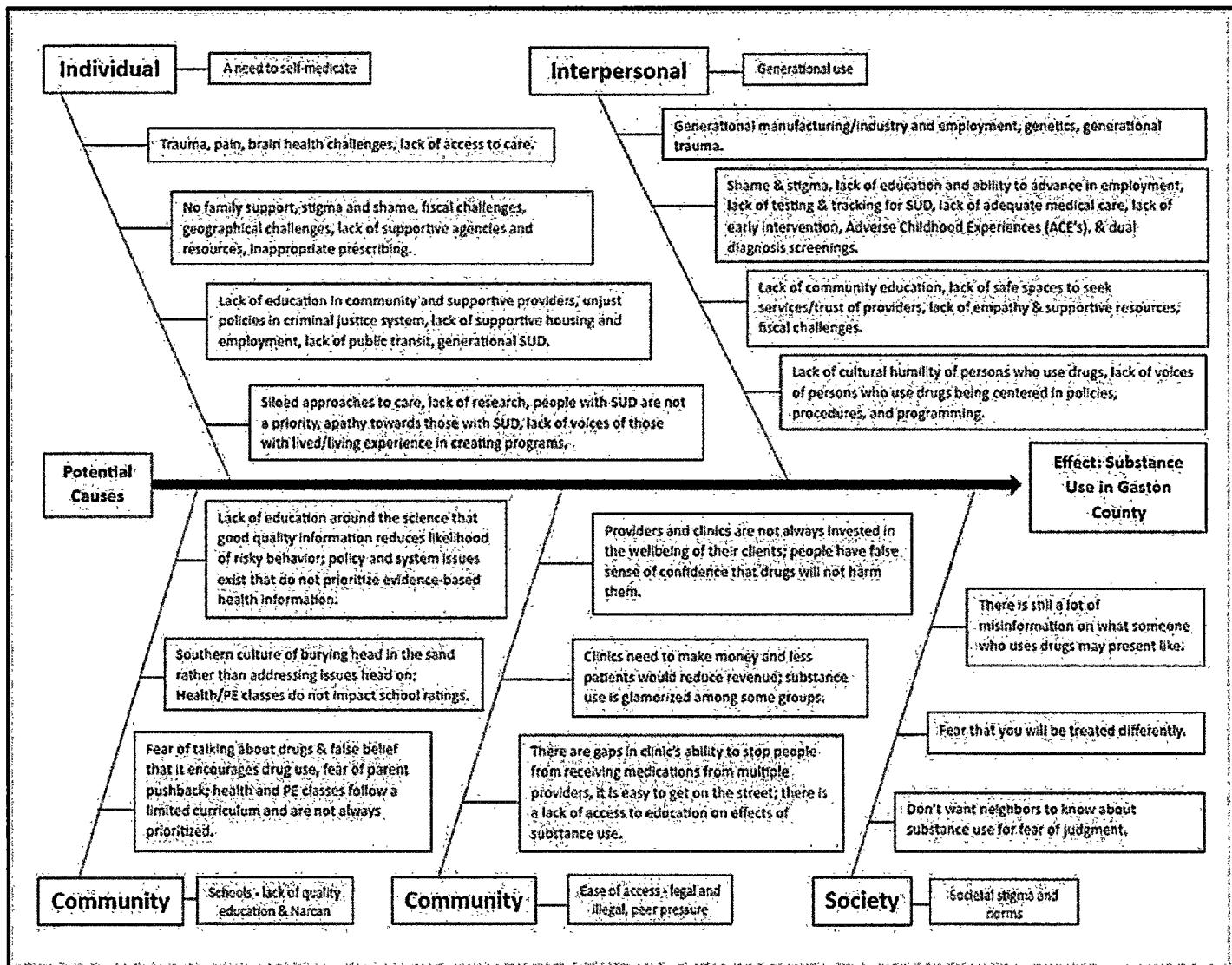
SIM – Sequential Intercept Model

SUD – Substance Use Disorder

# References

