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RESEARCH REPORT · 2024–2025

Evaluating Opioid Remediation Efforts in an Eastern North Carolina County

A case study on local government–subrecipient processes in North Carolina

PROJECT
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SECTION 01

Executive Summary

North Carolina counties have been receiving opioid settlement funds for the past four years and are deploying them through subrecipient organizations that deliver treatment, recovery, and prevention services. While the framework governing these investments is nationally recognized for its transparency and equity, the administrative systems local governments rely on to manage, monitor, and evaluate subrecipient performance are still maturing. This gap creates real risks to data quality, funding accountability, and the long-term sustainability of services reaching some of the state's most vulnerable residents.

This report presents findings from a year-long partnership with Craven County in Eastern North Carolina. Through surveys and semi-structured interviews with county government officials and the subrecipient organizations delivering recovery housing support (RHS), the research team examined how local governments evaluate the effectiveness of settlement-funded strategies and how information flows between government administrators and service providers.

The central findings were clear. Settlement funds are reaching people who need them. Government staff and subrecipients alike are working in good faith and improving their processes year over year. But the system operates under five structural constraints that, without intervention, will limit its effectiveness at scale:

1. The administrative infrastructure supporting this work was not designed for the scale and complexity it now faces.

2. Reporting requirements vary too much across counties, forcing subrecipients to spend large amounts of administrative time adjusting data for each county they serve, which can reduce overall data quality.

3. No mechanism exists to track individuals who receive settlement-funded services across county lines, making it difficult to measure county-specific impact or prevent duplicative funding for the same individual.

4 Staff turnover on both sides of the funding relationship erases institutional knowledge that contracts and templates cannot replace.

5 County governments lack the leverage to enforce compliance without risking relationships with the limited pool of available service providers.

The report concludes with six targeted recommendations for state leaders, county administrators, and subrecipient organizations. These recommendations are grounded in what is already working in Craven County and designed to be replicable across North Carolina's 100 counties.

SECTION 02

Introduction

$1.4B	85%	12 yrs
in settlement funds coming to North Carolina	flows directly to counties and local municipalities	distribution period governed by the state MOA

The national opioid settlement represents one of the largest public health investments in decades. North Carolina is receiving approximately $1.4 billion in settlement funds distributed over the next 12 years, with 85 percent flowing directly to counties and local municipalities. These dollars are governed by a Memorandum of Agreement (MOA) developed by the NC Attorney General's Office, which restricts spending to evidence-based opioid abatement strategies and requires transparency and public accountability from local governments.

Yet sound governance at the state level does not guarantee effective implementation at the local level. County governments, many with limited staff and administrative capacity, must identify service providers, negotiate and monitor contracts, collect performance data, and report outcomes to the state. These tasks fall on small teams managing multiple subrecipient organizations at once. The challenge is one of system design as much as resources.

This research was motivated by a straightforward observation: relatively little is known about the administrative and operational dynamics between local governments and the organizations they fund with opioid settlement dollars. The existing literature focuses heavily on treatment outcomes and funding allocation, with far less attention paid to the information-sharing processes, evaluation capacity, and relational challenges that shape whether settlement dollars are used effectively.

Our team partnered with Craven County, North Carolina, over 12 months to examine these dynamics in depth. Craven County funded four opioid abatement strategies in FY24 across seven subrecipient organizations. Our study focused on recovery housing support (RHS), which involved three provider organizations and offered a rich opportunity to examine variation in how services are delivered, reported, and evaluated. The findings reported here are relevant not only to Craven County but to any local government navigating the complexities of opioid settlement fund administration.

Why Craven County

Craven County was selected as the study site because it reflects conditions facing a large share of North Carolina counties: a mid-size eastern county with moderate administrative capacity, active MOA engagement from its earliest years, and a provider portfolio diverse enough to illuminate different dimensions of the government-subrecipient relationship. Located along the Neuse River in Eastern North Carolina, Craven serves as a regional health services hub for the smaller surrounding counties, with elevated overdose-related emergency department visit rates and limited administrative capacity relative to the scope of need.

Craven County's total authorized opioid settlement spending has grown steadily across three fiscal years, from $622,048 in FY2023–24 to $635,914 in FY2024–25 and $666,722 in FY2025–26, reflecting a sustained and expanding commitment to addressing the opioid crisis at the county level (see Figure 1).

