



Opioid Settlement Funds Strategic Planning Report

Presented to the Cumberland County Board of Commissioners on October 9, 2025.

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Introduction

Former North Carolina (NC) Attorney General Josh Stein helped negotiate more than \$50 billion in national settlements and bankruptcy resolutions with opioid companies, agreements that are helping to bring desperately needed resources to communities harmed by the opioid epidemic. The agreements resolve litigation over the role of companies in creating and fueling the opioid epidemic, and they require significant industry changes that will help prevent this type of crisis from ever happening again. A Memorandum of Agreement (MOA) between the State of North Carolina and local government directs how Opioid Settlement Funds (OSF) are distributed, used, and reported in our state. Learn more about the North Carolina Opioid Settlements by visiting ncopioidsettlement.org

Before spending Opioid Settlement Funds, every local county or municipality must first select which opioid mitigation strategies they would like to fund (Option A or Option B Strategies). Local governments may spend Opioid Settlement Funds from the list of 12 High-Impact Opioid Abatement Strategies attached know as Option A Strategies. This list is a subset of the initial opioid remediation strategies listed in the National Settlement Agreement. A local government that chooses to participate in additional voluntary, collaborative, strategic planning may spend Opioid Settlement Funds from the broader list of categories known as Option B strategies. The strategic planning process that meets the requirements outlined in the MOA shall result in a report and non-binding recommendations to the local government's governing body. For more information about Option A and Option B strategies and the requirements of the strategic planning process visit <https://www.morepowerfulnc.org/>.

As of January 2024, Cumberland County is set to receive \$31,843,355 over 18 years, from 2022 through 2038. In June 2022 and in Fall 2024, Cumberland County Department of Public Health staff engaged in a strategic planning process in alignment with the requirements of the MOA. The results of the strategic planning process were shared with the Cumberland County Board of Commissioners along with recommendations about the use of funds. In fall 2022 Commissioners approved the use of funds on Option A strategies and in fall 2024 approved the use of funds on Option A and Option B strategies.

The purpose of this report is to outline the strategic planning process, share the results, and final approved recommendations.

Background

Cumberland-Fayetteville Opioid Response Team (C-FORT)

In 2018, Cumberland was selected as a Blue Cross and Blue Shield of NC grantee to engage in a collective impact initiative, bringing stakeholders together to develop localized solutions to the opioid crisis. This two-year initiative brought members together monthly to engage in a series of planning activities, assess community resources and gaps, review opioid-related data, and perform strategic planning. The Cumberland-Fayetteville Opioid Response Team (C-FORT) was established a part of this initiative. C-FORT works to identify and implement strategies that will impact the opioid epidemic while creating a sustainable community response for years to come. There are over 120 CFORT members, including representatives from the Juvenile Crime Prevention Council, law enforcement, first responders, Justice Services, K-12 education, college/universities, Cumberland County government, substance use treatment providers, public health, Managed Care Organizations (MCOs), and local non-profits. The purpose of these meetings is to strategically coordinate our community's opioid response at the organizational level. An ongoing assessment of community needs and assets occurs during these meetings as partners share real-time local data (overdoses, linkages to care, hotspots). Agencies share current and future funding opportunities to allow agencies to collaborate on new funding proposals, avoid duplicating funding proposals, and leverage current funds to build on new projects. C-FORT has been instrumental in bringing more than \$2 million in federal and State funds to enhance our community's opioid response. C-FORT serves as the permanent standing body and advisory committee for several of these grants. C-FORT has been successful in providing funding to train peer support specialists and SMART Recovery Group facilitators. In addition, funding has supported recovery housing for individuals in treatment, media campaigns, naloxone distribution, and community engagement. For more information about C-FORT visit [https://www.cumberlandcountync.gov/departments/public-health-group/public-health/community-services/c-fort-\(opioid-response\)](https://www.cumberlandcountync.gov/departments/public-health-group/public-health/community-services/c-fort-(opioid-response)).

In 2019, with funding from the Bureau of Justice, a part-time coordinator was hired to support C-FORT, provide overdose recognition training, and assist with recovery housing requests, creating new opportunities for ongoing growth supporting relationships with external partners. In 2022, the Cumberland County established the Local Public Health Administrator position to oversee and manage opioid settlement programs.

Cumberland County Overview, Demographics, and Substance Use Data

Cumberland County is the fifth largest county in North Carolina, with a population of 337,890, consisting of one major city and eight towns. An urban community (with a large agricultural industry), it is home to Fort Bragg, the most extensive U.S. Army base by population. Cumberland County is racially and ethnically diverse. More than 50% of residents are non-white persons of color (39.9% African American, 2% American Indian/Alaskan Native, 2.8% Asian, 13% Hispanic, 5.2% multi-racial). Since 2014, Cumberland County has been designated by the NC Department of Commerce as a Tier 1 community in terms of economic distress. The designation is based on the average unemployment rate, median household income, percentage growth in population, and adjusted property tax base per capita.

Cumberland County has been disproportionately impacted by the opioid epidemic, demonstrated by high rates of overdose injuries. The North Carolina Injury and Violence Prevention Branch (IVPB) maintains the North Carolina Overdose Epidemic Dashboard. The [online public dashboard](#) includes monthly overdose surveillance updates, statewide summary data, and interactive visuals of state, regional, and county-level metrics.

The number of people who died of an overdose increased significantly during the COVID-19 pandemic. The Overdose Death Rate increased more than 30% over 12 months from 2020 to 2021. The estimated Overdose Death rate in Cumberland was 50.7 out of 100,000 residents in 2023, representing 171 people who died of an overdose (Figure 1). Though the Overdose Death rate in Cumberland has been decreasing since 2021, rates in Cumberland County remain higher than the statewide average. In Cumberland, the Overdose Death rates among American Indians/Alaskan

Natives (75.2 per 100,000) and Whites (45.1) were overrepresented. Significantly, in the last five years, the Cumberland Opioid Overdose Death Rate increased faster in minority populations (218% increase for AI/AN, 447% for Asians, 204% for African Americans, and 162% for Hispanics) compared to White Cumberland residents (102%).

The estimated Overdose Emergency Department (ED) Visit rate in Cumberland was 131.4 per 100,000 residents in 2024, representing (projected) 444 emergency department visits for an overdose (Figure 2). While the number of overdose emergency department visits increased during the pandemic (2019-2022), the rate from 2023 to 2024 decreased 30%. Still, this rate remains higher than the Overdose ED visit rate statewide.

The estimated Illicit Opioid Overdose rate in Cumberland is 74.9 percent of overdose deaths in 2023, representing (projected) 128 overdose deaths involving illicit opioids (Figure 3). The percentage of overdoses due to an illicit overdose increased steadily from 2015 to 2021. Illicit overdoses began to decline in 2022 (4%) and continued to decline in 2023 (5%).

The Patients Receiving Opioids rate in Cumberland was 11.8 percent of residents in 2023, representing 40,100 people with a dispensed opioid prescription (Figure 4). The number of patients with receiving an opioid prescription has been declining since 2015 and is amongst the lowest rate in North Carolina.

The opioid epidemic in Cumberland County is costly, with an estimated \$1,661,577 in medical costs from medication and drug overdose deaths annually (2021).

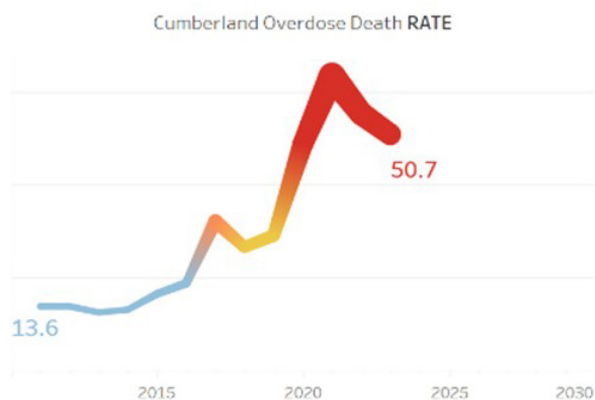


Figure 1

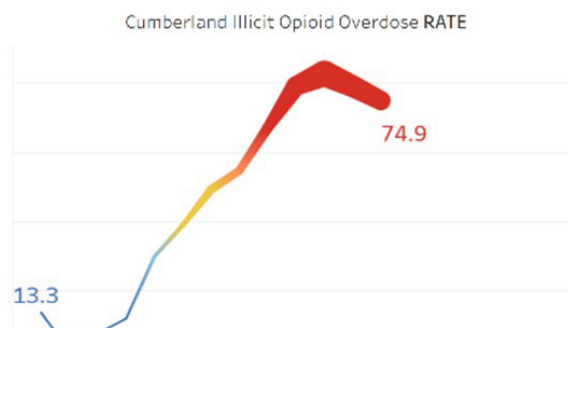


Figure 2

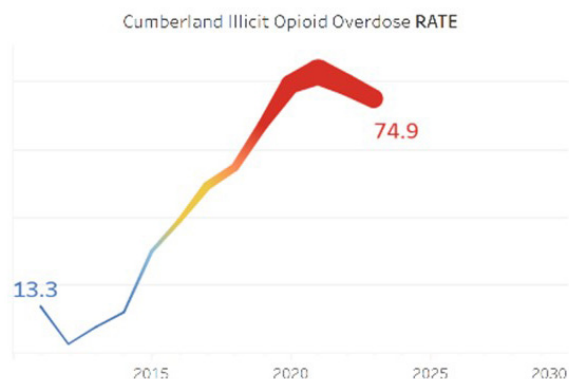


Figure 3

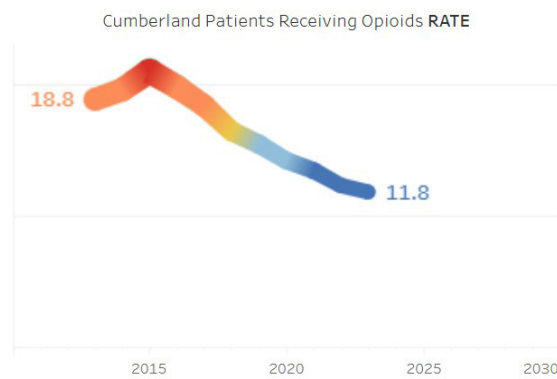


Figure 4

Strategic Planning Process Overview

In 2022, Cumberland County Health Department leadership were identified and designated by Cumberland County Commissioners to lead the county's Opioid Settlement Funds strategic planning process. In 2022, health department staff convened a group of C-FORT members and other stakeholders to provide an overview of the forthcoming Opioid Settlement Funds, solicit initial input on the use of Opioid Settlement Funds, and brainstorm ideas about how to gather feedback from a diverse group of stakeholders. In 2022, facilitators included Jennifer Green, Health Director, and Tamra Morris, Local Public Health Administrator (current Deputy Health Department Director). In 2024, facilitators included Jennifer Green, and Local Public Health Administrator, Sanquis Graham. Public health staff presented to the county commissioners a strategic planning process that was reflective of this groups input and that meets the requirements of the MOA. Public health leadership and staff engaged in a rapid needs assessment and strategic planning process from May 2022 to August 2022 resulting in Option A recommendations to the Cumberland County Commissioners. In Fall 2024, after initial implementation of the 2022 recommendations, public health staff engaged in an additional strategic planning and community engagement process, resulting Option A and Option B recommendations. The strategic planning processes in 2022 and 2024 included a diverse group of stakeholders (see Appendix A).

