

Robeson RCORP Sustainability Plan

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Grant Number	G25RH32996	
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Service Area	Robeson County	
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	Robeson County District Courts	
	Robeson County Department of Social Services	
	Robeson County Department of Public Health	
	Monarch	
	Lumbee Tribe of North Carolina	
	Robeson Substance Use Coalition	
	Stop the Pain	
	Robeson Community College	

Sustainability Plan (Goals, Objectives, Outcomes, Strategies/Activities)

Assessment Summary

Relevant data regarding the significant problems identified in the needs assessment include:

- Over 80% of Robeson County residents are not aware of available substance use treatment services.
- In 2017, opioids accounted for 60.7% of all poisoning deaths in Robeson County
- Between 2017 and 2018, about 70% of children in Robeson County were in foster care due to parental substance misuse.
- 37% of youth and young adults may experience opioid misuse at any given point in time in Robeson County, yet comprehensive prevention and treatment services for youth are lacking.
- Stigma surrounding substance use accounted for 29% of all the challenges reported by community residents, service users, and providers in Robeson County. Stigma is interfering with successful prevention, treatment, and recovery, and increased the social distance between those affected by substance use and the broader community.
- 67% of service users report lack of providers as a major challenge to accessing care
- 65% of service users report services are not in close proximity to their home.
- One in three residents of Robeson County live in poverty and about 18.5% do not have health insurance, factors which limit ability to pay for needed services, especially given that North Carolina is one of the states with no Medicaid Expansion.
- 95% of providers report seeing repeat service users in treatment.
- Although 100% of service users who completed the Robeson RCORP survey indicated that that recovery was very important to them, there is consensus among service users, community residents and service providers that the county lacks community-based supports needed to promote sustained recovery and self-sufficiency.
- 80% of agency administrators who completed the Robeson RCORP Survey reported limited availability of qualified staff in the local area and low pay as major barriers to filling needed staff positions.
- About 80% of service providers and agency administrators who completed the RCORP Survey agreed or somewhat agreed to the statement “I need more training to address opioid misuse in my professional role.”

Problem Statement

Although opioids accounted for 60.7% of all poisoning deaths in Robeson County in

2017, 80% of Robeson County residents that completed the RCORP survey were not aware of available substance use treatment services. Although, 100% of service users who completed the Robeson RCORP survey indicated that that recovery was very important to them, there is consensus among service users, community residents and service providers that the county lacks community-based supports needed to promote sustained recovery and self-sufficiency and 80% of agency administrators who completed the Robeson RCORP Survey reported limited availability of qualified staff in the local area. Furthermore, stigma surrounding substance use accounted for 29% of all the challenges reported by community residents, service users, and providers in Robeson County.

Target Population

Individuals most affected by the problems include:

- Individuals recovering from substance use disorders and their families
- Residents of Robeson County
- Service providers

Goal and Objectives

The major change to occur relative to the identified target population to address the problem is to increase community-based sources of prevention, treatment and recovery supports in Robeson County. Three accompanying sub-goals are:

1. Enhance collaboration among providers and community stakeholders in the prevention, treatment, and recovery of SUD/ODU
2. Maintain appropriate staffing levels for effective implementation of the consortium's initiatives.
3. Increase accessibility and affordability of OUD prevention, treatment, and recovery services.

Long-Term Outcome (Define the change you are seeking.)

By June 30, 2025, levels of perceived prevention, treatment, and recovery supports available for Robeson County residents will increase by 20% based on pretest and posttest surveys. The dissemination of resources and activities available to residents will be done through social media, a consortium website, signage throughout the community, emails, phone calls, and word of mouth.

Long-Term Outcome Indicators (List the numeric or measurable indicators that will demonstrate you are making progress toward your goal.)

- By June 30, 2022, levels of perceived prevention, treatment, and recovery resources, activities and support available for Robeson County residents will

increase by 5% based on pretest and posttest surveys.

- By June 30, 2023, levels of perceived prevention, treatment and recovery resources, activities and support available for Robeson County residents will increase by 10% based on pretest and posttest surveys.
- By June 30, 2024, levels of perceived prevention, treatment, and recovery resources, activities and support available for Robeson County residents will increase by 15% based on pretest and posttest surveys.

Goal 1: Enhance collaboration among providers and community stakeholders in the prevention, treatment, and recovery of SUD/OD

Objective: Maintain 50% (5 member agencies) of Robeson RCORP post-planning grant year by June 30, 2021.