Why Focus on Recovery Housing Support

Within Craven County's settlement strategy portfolio, which spans collaborative strategic planning, recovery support services, post-overdose response, and recovery housing support, this study focuses specifically on Recovery Housing Support (RHS). RHS encompasses rental subsidies, rent deposits, and transitional housing services at varying intensity levels for individuals with opioid use disorder. It is widely recognized as a critical determinant of recovery success, particularly for individuals experiencing homelessness, those exiting incarceration, and those with co-occurring behavioral health conditions.

RHS has consistently represented Craven County's largest single programmatic investment, growing from $244,500 in FY2023–24 to $263,500 in FY2024–25 and $289,050 in FY2025–26, an 18 percent increase over three years (see Figure 1). This trajectory reflects both the county's confidence in RHS as a core strategy and the ongoing regional demand for recovery housing services.

The focus on RHS is also methodological: it engaged the most diverse set of subrecipient organizations across the three fiscal years reviewed. In FY2023–24, three providers shared the RHS allocation: Reviving Lives Ministry, Hope Mission, and The Healing Place of New Hanover County. In FY2024–25, Integrated Care of Greater Hickory joined the portfolio alongside Hope Mission and The Healing Place. By FY2025–26, one confirmed provider was listed with additional subrecipients to be determined, itself a signal of the contracting challenges this report documents.

Providers ranged from local community-based nonprofits to regional recovery organizations operating across multiple counties, each with different capacity, data infrastructure, and county relationships. Understanding how a single county manages that diversity, and where the system strains, generates lessons directly applicable to counties throughout North Carolina as their own provider portfolios grow.

FIGURE 1

Recovery Housing Support as Share of Total Settlement Spending, Craven County

RHS has been Craven County's largest single opioid abatement investment across three fiscal years, growing 18% from FY2023–24 to FY2025–26.

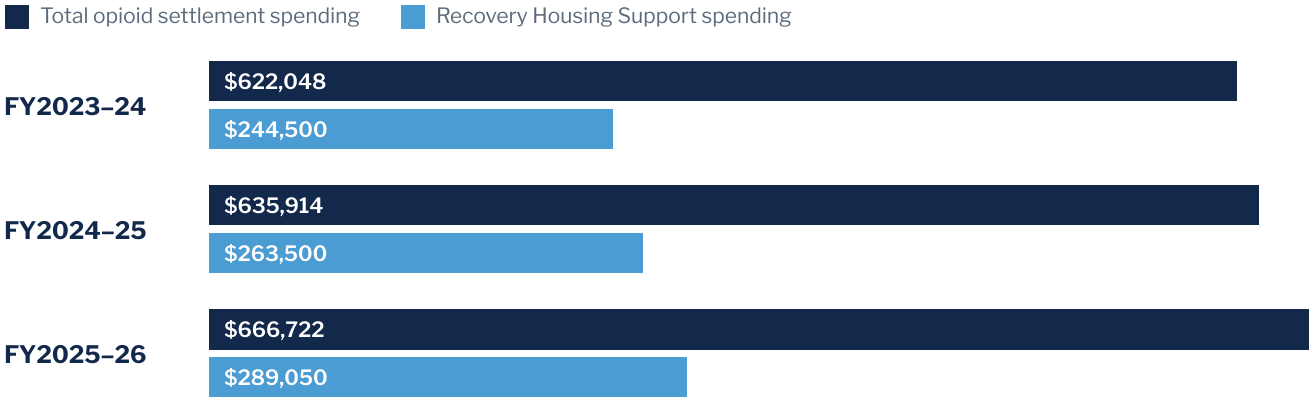

FIGURE 2

Funding Flow from National Opioid Settlements to Craven County Service Providers

Collaborative Strategic Planning

Craven County Opioid Epidemic Response
Neuse River Council of Government

Recovery Support Services

Integrated Care of Greater Hickory

Post-Overdose Response Team

CarolinaEast Foundation

Recovery Housing Support STUDY FOCUS

Integrated Care of Greater Hickory
Hope Mission
The Healing Place of New Hanover County

SECTION 03

Our Approach

This project used a mixed-methods design combining structured survey instruments with semi-structured qualitative interviews. This approach allowed the research team to gather broad information from multiple participants while capturing the depth needed to understand complex administrative and relational dynamics. Data collection was conducted between summer and fall 2025.