Overview of 2022 Process

The needs assessment and strategic planning process began with an announcement from the public health department inviting citizens to participate in primary data collection through a community survey and listening sessions process. The goal was to gather as much feedback as possible to merge the opinions and priorities of the public and community stakeholders with secondary data. That information then guided the development of a list of short and long-term recommendations to be worked on in the community for the next two to five years.

Public health staff developed and distributed a brief 10 question survey to understand 1) current opioid response strategies being currently implemented and by which partners 2) which strategies needed more support to meet local needs 3) opportunities for alignment and 4) what strategies should be prioritized for funding. The anonymous survey was available online via SurveyMonkey, the Cumberland County website, and on paper distributed by public health staff. Importantly, C-FORT partners supported the distribution of the survey within their networks to assure feedback from individuals with lived experience was included. Staff also conducted four evening community meetings in Cumberland County. Meetings were held in public libraries or community centers in the City of Fayetteville and the towns of Hope Mills, Spring Lake, and Eastover. The purpose of each community meeting aligned with the four aims of the survey listed above. Each meeting was facilitated by public health staff and was 60-90 minutes. The meeting in the City of Fayetteville was recorded and made available on the Cumberland County YouTube page and website.

During each meeting, public health staff reviewed primary national, state, and local opioid data including overdose emergency department visits, overdose deaths, illicit overdose deaths, and prescriptions for opioids. Staff provided an overview of the OSF, option A and B strategies, and process for approving and monitoring the use of funds. Staff facilitated discussion for key questions: Which Option A strategies are currently being implemented? What specific programs are being implemented? By whom? Where is there opportunity for alignment of strategies? Finally, attendees used electronic clickers to vote on which strategies should be prioritized for funding. The results were compiled across community meetings.

In addition to the survey and community meeting, public health staff facilitated listening sessions during more than 15 community coalitions and one on one meetings with stakeholders to receive input about the use of Opioid Settlement Funds. While the format of each meetings was adjusted to meet needs and available time and space of the stakeholders, the key questions were asked to each group and each group identified priorities for funding.

The results and key themes of the 2022 strategic planning process are shared in the results section. Health department staff shared the results of the community survey and community meetings during a monthly

C-FORT meeting along with a draft of the funding recommendations to be presented to the Cumberland County Commissioners. Staff made minor adjustments to the recommendations based on feedback from the C-FORT meeting.

Overview of 2024 Process

In 2024, public health staff facilitated a similar feedback and strategic planning process as outlined above for 2022. Key differences are noted in this section. While the root causes of the opioid crisis were informally identified in 2024, the 2024 survey included a formal question requesting respondents to identify the root causes of the opioid crisis in Cumberland County. The 2024 also asked participants about the Option B strategy of prevention education for K-12 students as this was identified as important strategy by the Cumberland County Commissioners. Public health staff and partners distributed a community survey online and on paper. In 2024, the survey was also translated into Spanish. Public health staff facilitated four community meetings. Prior to soliciting input from attendees, staff provided an overview of the agencies, funding levels, and projects supported by OSF from 2023-2024 and other initiatives supported by C-FORT. Preliminary process and outcome data for each agency was shared, as available. Staff still facilitated feedback on the four key questions. Staff utilized chart paper and color sticky dots rather than electronic clickers to vote on which strategies should be prioritized for funding. The results were compiled across community meetings.

Staff developed funding recommendations based on the feedback provided in the community survey and community meetings. Staff shared the preliminary results of the community survey and community meetings during a monthly C-FORT meeting. A draft of the funding recommendations was shared for feedback and input. Staff made adjustments to the final recommendations. Staff reviewed draft indicators of success with C-FORT which aligned with the state OSF indicators and data points that were already being reviewed monthly. C-FORT members approved by consensus the indicators of success to be monitored.

Shared Vision

Cumberland-Fayetteville Opioid Response Team (C-FORT) is dedicated to improving the opioid response in our community through a collaborative effort among local government and community stakeholders. C-FORT is committed to identifying strategies that will impact the opioid issue while creating a sustainable community response for years to come.

Community partners agreed by consensus that the shared vision of C-FORT was in alignment with the vision for the implementation of the opioid settlement funds. This shared vision and its application to shared vision for the implementation of Opioid Settlement Funds was confirmed during the Fall 2024 Strategic Planning Process. In Fall 2025 the shared vision of C-FORT and the Opioid Settlement Funds was updated reflect not just the identification of strategies, but also the the implementation of innovating programs and services.

C-FORT is dedicated to improving the opioid response in our community through a collaborative effort among local government and community stakeholders. C-FORT is committed to identifying and implementing innovative strategies that will impact the opioid issue while creating a sustainable community response for years to come.

Root Causes

Participants in the 2022 and the 2024 strategic planning process identified roots causes of the opioid crisis. The root causes identified are consistent with identified root causes of the opioid crisis at the state and national level.

- Underlying trauma and mental health conditions
- Homelessness
- Lack of in patient treatment for substance use and mental health disorders
- Limited and insufficient of quality inpatient and outpatient treatment options for mental health substance use
- Mismanagement of Opioid Prescribing
- Transient nature of Cumberland County, including the I-95 corridor
- Illicit substances that are readily accessible
- Lack of follow up with community resources when individuals are experiencing mental health and substance use disorders
- Adverse Childhood Experiences (ACES)



Key Indicators of Success

During monthly C-FORT meetings county and state level data opioid data is reviewed and discussed. C-FORT members have agreed by consensus to monitor the key indicators of opioid harm identified statewide. These include overdose deaths and Emergency Department (ED) visits for overdose, the proportion of overdoses that involve illicit drugs, and people with prescriptions for opioids. In addition, monthly members review opioid the North Carolina Overdose Epidemic Data available on the NC DHHS website. As available, these data are reviewed by race, ethnicity, age, and gender.

Funded programs are required to submit quarterly performance reports. The performance reports align with the key performance metrics required in the local government Annual Impact Report. At least quarterly, during a C-FORT meeting, all funded programs provide a program update and review their program implementation data.

2022 Summary: Key Themes and Gaps in Services

This section summarizes the opioid settlement strategies currently being implemented and gaps in resources and services as identified by participants in the 2022 survey, community meetings, and key stakeholder meetings.

Participants in the 2022 process consistently identified that nearly all Option A strategies were currently being implemented in Cumberland County. Participants most readily identified that evidence-based addiction treatment, naloxone distribution, and syringe services programs were being implemented in Cumberland County (Figure 5). Fewer participants identified addiction treatment for incarcerated persons as being offered at Cumberland County Detention Center. At the time of the survey, an evidence-based Medication Assisted Treatment (MAT) program was not currently being implemented at the detention center. Community members were asked to identify any strategy that needed more funding. Respondents indicated that all of the Option A strategies needed more support (funding) to meet the local needs (Figure 6). Recovery support services, recovery housing, early intervention programs, and addiction treatment for incarcerated persons were most often identified as strategies that need more funding. Finally, participants were asked to rank the top three strategies that needed more fundings. On the community survey, as their first choice, most respondents selected evidence-based addiction treatment, recovery support services and housing and early intervention (Figure 7). During community meetings participants ranked recovery support services and housing, early intervention, and addiction treatment for incarcerated persons at the top three priorities (Figure 8).

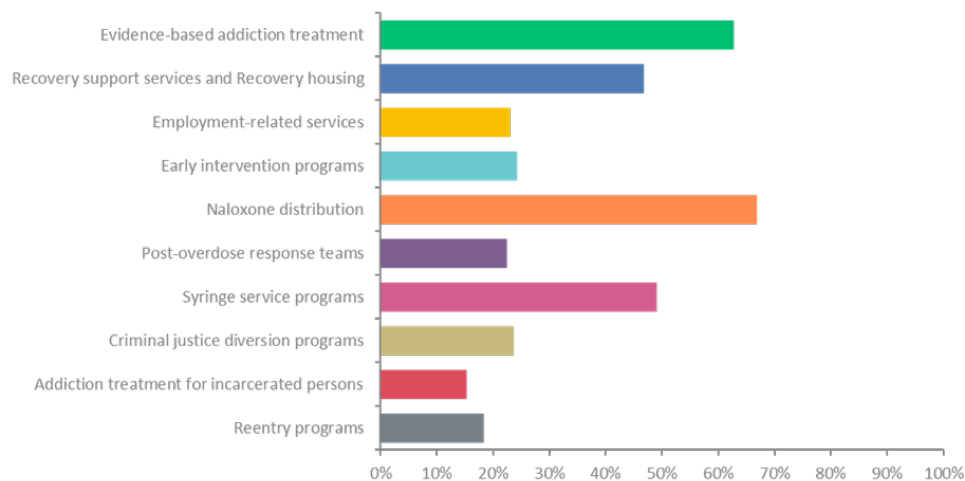


Figure 5: Which strategies are currently being implemented in Cumberland County? Select all that apply (2022)

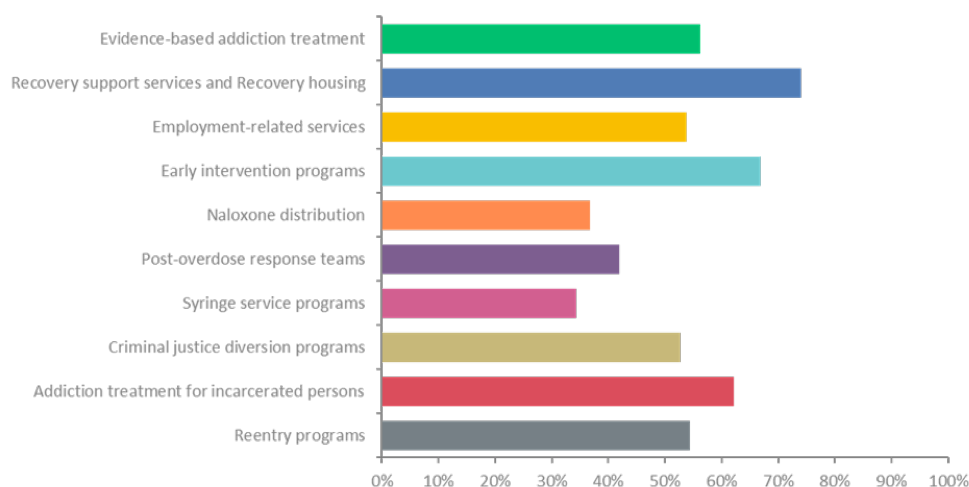


Figure 6: Which strategies currently need more support (funding) to meet the needs of Cumberland County? Select all that apply (2022)