Strategy 1: Redefine consortium's vision and mission

Activities	Timeline		Who Is Responsible?	Financial/Non-Financial Resources	Short-Term Outcomes
	Start Date	End Date			
Revise consortium's scope of work to align with strategic and workforce development plans	Sept. 1, 2020	Dec. 30, 2020	Consortium Members	In-kind support from each partner.	By Dec. 30, 2020, a mutually agreed upon summary of the consortium's mission and core activities will have been developed.
Implement a shared data management system for quantifiable metrics to track and assess the impact of activities.	Sept. 1, 2020	Jan. 30, 2021	RHCC Consortium Members	Leverage existing resources Contributions from each partner agency Grant funding	By Jan. 30, 2021, a mutually agreed upon summary of key indicators of consortium's core activities will have been developed.
Leverage federal, state, foundation resources to support consortium's core activities	Sept. 1, 2020	Ongoing	Consortium Members	<ul style="list-style-type: none"> In-kind contributions from consortium Grant funding from NC Division of Mental Health, Developmental Disabilities, and Substance Abuse HRSA Implementation 	By December 30, 2021, 2 or more grant applications will be submitted to support ongoing activities.

Strategy 2: Assess consortium's leadership and organization structure.

Activities	Timeline		Who Is Responsible?	Financial/Non-Financial Resources	Short-Term Outcomes
	Start Date	End Date			
Define the roles and responsibilities of each consortium member through the	October 15, 2020	February 15, 2021	Project Director Consortium members	In-kind contributions from consortium members	By March 1, 2021, 5 partners will have signed the revised MOU outlining roles and responsibilities of each member.

development of updated MOUs					
Develop committees and/or task forces to lead consortium activities	March 15, 2021	Ongoing	RHCC Consortium members	In-kind resources from consortium	By May 15, 2021 consortium will have developed at least 2 committees to guide consortium activities.
Strategy 3: Implement a shared data management system to monitor outcomes and enhance communication among consortium agencies.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Identify data management software and train consortium	Jan 15, 2021	Ongoing	RHCC Consortium members	HRSA Implementation Grant	By February 15, 2021 consortium will have identified at least 1 software program to use.
Track and share key metrics associated with the consortium's core activities through the data management system to promote data-informed decisions.	Jan 15, 2021	Ongoing	<ul style="list-style-type: none"> • Project Director • Data Coordinator • Independent Contractor 	In-kind resources from consortium members HRSA Implementation Grant	By April 1, 2021 100% of consortium agencies will have designated employees that gather outcome data and report trends using the data management system.

Goal 2: Maintain appropriate staffing levels for effective implementation of the consortium's initiatives.

Objective #1: Increase the number of professionals providing SUD/ODU prevention, treatment, and recovery services

Strategy 1: Recruit additional SUD providers into the consortium

Activities	Timeline		Who Is Responsible?	Financial/Non-Financial Resources	Short-Term Outcomes
	Start Date	End Date			
Identify and recruit SUD providers that complement existing workforce strengths and fill identified workforce gaps.	Sept. 1, 2020	Ongoing	Consortium	In-kind resources from consortium NHSC	By December 2021, Robeson RCORP will have 70% of the workforce needed to implement its initiatives

Identify and facilitate DATA Waiver training for providers willing to offer MAT	Sept. 1, 2020	Ongoing	RHCC	In-kind resources from consortium NC-SEAHEC Governor's Institute	By December 2021, 6 or more providers will have received the DATA Waiver training
Explore feasibility of telehealth services	Sept. 1, 2020	Ongoing	RHCC	<ul style="list-style-type: none"> In-kind resources from consortium Mid-Atlantic Regional Telehealth Resource Center 	By December 2021, 6 or more providers will be on track to implementing telehealth services
Increase the number of certified peer support specialists	Sept. 1, 2020	Ongoing	Consortium	<ul style="list-style-type: none"> Stop the Pain HRSA Implementation Grant Eastpointe Sunrise Community for Recovery and Wellness 	By December 2021, 4 or more residents with a lived experience will become certified peer support specialists.
Provide internships for students in needed specialties such as psychiatric nursing, addictions, physician assistant, social work, peer support/ paraprofessionals	Sept. 1, 2020	Ongoing	Consortium	In-kind resources from consortium	By December 2021, 10 student interns in 5 specialties will have completed an internship