Literature Review

The research team conducted a targeted review of peer-reviewed literature to determine whether existing scholarship addressed how local governments structure oversight of settlement-funded service providers, how subrecipients experience reporting and contracting requirements, and how data quality and accountability are managed in a county-administered funding model. Across 57 articles reviewed from Google Scholar, PubMed, Sage Journals, and ClinicalKey, no study directly examined these questions. The published literature focuses predominantly on the clinical effectiveness of opioid treatment interventions and patient-level outcomes; the organizational and administrative dimensions of delivering these services remain largely undocumented.

This absence shaped the research design directly. Because no established evaluation framework existed for the government-subrecipient relationship in this context, the team developed original survey and interview instruments rather than adapting prior tools. Six articles that examined service provider perspectives through surveys or interviews provided methodological grounding, but the core analytical framework was built from the ground up. The gap in the literature is itself a finding: counties across North Carolina are navigating these administrative challenges for the first time with limited prior evidence to draw on.

Surveys

Structured surveys were administered anonymously through Qualtrics to subrecipient staff and Craven County government officials involved in opioid settlement fund administration. Separate instruments were developed for each group, both organized around six topic areas: organizational profile, funding process and implementation, data delivery and reporting,

ways to improve, general perceptions of funding use, and what is working (21 questions each; see Appendix A). Items included Likert-scale agreement statements and a priority-ranking question.

Interviews

Semi-structured interviews were conducted via Zoom with seven participants: four subrecipient representatives and three Craven County government officials. Participants were informed that sessions would be recorded and that all responses would be anonymized. Interviews ranged from 30 to 45 minutes. Separate interview guides were developed for subrecipients (8 open-ended questions) and government officials (7 open-ended questions), each with structured follow-up probes.

Each team member first interpreted interview responses independently. The team then discussed findings collectively to reach consensus on key takeaways for each question. These findings were then compared against available literature to develop actionable conclusions. Interview guides are provided in the Appendices.

SECTION 04

Findings

This section presents five cross-cutting themes that emerged consistently across all data sources. Together, they describe a funding system that is well-intentioned, actively improving, and genuinely reaching people in need, but constrained by structural gaps in capacity, coordination, and standardization that will limit its effectiveness at scale without deliberate intervention.

FINDING 1 Funds Are Reaching Vulnerable Populations, But the Administrative System Is Not Built for Scale

> *"Everyone wanted a piece of the pie [settlement funds], but the pie was not as big as they thought."*
>
> — GOVERNMENT OFFICIAL 1

The most consistent positive signal across all data sources is that opioid settlement funds are expanding access to recovery services for people who would otherwise go without them. Survey responses corroborate this directly: subrecipient respondents agreed or strongly agreed that opioid settlement funding aligns with community needs and that their work contributes meaningfully to the goals of the settlement. This was the most consistent pattern of agreement across the survey and a signal that shared mission is a genuine asset even where administrative systems fall short. Interviewees from both government and subrecipient roles confirmed that the people being served are among the most marginalized: unhoused individuals, those without insurance, people with co-occurring mental health conditions, and those facing transportation barriers in rural areas. Subrecipients also credited active community coalitions, which convene providers, first responders, educators, and payers, with keeping funded strategies aligned with community needs.

At the same time, both sides of the funding relationship described an administrative system designed for a simpler model than what exists on the ground. Craven County oversees multiple subrecipient organizations across four distinct opioid abatement strategies, each with different service models, organizational capacities, and reporting practices. Government staff entered implementation with technical assistance from the North Carolina Association of County

Commissioners on allowable uses and administrative structure. Even so, translating statewide guidance into workable county-specific processes required substantial first-year problem-solving that no amount of preparation fully anticipates. Subrecipients faced a parallel adjustment: organizations that entered expecting substantial capital resources and broad flexibility quickly encountered the constraints of what the MOA actually authorized.

As the volume of funding, the number of counties deploying it, and the diversity of subrecipients grow, this infrastructure will need deliberate investment in standardization and capacity to keep pace.