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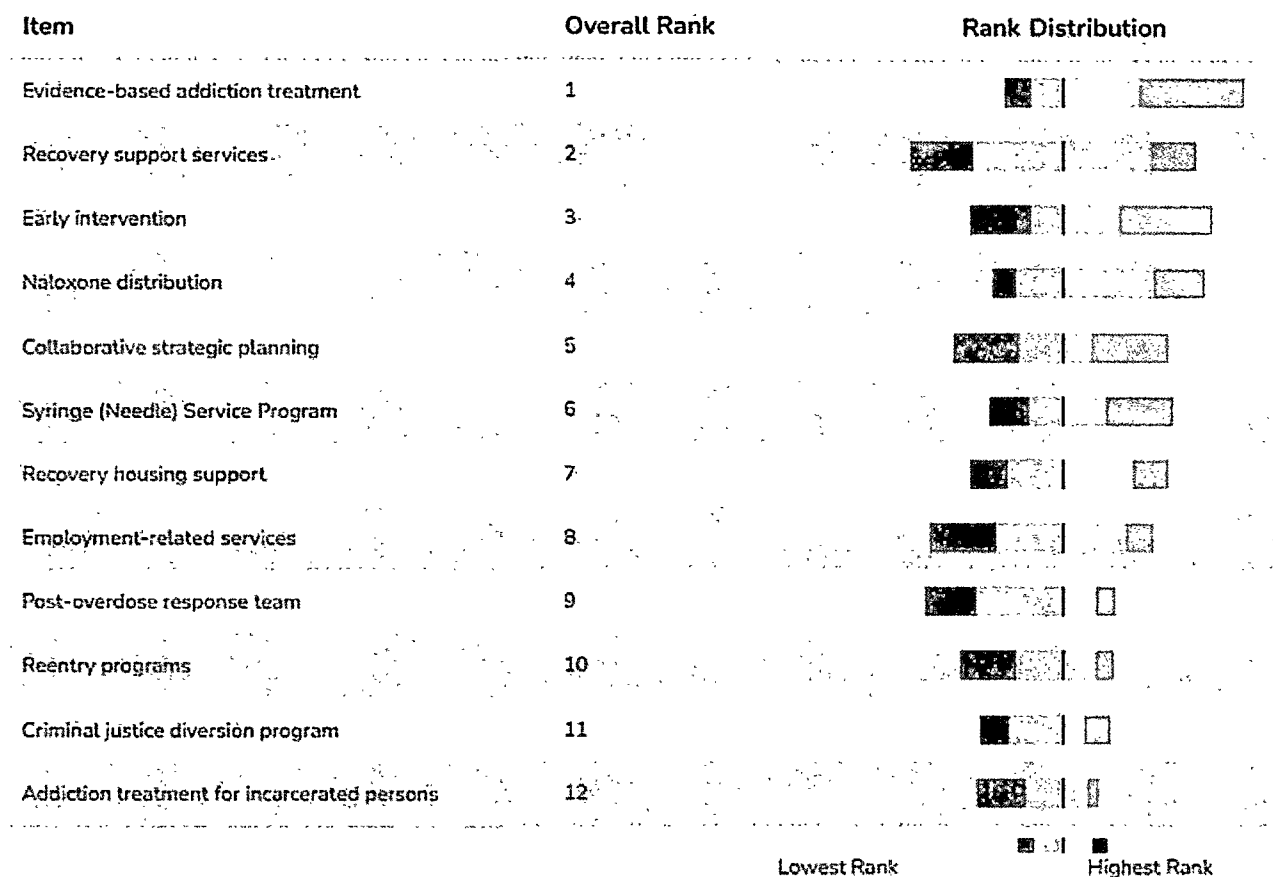
# Appendix A: Root Causes of Substance Use – Fishbone Diagram