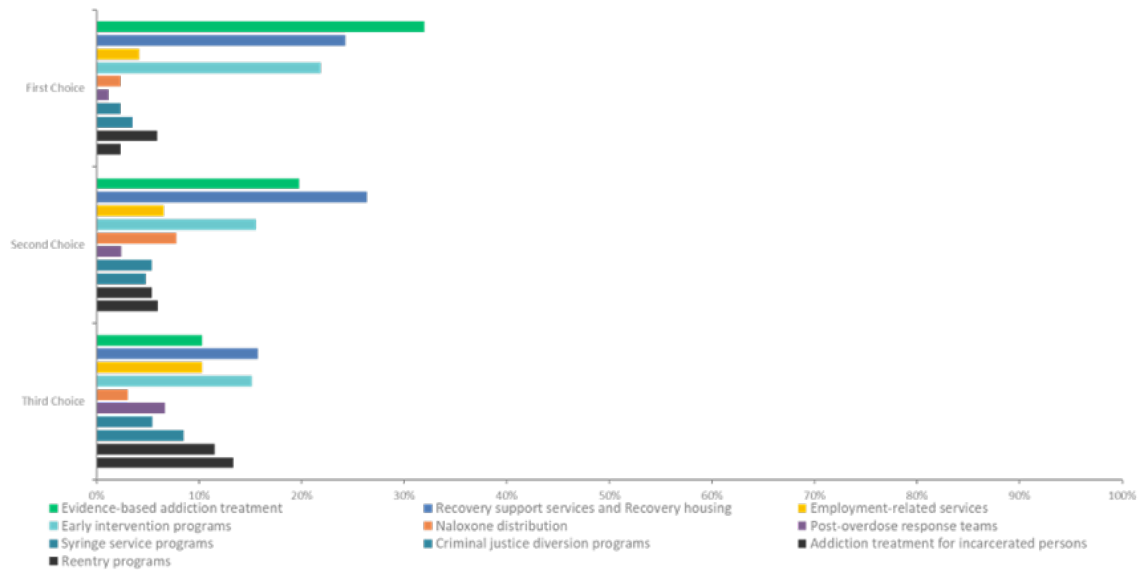


Figure 7: Rank the top three strategies that should be prioritized for funding (Rank 1-3)

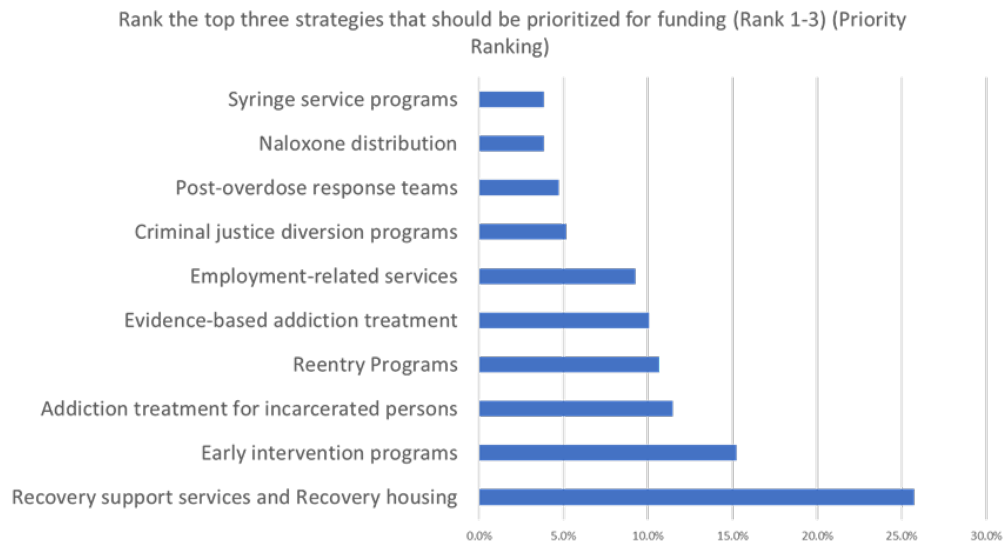


Figure 8

The 2022 key themes and gaps are summarized in Table 1.

Nearly all Option A strategies are currently being implemented in Cumberland County, but need more capacity.

- Medication Assisted Treatment (MAT) is not currently being offered in Cumberland County Detention Center

Communication and coordination of services at the organizational level is needed.

- Recovery Communities and other models of co-located services are needed
- Multi-sector partnerships are needed

In other areas (treatment/long-term detox), residents leave the county to get services.

Transitional housing support is critical for the success of individuals in treatment and recovery.

To make progress, services are needed along the continuum: Prevention, treatment, and recovery.

- Recovery can be achieved through multiple pathways

In most, but not all, community meetings providing MAT was seen as integral to recovery.

Involvement of court system, law enforcement, and the sheriff's office is an opportunity to intervene with services.

- Overdose is particularly at higher risk when leaving incarceration
- Prevent ongoing cycling through criminal justice system
- American Disability Act protects individuals who are taking legally prescribed medication to treat their opioid use disorder

Between 2022 and 2023, Cumberland County implemented a range of initiatives to strengthen the substance use division efforts, including issuing a Request for Proposal (RFP) for the identified services. To initiate progress within the community, Cumberland County issued a Request for Proposal (RFP) on October 24, 2022. This RFP focused on Early Intervention, Evidence-Based addiction treatment for the uninsured and underinsured, Programs to Support People in Treatment and Recovery, and Criminal Justice Diversion Programs, all in accordance with the guidelines set by the North Carolina Attorney General's Office and the North Carolina Department of Health and Human Services.

2024 Summary: Key Themes and Gaps in Services

This section summarizes the opioid settlement strategies currently being implemented and gaps in resources and services as identified by participants in the 2024 survey, community meetings, and key stakeholder meetings.

Participants in the 2024 process consistently identified that nearly all Option A strategies were currently being implemented in Cumberland County (Figure 9). In comparison to 2022, an increasing number of respondents identified naloxone distribution, post overdose response, criminal justice diversion programs, post-overdose response, reentry, and addiction treatment for incarcerated persons were being implemented locally. Fewer respondents identified that K-12 prevention education was being implemented. While general drug education is being provided in Cumberland County Schools (CCS), opioid overdose prevention is not currently being offered in CCS. Similar to 2022, respondents indicated that all of the Option A strategies needed more support (funding) to meet the local needs (Figure 10). Notably, 30% of respondents indicated K-12 prevention education was needed. Community survey respondents prioritized evidence-based addiction treatment, recovery support services and housing, and employment related services to receive opioid settlement funds (Figure 11). Participants in the community meetings overwhelmingly prioritized recovery housing as the top priority for funding, followed by prevention education, and recovery support services (Figure 12).

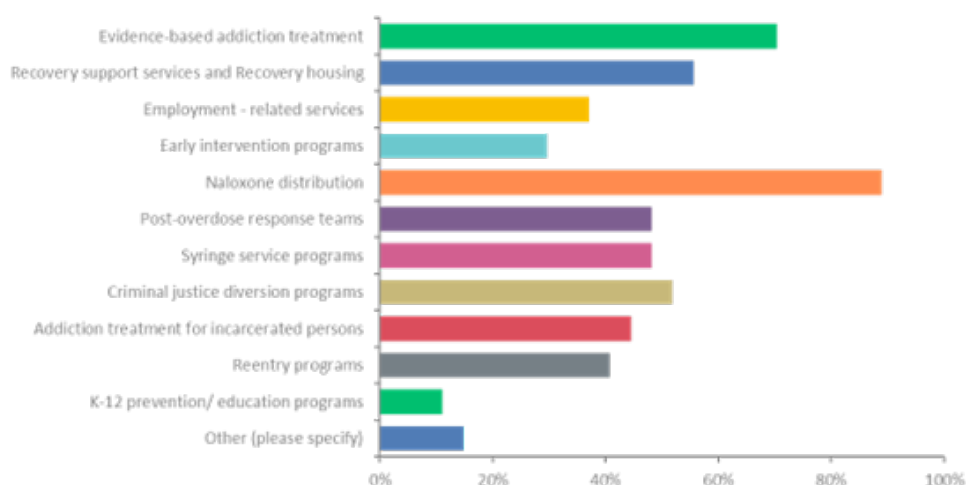


Figure 9: Regardless of funding source, which opioid strategies are currently being implemented in Cumberland County? Select all that apply (2024)

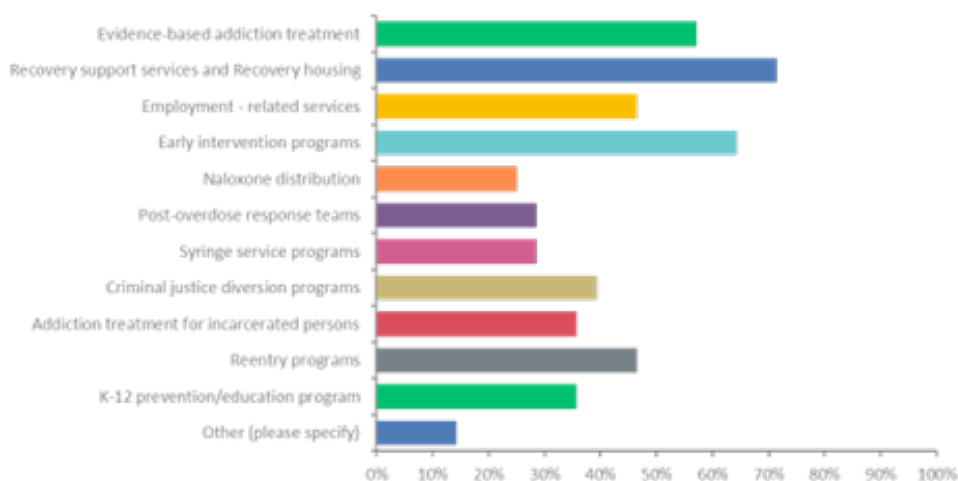


Figure 10: Which strategies currently need more support (funding) to meet the needs of Cumberland County? Select all that apply (2024)

Q12 Rank the top three strategies that should be prioritized to receive future opioid settlement funding (Rank 1-3) First Choice, Second Choice, Third Choice

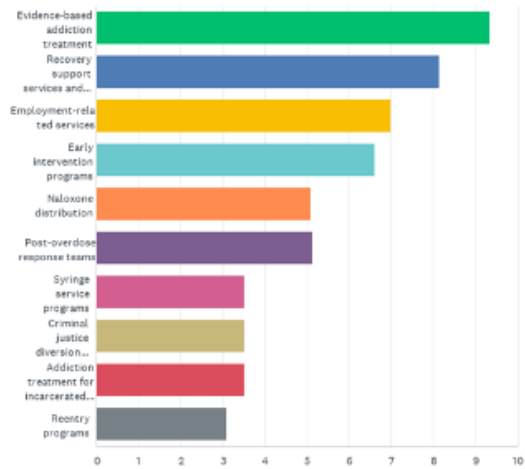


Figure 11

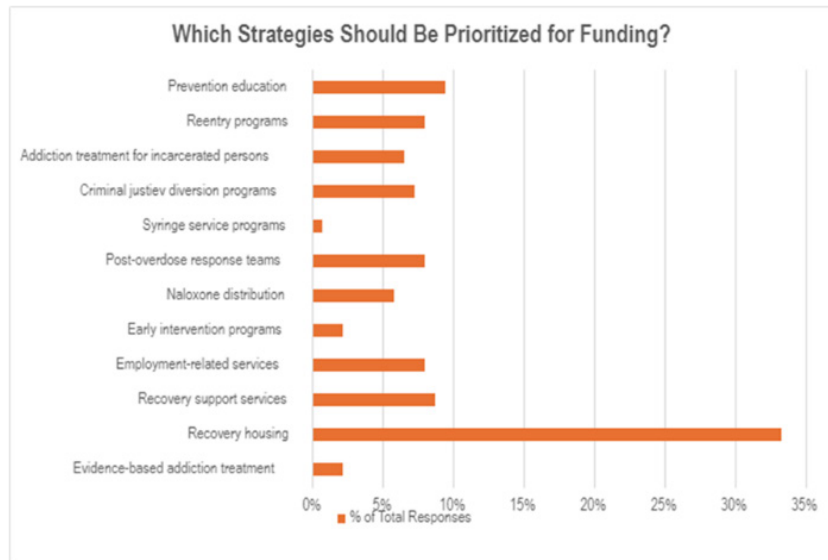


Figure 12

The 2024 key themes and gaps are summarized in Table 2.