FINDING 2 Reporting Requirements Vary Too Much Across Counties

> *"The data is not always easily accessible on our end, and it originates from multiple sources... the process overall can be overwhelming. If the reporting requirements for each county were given earlier in the process, or if reporting requirements were more standardized across counties, it [user data] may be easier to capture and for us to report."*
>
> — SUBRECIPIENT 2

A core challenge for subrecipients, particularly those with limited organizational capacity, is that they rarely serve just one county. RHS providers in Eastern North Carolina commonly operate across multiple jurisdictions at once, and each county imposes its own reporting requirements: different metrics, different frequencies (some counties require monthly reporting, others only annual), and different formats. One subrecipient described the consequence directly: data cannot simply be transferred from one county's report to another, because patient attribution and overlap issues require starting from scratch each time.

This cross-county variation compounds a problem that begins even before services are delivered. Subrecipients consistently reported that reporting requirements were not communicated until after programs and contracts were already underway. Without clarity on what data to collect from the start, some organizations were forced to backlog entries, reconstruct records after the fact, and submit reports with lower fidelity than earlier guidance would have allowed.

Survey responses reflect the same divergence. One respondent found the reporting requirements burdensome and disagreed that the data metrics, frequency, and format were appropriate and achievable; the other reported no such difficulties. This split tracks predictably with organizational capacity: providers with pre-existing data systems, or those accustomed to managing local government contracts, experienced reporting as manageable, while those building infrastructure in parallel with service delivery found it overwhelming.

Government interviewees acknowledged these challenges and described local efforts to address them, including billing workbooks, custom templates, and flexible check-in schedules. These are genuine improvements, but they are individual county solutions to a statewide structural problem. Without standardized reporting requirements established before contracts begin, data quality will remain uneven across subrecipients regardless of local effort.

When asked to rank priorities for improving government management of opioid settlement funding, respondents identified two top priorities: streamlining fund disbursement and clarifying instructions for use, and improving access to funding information and grant requirements. Respondents ranked reassessing outcome expectations last, suggesting that subrecipients accept the standards themselves and struggle instead with their clarity and timing.

FINDING 3 The Patient Mobility Problem Is Real, Untracked, and Growing

> *"One person can choose to receive treatment from several counties. No mechanism exists to track the patient's movement through the system."*
>
> — SUBRECIPIENT 3

Every government official interviewed identified the same structural gap independently, and subrecipients echoed it: no mechanism exists to track when an individual receives services in multiple counties. This gap has direct consequences for data accuracy, funding accountability, and the ability to measure the actual impact of opioid settlement investments.

Individuals with opioid use disorder frequently receive services across county lines. They may live in one county, attend recovery housing in a second, and receive post-overdose response services in a third. Each county funds and reports those services independently. Without a universal patient identifier or a cross-county tracking system, the same individual can be counted separately in multiple jurisdictions, inflating service counts, undermining outcome measurement, and allowing duplicative funding to go undetected.

Smaller counties with limited funds but significant patient inflows from neighboring jurisdictions bear a disproportionate administrative and financial burden. The regional coordination Craven County conducts informally with its neighbors is a promising direction, but it operates without the infrastructure needed to make cross-county tracking systematic or reliable. The absence of a universal patient identifier is the single most consistently cited structural gap in this study, and it likely requires a statewide solution.

FINDING 4 Staff Turnover Creates Cascade Failures That Contracts Alone Cannot Fix

> *"The process is really contingent on individual-level understanding and data capture. Things really change when turnover occurs at the individual level."*
>
> — GOVERNMENT OFFICIAL 2

A central vulnerability in the current system is its dependence on individual knowledge. Both government officials and subrecipient organizations described institutional knowledge about reporting requirements, contract terms, and data collection practices as concentrated in one or two people. When those individuals leave through turnover, promotion, or role change, that knowledge leaves with them and the system degrades.

On the government side, significant learning and process improvement has been driven by a small number of staff managing the majority of subrecipient relationships. One official noted that other jurisdictions reference the county as a model precisely because of staff expertise that would be difficult to replace. On the subrecipient side, government officials described a recurring pattern in which the person who signed the contract at the start of the year is no longer the person submitting invoices by year-end.

Longer or more detailed contracts do not solve this. Craven County expanded the guidance and clarifying language in its subrecipient contracts in the second fiscal year of fund distribution, a genuine improvement. But a new staff member unfamiliar with the contract's history faces the same comprehension gap as their predecessor. Better documentation helps; the system also needs formalized transition protocols, onboarding procedures, and knowledge management practices that do not depend on any single person.