Strategy 2: Retain new and existing SUD providers within the consortium

Activities	Timeline		Who Is Responsible?	Financial/Non-Financial Resources	Short-Term Outcomes
	Start Date	End Date			
Expand NHSC sites in the consortium	Jan 1, 2021	Ongoing	RCSC RHCC	In-kind contribution	By December 30, 2021, 60% of the SUD/OD workforce will report adequate knowledge and skills of SUD/OD.
Facilitate mentorships among SUDs providers to share best practices	Sept 1, 2021	Ongoing	RHCC	In-kind contribution	
Develop a plan to enhance employee competencies such as free trainings and supervision	Sept. 1, 2020	Ongoing	Consortium	In-kind contribution; leverage opportunities for free professional development	

				events and supervision; grant funding	
Identify and support career pathways for peer support specialists	Sep. 1, 2021	Ongoing	RCC	In-kind contribution; leverage opportunities for free professional development events and supervision.	

Goal 3: Increase accessibility and affordability of OUD prevention, treatment, and recovery services.

Objective #1: Increase community members' awareness of available SUD/OUD prevention, treatment, and recovery services and how to access them.

Strategy 1: Disseminate information on OUD prevention, treatment, and recovery services to community members

Activities	Timeline		Who Is Responsible?	Financial/Non-Financial Resources	Short-Term Outcomes
	Start Date	End Date			
Develop website with prevention, treatment, and recovery services and events offered by consortium agencies individually and as a consortium.	Sept. 1, 2020	Dec. 30, 2020	<ul style="list-style-type: none"> Project Director Data Coordinator Social Marketing Consultant 	<ul style="list-style-type: none"> Revenue from sales of consortium marketing and fundraising North Carolina Substance Abuse Prevention and Treatment Block Grant Katie B. Reynolds Foundation 	<ul style="list-style-type: none"> By June 30, 2021, 20% of service users will have downloaded AccessMeCare app. By June 30, 2021, at least 500 residents will have visited the consortium's Facebook page and website.
Implement social media tools to share information, such as AccessMeCare app for service users and Facebook page for those in recovery and community residents.	Sept. 1, 2020	Dec. 30, 2020	<ul style="list-style-type: none"> Project Director Data Coordinator RHCC Robeson County Substance Use Coalition 		

Strategy 2: Educate community members on available resources					
Develop community-based and school-based educational campaigns			<ul style="list-style-type: none"> Project Director Stop the Pain 		By December 2021, 15% of community residents will report increased awareness of OUD services available in the area.
Train lay community members with knowledge of community resources to educate neighbors on available services and serve as recovery supports	Mar 2021	Ongoing	<ul style="list-style-type: none"> RHCC Prevention Unit 	<ul style="list-style-type: none"> HRSA Implementation Grant Katie B. Reynolds Foundation In kind support from consortium members 	
Objective #2: Increase community members' ability to afford OUD prevention, treatment, and recovery services and access needed care.					
Strategy 1: Enhance care coordination					
Activities	Timeline		Who Is Responsible?	Financial/Non-Financial Resources	Short-Term Outcomes
	Start Date	End Date			
Develop and strengthen integrated care systems and partnerships among behavioral health, social services, and criminal justice systems to reduce barriers to treatment for high risk populations such as pregnant women, child welfare involved parents, offenders, and uninsured individuals.	Sept. 1, 2020	Ongoing	<ul style="list-style-type: none"> Project Director RHCC DSS 	<ul style="list-style-type: none"> RHCC's Federally Qualified Health Centers HRSA Implementation Grant 	By September 30, 2021, 10% of service users will demonstrate increased engagement with prevention, treatment, and recovery services.
Strategy 2: Advocate for affordable services					

<p>Develop alternative payment plans for service users who are not able to pay for services</p>	<p>Sept. 1, 2020</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • Project Director • RHCC • Eastpointe • Consortium Members 	<ul style="list-style-type: none"> • RHCC's Federally Qualified Health Centers • Eastpointe • HRSA Implementation Grant • NC Office of Rural Health • North Carolina Justice Center 	<p>By June 30, 2021, 20% of consortium agencies will have implemented alternative payment plans for service users, such as sliding fee scale.</p> <p>By June 30, 2021, 15% of service users will reported increased ability to stay in treatment</p>
<p>Develop informational materials for community residents, leaders, and providers to support Medicaid Expansion for individuals experiencing OUD/SUD.</p>	<p>April 1, 2021</p>	<p>Ongoing</p>			<p>By December 2021, 10% of community stakeholders will report increased knowledge of Medicaid Expansion and OUD/SUD services.</p>