Significant progress has been made since 2022 in implementing all Option A strategies in Cumberland County. Additional funding is needed to enhance current services and provide new services

Communication and coordination of services

- C-FORT has played a vital role in improving communication and coordination of services and it is important to continue these efforts
- A stronger collaboration between physical health and behavioral/mental health providers is needed to address whole person health
- Multi-sector partnerships are needed

Local in-patient treatment and detox remains an important need. Residents still leave the county to get services.

Housing remains important for the success of individuals in treatment and recovery. Federal and OSF have been useful in improving access to transitional housing.

Prevention education, including overdose recognition and naloxone, for K-12 students and parents is a missing component of the local opioid response

In most, but not all, community meetings providing MAT was seen as integral to recovery.

Involvement of court system, law enforcement, and the sheriff's office is an opportunity to intervene with services

- Overdose is particularly at higher risk when leaving incarceration
- Prevent ongoing cycling through criminal justice system
- American Disability Act protects individuals who are taking legally prescribed medication to treat their opioid use disorder

Alignment With Other Community Strategies

An ongoing aim of C-FORT meetings is to identify and align OSF strategies with other local efforts. In addition to providing updates on projects supported by OSF, C-FORT partners provide updates and coordinate projects funded from other sources. During monthly meetings partners identify relevant local, state, and federal funding opportunities that align with the identified priorities. For example, rather than multiple applications from several agencies Cumberland County, C-FORT partners often collaborate on a single joint funding application that will be more competitive. Examples of aligned funding opportunities are provided below, though this list is not exhaustive.

- **Sequential Intercept Model (SIM) Mapping Workshop:** Cumberland County Department of Public Health in collaboration with the Cumberland-Fayetteville Opioid Response Team (C-FORT) completed Sequential Intercept Model (SIM) Mapping Workshop on January 30, 2025. The results of the SIM are beginning finalized and will be available in spring 2025. In addition to community resources (opportunities), the final report will include gaps and next steps. In part, the purpose of a SIM Mapping Workshop was to plot resources and gaps across the SIM Identify local behavioral health services to support diversion from the justice system. Among the identified gaps in services was training on MAT for health care providers and first responders and Crisis Intervention Training for first responders interacting with individuals with substance use disorder.
- **Bureau of Justice Assistance Funding (2019):** In 2019 C-FORT, in collaboration with the health department, received funding to support the county's opioid responses. Funding for these initiatives expired September 30, 2024.
 - **C-FORT Coordinator** to coordinate the county's opioid response. Funding for this position was included in the approved OSF recommendations to the Cumberland County Commissioners.
 - **Housing:** Funding provided housing support for individuals in recovery, assisting 123 people with one to two months of transitional housing. When federal funding expired on September 30, 2024, continued support for transitional housing was included in the Fall 2024 OSF recommendations to the County Commissioners.
 - **C-FORT Resource Guides and Media:** Funding supported the implementation of printing of Adult and Youth C-FORT resource guides and several overdose prevention media campaigns. Funding for these initiatives are now being supported by federal SAMHSA funds.
 - **Training:** BJA funding supported the SMART Recovery Facilitator training and scholarships to community members for Peer Support Specialist Training with OnTrack Wellness. There is not currently an alternative funding source for ongoing support.
- **Overdose prevention education:** In May 2024, the County Commissioners approved a pilot project, supported by American-Rescue Plan (ARP) funds, to implement prevention education in 17 Cumberland County Schools. The project is currently in the planning stage. ARP funds end in December 2026. From January 2027-December 2029, OSF funds will support ongoing implementation supported by a public health educator (PHE) and a peer support specialist (PSS). These efforts align with federally funding community-based naloxone training and distribution implemented by a PHE and PSS.
- **Cape Fear Valley Community Paramedics** proposed a community induction project to aid in citizens being induced on medication for opioid use disorder and connected with a treatment provider within Cumberland County.
- **Law Enforcement Assisted Diversion (LEAD) Program** is a pre-booking diversion pilot program developed with the community to address low-level drugs and crimes. The program allows law enforcement agencies to redirect low-level offenders engaged in drug or sex work activity to community-based programs and services, instead of jail and prosecution. By diverting eligible individuals to services, LEAD is committed to improving public safety and public order and reducing the criminal behavior of people who participate in the program. Federal funding from the Bureau of Justice Assistance is supporting the expansion of LEAD in Cumberland County.
- **C-FORT Recovery Resource Center** provides a centralized hub for accessing recovery support services, eliminating barriers like transportation and ensuring that providers are readily available on-site including recovery groups highlighting multiple pathways to recovery. Community partners utilize a variety of local, state and federal funding sources to support service delivery at the Center.

- **Connected Care Program** is a county funded care-coordination program between Department of Social Services and Public Health. The program provides wraparound service to address social determinants of health within the community. Connected Care staff provide on-site support at the Recovery Resource Center, with a focus on improving health equity and ensuring comprehensive care for individuals in need.
- **Recovery Groups:** Community partners use a variety of local, state, and federal funding stream to provide staffing for recovery support groups. SMART Recovery, Recovery Dharma, and Women Focused Recovery Groups, AA and NA are offered in different settings throughout Cumberland County.
- **Substance Abuse & Mental Health Services Administration (SAMHSA) funds:** In October 2024, CCDPH was awarded funding to provide overdose prevention education in recognition of the county's disproportionate impact. The target groups for this initiative include first responders, faith-based organizations, and key community sectors. Teams of public health educators and peer support specialists will strategically work within the community to raise awareness and distribute naloxone in areas that have been most affected by overdose.
- **Bureau of Justice Assistance (BJA) funds (2025):** The Cumberland County Department of Public Health (CCDPH), in collaboration with the Fayetteville Police Department and the North Carolina Harm Reduction Coalition, has partnered on a grant aimed at addressing recidivism within our community. This partnership has been awarded funding to develop a comprehensive Sequential Intercept Network. By enhancing this network, we are fostering greater stakeholder engagement and ensuring the long-term sustainability of effective programs throughout Cumberland County. This initiative works in tandem with opioid settlement funds to proactively address issues before individuals are incarcerated or reoffend. By targeting the needs of clients at each intercept point, we are not only combating the opioid epidemic and reducing overdose fatalities but also helping to decrease recidivism rates across Cumberland County.

Conclusions

Overall Funding Strategies and Recommendations

- Leverage local, state, and federal funding to implement a coordinated response to the opioid epidemic.
- Continue support and build upon momentum for projects currently being implemented.
- Support implementation of high impact evidence-based Option A and Option B strategies.
- Promote multi-sector partnerships between healthcare agencies, mental health substance use providers, and community-based agencies.
- Continue long-term planning for capital improvement projects to expand access to treatment.

County Commissioners have approved \$10,151,139 in Option A and B strategies for implementation between 2023-2029. The approved recommendations are summarized in the tables below.

During an August 2022 Commission meeting public health staff recommended the County Commissioners utilize Spring 2022 and Summer 2022 payments for the Option A strategies summarized in Table 3. The County Commissioners approved the recommendations. The full recommendations can be found in Appendix B. The goals, objectives, and evaluation plan for each strategy is outlined in Appendix D. The implementation timeline and budgets for each strategy can be found in Appendices E and F.

Additional Recommendations

Based on the implementation success of the fall 2022 recommendations and feedback collected during the fall 2024 strategic planning process, public health staff developed additional recommendations. During the November 2024 Commission Meetings public health staff recommended the County Commissioners utilize for the Option A and Option B strategies summarized in Table 4. The County Commissioners approved the recommendations. The full recommendations can be found in Appendix C.

Table 3. Fall 2022 Recommendations Summary

Short-Time Opportunities to Fund Option A Strategies		
Description and Budget*	Proposed Implementation Timeline**	Organizations & Needs to Implement each Strategy
Initially, utilize up to \$800,000 in “Spring 2022” and “Summer 2022” payments to fund multi-year pilot projects that align with Option A Strategies Staff will initiate a Request for Proposal (RFP) process to receive projects in each of four key areas: Early intervention (Strategy 6) Evidence-based addiction treatment for the uninsured and underinsured (Strategy 2) Programs to support people in treatment and recovery (Strategies 3, 4, 5, 7 and 12) Criminal justice diversion programs (Strategy 10)	2023-2024	CCDPH staff will work with County finance staff to initiate the RFP process Eligible agencies: non-profits, educational institutions, health care providers, hospitals
Allocate \$70,000 in funding for the purchase of Narcan and Syringe Service Programs (Strategies 7 and 9).	2023-2024	CCDPH will purchase Other funding sources: Vital Strategies and Alliance NC Harm Reduction Insight Human Services will support training
Implement a \$200,000 multi-year pilot project to support Medication Assisted Treatment (MAT) in Cumberland County Detention Center (Strategy 11)	2023-2024	CCDPH and Cumberland County Detention Center Jail Health Provider
Allocate \$50,000 for collaborative strategic planning**	2023-2024	CCDPH staff and C-FORT Coordinator

Table 3. Fall 2022 Recommendations Summary

Long-Term Opportunities		
Description and Budget	Proposed Implementation Timeline*	Organizations & Needs to Implement each Strategy
Explore options to construct and/or lease a physical space for a Residential Substance Use Facility, a Recovery Community Centers (RCC), and transitional housing. In 2023, staff received approval for a 3-year pilot project to support a Recovery Resource Center to implement recovery support services (\$650,000).***	Begin subcommittee work in 2023	Establish C-FORT sub-committees

* Approved budgeted amount for each recommendation is in bold. Each recommendation may include more than one strategy. The approved budget by strategy is included in Appendix E and F.

