

**EXHIBIT A TO NC MOA:
HIGH-IMPACT OPIOID ABATEMENT STRATEGIES ("OPTION A" List)**

In keeping with the National Settlement Agreement, opioid settlement funds may support programs or services listed below that serve persons with Opioid Use Disorder (OUD) or any co-occurring Substance Use Disorder (SUD) ~~or mental health condition~~.

As used in this list, the words "fund" and "support" are used interchangeably and mean to create, expand, or sustain a program, service, or activity.

1. **Collaborative strategic planning.** 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).
2. **Evidence-based addiction treatment.** Support evidence-based addiction treatment consistent with the American Society of Addiction Medicine's national practice guidelines for the treatment of opioid use disorder – including Medication-Assisted Treatment (MAT) with any medication approved for this purpose by the U.S. Food and Drug Administration – through Opioid Treatment Programs, qualified providers of Office-Based Opioid Treatment, Federally Qualified Health Centers, treatment offered in conjunction with justice system programs, or other community-based programs offering evidence-based addiction treatment. This may include capital expenditures for facilities that offer evidence-based treatment for OUD. (If only a portion of a facility offers such treatment, then only that portion qualifies for funding, on a pro rata basis.)
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 they need to improve their health or well-being.
4. **Recovery housing support.** Fund programs offering recovery housing support to people in treatment or recovery, or people who use drugs, such as assistance with rent, move-in deposits, or utilities; or fund recovery housing programs that provide housing to individuals receiving Medication-Assisted Treatment for opioid use disorder.
5. **Employment-related services.** 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.
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. Training programs may target parents, family members, caregivers, teachers, school staff, peers, neighbors, health or human services professionals, or others in contact with children or adolescents.

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

8. **Post-overdose response team.** Support post-overdose response teams that connect persons who have experienced non-fatal drug overdoses to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.

9. **Syringe Service Program.** Support Syringe Service Programs operated by any governmental or nongovernmental organization authorized by section 90-113.27 of the North Carolina General Statutes that provide syringes, naloxone, or other harm reduction supplies; that dispose of used syringes; that connect clients to prevention, treatment, recovery support, behavioral healthcare, primary healthcare, or other services or supports they need; or that provide any of these services or supports.

10. **Criminal justice diversion programs.** Support pre-arrest or post-arrest diversion programs, or pre-trial service programs, that connect individuals involved or at risk of becoming involved in the criminal justice system to addiction treatment, recovery support, harm reduction services, primary healthcare, prevention, or other services or supports they need, or that provide any of these services or supports.

11. **Addiction treatment for incarcerated persons.** Support evidence-based addiction treatment, including Medication-Assisted Treatment with at least one FDA-approved opioid agonist, to persons who are incarcerated in jail or prison.

12. **Reentry Programs.** Support programs that connect incarcerated persons to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need upon release from jail or prison, or that provide any of these services or supports.

MOORE COUNTY OPIOID INFORMATION SHEET

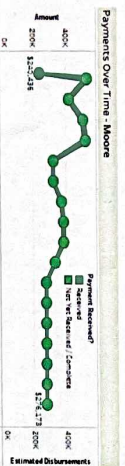
OPIOID TEAM

BOARD CHAIR	FRANK R. QUIS, JR.
BOARD VICE CHAIR	CATHERINE GRAHAM
BOARD MEMBER	NICK PICERNO
BOARD MEMBER	OTIS RITTER
BOARD MEMBER	JERRY DAEKE
COUNTY MANAGER	J. WAYNE VEST
CLERK TO THE BOARD	LAURA WILLIAMS
COUNTY ATTORNEY	MISTY RANDALL LELAND

* The County Attorney also served on the NCACC's 5-5-5 Committee. A specially appointed opioid settlement working group created to develop a statewide plan to effectively use funds coming to North Carolina from national opioid settlements.

MEETINGS/WORK SESSIONS:

MEETING - MARCH 1, 2022 ESTABLISHED OPIOID SPECIAL REVENUE FUND
WORK SESSION - AUGUST 18, 2022 - DECISION TO USE OPTION A
OPIOID ROUNDTABLE - SEPTEMBER 26, 2022
MUNICIPAL MEETING - OCTOBER 5, 2022



Payment Table - Moore

Year	Season	Payment
2020	Spring	\$2,200,000
2020	Summer	\$2,500,000
2020	Fall	\$2,500,000
2020	Winter	\$2,500,000
2021	Spring	\$2,500,000
2021	Summer	\$2,500,000
2021	Fall	\$2,500,000
2021	Winter	\$2,500,000
2022	Spring	\$2,500,000
2022	Summer	\$2,500,000
2022	Fall	\$2,500,000
2022	Winter	\$2,500,000
2023	Spring	\$2,500,000
2023	Summer	\$2,500,000
2023	Fall	\$2,500,000
2023	Winter	\$2,500,000
2024	Spring	\$2,500,000
2024	Summer	\$2,500,000
2024	Fall	\$2,500,000
2024	Winter	\$2,500,000
2025	Spring	\$2,500,000
2025	Summer	\$2,500,000
2025	Fall	\$2,500,000
2025	Winter	\$2,500,000
2026	Spring	\$2,500,000
2026	Summer	\$2,500,000
2026	Fall	\$2,500,000
2026	Winter	\$2,500,000
2027	Spring	\$2,500,000
2027	Summer	\$2,500,000
2027	Fall	\$2,500,000
2027	Winter	\$2,500,000
2028	Spring	\$2,500,000
2028	Summer	\$2,500,000
2028	Fall	\$2,500,000
2028	Winter	\$2,500,000

North Carolina
The percent of people prescribed opioids in NC was 14 out of 100 people in 2020. This represents 1,432,670 people in NC with a dispensed opioid prescription in that year.