Survey data reinforces this dynamic. Respondents diverged on whether expectations were clearly communicated at the outset and whether the overall process aligned with their organization's expectations. The most plausible explanation is the same pattern documented in the interviews: an organization entering implementation with established systems and prior county relationships experiences the process as clearer and more predictable than one constructing its administrative infrastructure from scratch while simultaneously delivering services.

FINDING 5 Government Officials Cannot Enforce Accountability Without Risking Service Access

Local governments are responsible for ensuring settlement funds are used appropriately, but enforcing compliance risks straining relationships with, and in some cases losing, the sole providers that make service delivery possible.

Craven County and similar jurisdictions operate in a thin provider market. For certain services, only one or two organizations may be capable of delivering them. In that context, threatening penalties for incomplete reporting, withholding payment over data quality disputes, or terminating contracts for non-compliance could directly reduce access to services for the very people the funding is designed to help.

Government staff described sustained efforts to build collaborative relationships with subrecipients, provide technical assistance, and improve data quality over time, and those efforts have produced results. The structural problem is that the current system gives counties no way to enforce accountability at arm's length. Without a broader subrecipient pool, clearer state-level standards applying uniformly to all providers, or third-party oversight mechanisms, county administrators carry the accountability burden without the leverage to act on it. This is why experienced government officials in this study consistently call for statewide solutions rather than county-level fixes.

Notably, both government and subrecipient survey respondents agreed that they are satisfied with how Craven County is administering opioid settlement funds, a finding that holds despite the structural frustrations noted above. Subrecipients appear able to distinguish between the statewide system's design and the quality of their working relationship with local government staff.

Both government and subrecipient respondents reported satisfaction with how Craven County administers opioid settlement funds, despite the structural constraints documented in this report.

SECTION 05

Recommendations

The following recommendations are directed at state leaders, county administrators, and subrecipient organizations. Each is grounded directly in the patterns documented in the findings and designed to be actionable within the existing settlement framework.

RECOMMENDATION 1

Establish Standardized Reporting Requirements Before Contracts Begin

Addresses Finding 2 — Reporting requirements vary too much across counties

Subrecipients consistently learned what data they were expected to collect only after programs had started, and those serving multiple counties faced different metrics, formats, and frequencies in each jurisdiction. The result was retroactive data entry, reconstructed records, and lower-quality reports than earlier guidance would have produced.

The state or a designated technical assistance body should develop a baseline reporting template that all subrecipients complete before services begin. This template should specify required metrics, data formats, reporting frequency, and submission timelines. Counties would retain flexibility to add requirements, but all would share a common foundation. Craven County's billing workbooks and mid-year mini submission sessions demonstrate that structured reporting tools reduce year-end burden and improve data consistency; the goal is to bring that practice to scale statewide rather than leaving it to individual county initiative.

RECOMMENDATION 2

Create a Universal Patient Identifier or Cross-County Tracking Mechanism

Addresses Finding 3 — The patient mobility problem is real, untracked, and growing

Without a way to track patients who receive services in multiple counties, counties cannot accurately measure unduplicated individuals served, identify potential double-billing across funding streams, or quantify regional service demand. Smaller counties absorbing patient inflows from neighboring jurisdictions have no way to document that burden, let alone address it.

The state should invest in a secure, privacy-compliant system that assigns unique identifiers to individuals receiving opioid settlement-funded services, regardless of which county funds those services. The system should allow authorized local government administrators to identify when a patient is receiving services across jurisdictions. Craven County's informal coordination with Jones and Pamlico Counties reflects the organic demand for this kind of regional tracking, but informal coordination cannot substitute for statewide infrastructure. No individual county can solve this problem on its own.

RECOMMENDATION 3

Develop Transition Protocols and Institutional Knowledge Systems

Addresses Finding 4 — Staff turnover creates cascade failures that contracts alone cannot fix

Institutional knowledge about contract requirements, reporting expectations, and data collection practices is often held by one or two individuals, and it leaves when they do. Longer contracts do not close the gap, because a new staff member unfamiliar with a contract's history faces the same learning curve as their predecessor.