**The proposed implementation timeline may not reflect the actual timeline during which programs were implemented once funding was disbursed

***Recommendation and funding approved by Commissioners in 2023

Table 4. 2024-2029 Recommendations Summary

Opportunities to Fund Option A and Option B Strategies		
Description and Budget*	Proposed Implementation Timeline**	Organizations & Needs to Implement each Strategy
\$500,000 to Support Collaborative Strategic Planning (Option A, Strategy 1) facilitated through C-FORT.	2025-2029	CCDPH and C-FORT Coordinator
\$450,000 to support the implementation of evidence-based opioid awareness and overdose prevention education for middle and high school students and parents in Cumberland County (Option B, Strategy G, 8).	2027-Dec. 2029	CCDPH Staff and Cumberland County Schools
\$4,000,000 to support community-based projects that align with Option A Strategies Staff will initiate a Request for Proposal (RFP) process to receive projects in each of four key areas: • Early intervention (Strategy 6) • Evidence-based addiction treatment for the uninsured and underinsured (Strategy 2) • Programs to support people in treatment and recovery (Strategies 3, 4, 5, 7 and 12) • Criminal justice diversion programs (Strategy 10)		Eligible agencies: non-profits, educational institutions, health care providers, hospitals. Community-based agencies and a healthcare provider must submit a joint application
\$500,000 for recovery housing support (Option A, Strategy 4). Funding will support monetary assistance for temporary housing recovery housing support to people in treatment or recovery, or people who use drugs, such as assistance with rent, move-in deposits, or utilities.	2025-2029	CCDPH Staff and transitional housing agencies such as Oxford House
\$500,000 for Naloxone Distribution (Option A, Strategy 7).	2025-2029	CCDPH will purchase NC Harm Reduction Insight Human Services will support training SAMHSA will support training and distribution Other funding sources: Vital Strategies and NC DHHS

\$804,000 for Ongoing support for the Recovery Resource Center (Option A, Strategy 3)	2025-2029	CCDPH Staff C-FORT Subcommittee to advise
\$400,000 for Ongoing support for Family Drug Treatment Court (Option A Strategies 4 and 10)	2025-2029	Cumberland County Justice Services Cumberland County Judges
\$500,000 for ongoing support for the Medication for Opioid Use Disorder (MOUD) program at Cumberland County Detention Center (Strategy 11)	2025-2029	CCDPH and Cumberland County Detention Center Jail Health Provider
\$400,000 to support transportation to a treatment facility through UberHealth or other transportation provider. C-FORT continues to work towards the long-term strategic on identifying opportunities for in-patient treatment services in Cumberland County. (Strategy 3)	2025-2029	CCDPH staff, including Recovery Center will implement C-FORT partner agencies will refer
\$98,500 to provide Crisis Intervention Training (CIT) for first responders and LEO agencies and to provide training on MAT for local providers and first responders (Option B, Strategy K, 1)***	2025-2029	CCDPH Staff, Cumberland County EMS, Law Enforcement, First Responder Agencies

* Approved budgeted amount for each recommendation is in bold. Each recommendation may include more than one strategy. The approved budget by strategy is included in Appendix E and F.

**The proposed implementation timeline may not reflect the actual timeline during which programs were implemented once funding was disbursed

*** Additional recommendation included in February 2024 after the completion of Sequential Intercept Mapping

Implementation and Monitoring

Implementation and tracking of the approved recommendations began in 2023. Successful implementation of the strategic plan will take participation from county staff and collaboration with new and existing community partners. Public health staff and the C-FORT membership help to support implementation and monitoring of the approved recommendations. During monthly C-FORT meetings, the public is invited to engage in the following implementation and monitoring activities

- County and state level data updates on key metrics
- Program and initiative updates from partners that receive Opioid Settlement Funds
 - Data updates are provided at least quarterly
- Partner updates for programs and services that are supported sources other than Opioid Settlement Funds
- Opportunities to align programs and services that support individuals impacted by opioid use disorder
- Federal, state, and local funding opportunities

C-FORT meetings are open to the public. The C-FORT meeting schedule and minutes are available [online](#). Updates to each of the municipalities in Cumberland County are provided at least annually during the Mayor's Coalition meeting.

CORE-NC: Community Opioid Resources Engine for North Carolina provides online dashboards to provide the public the opportunity to explore the current status of the opioid settlements in their community. Community members can view the following information for Cumberland County

- Payments
- Spending plans
- Collaborative Strategic Planning Report and Recommendations
- Past spending
- Annual settlement updates

State and local view dashboards are available here: <https://ncopioidsettlement.org/>

The public is invited to stay engaged and up to date by visiting the following sites

- [Opioid Settlement Funds webpage](#)
- Cumberland County Public Health Facebook
- Cumberland County News Releases
- MyCCNC Gov

Appendix A: List of Participating Agencies

Stakeholders	Examples of Participating Agencies
Local Officials	Cumberland County Board of Commissioners Mayor's Coalition Cumberland County Sheriff's Office
Health Care Providers	Cape Fear Valley Health System Cumberland County Emergency Medical Services and Community Paramedics Carolina Treatment Center Life Net Services Southlight Southern Regional Area Health Education Center Ft. Liberty Department of Public Health Ft. Liberty ASAP Program Veterans Administration Hospital
Social Service Providers	Cumberland County Department of Social Services Veteran's Services Oxford House
Education and Employment Service Providers	Fayetteville State University Cumberland County Schools Methodist University Fayetteville Technical Community College NC Works
Payers and Funders	Alliance Health Cumberland Community Foundation Staff
Law Enforcement	Cumberland County Emergency Management Fayetteville Police Department
Employers	NC Works Fayetteville Chamber of Commerce
Community Group and Non-Profits	Insight Human Services Fayetteville Re-Entry Council Mid-Carolina Regional Council Faith in Action Crisis Collaborative Juvenile Crime Prevention Council (JCPC) Justice Services Advisory Council (JSAC) Juvenile Justice Behavioral Health Committee (JJBH) UNC Partnership Hubs Cumberland County Jail Health Committee
Stakeholders with Lived Experience and Stakeholders Reflecting Diversity of Community	NC Harm Reduction Coalition Staff and Participants Myover Reese Participants Marius Maximum Foundation Fresh Start Housing

Appendix B: 2022 Opioid Settlement Funds Recommendations

Total Funding Available Funding for Spring 2022 and Summer 2022 Payments: \$1,788,318

During the August 8th Commission Meeting we will recommend the Cumberland County Commissioners approve the following recommendations for approval on the August 15th consent agenda.

Short-Term Opportunities to fund Option A Strategies

1. Initially, utilize up to \$800,000 in “Spring 2022” and “Summer 2022” payments to fund multi-year pilot projects that align with Option A Strategies

Initiate a Request for Proposal (RFP) process to receive projects in each of four key areas:

- Early intervention (Strategy 6)
- Evidence-based addiction treatment for the uninsured and underinsured (Strategy 2)
- Programs to support people in treatment and recovery (Strategies 3, 4, 5, and 12)
 - Recovery support services
 - Recovery housing
 - Employment related services
 - Reentry services
- Criminal justice diversion programs (Strategy 10)

To effectively address opioid use, programs and services that address treatment, prevention, and recovery are needed. At least one project should be funded in each of the four areas. Submitted projects should require multisector partnerships. Beyond making referrals, funded agencies should be required to collaborate, at the organizational level, to assure services deduplication and coordination of services. This assures services are comprehensive and will improve the overall system of available services from early intervention, treatment, and recovery. The review panel should include individuals with lived experience with opioid use disorder. The RFP process can be initiated within two months. Funding from future “Summer” payments, can be used for ongoing support, dependent on program and service early outcomes.

1. Allocate \$10,000 to \$70,000 in funding for the purchase of Narcan and Syringe Service Programs (Strategies 7 and 9).

Vital Strategies is providing funding and technical assistance to North Carolina localities for the next five years for counties that select Option A Strategies Naloxone Distribution (Strategy 7) and Syringe Service programs (Strategy 9). Vital Strategies will provide matching funds ranging from \$10,000 to \$70,000 for counties investing in these two strategies for up to three years. In turn, Cumberland County would commit to continued funding of at least 75% of their initial investment via the opioid settlement dollars for the duration of the 18-year period. This approach would leverage additional funds for Cumberland County and invest in strategies long-term that require multiple years to see change in health outcomes.

Syringe Service programs can quickly distribute Narcan and harm reduction supplies.

Narcan can be purchased by the CCDPH to leverage public health pricing and distributed to both community members and partner agencies, as needed. Narcan can also be used to support the Narcan vending machine at the Cumberland County Detention Center.

1. Implement a \$200,000 multi-year pilot project to support Medication Assisted Treatment (MAT) in Cumberland County Detention Center (Strategy 11)

Medication Assisted Treatment (MAT) is the use of three medications (methadone, buprenorphine, or naltrexone) approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder. MAT combines counseling and behavioral therapies. For example, funding could support maintenance of MAT for detainees taking prescribed medications for opioid use disorder before their detention.

We will explore opportunities for MAT to be provided by the current jail health partner and/or to initiate an RFP process to identify a treatment provider. MAT is not currently provided in Detention Center. On average there are 30 detainees on detox protocols each month.

These recommendations would support \$1,070,000 in Option A projects. Remaining balance would be \$718,318.

Long-Term Opportunities

2. Explore options to construct and/or lease a physical space for a Residential Substance Use Facility, a Recovery Community Center (RCC), and Transitional Housing.

These are projects that were consistently recommended by the community. These projects are large scale and require capital expenditures and the use of multiple years of funding and/or funding from other resources to support construction, renovation, and/or lease agreements. Prior to allocating a specific amount these projects, we recommend exploring the cost, possible locations, sustainability, and other resources needed beyond the capital costs.

Residential Substance Use

Capital expenditures for facilities that offer MAT is allowable under Option A. Currently, there are no non-medical community residential treatment facilities in Cumberland County that would meet the Medicaid and Division of Health Service Regulation (DSHR) requirements. Beginning July 1, 2022, Medicaid will cover residential treatment costs for individuals enrolled. Covering the cost of treatment for uninsured and uninsured is an allowable cost under option A.

Recovery Community Centers

Recovery Communities have been implemented in Asheville and Raleigh. Recovery Communities present opportunities to house in a single space and allow co-located agencies to provide services including peer support groups, re-entry programs, job readiness training and professional education, access to health and social services. The space is designed to be safe and free of judgement and stigma. Capital expenditures to construct space is not allowable under the MOU and other funding resources need to be leveraged.

Transitional Housing

Providing stable housing is fundamental to establishing quality of life and empowering people who use to reduce the harms of drugs. Transitional housing options are limited, particularly for those without a payor source. Constructing or buying and renovating a building to provide transitional housing and related support services is not an allowable capital expenditure under the MOU and other funding resources need to be leveraged.