Prescribed Opioids in 2020

People with Opioid Prescriptions (%)



Moore County
The percent of people prescribed opioids in Moore County was 15 out of 100 people in 2020. This represents 14,642 people in Moore with a dispensed opioid prescription in that year.

Prescribed Opioids Trend in Moore

Relative to other counties, Moore falls in this group:

LOW



North Carolina
The overdose death rate in NC was 28 out of 100,000 people in 2020. This represents 2,975 people in NC who died from overdose in that year.

Overdose Deaths in 2020

Overdose Deaths (Rate/100k)



Moore County
The overdose death rate in Moore County was 23 out of 100,000 people in 2020. This represents 23 people in Moore who died from overdose in that year.

Overdose Deaths Trend in Moore

Relative to other counties, Moore falls in this group:

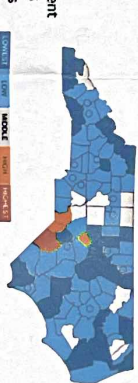
LOW



North Carolina
The overdose emergency department visit rate in NC was 143 out of 100,000 people in 2020. This represents 14,947 emergency department visits by NC residents for overdose in that year.

Overdose ED Visits in 2020

Overdose ED Visits (Rate/100k)

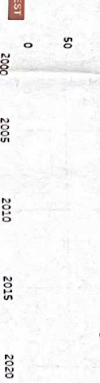


Moore County
The overdose emergency department visit rate in Moore County was 115 out of 100,000 people in 2020. This represents 116 emergency department visits by Moore residents for overdose in that year.

Overdose ED Visits Trend in Moore

Relative to other counties, Moore falls in this group:

LOW



North Carolina
The overdose death rate in NC was 28 out of 100,000 people in 2020. This represents 2,975 people in NC who died from overdose in that year.

Overdose Deaths in 2020

Overdose Deaths (Rate/100k)



Moore County
The overdose death rate in Moore County was 23 out of 100,000 people in 2020. This represents 23 people in Moore who died from overdose in that year.

Overdose Deaths Trend in Moore

Relative to other counties, Moore falls in this group:

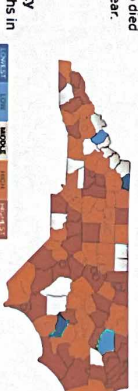
LOW



North Carolina
The overdose death rate in NC was 78 out of 100,000 people in 2020. This represents 2,255 people in NC who died from illicit drug overdose in that year.

Illicit Drug Overdoses in 2020

Overdose Deaths with Illicit Drug Involvement (%)



Moore County
The overdose death rate in Moore County was 91 out of 100,000 people in 2020. This represents 21 people in Moore who died from illicit drug overdose in that year.

Illicit Drug Overdoses Trend in Moore

Relative to other counties, Moore falls in this group:

HIGHEST



POTENTIAL PARTNERS:

BRIDGE TO RECOVERY
DRUG FREE MOORE COUNTY
FIRST HEALTH

HEALTH DEPARTMENT

MOORE FREE AND CHARITABLE CLINIC
MUNICIPALITIES

PUBLIC SAFETY
SAMARITAN COLONY
SANDHILLS CENTER
SANDHILLS CONSORTIUM
SANDHILLS TEEN CHALLENGE
SCHOOLS/COLLEGE
SHERIFF'S OFFICE
SOCIAL SERVICES
TIDES PROGRAM

NEXT STEPS:

MUNICIPAL MEETING - OCTOBER 5, 2022

ESTABLISH A PROCESS FOR:
APPLYING FOR FUNDS
EVALUATING APPLICATIONS
APPROVING APPLICATIONS
ALLOCATING FUNDS
PERFORMANCE MEASURES

OPTIONS A & B

The Agreement offers local governments two options for spending opioid settlement funds:

- **Option A:** a local government may fund one or more strategies from a shorter list of evidence-based, high impact strategies to address the epidemic
- Collaborative strategic planning is included
- No additional meetings required other than the annual meeting with municipalities within the County
- See Exhibit A

- **Option B:** a local government may fund one or more strategies from a longer list of strategies after engaging in a collaborative strategic planning process involving a diverse array of stakeholders
- Must have annual meeting with municipalities
- Must form diverse collaboration group (Exhibit C) for recommendations and decision making
- See Exhibit B for list of strategies

OPTION A

High Impact Opioid Abatement Strategies

1. Collaborative strategic planning
2. Evidence-based addiction treatment
 - Medication-Assisted Treatment (MAT) for Opioid Use Disorder
 - Methadone, Buprenorphine, and Naloxone
3. Recovery support services
 - Peer support specialists/care navigators that support and connect individuals to services
4. Recovery housing support
 - Housing support for individuals in treatment, recovery, and/or receiving MAT

OPTION A

High Impact Opioid Abatement Strategies

5. Employment-related services
 - Job training and placement, interview coaching, transportation, resume review
6. Early intervention
 - Early identification and intervention for children or adolescents who may be struggling with problematic use of drugs or mental health conditions
7. Naloxone distribution
8. Post-overdose response teams
 - Teams follow-up with a person who has recently overdosed. They provide support, education, and connections to healthcare and treatment

OPTION A

High Impact Opioid Abatement Strategies

9. Syringe service programs
 - Provide syringes, naloxone, or other harm reduction supplies
10. Criminal justice diversion programs
 - Pre-arrest or post-arrest diversion programs, or pre-trial service programs, that connect individuals to services
11. Addiction treatment for incarcerated persons
 - Medication-assisted treatment to people in jail or prison
12. Reentry programs
 - Connect people to social and health services as they are being released from incarceration, and support them as they re-enter society