State technical assistance partners, including NCACC and CORE-NC, could develop standardized onboarding and transition documentation for both government administrators and subrecipient organizations: role-specific training guides, contract orientation materials for new staff, and a structured knowledge-transfer checklist for personnel transitions. Craven County's billing workbooks and mid-year check-in protocols are exactly the kind of locally developed institutional knowledge that should be documented, shared, and built into statewide onboarding resources rather than remaining locked in a single county's practice.

RECOMMENDATION 4

Build a Statewide Subrecipient Database and Contract Resource Portal

Addresses Finding 1 — The administrative system is not built for scale · Finding 5 — Accountability without leverage

County administrators currently identify subrecipients primarily through personal networks and informal outreach. This approach is inefficient and inequitable, loses knowledge when staff turn over, and reinforces the thin provider markets that make accountability enforcement impossible: counties cannot penalize or replace underperforming subrecipients when no alternatives exist in the pipeline.

The state should develop a searchable, vetted database of subrecipient organizations eligible to receive opioid settlement funding, accessible to all county administrators. The portal should also allow counties to share contract templates, billing workbooks, and reporting tools, making resources like those Craven County developed available to the full field rather than requiring every county to build from scratch. Access should be limited to government administrators to protect proprietary information. Expanding the known and vetted subrecipient pool is a precondition for meaningful accountability enforcement.

RECOMMENDATION 5

Mandate Quarterly Check-Ins Between Counties and Subrecipients

Addresses Finding 2 — Reporting requirements vary too much · Finding 4 — Staff turnover creates cascade failures

Both government officials and subrecipients identified more frequent structured contact as the most practical fix for communication breakdowns, data quality problems, and turnover disorientation. Where counties conduct only annual reporting, a full year of uncertainty accumulates before problems surface in the annually required Impact Reports.

The state should require, as a condition of funding agreements, quarterly check-ins at minimum between county administrators and each funded subrecipient, structured around data review, reporting progress, and contract clarifications. These check-ins serve a second function: when staff turnover occurs mid-year, a quarterly cadence reorients new personnel quickly rather than leaving gaps to be discovered at year-end submission.

RECOMMENDATION 6

Support and Resource Community Coalition Models for Priority-Setting

Addresses Finding 1 — Funds are reaching vulnerable populations · Finding 3 — The patient mobility problem · Finding 5 — Accountability without leverage

Subrecipients described the value of coalition structures, bringing together EMS, educators, pharmacists, law enforcement, peer-support specialists, and MCO representatives, in shaping how settlement funds are prioritized and deployed. These coalitions surface community-level needs that top-down funding processes would otherwise miss, and they help ensure funding decisions reflect the actual landscape of services and gaps in a region.

State and county administrators should support the development and sustainability of these coalitions as a formal component of the settlement spending process. Where coalitions already exist, they should be connected to county spending decisions in a structured way. Where they do not, technical assistance partners should help counties establish them. This is the lowest-cost, highest-community-impact investment available within the existing framework.

SECTION 06

Appendices

Appendix A · Survey Topic Areas

Both survey instruments (subrecipient and government versions) were organized around six topic areas:

- Profile (2 questions)
- Funding Process and Implementation (5 questions)
- Data Delivery and Reporting (3 questions)
- Ways to Improve (2 questions)
- General Perceptions of Funding Use (3 questions)
- What is Working (6 questions)

Appendix B · Interview Guide Topic Areas

Subrecipient Protocol (8 questions)

- Experience with receiving and implementing opioid settlement funds
- Communication with local government regarding disbursement and requirements
- Challenges in contracting with local government
- Difficulties with data reporting requirements
- Aspects of the funding process that align well with community needs
- What one change they would make to how funding is managed
- Impact of settlement funding on patient outcomes and service delivery
- Additional support or changes that would improve use of funds

Government Official Protocol (7 questions)

- Criteria and processes for determining which organizations receive funding
- Monitoring and evaluation of fund use by subrecipients
- Support and guidance provided to subrecipients during application and reporting
- Common misunderstandings or difficulties from subrecipients
- Balancing flexibility with oversight when working with diverse organizations

- Improvements or changes desired in the current funding distribution process
- How their approach to fund distribution has evolved and lessons learned

Survey data was collected anonymously through Qualtrics and is maintained by the research team.

This work is made possible through funding from the North Carolina General Assembly via the NC Collaboratory.