Appendix C: 2025-2029 Opioid Settlement Funds Recommendations

Total 18-Year Payment to Cumberland County (2022-2038)	\$31,613,831.42
Total Funding Recommendations Previously Approved	\$2,097,139.00
Total New Funding Recommendations	\$8,054,000.00
Total Funding Recommendations included in the Local Spending Authorization Resolution 2025-2029*	\$3,204,000.00

Overall Funding Strategies

- Leverage local, state, and federal funding to implement a coordinated response to the opioid epidemic.
- Continue support and build upon momentum for projects currently being implemented
- Support implementation of high impact evidence-based Option A and Option B strategies
- Promote multi-sector partnerships between healthcare agencies, mental health substance use providers, and community-based agencies
- Continue long-term planning for capital improvement projects to expand access to treatment

Option A and B Strategy Recommendations

1. Support Collaborative Strategic Planning (Option A, Strategy 1)

Funding amount: \$500,000

The Cumberland-Fayetteville Opioid Response Team (C-FORT) has been successful in implementing coordinated activities to address the opioid crisis. Funding will support the salary of the C-FORT Coordinator to support the planning and implementation of C-FORT activities. C-FORT members meet monthly to coordinate data reviews and collection, outreach events, joint state and federal grant applications, training opportunities, naloxone distribution, post-overdose response, and organizational policy and infrastructure development. C-FORT and its subcommittees serves as the designated advisory council for several federal grants. The CCDPH Local Public Health Administrator (LPHA) serves as the designated Opioid Settlement Fund (OSF) Coordinator, and the Health Director serves on the Statewide MOA Coordination Group. Funding will support travel to meetings and conferences for staff as required.

2. Prevention Education (Option B, Strategy G, 8)

Funding amount: \$450,000

Funding will support the implementation of evidence-based opioid awareness and overdose prevention education for middle and high school students and parents in Cumberland County. A pilot project, supported by American-Rescue Plan funds, to implement prevention education in 17 Cumberland County Schools is currently in the planning stage. From January 2027-December 2029, OSF funds will support ongoing implementation supported by a public health educator (PHE) and a peer support specialist (PSS). These efforts align with federally funding community-based naloxone training and distribution implemented by a PHE and PSS.

**Funding will not be included in the proposed Local Spending Authorization Resolution until the ARP funds are expended.*

3. Support Community-Based Projects that Align with Option A Strategies

Funding amount: \$4,000,000

This recommendation builds on the success of Option A pilot projects currently being implemented (2023-2025 cycle and 2024-2026 cycle). To effectively address opioid use, programs and services that address treatment, prevention, and recovery are needed. Staff will initiate a Request for Proposal (RFP) process to receive projects in each of four key areas:

- Early intervention (Strategy 6)
- Evidence-based addiction treatment for the uninsured and underinsured (Strategy 2)
- Programs to support people in treatment and recovery (Strategies 3, 4, 5, 7 and 12)
 - Recovery support services
 - Recovery housing
 - Syringe Service Programs
 - Employment related services
 - Reentry services
- Criminal justice diversion programs (Strategy 10)

An RFP process will be initiated in 2025 for up to five projects to receive up to \$800,000 over 4 years (January 2026-December 2029). At least one project should be funded in each of the four areas. Submitted projects should require a joint application between healthcare, substance use, or mental health provider and community-based organization. Projects will be required to provide services at the Recovery Resource Center. This assures services are comprehensive and will improve the overall system of available services from early intervention, treatment, and recovery and builds the capacity of smaller community-based agencies. The review panel will include individuals with lived experience with opioid use disorder.

**Funding will not be included in the proposed Local Spending Authorization Resolution until the Request for Proposals Process is completed and specific agencies are awarded.*

4. Recovery Housing Support (Option A, Strategy 4)

Funding amount: \$500,000

Providing stable housing is fundamental to establishing quality of life and empowering people who use to reduce the harms of drugs. From 2022-2024, the CCDPH pilot project supported 121 individuals in receiving recovery housing.

Funding will support monetary assistance for temporary housing recovery housing support to people in treatment or recovery, or people who use drugs, such as assistance with rent, move-in deposits, or utilities. Support is short-term while individuals stabilize employment and other seek social supports.

5. Naloxone Distribution (Option A, Strategy 7)

Funding amount: \$500,000

State supplied naloxone is inconsistent and federal funds for naloxone is insufficient. Naloxone can be purchased by the CCDPH to leverage public health pricing and distributed to both community members and partner agencies, as needed. Naloxone can also be used to support the The naloxone vending machine at the Cumberland County Detention Center and the distribution box at the Recovery Resource Center. The strategy aligns with federally funded projects that supports community-based naloxone training. Staff will continue to leverage other local, state, and federal funding to reduce costs under this strategy.

6. Ongoing support for the Recovery Resource Center (Option A, Strategy 3)

Funding amount: \$804,000

The C-FORT Recovery Resource Center (RRC) opened in October 2024 and is staffed by three health department staff members. The RRC offers a centralized location for persons who use drugs to attend recovery groups and trainings, meet with a peer support specialist, connect with a treatment provider, receive vaccines and testing for communicable diseases, and other recovery support services. The Center is supported by community partners and other federally funded health department staff. The Center is operational five days a week, including one evening each week.

7. Ongoing Support for Family Drug Treatment Court (Option A, Strategy 4, and 10)

Funding amount: \$400,000

Cumberland County Justices Services provides support for Family Drug Treatment Court. As a diversion court, Family Drug Treatment Court, was created to promote the safety and welfare of children and their families and to expedite permanency for children by providing comprehensive case management and treatment services to parents or guardians who use substances through a well-designed judicial intervention plan. Funding will support a Family Drug Treatment Court Coordinator and other strategies to support wrap around services for participants.

**Funding will not be included..*

8. Ongoing Support for the Medication for Opioid Use Disorder (MOUD) Program at Cumberland County Detention Center (Option A, Strategy 11)

Funding amount: \$500,000

Healing from Within is the MOUD) program at Cumberland County Detention Center. A CCSO peer support specialist and a CCDPH licensed clinical social worker (LCSW) collaborative with the jail health provider (Wellpath) and local treatment providers to provide medication for treatment of opioid use disorder. Funding will support maintenance treatment for individuals who were previously connected to a treatment provider and initiation of treatment for detainees not currently enrolled in treatment. Staff are able to make a warm handoff to treatment providers and peer support specialist upon their exit from the Detention Center.

9. Transportation to Treatment Facilities (Option A, Strategy 3)

Funding amount: \$400,000

While outpatient treatment services are available in Cumberland County, community members seeking in-patient treatment for opioid use disorder travel outside of Cumberland County to receive services (e.g. Wilmington, Greenville, etc.). Timely transportation to these facilities, including for the uninsured or underinsured and those exiting the criminal justice system, remains a barrier to care. Funding will support transportation to a treatment facility through UberHealth or other transportation provider. C-FORT continues to work towards the long-term strategic on identifying opportunities for in-patient treatment services in Cumberland County.

Appendix D: Approved Budget By Strategy

Opioid Settlement Funds by Strategy (2022-2025)

Strategy Number	Strategy Description	Total Funding
1	Collaborative Strategic Planning	\$50,000
2	Evidence-based addiction treatment	\$-
3	Recovery Support Services	\$886,663
4	Recovery Housing Support	\$170,000
5	Employment-related services	\$70,000
6	Early Intervention	\$447,149
7	Naloxone distribution	\$35,000
8	Post-overdose response team	\$-
9	Syringe Service Program	\$35,000
10	Criminal Justice Diversion Programs	\$66,663.33
11	Addiction Treatment for incarcerated persons	\$200,000
12	Reentry Programs	\$136,663
	Total	\$2,097,139

*Note: For a list of programs funded during the 2023 RFP process visit [https://www.cumberlandcountync.gov/departments/public-health-group/public-health/community-services/c-fort-\(opioid-response\)/about-cfort](https://www.cumberlandcountync.gov/departments/public-health-group/public-health/community-services/c-fort-(opioid-response)/about-cfort)

Appendix D: Approved Budget By Strategy

Opioid Settlement Funds by Strategy (2025-2029)

Strategy Number	Strategy Description	Total Funding
1	Collaborative Strategic Planning	\$500,000
2	Evidence-based addiction treatment	\$612,660
3	Recovery Support Services	\$3,399,783
4	Recovery Housing Support	\$963,260
5	Employment-related services	\$40,000
6	Early Intervention	\$587,340
7	Naloxone distribution	\$500,000
8	Post-overdose response team	\$-
9	Syringe Service Program	\$-
10	Criminal Justice Diversion Programs	\$384,000
11	Addiction Treatment for incarcerated persons	\$500,000
12	Reentry Programs	\$56,000
	Option B- Prevention Education	\$450,000
	Option B – CIT Training	\$98,420
	RFP Funding remaining after Fall 2025 award	\$44,957
	Total	\$8,152,500

Appendix E: Priorities, Goals, Measures and Evaluation Plan

Prioritized Strategies		
Exhibit A or B: A	Number and/or Letter: 1	Priority Strategy Name: Collaborative Strategic Planning
Why was this strategy selected as a priority? This strategy will align stakeholders around shared goals through common objectives. Communication and coordination of services was consistently identified need during the strategic planning process.		
Goal: To develop and implement a coordinated strategic plan with community stakeholders, then implement and evaluate the steps taken in this plan.		
Evaluation Questions	What measure(s) will be used to answer evaluation question?	Where will you get the information to answer the evaluation question? [Data source]
How much did you do?	CCDPH role created to lead Collaborative Strategic Planning efforts. C-FORT coordinator to coordinate meetings, trainings, and events. # of meetings held to support Collaborative Strategic Planning	Data will be provided monthly by CCDPH from attendance sheets and by C-FORT partners as a part of their legal agreement with Cumberland County.
How well did you do it?	% of recommendations that were approved by local officials % of stakeholder categories (as outlined in Exhibit C Item A Detail) that were met during the collaborative strategic planning process	Board of County Commissioner meeting agendas and meeting minutes Data will be provided monthly by CCDPH from attendance sheets
Is anyone better off?	Overdose Deaths (by Race/Ethnicity) Illicit Opioid Overdose Deaths Emergency Department Visits	Will utilize data submitted to the North Carolina Opioid Dashboard – by EMS, hospitals, law enforcement, and other entities.

Option A: Fund 5 high impact strategies for a more extensive reach through an RFP process.

Prioritized Strategies		
Exhibit A or B: A	Number and/or Letter: 2	Priority Strategy Name: Evidence-based Addiction Treatment
Why was this strategy selected as a priority? To ensure medically approved treatments are easily accessible to participants diagnosed with opioid use disorder.		
Goal: To ensure the availability of evidence-based treatment options for individuals with Opioid Use Disorder		
Evaluation Questions	What measure(s) will be used to answer evaluation question?	Where will you get the information to answer the evaluation question? [Data source]
How much did you do?	# of unique patients with OUD served # of patients connected to treatment	Data will be provided monthly by funded C-FORT partners as a part of their legal agreement with Cumberland County.
How well did you do it?	% of referrals to opioid treatment programs that resulted in initial assessments (1st appointment attended) % of patients who adhere to treatment % of unique patients who have OUD, served, and who report they are satisfied with services	Data will be provided monthly by funding C-FORT partners as a part of their legal agreement with Cumberland County.
Is anyone better off?	Overdose Deaths (by Race/Ethnicity) Illicit Opioid Overdose Deaths Emergency Department Visits	Will utilize data submitted to the North Carolina Opioid Dashboard – by EMS, hospitals, law enforcement, and other entities.