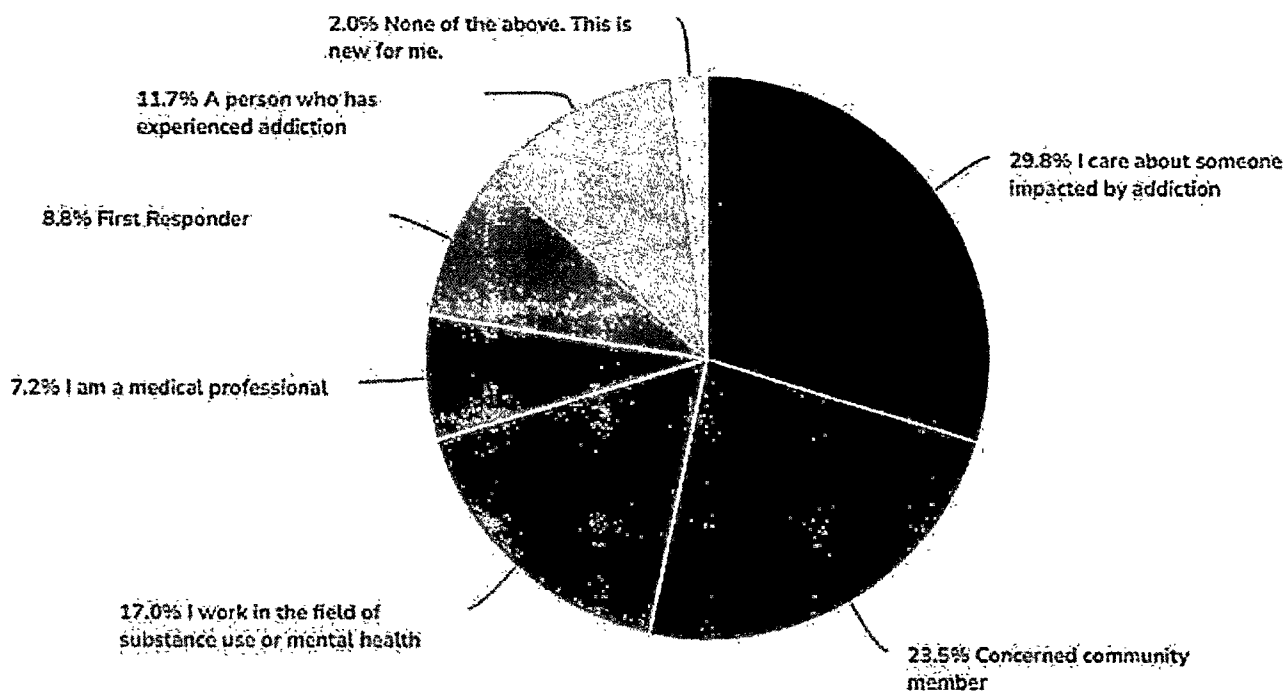
## Appendix B: Community Input Survey Results

Value	Percent	Responses
Collaborative strategic planning. Work together with multiple community members and organizations in future planning for how to spend the money to address substance use and overdose.	49.8%	299
Evidence-based addiction treatment. Fund treatment that has been proven to help people struggling with opioid use disorder. This can include Medication-Assisted Treatment (MAT) such as methadone and buprenorphine.	42.0%	252
Recovery support services. Programs that have been proven to help people struggling with substance use, like peer support, transportation, and connection to services to help their recovery.	49.3%	296
Recovery housing support. Examples are assistance with rent, deposits, and utility bills for people who are in recovery. Also includes providing housing to people who are receiving MAT.	44.3%	266
Employment-related services. Help people in treatment or who use drugs with job training, job skills, finding a job, interview practice, interview attire, filling out an application, help with attending community college or vocational schools.	52.0%	312
Early intervention. Programs that help youth who are using drugs or who have mental health concerns. They can work with parents, family members, teachers, and others who work with youth.	52.3%	314
Naloxone distribution. Purchase Naloxone for organizations to give to people who use drugs and could overdose. Naloxone can also be given to their friends and family members and the community.	40.8%	245
Post-overdose response team. Teams that help people who have overdosed connect to treatment, recovery support, harm reduction services, medical care, or other services.	51.7%	310
Syringe (Needle) Service Program. Programs that give syringes, naloxone, or supplies to help keep people who use drugs do so more safely. These programs help people get treatment, recovery support, mental health services, medical care, and other services.	36.8%	221
Criminal justice diversion programs. Programs that help people who have been arrested or could be arrested get treatment instead of going to jail.	36.3%	218
Addiction treatment for incarcerated persons. Programs that give treatment, including Medication-Assisted Treatment like methadone and buprenorphine, to people who are in jail or prison.	33.3%	200
Reentry Programs. Help people who are getting out of jail or prison get into treatment, find medical care, get support for their recovery, and other services that help them in recovery.	42.8%	257

Ranking distribution of Option A strategies voted on during the community survey:



Distribution of survey respondents:



# **Appendix C: Gaston County Child Welfare – Focus Group Findings**

## **What are the most commonly misused substances among your clients?**

- Meth, fentanyl, prescription opioids, marijuana, methamphetamines, Adderall, Subutex (non-prescribed), CBD and nicotine vapes.
- Parents are taking their child's prescribed medications.
- People are unknowingly using fentanyl after it is laced with other drugs.

