

WASHINGTON COUNTY, TENNESSEE BOARD OF COUNTY COMMISSIONERS

RESOLUTION NO. 22-08-08

RESOLUTION APPROVING JOHNSON CITY RECOVERY CENTER (JCRC) AS A RECIPIENT OF OPIOID LITIGATION SETTLEMENT FUNDS IN THE AMOUNT OF \$1,200,000.00

in Resolution No. 18-08-16, the Washington County Board of Commissioners declared the opioid crisis a public nuisance which must be abated for the benefit of Washington County and its residents and citizens, and authorized the County Mayor to enter into an agreement to retain counsel to file a lawsuit against those legally responsible for the wrongful distribution of prescription opioids; and

WHEREAS, General Kenneth C. Baldwin brought a lawsuit through the law firm of Branstetter, Stranch & Jennings, PLLC to recover money for Washington County under Tennessee's Drug Dealer Liability Act ("DDLA") which is known as the "Drug Dealer Liability Act Lawsuit" and that lawsuit is pending in Sullivan County Circuit Court; and

WHEREAS, with Resolution No. 21-01-12, the Washington County Board of Commissioners resolved its full support of the lawsuit, and specifically approved of the actions taken in the lawsuit to that point on its behalf, further approving of the lawsuit going forward with Washington County as the named plaintiff, expressly retaining District Attorney Ken Baldwin and the law firm of Branstetter, Stranch & Jennings, PLLC as counsel in the Drug Dealer Liability Lawsuit; and

WHEREAS, the Washington County Board of Commissioners determined that the "Confidential Settlement Proposal Information for Washington County and Jonesborough" promoted Washington County's ability to respond to the serious public health and safety crisis involving opioid abuse, addiction, morbidity, and mortality within Washington County in the best interest of the public health, safety, peace, comfort, and convenience of citizens and residents of Washington County and approved authorizing District Attorney Ken Baldwin and the law firm of Branstetter, Stranch & Jennings, PLLC as counsel in the Drug Dealer Liability Lawsuit to negotiate on its behalf on best terms consistent with those presented which resulted in settlement funds of approximately 6.7 million dollars; and

WHEREAS, at its November 1, 2021 meeting the Health Education Welfare Committee requested that a notice be drafted regarding guidelines and application process with a cutoff date of April 15, 2022 which, on April 15, 2022 was extended to June 1, 2022; and

WHEREAS, preliminary application review was conducted by AveNew, a drug education and prevention initiative of the Greater Kingsport United Way; and

WHEREAS, at special called meetings on July 19, 2022 and July 20, 2022, the Health Education Welfare Committee from proposal applicants; and

WHEREAS, **Johnson City Recovery Center (JCRC), described as ETSU Department of Social Work**, applied for settlement funds to provide a peer-led recovery community center, in the amount of \$1,700,000.00 and submitted the proposal summarized in Exhibit A; and

WHEREAS, at its August 3, 2022 meeting, the Health Education Welfare Committee selected recipients of the settlement funds and recommended consideration and approval of this request in the amount of \$1,200,000.00; and

WHEREAS, at its August 10, 2022 meeting, the Budget Committee considered the request and requested the following amendments to the FY22-23 Budget:

1. Increase \$1,200,000 to expense line item 101-55170-316 (Alcohol and Drug Programs – Contributions)
2. Decrease \$1,200,000 to line item 101-39000 (Fund Balance – Unassigned)

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF WASHINGTON COUNTY, TENNESSEE THAT:

SECTION 1. The Washington County Board of Commissioners hereby finds that the proposal of Johnson City Recovery Center promotes the public health, safety, peace, comfort, and convenience of citizens and residents of Washington County.

SECTION 2. The proposal of \$1,200,000.00 is hereby **APPROVED subject to the written acceptance by Johnson City Recovery Center (JCRC) with agreement to use the funding in a manner consistent with the application and commitment to report back to Washington County no later than September 2023 with a report of how the funds were used.**

SECTION 3. The Revised Fiscal Year Budget 2022-2023 is amended to:

1. Increase \$1,200,000 to expense line item 101-55170-316 (Alcohol and Drug Programs – Contributions)
2. Decrease \$1,200,000 to line item 101-39000 (Fund Balance – Unassigned)

SECTION 4. This Resolution shall take effect from and after the date on which it is approved by the County Mayor or as indicated by certification of the County Clerk, as hereinafter set forth.