Prioritized Strategies

Exhibit A or B: A

Number and/or Letter: 3

Priority Strategy Name:
Recovery Support Services

Why was this strategy selected as a priority?

Recovery Support Services are essential for achieving and maintaining long term recovery.

Goal: To develop, expand, and sustain Recovery Support Services in Cumberland County.

Evaluation Questions	What measure(s) will be used to answer evaluation question?	Where will you get the information to answer the evaluation question? [Data source]
How much did you do?	# of programs funded to provide recovery supports # of clients served who use opioids and/or have OUD Types of services used	Contracts that include recovery support services as a funded strategy Data will be provided monthly by funded C-FORT partners
How well did you do it?	% of referrals to opioid treatment programs that resulted in initial assessments (1st appointment attended) % of patients who adhere to treatment % of unique patients who have OUD, served, and who report they are satisfied with services	Data will be provided monthly by funding C-FORT partners as a part of their legal agreement with Cumberland County.
Is anyone better off?	Overdose Deaths (by Race/Ethnicity) Illicit Opioid Overdose Deaths Emergency Department Visits	Will utilize data submitted to the North Carolina Opioid Dashboard – by EMS, hospitals, law enforcement, and other entities.

Prioritized Strategies

Exhibit A or B: A

Number and/or Letter: 4

Priority Strategy Name:
Recovery Housing Services

Why was this strategy selected as a priority?

Recovery housing services provide a safe, stable environment that supports individuals maintaining recovery from substance use.

Goal: To provide temporary housing support to individuals in treatment or recovery.

Evaluation Questions	What measure(s) will be used to answer evaluation question?	Where will you get the information to answer the evaluation question? [Data source]
How much did you do?	# of referrals for recovery housing support # of individuals receiving housing support # of individuals able to maintain recovery	Data will be provided monthly by funded C-FORT partners CCDPH sources: NCCARE360 referrals Excel spreadsheets maintained by CCDPH Social Worker
How well did you do it?	% of participants with OUD who have been assisted with rent % of individuals able to sustain housing after support ends	Outcome reporting and follow up completed by CCDPH Social Worker via Excel spreadsheets Data will be provided monthly by funded C-FORT partners
Is anyone better off?	Overdose Deaths (by Race/Ethnicity) Illicit Opioid Overdose Deaths Emergency Department Visits Recidivism rates	Will utilize data submitted to the North Carolina Opioid Dashboard – by EMS, hospitals, law enforcement, and other entities.

Prioritized Strategies

Exhibit A or B: A

Number and/or Letter: 5

Priority Strategy Name:
Employment-related Services

Why was this strategy selected as a priority?

Employment related services provide structure, purpose, and financial stability.

Goal: To improve access to gainful employment for people in recovery.

Evaluation Questions	What measure(s) will be used to answer evaluation question?	Where will you get the information to answer the evaluation question? [Data source]
How much did you do?	# of people assisted with job placement # of skill building trainings offered	Data will be provided monthly by funded C-FORT partners
How well did you do it?	% of participants in community college courts, who completed their course(S)	Data will be provided monthly by funded C-FORT partners
Is anyone better off?	% of people who maintain employment for 6 months Overdose Deaths (by Race/Ethnicity) Illicit Opioid Overdose Deaths Emergency Department Visits Recidivism rates	Will utilize data submitted to the North Carolina Opioid Dashboard – by EMS, hospitals, law enforcement, and other entities. Data will be provided monthly by funded C-FORT partners

Prioritized Strategies

Exhibit A or B: A

Number and/or Letter: 6

Priority Strategy Name:
Early Intervention

Why was this strategy selected as a priority?

Early intervention improves health and social function for Cumberland County youth by allowing them to make more educated decisions.

Goal: To reduce harms associated with substance misuse.

Evaluation Questions	What measure(s) will be used to answer evaluation question?	Where will you get the information to answer the evaluation question? [Data source]
How much did you do?	# of unique participants trained in early intervention programs # of Youth Mental Health First-Aid trainings or other early intervention training programs held	Data will be provided monthly by funded C-FORT partners as a part of their legal agreement with Cumberland County.
How well did you do it?	% of unique participants trained, who improved skills in supporting children and adolescents who may be struggling	Data will be provided monthly by funded C-FORT partners as a part of their legal agreement with Cumberland County.
Is anyone better off?	% of short-term school suspension rates	North Carolina Department of Instruction Discipline, Alternative Learning Placements (ALP) and Dropout Annual Reports for Cumberland County

Prioritized Strategies

Exhibit A or B: A

Number and/or Letter: 7

Priority Strategy Name:
Naloxone Distribution

Why was this strategy selected as a priority?

Naloxone distribution reduces preventable opioid related deaths.

Goal: To expand access to Naloxone across Cumberland County.

Evaluation Questions	What measure(s) will be used to answer evaluation question?	Where will you get the information to answer the evaluation question? [Data source]
How much did you do?	# of naloxone kits distributed # of individuals trained in harm reduction # of overdose reversals reported	Data will be provided monthly by funded C-FORT partners C-FORT Application
How well did you do it?	% of naloxone distributed to individuals % of naloxone distributed to EMS % of naloxone distributed to community-based organizations # of unique participants who have OUD served, who report they are satisfied with services	C-FORT Application
Is anyone better off?	Overdose Deaths (by Race/Ethnicity) Illicit Opioid Overdose Deaths Emergency Department Visits	Will utilize data submitted to the North Carolina Opioid Dashboard – by EMS, hospitals, law enforcement, and other entities.

Prioritized Strategies

Exhibit A or B: A

Number and/or Letter: 9

Priority Strategy Name:
Syringe Service Program

Why was this strategy selected as a priority?

Syringe Service Programs are a proven strategy to reduce infectious disease transmission, prevent overdoses, and increase access to substance use treatment.

Goal: To prevent overdose death, reduce the spread of infectious disease, and increase linkage to care.

Evaluation Questions	What measure(s) will be used to answer evaluation question?	Where will you get the information to answer the evaluation question? [Data source]
How much did you do?	# of syringes distributed # of types of supplies distributed # of trainings on harm reduction	Data will be provided monthly by NC Harm Reduction
How well did you do it?	% of participants who increased their knowledge of harm reduction practices	NC Harm Reduction
Is anyone better off?	Overdose Deaths (by Race/Ethnicity) Illicit Opioid Overdose Deaths Emergency Department Visits	Will utilize data submitted to the North Carolina Opioid Dashboard – by EMS, hospitals, law enforcement, and other entities.

Prioritized Strategies

Exhibit A or B: A

Number and/or Letter: 10

Priority Strategy Name:
Criminal Justice Diversion Programs

Why was this strategy selected as a priority?

Criminal justice diversion programs address underlying root causes of crime and substance use disorder. By connecting individuals with diversion programs, they are able to create and sustain long term recovery.

Goal: To reduce recidivism.

Evaluation Questions	What measure(s) will be used to answer evaluation question?	Where will you get the information to answer the evaluation question? [Data source]
How much did you do?	# of 911 calls with primary concern related to substance use # of arrest diversion referrals to pre-arrest diversion programs by law enforcement # of unique participants enrolled in pre-arrest diversion programs	Data will be provided monthly by C-FORT partners as a part of their legal agreement with Cumberland County. NC Detect
How well did you do it?	% of unique participants, who use opioids and are/or have OUD served, who are connected to services	Data will be provided monthly by C-FORT partners as a part of their legal agreement with Cumberland County.
Is anyone better off?	Overdose Deaths (by Race/Ethnicity) Illicit Opioid Overdose Deaths Emergency Department Visits	Will utilize data submitted to the North Carolina Opioid Dashboard – by EMS, hospitals, law enforcement, and other entities.

Prioritized Strategies

Exhibit A or B: A

Number and/or Letter: 12

Priority Strategy Name:
Reentry Programs

Why was this strategy selected as a priority?

Reentry programs prioritize core issues driving the cycle of Opioid Use Disorder and recidivism.

Goal: To reduce Cumberland County recidivism rates.

Evaluation Questions	What measure(s) will be used to answer evaluation question?	Where will you get the information to answer the evaluation question? [Data source]
How much did you do?	# of people who are incarcerated screened as having OUD # of people connected receiving case management while incarcerated # of people connected with internal and external Peer Support Specialists while incarcerated	Data will be provided monthly by C-FORT partners as a part of their legal agreement with Cumberland County. Cumberland County Jail Health Data (Wellpath)
How well did you do it?	% of individuals who connect with services identified through engagement with LCSW and Peer Support Specialist	Cumberland County Jail Health Data (Wellpath) Data will be provided monthly by C-FORT partners as a part of their legal agreement with Cumberland County.
Is anyone better off?	Overdose Reversals/Deaths (by Race/Ethnicity) Illicit Opioid Overdose Deaths Emergency Department Visits Recidivism rates	Will utilize data submitted to the North Carolina Opioid Dashboard – by EMS, hospitals, law enforcement, and other entities.

Option B strategies

Prioritized Strategies		
Exhibit A or B: B	Number and/or Letter: H, 3	Priority Strategy Name: Opioid Awareness and Prevention Education
Why was this strategy selected as a priority? Youth are high risk for experimenting with substances and experiencing an overdose. Education reduces misinformation and stigma that empower youth and their parents building community resilience.		
Goal: Implement opioid awareness and prevention education in middle and high schools.		
Evaluation Questions	What measure(s) will be used to answer evaluation question?	Where will you get the information to answer the evaluation question? [Data source]
How much did you do?	# of schools reached # of students educated # of parents educated	CCDPH attendance parent and youth attendance logs
How well did you do it?	% of participants who increased their knowledge, skills, and self-efficacy of overdose prevention strategies	Pre/Post-assessments completed by parents and youth
Is anyone better off?	% of Naloxone kits used at schools where trainings have been implemented % of short-term suspensions	Annual reports from schools that have been trained North Carolina Department of Instruction Discipline, ALP and Dropout Annual Reports for Cumberland County

Option B strategies

Prioritized Strategies		
Exhibit A or B: B	Number and/or Letter: K, 2	Priority Strategy Name: Crisis Intervention Training
Why was this strategy selected as a priority? Crisis Intervention Training leads to better outcomes, reduced injuries, and fewer arrests.		
Goal: To develop an effective crisis response for individuals with opioid use disorder and mental health conditions.		
Evaluation Questions	What measure(s) will be used to answer evaluation question?	Where will you get the information to answer the evaluation question? [Data source]
How much did you do?	# of law enforcement officers trained # of emergency services personnel trained # of providers trained	Data collected by CCDPH and Alliance by the CIT Coordinator (training logs and attendance logs)
How well did you do it?	%of 911 calls with primary concern related to substance use and mental health % of unique participants who use opioids and have OUD served, who are connected to services	911 Dispatch Center Data collected by CCDPH and Alliance by the CIT Coordinator (CIT Data Sheets)
Is anyone better off?	Overdose Reversals/Deaths (by Race/Ethnicity) Illicit Opioid Overdose Deaths Emergency Department Visits Recidivism rates	Will utilize data submitted to the North Carolina Opioid Dashboard – by EMS, hospitals, law enforcement, and other entities.