## **What can cause someone to begin using substances?**

- Poor mental health, trauma, multi-generational substance use, CPS involvement, peer pressure, genetics, "addictive personality", lack of coping skills, wanting to feel numb, easy availability, stress, stigma around treating physical and mental health issues

## **What is needed to address substance use in Gaston County?**

- Awareness and education; examples of what could go wrong when using illicit substances; targeting of high-risk communities like those with high Department of Juvenile Justice (DJJ) involvement; education with parents on recognizing signs of substance use; mentor programs; more mental health supports in the schools; being able to have uncomfortable conversations within families; understand that children might experiment with drugs and equipping them with the knowledge to be safe

## **What programs are needed in Gaston County to help those with Substance Use Disorder?**

- Early intervention and prevention education in schools
- Reduce stigma around mental health and seeking treatment
- Widespread education on the harms of substance use
- Need better transportation options and better bus lines
- Support for families who have a loved one who uses substances to rebuild burnt bridges
- Improve continuity of care and warm handoffs to services
- Support groups in schools that involve the parents
- Employment services for parents involved in CPS, like vocational rehab
- Recovery-friendly workplaces
- Affordable housing options, sober living, housing first
- More mental health services and treatment options
- Day shelters where people can access services, peer support, food, and get out of harsh weather
- Life skills classes
- Prison and jail re-entry, including mental health supports
- Services and robust referral cycles for when babies are born with Neonatal Abstinence Syndrome
- Peer support groups accessible for different age groups

## **Appendix D: Gaston County Adult and Aging Services – Focus Group Findings**

### **What are the most commonly misused substances among your clients?**

- Alcohol, marijuana, crystal meth, fentanyl, OxyContin/Oxycodone

### **What are some common substance use-related issues you see among your clients?**

- Elderly clients are often over-prescribed; people sell their prescription pain medications to others; people are unaware that it is illegal to sell or give away their prescriptions; elderly are smoking marijuana for sleep, pain, and glaucoma; misuse of opioids in nursing facilities; diversion of medications in nursing facilities; reports of staff in nursing facilities taking patient medications; sharing of medications in nursing facilities; patients are unable to describe their pain levels.

### **What are some reasons people may begin using substances?**

- The lack of education; people believe just because a medication is prescribed that it is safe no matter what; people think they are the exception to developing a substance use disorder; trauma; generational use; genetic predisposition to substance use disorder; acceptance of certain drugs like marijuana; people are not aware or educated on alternative pain management options.

### **What is needed in Gaston County to help those with Substance Use Disorder?**

- More education in nursing homes about medication management for patients and staff; pain management classes; increased provider communication; more case management services in nursing facilities for patients who are on controlled substances; more awareness around the impacts of drugs for adults; more Peer Support Specialists; more sober housing where the residents are given work to offset their living costs; workforce development programs for people with SUD; access to residential treatment facilities locally; “meet you where you’re at housing”; transitional employment; skills classes and resume building; improve access to traditional healthcare; recreational activities; support groups; crisis plans; legal assistance; help obtaining legal identification; more law enforcement training on diversion; Crisis Intervention Training and interdisciplinary crisis teams; more shower and laundry trailers; more health fairs that offer dental, haircuts, showers, laundry, and primary and preventative health care.

### **What are some changes you have seen in Gaston County over the years attributed to substance use?**

- People lose access to their children; people are returning to using drugs; there is a lack of trust among families; declining health; financial troubles; increased lawsuits; children are being displaced or being raised by non-parental family members; DSS can be overwhelmed by non-parental family members who now qualify for additional services; an increase in the unhoused population; increased calls to Child Protective Services (CPS) and Adult Protective Services (APS); childhood trauma caused by parental substance use; increased truancy; increase in unhoused veterans and PTSD leading to drug use.



# **Appendix E: Olive Branch Ministry Participants – Focus Group Findings**

**“Homeless doesn’t mean you are heartless. Home can be anywhere your heart is.  
We are not hopeless, we are hopeful and heartfelt” – Olive Branch Participant**