Introduced by Commissioner: *Jones*
Seconded by Commissioner: *Wheeler*

Commissioners Voting FOR: *Matherly, Fitzgerald, Edens, Davenport, Cate, Malone, Williams, Carriger, Jones, Huffine, Wheeler, Carder*

Commissioners Voting AGAINST: *Tester*

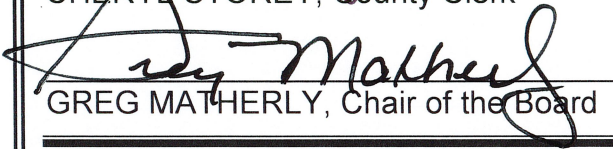
Commissioners Abstaining: *None*

Commissioners Absent: *Light, Harris*

ADOPTED BY THE COUNTY LEGISLATIVE BODY, in session duly assembled, on this the 29th day of August, 2022.



CHERYL STOREY, County Clerk



GREG MATHERLY, Chair of the Board

REFERRED to County Mayor this the 6 day of September 2022.



CHERYL STOREY, County Clerk

APPROVED by County Mayor on this the 7 day of Sept 2022.

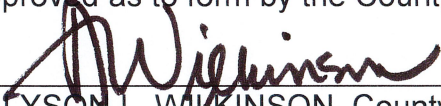


WILLIAM J. GRANDY, County Mayor

The County Mayor having declined to approve this Resolution, the same became effective on the ___ day of _____ 2022, pursuant to Tennessee Code Annotated § 5-6-107(b)(5).

CHERYL STOREY, County Clerk

Approved as to form by the County Attorney this 1st day of September 2022.



ALLYSON L. WILKINSON, County Attorney

Washington County, TN: Opioid Litigation Funding Request for Applications

Preliminary application review conducted by members of AveNew, a drug education and prevention initiative of the Greater Kingsport United Way- 6/2022

Application # 2 Johnson City Recovery Center (JCRC)

This application addresses the Johns Hopkins Principle for Opioid Litigation by *spending money to save lives* and also *use of an evidence-based strategy*. There is an identified need for a Recovery Community Center (RCC) in our community as one does not exist in the entire region. This gap has been identified in multiple regional gap and asset analyses. Ongoing research has found that utilization of peer support specialists (as proposed in this model) in evidence based models such as an RSS can lead to improved outcomes for people seeking recovery. The AveNew review team investigated all citations and confirms that the application provides sufficient evidence to support the efficacy of the RCC, peer involvement, and the SURE program evaluation tool. The application also aligns with Principle 5 regarding the *Development of a Fair and Transparent Process for Deciding Where to Spend Funds* in that it 1) identified an area of greatest need in the region, 2) has direct input from trained professionals and persons with lived experience, and 3) provides a transparent outline for spending and fiscal management for up to 3 years.

Stigma is identified in the literature (see below) as a primary barrier to services including stigma towards people engaged in medication assisted treatment (MAT). Though persons using MAT are using an evidence-based medication to support their recovery, they are often excluded from access to recovery capital resources including recovery housing, transportation, and even 12-step recovery meetings / sponsorship due to being prescribed MAT. The RCC is an evidence-based strategy to combat that stigma (also cited below). The AveNew review team finds that this application is in alignment with the most rigorous empirical evidence and best practice for spending of opioid litigation funds.

Additional literature regarding stigma against persons using MAT:

- Haberle, B. J., Conway, S., Valentine, P., Evans, A. C., White, W. L., & Davidson, L. (2014). The recovery community center: A new model for volunteer peer support to promote recovery. *Journal of Groups in Addiction & Recovery*, 9(3), 257-270.
- Richard, E. L., Schalkoff, C. A., Piscalko, H. M., Brook, D. L., Sibley, A. L., Lancaster, K. E., & Go, V. F. (2020). "You are not clean until you're not on anything": Perceptions of medication-assisted treatment in rural Appalachia. *International Journal of Drug Policy*, 85, 102704.
- Wakeman, S. E., & Rich, J. D. (2018). Barriers to medications for addiction treatment: How stigma kills. *Substance use & misuse*, 53(2), 330-333.
- Tsai, A. C., Kiang, M. V., Barnett, M. L., Beletsky, L., Keyes, K. M., McGinty, E. E., ... & Venkataramani, A. S. (2019). Stigma as a fundamental hindrance to the United States opioid overdose crisis response. *PLoS medicine*, 16(11), e1002969.