Appendix F: Strategy, Timelines and Budget Tables

Table F.1

Exhibit A or B: A	Number and/or Letter: 1					Priority Strategy Name: Collaborative Strategic Planning										
STRATEGY TIMELINE																
	2022-2024	2025				2026				2027				2028	2029	
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June	
1. C-FORT Support including C-FORT Coordinator	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Notes: Supported with federal funds through September 30, 2024																
STRATEGY BUDGET																
Line Item	Amount	Description														
Personnel/Fringe																
Operating Costs	\$250,000	Supplies, Printing, Employee Travel Expenses and Food/Provisions														
Contracted Services	\$300,000	Salary for C-FORT Coordinator, contracted through Alliance Staffing														
Other																
TOTAL	\$550,000															

Table F.2

Exhibit A or B: A			Number and/or Letter: 2			Priority Strategy Name: Evidence-based addiction treatment									
STRATEGY TIMELINE															
	2022-2024	2025				2026				2027				2028	2029
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June
1. Two projects results from the 2025 RFP for no-cost, evidence-based treatment for uninsured and underinsured individuals diagnosed with opioid use disorder.						X	X	X	X	X	X	X	X	X	X
STRATEGY BUDGET															
Line Item	Amount	Description													
Personnel/Fringe															
Operating Costs															
Contracted Services	\$612,660	Projects Resulting from RFP: Contracted services to Community Health Interventions, Inc and Primary Care of North Carolina, PLLC and Mid-Carolina Regional Council and Spring Lake Family Support Services as a result of an RFP process													
Other															
TOTAL	\$612,660														

Table F.3

Exhibit A or B: A		Number and/or Letter: 3				Priority Strategy Name: Recovery Support Services									
STRATEGY TIMELINE															
	2022-2024	2025				2026				2027				2028	2029
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June
1. C-FORT Recovery Resource Center	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2. Transportation to out of county in-patient treatment facilities		X	X	X	X	X	X	X	X	X	X	X	X	X	X
3. Three projects resulting from the 2023 RFP process for implementation of recovery services through CHWS, peers, etc.	X	X	X	X											
3. Four projects resulting from the 2025 RFP process for implementation of recovery services through CHWS, peers, etc.						X	X	X	X	X	X	X	X	X	X
STRATEGY BUDGET															
Line Item	Amount	Description													
Personnel/Fringe	\$1,132,390														
Operating Costs	\$321,610														
Contracted Services	\$2,432,446	Projects Resulting from 2023 RFP: Carolina Treatment Center of Fayetteville, Myrover-Reese Fellowship Homes, NC Harm Reduction Coalition Projects Resulting from 2025 RFP: Carolina Treatment Center of Fayetteville and Broken Chains JC Inc.; North Carolina Harm Reduction Coalition, Inc. and Carolina Infectious Disease Clinic; SouthLight Healthcare and Oxford House, Inc; and Community Health Interventions, Inc and Primary Care of North Carolina, PLLC													
Other	\$400,000	Transportation to out of county inpatient facilities													
TOTAL	\$4,286,446														

Table F.4

Exhibit A or B: A	Number and/or Letter: 4					Priority Strategy Name: Recovery Housing Support										
STRATEGY TIMELINE																
	2022-2024	2025				2026				2027				2028	2029	
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June	
1. Transitional housing for individuals in recovery (facilitated through the HD)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
2. Two projects for housing support for individuals in recovery resulting from the 2023 RFP	X	X	X	X												
3. Three projects for housing support for individuals in recovery resulting from the 2025 RFP						X	X	X	X	X	X	X	X	X	X	
STRATEGY BUDGET																
Line Item	Amount	Description														
Personnel/Fringe																
Operating Costs																
Contracted Services	\$1,133,260	Projects resulting from 2025 RFP: ATS of North Carolina, LLC DBA: Carolina Treatment Center of Fayetteville, Myover Reese Fellowship Homes, NC Harm Reduction Projects resulting from 2025 RFP: ATS of North Carolina, LLC DBA: Carolina Treatment Center of Fayetteville and Broken Chains JC Inc; SouthLight Healthcare and Oxford House, Inc														
Other																
TOTAL	\$1,133,260															

Table F.5

Exhibit A or B: A	Number and/or Letter: 5					Priority Strategy Name: Employment Related Services									
STRATEGY TIMELINE															
	2022-2024	2025				2026				2027				2028	2029
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June
1. Project resulting from 2025 RFP process to provide employment or vocational linkages						x	x	x	x	x	x	x	x	x	x
2. 2023 RFP	x	x	x	x											
STRATEGY BUDGET															
Line Item	Amount	Description													
Personnel/Fringe															
Operating Costs															
Contracted Services	\$110,000	RFP2023- ATS of North Carolina; RFP 2025-ATS of North Carolina, LLC DBA: Carolina Treatment Center of Fayetteville and Broken Chains JC Inc.													
Other															
TOTAL	\$110,000														

Table F.6

Exhibit A or B: A	Number and/or Letter: 6					Priority Strategy Name: Employment Early Intervention									
STRATEGY TIMELINE															
	2022-2024	2025				2026				2027				2028	2029
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June
1. Two projects resulting from 2023 RFP process to support kinship care giving training and summer camp and workshops for parents/ youth at risk for MH/SUD/ OUD	October 2024	X	X	X	X	X	X								
2. Project resulting from 2025 RFP process to identify risk factors early and connect individuals with coordinated care						X	X	X	X	X	X	X	X	X	X
STRATEGY BUDGET															
Line Item	Amount	Description													
Personnel/Fringe															
Operating Costs															
Contracted Services	\$1,034,489	RFP 2023 Camp Rockfish and Retreat and Mid-Carolina Regional Council RFP 2025 Mid-Carolina Regional Council and Spring Lake Family Support Services													
Other															
TOTAL	\$1,034,489														

Table F.7

Exhibit A or B: A						Priority Strategy Name: Naloxone Distribution									
STRATEGY TIMELINE															
	2022-2024	2025				2026				2027				2028	2029
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June
1. Naloxone distribution for community partners, first responders, individuals in recovery, schools, churches, etc.	X Apr23-June 23														
	Apr 24 Oct 24	x	x	x	x	x	x	x	x	x	x	x	x	x	x
STRATEGY BUDGET															
Line Item	Amount	Description													
Personnel/Fringe															
Operating Costs															
Contracted Services															
Other	\$535,000	Narcan Distribution													
TOTAL															

Table F.8

Exhibit A or B: A	Number and/or Letter: 8				Priority Strategy Name: Post-Overdose Response Team										
STRATEGY TIMELINE															
	2022-2024	2025				2026				2027				2028	2029
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June
1. No projects currently supports															
STRATEGY BUDGET															
Line Item	Amount	Description													
Personnel/Fringe															
Operating Costs															
Contracted Services															
Other															
TOTAL	\$0														

Table F.9

Exhibit A or B: A		Number and/or Letter: 9				Priority Strategy Name: Syringe Service Program									
STRATEGY TIMELINE															
	2022-2024	2025				2026				2027				2028	2029
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June
1. Funding for NC Harm Reduction for Syringe Services	X *unspent funds still budgeted														
STRATEGY BUDGET															
Line Item	Amount	Description													
Personnel/Fringe															
Operating Costs															
Contracted Services	\$35,000														
Other															
TOTAL	\$35,000														

Table F.10

Exhibit A or B: A	Number and/or Letter: 10					Priority Strategy Name: Criminal Justice Diversion Program									
STRATEGY TIMELINE															
	2022-2024	2025				2026				2027				2028	2029
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June
1. Implementation of Family Drug Treatment Court	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2. Project resulting from 2023 RFP process to support outreach workers in diverting individuals away from the criminal justice system	X	X	X	X											
STRATEGY BUDGET															
Line Item	Amount	Description													
Personnel/Fringe															
Operating Costs															
Contracted Services	\$66,663.33	RFP 2023: NC Harm Reduction													
Other															
TOTAL															

Table M.11

Exhibit A or B: A	Number and/or Letter: 11		Priority Strategy Name: Addiction Treatment for Incarcerated Persons												
STRATEGY TIMELINE															
	2022-2024	2025				2026				2027				2028	2029
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June
1. Healing from Within/MOUD Program at Cumberland County Detention Center	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
STRATEGY BUDGET															
Line Item	Amount	Description													
Personnel/Fringe															
Operating Costs															
Contracted Services	\$700,000														
Other															
TOTAL	\$700,000														

Table F.12

Exhibit A or B: A	Number and/or Letter: 12					Priority Strategy Name: Reentry Program										
STRATEGY TIMELINE																
	2022-2024	2025				2026				2027				2028	2029	
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June	
1. Two projects resulting from 2023 RFP process to support individuals involved in the criminal justice system in connecting with services	X	X	X	X												
2. Project resulting from 2025 RFP process to support individuals involved in the criminal justice system in connecting with services						X	X	X	X	X	X	X	X	X	X	
STRATEGY BUDGET																
Line Item	Amount	Description														
Personnel/Fringe																
Operating Costs																
Contracted Services	\$192,663	2023 RFP Carolina Treatment Center of Fayetteville and North Carolina Harm Reduction Coalition 2025 RFP Carolina Treatment Center of Fayetteville and Broken Chains JC Inc.														
Other																
TOTAL	\$192,663															

Table F.13

Exhibit A or B: B	Number and/or Letter: K, #1					Priority Strategy Name: 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.									
STRATEGY TIMELINE															
	2022-2024	2025				2026				2027				2028	2029
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June
1. CIT Training					X	x	x	x	x	x	x	x	x	x	x
STRATEGY BUDGET															
Line Item	Amount	Description													
Personnel/Fringe	\$98,420	Salary and Fringe Benefit													
Operating Costs															
Contracted Services															
Other															
TOTAL															

Table F.14

Exhibit A or B: B	Number and/or Letter: G, #8					Priority Strategy Name: Fund evidence-based prevention programs in schools or evidence-informed school and community education programs									
STRATEGY TIMELINE															
	2022-2024	2025				2026				2027				2028	2029
Implementation Activity	Jan-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	July-June	July-June
1. Overdose Prevention Training in Schools for Parents and Teachers										x	x	x	x	x	x
Notes: Strategy supported by American Rescue Plan Funds until December 2026															
STRATEGY BUDGET															
Line Item	Amount	Description													
Personnel/Fringe	\$442,660	Salary and fringe benefit expenses for staff providing Opioid education in public schools.													
Operating Costs	\$7,340	Basic supplies, printing, travel and training expenses.													
Contracted Services															
Other															
TOTAL	\$450,000														