## **Key findings from living experience focus groups:**

- Jail MAT (Medication Assisted Treatment) will be beneficial as long as treatment continues after release.
- There needs to be something to address fentanyl withdrawal in jail.
- Drug addiction is a reaction to trauma.
- More people to talk to about struggles
- Group meetings such as Medication Assisted Recovery Anonymous (MARA) would be beneficial.
- There are too many stipulations for joining drug classes in jail, they need to be open to more people. Programs tend to get revoked due to the actions of one person.
- A campsite with some oversight would be nice so people have a consistent place to stay.
  - Some concerns around the community not maintaining the grounds, theft, and tension among residents.
  - Would like to have a Homelessness/Unhoused Coordinator to work with residents on finding more permanent housing.
- Need more positive messaging in the community around people who use drugs.
- Programs to help people in recovery or who use drugs find employment. It is common for people to receive temporary housing but they are unable to continue paying for it due to lack of income, thus repeating the cycle of homelessness.
- More education is needed about the effects of drugs on those who use drugs.
- Methadone has little effect on people who regularly use fentanyl.
- When fentanyl is mixed with xylazine, naloxone has little effect.
- Interested in more peer-led resources during extended hours, there is tremendous value in talking and working with someone with lived experience.
- Psychiatric and mental health support are needed both in jail and out of jail.
- Parenting support for those who have been involved with the Department of Social Services.
- Opportunities for support for pets while people are in treatment.
- People need a place to take showers and do laundry.
- Need more options to get meals and food.
- Family housing options and family treatment options are needed.
- More day labor programs would help secure employment to sustain housing.
- Most churches make you listen to a sermon before they provide assistance, need more secular options for assistance.
- If you can’t pass a urine drug screen, most places will not let you stay there.
- There are no shelter options for those without kids or those who aren’t experiencing domestic violence.
- More compassion, support, and love from the community.
- There needs to be more flexibility in medication options when withdrawing.
- People with wounds from substance use need better access to medical care.
- More harm reduction resources from nonjudgmental people.

## **Appendix F: Annual Public Meetings**

To gather as much input as possible from the public, community organizations, and the Municipalities, Gaston County Community Support Services hosted three public meetings in various locations throughout the county. Highlights from the discussions, recommendations, and feedback are included below.

### **Mt. Holly – August 13, 2024**

- Improve collaboration with faith community. Get in front of churches. Be willing to lay down silos related to denomination and deity.
- Sequential Intercept Mapping (SIM) and bringing law enforcement together with the community is a crucial part of the work.
- Mental Health First Aid and Youth Mental Health First Aid for churches is needed and a good early step in collaboration.
- Focus on creating safe spaces: churches, work, organizations...everywhere.
- Target the unhoused.
- Mobile food truck to serve those who are unhoused and unable to walk to food banks.
- Must grow the number of people in these rooms. Need more targeted outreach to decision makers.
- Brochures and resources for inmates upon release from jail.
- Ensure programs offered are inclusive of Spanish speaking and other non-English speakers.
- Support for family members of those with substance use disorder.
- Ensuring those with lived experience are in the room and we are creating safe space for awareness and conversations.

### **Gastonia – August 20, 2024**

- Recovery transportation or some kind of transportation option needed for youth to their after-school treatment appointments.
- Outreach in the schools must be a priority as well as reaching youth who are not in school.
- Kintegra's Early Intervention in the Schools' program is piloting this year in three schools selected by Gaston County Schools.
- Belmont Police Department advised the Anti-Counterfeit Trademark unit through the Secretary of State's office will help crack down on deceptive packaging of edibles and vapes.
- Kim Elmore at Cancer Services also does training with vape shops and might have insight.
- Housing First initiatives are needed.
- Re-entry options for youth are needed.
- More faith-based partnerships are needed. Can reach students and their siblings through events like 5th quarter held at churches.

### **Cherryville – August 29, 2024**

- Lots of questions around what services are available in the county really highlighted a need to do more outreach in the Cherryville area and Western Gaston County to make them aware of services.
- Need to crack down on dealers and cartels who are bringing fentanyl and other drugs into Gaston County to remove the supply.
- Need to hold people accountable for choices made while using substances, and then wrap them in services before it is too late.
- Involve law enforcement in opioid-related efforts, especially in small towns where they are often one of the only available resources.

## **Appendix G: Law Enforcement Recommendations**

The following are recommendations and feedback from various law enforcement agencies and School Resource Officers, who are often on the front lines of the overdose crisis in the community and in schools.

- A crime lab would be beneficial in testing drug samples to monitor the drug supply and for expediting the process of charging individuals for distribution.
- Would like more information on where and how to refer people to services in lieu of arrest.
- Start education with 5th grade, before youth begin middle school.
- Vapes are catered to youth. Vapes and edibles are the primary method of drug use by youth.
- Forestview High School is writing a grant for vape detectors, which cost approximately \$1000 each.
- Youth are doing what their friends do with little to no consequences.
- Youth recovery/drug court is a good idea and should be explored. Would be a way to add accountability and consequences as well as connections to services.
- Alcohol Law Enforcement (ALE), the lead enforcement agency for the state's Alcoholic Beverage Control, lottery and tobacco laws, can assist with charging vape shops for not having proper storage according to a general statute. ALE is willing to assist with training.