| **GRANTEE** | **PROJECT or CONSORTIUM NAME** |
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| **Robeson Health Care Corporation** | **RCORP NAS** |

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| **What is the Problem?**  **What data show this problem? Your problem statement should include metrics specific to NAS in the target area.** |  | **Why is NAS a problem in your community? What are the underlying contextual factors contributing to this problem?** |  | **Why do these contributing factors exist? Why are they difficult to address?** |  | **Which strategies did you choose to address the underlying contributing factors and their root causes?** |  | **What outcomes will be achieved by implementing these strategies?** |
|  |  |  |  |  |  |  |  |  |
| **[PROBLEM](#Problem" \o " Clearly and succinctly define the problem(s) you are planning to address. A well-constructed problem statement  points toward your program’s eventual effectiveness. Begin your problem statement explaining concisely the issue you will address, stating the issue either as a community problem or asset. Your logic model will be built upon this statement, and will ultimately illustrate why your program exists, how the program will function, and what it expects to achieve in your community.-------------------------------------------) STATEMENT**  ***(Example****: Our county has high rates of NAS. In the last 5 years, between 10% and 20% of infants were diagnosed with NAS.****)*** |  | **[CONTRIBUTING](#Contextual" \o "List the factors (e.g., protective or risk factors, existing policyenvironment, or other factors) you believe will influencechange in your community. If a community needs assessmenthas been conducted or if you have prioritized communityneeds and capacity, data exist that make your casestronger and more specific by identifying and targeting yourprogram’s participants and activities. Documentation of yourcommunity’s needs and assets also helps your sustainabilityplan later, by serving as a baseline and providing indicatorsthat measure progress over time.----------------------------------------------) FACTORS** (***Example****: Our county has high rates of NAS because women of childbearing are unable to receive SUD treatment and/or family planning services before they become pregnant.* |  | **[ROOT](#Root" \o "Pinpoint the reasons that theinfluencing factors you have identified exist.What are the potential barriers and/or supports that mightimpact your project’s ability to achieve the change you areseeking to make? Are there policies or other factors thatcould affect your approach? For your project to have thedesired impact, it is important to design strategies andactivities that address contextual elements that are withinyour consortium’s ability to affect.----------------------------------------------------) CAUSES**  (***Example****: Women of childbearing age have difficulty accessing both SUD treatment and family planning services due to lack of insurance coverage and transportation. This population is difficult to engage in services, due to their busy lifestyle*.) |  | **FOCUS AREAS** |  | **WHAT COLLECTIVE**  **[IMPACT](#Impact" \o " Identify what you expect your program to achieve in the near and longer term. Identify your desired results, or vision of the future Impact is the fundamental change occurring in organizations, communities or systems because of program activities within 7-10 years, and is the logical progression from short-term to long-term outcomes.--------------------------------------) WILL BE ACHIEVED?**  *Family Level; Community/*  *Neighborhood Level; Regional Level; Agency Level; Infrastructure Level* |
|  |  |  |  |  |  | **Improve Integrated Care & Care Coordination** |  |  |
| Our County has high rates of women of child-bearing age frequently seen in the emergency department for acute treatment of substance use, opioid use or opioid overdose. |  | **Assets/Strengths/Opportunities** |  |  |  | **Prevention Strategies** |  | -RCORP and collaborating organizations aim to reduce the incidence and impact of Neonatal Abstinence Syndrome (NAS) by improving systems of care, family supports, and social determinants of health  -Increase in knowledge and access to utilization of healthcare services pertaining to SUD/OUD  Increase knowledge of effects of opioids to pregnant and women of child bearing age  -Increased coordination between services providers  -Increase in identifying and employing different pathways to recovery  -Decrease in stigma in the community |
|  |  | **Contributing Factor**  Women of childbearing age showed that lack of health insurance and high poverty levels made treatment inaccessible, as residents needing treatment were not able to pay for the services.  **Assets/Strengths/Opportunities**  RCORP consortiumworks to identify and source trends, obstacles and needs to strengthen and expand SUD /OUD prevention, treatment, and recovery services in Robeson County  Our House is a residential living facility for pregnant and post-partum mothers and their newborns. Our House provides Substance Abuse Comprehensive Outpatient Treatment (SACOT) as well as outpatient mental health and substance abuse services in conjunction with other case manage support services  Family Treatment Court works to help families struggling with substance use and at-risk of losing custody of their child(ren)  Public Schools of Robeson County allows agencies to provide prevention services to teen participants in the program through school-based education and counseling  The DWI Court is designed for habitual offenders to change the behavior of alcohol/drug dependent offenders arrested for Driving While Impaired (DWI)  Lumbee Tribe of North Carolina is a resource in working with and reaching out to the Native American population |  |  |  | Facilitate proper medication safety and disposal. |  |  |
|  |  |  |  | Women of childbearing age have difficulty accessing both SUD treatment and family planning services due to:  Lack of health insurance  Medicaid issues impacting access  High poverty levels made treatment inaccessible, as residents needing treatment were not able to pay for the services  Rural community which creates transportation issues  Poor Economic Climate  High Violence and crime rate  Diversity in community which causes a divide along racial line  Difficult to engage in services, due to their busy lifestyle |  | Coordinate the delivery of evidence-based prevention services and education programs to groups within the target population. |  |  |
|  |  |  |  |  |  | **Treatment Strategies** |  |  |
|  |  |  |  |  |  | Educate on best practices that improve the engagement and/or early intervention women of childbearing age into treatment. |  |  |
|  |  |  |  |  |  | Reduce barriers for mothers to enter and adhere to behavioral health treatment by addressing, providing, or enhancing family supports. |  |  |
|  |  |  |  |  |  | **Recovery Strategies** |  |  |
|  |  |  |  |  |  | 2. Enhance discharge coordination of the target population- especially those leaving inpatient treatment facilities and/or the criminal justice system. |  |  |
|  |  |  |  |  |  | 1. Improve community understanding of and support for different pathways in recovery. |  |  |
|  |  |  |  |  |  | **FOCUS AREA 2**  *If applicable* |  |  |
|  |  |  |  |  |  | **Establish and/or Enhance Family Support Services** |  |  |
| **Supporting Data** |  | **Gaps/Weaknesses/Threats** |  |  |  |  |  |  |
| Robeson County has seen an increase in NAS births with the most recent data at 7.57 NAS per 1,000 Hospital Births compared to North Carolina state rate at 4.95 per 1,000 Hospital Births.  Of the 4,037 women of childbearing age with opioid-use disorders who entered treatment through the North Carolina public system in 2013, approximately 4% or 162 women were pregnant |  | Women are reluctant to ask a provider for SUD treatment options during prenatal care appointments fearing their parental rights and contact with the child could be impacted.  Lack of coordinated anti-stigma efforts in Robeson County  Specific unmet needs relate to naloxone training and administration in the community  Transportation issues, lack of providers, service not available close enough and  financial limitations were some of the key challenges to accessing care in Robeson County.  Lack of knowledge and awareness of available treatment resources and limited access to needed care.  Limited access to needed care  Lack of post-treatment resources, which creates a break in the continuum of care.  Provider shortage |  |  |  |  |  |  |
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