Project Title:

- Johnson City Recovery Center (JCRC)

Submitting Agency and Individual Preparing Application:

- Johnson City Recovery Center (501(c)3) (filed May 18th, 2022)
- East Tennessee State University's (ETSU), Dr. Dorothy (Dottie) Greene, Associate Professor of Social Work, Coordinator for Addiction Counseling Studies

Coordinating Agencies or Collaborators (JCRC Advisory Board):

- LaTonia Collie, MSW, Therapist, *Frontier Health*; Jill Corvin, MSW, Practice Administrator, *East Tennessee Recovery*; Kim Crowder-Vaughn, MA, ETSU MSW Student, CPRS, *Mindoula Health*; Bill Curry, MS, IT Specialist, *Ballad Health*; Edward Greene, BS, ETSU MHA Student, Financial Analyst II, *Ballad Health*; Chelsea Rushing, I.MSW, CAADC, LADAC II, Therapist, *Catalyst Health Solutions*; Ricki Smith, MSW, Therapist, *Overmountain Recovery*; Tabitha Edwards, MA, Executive Director, *Recovery Resources*; Stephanie Myers, CPSS, *Sullivan County Anti-Drug Coalition*; Stanley Williams, BA; Kim Lewis; Amanda Silcox, AA; Brittany Pealer, BS; Sierra Whitehead, Peer Navigator, *Frontier Health/Turning Point*

Total Funds Requested: \$1,700,000 (see Appendix A)

Brief Overview/Description of Project

Recovery Community Centers (RCC) are peer-led and operated centers that support local, community-based recovery efforts. Two fundamental principles guide recovery community centers: (1) they are led by individuals in recovery from addiction and these individuals are valued as the experts of recovery (85% of JCRC's Advisory Board identify as persons in recovery); and (2) there are many paths to recovery, and *all* are welcomed, affirmed, and celebrated.

Our vision for the JCRC is to create a safe, recovery-oriented environment to help bridge the gap between professional treatment services and mutual aid recovery organizations, and to offer community-based linkages and services that address the psychosocial barriers to addiction recovery and increase sustained recovery among JCRC's participants.

Aims:

1. To improve the quality of life of individuals, families, and communities who have been impacted by substance use and addiction in Washington County and surrounding areas of Northeast Tennessee.
2. To fill a gap in the Washington County recovery ecosystem through increasing addiction remission and recovery capital among its residents who have substance use disorders (SUDs).
3. To provide a non-judgmental and supportive environment for people impacted by substance use and addiction where all paths to recovery are affirmed and celebrated.

Rationale:

In the year ending December 31, 2021, over 107,000 Americans died from a drug overdose (Ahmed et al., 2021). Tennesseans accounted for almost 4,000 of these deaths. Throughout the opioid epidemic, the Appalachian region has been disproportionately impacted. Often labeled the epicenter of the addiction crisis, Appalachia experienced a 43% higher mortality rate from drug overdoses than the rest of the nation (Appalachian Regional Commission, 2020). The most recent data available on the Tennessee Data Dashboard shows that in 2020, 44 Washington County residents died from an overdose and there were an additional 129 non-fatal overdoses reported. Tennessee ranks 11th in the United States in drug overdose

mortality with 31.2 overdose deaths per 100,000 residents. Northeast Tennessee's consequences are even greater with Sullivan and Washington counties reporting rates of 40 and 33, respectively. SUD impacts are not just measured in overdoses and do not just affect individuals and their families. Local economies also pay for the costs of its citizens who suffer from addictions. These costs included repeated visits to emergency rooms, the spread of diseases, rises in homelessness, increased unemployment rates, increased incarcerations, and increased dependence on government aid for impoverished families. JCRC hopes to bridge the gap between professional treatment and mutual aid recovery organizations for people with SUDs. RCC's are experiencing burgeoning growth in the nation, but the tri-cities area does not have one single RCC. The closest RCCs in our area are in Asheville, NC and Knoxville, TN. The JCRC would be the first in the Tri-Cities and will fill a huge gap in the tri-cities' recovery ecosystem.

Although RCCs are not professional organizations and do not provide recovery housing or addiction treatment, they do provide linkages to these valuable resources as well as help to build individual, family, and community recovery capital by providing advocacy training, recovery information, mutual aid support, recovery and health information, technology and internet assistance, resource mobilization, employment assistance, recovery coaching, volunteerism, and social activities, etc. RCCs have been described as a combination between mutual aid recovery support clubhouses and social services drop-in centers (Haberel et al., 2014). (See Appendix B)

Scientists from Harvard's Recovery Research Institute (RRI) found that people who benefitted most from RCCs' services were often the most vulnerable and more severely impacted by substance use and addiction (Kelley et al., 2020). The participants were often identified as having low-income, low educational attainment, unemployed, having primary alcohol and opioid use disorders, having histories of psychiatric problems, and having prior experience with addiction treatment and mutual aid groups. These individuals also reported having low quality of life at initial engagement with RCCs. The RRI's studies show that RCC participants experience increased rates of SUD remission, decreased substance use problems, increased recovery capital, increased emotional and psychological wellbeing, and an overall increase in quality of life (Haberel et al., 2014; Kelley et al., 2020; Kelly et al., 2021).

Approach:

The approach to JCRC is based on the RCC conceptual model from Harvard's RRI. Data from RCC studies suggest they play an essential and unique role in developing support and recovery capital for individuals with SUDs not provided by professional treatment services or mutual aid recovery organizations (Haberel et al., 2014; Kelly et al., 2020; Kelly et al., 2021).

JCRC has an Executive Director, Dr. Dorothy Greene, who holds the knowledge and skills to develop and operate JCRC but more importantly identifies as a person in long-term recovery. Other staff members will include five peer support specialists (PSS). We have a 15-member Board, of which all but two identify as people in recovery. JCRC will use peer support specialists, volunteers from the recovery community and social work student interns from ETSU's Department of Social Work to do the following: coordinate volunteers; provide education and recovery information; recovery management skill-building; recovery coaching; develop and facilitate social activities; facilitate linkages to community-based resources; provide technological and employment assistance; and aid with scheduling and coordination of recovery-oriented mutual help groups. We plan to engage ETSU's nursing, pharmacy, nutrition, and public health students to provide educational sessions for JCRC's participants on addiction recovery and health-related topics. (See Appendix C)

Anticipated Outcomes:

We predict serving up to 500 unique individuals in JCRC's first year. In year 2, we expect to serve at least 800 unique individuals. In years 3 through 5 we anticipate serving over 1000 unique individuals annually, with over 200 visits per month by service participants.

JCRC Expected Outcomes:

1. JCRC participants who attend regularly (≥ 1 time weekly) for 6 months will experience a 25% increase in SUD remission. For those who attend regularly for 12 months, an increase of 50% is expected (as measured by the SURE instrument named below).
2. JCRC's participants who attend regularly (≥ 1 time weekly) for a minimum of 6 months will experience a 20% increase in psychological wellbeing and quality of life. For those who attend regularly for 12 months, an increase of 50% is expected.
3. JCRC participants who attend regularly (≥ 1 time weekly) for a minimum of 6 months will experience a 20% increase recovery capital. For those who attend regularly for 12 months, an increase of 30% is expected.

Outcome Measurement Strategies

JCRC participants sign in each day they attend and for each event. This allows us to monitor and evaluate service utilization. JCRC participants are asked to complete the Substance Use Recovery Evaluator (SURE) (Neale et al., 2016) upon their first visit to JCRC and every 90-days thereafter for at least 12 months. The SURE instrument was developed specifically to measure drug and alcohol use outcomes, quality of life, and recovery capital. We will report annual outcome data to the Washington County HEW Committee within 20 working days after the close of each fiscal year, June 30th, or as otherwise directed by the HEW committee. We will provide data specific to the identified outcomes as well as data specific to monthly service utilization. In addition to the SURE instrument, we plan to purchase a Recovery Data Platform (RDP), software developed specifically for RCC data management and reporting.

Capacity:

ETSU's Department of Social Work will lend support to JCRC through Dr. Greene's leadership of the project and will allow 75% of her faculty time to serve as the Executive Director and Board President. The University has also committed to entering into a contract with JCRC, if funded, that will provide tremendous support to JCRC. Social work student interns will help staff JCRC alongside Dr. Greene and two full-time and three part-time peer support specialists. We have identified two peer support specialists to begin as soon as JCRC opens. Additionally, the ETSU Addiction Science Center has offered their full support for the project. Johnson City and surrounding areas' addiction treatment and recovery communities have expressed overwhelming support as indicated in the attached letters of support from organizations such as Ballard Health, Frontier Health, Catalyst Health Solutions, ETSU Addiction Science Center, and others (see Appendix D, 1-8). We have secured a 3-year lease with an option to buy the property at 513 E. Unaka in Johnson City as the home of JCRC. Finally, JCRC has filed for 501(c)3 status and should receive approval any day. We have unwavering community support and a solid infrastructure in place to begin operations at once if JCRC is selected. (See Appendix E & F)

Total Budget: \$1,700,000 (See Appendix A for Budget)