

**Needs Assessment  
Robeson RCORP Project  
(Pembroke, NC)  
(November 6, 2019)**

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Grant Number	G25RH32996	
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Service Area	Robeson County	
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	Monarch	
	Robeson County Substance Use Coalition	
	Lumbee Tribe of North Carolina	

## A. Background Information

This section introduces the Robeson County Rural Communities Opioid Response Planning (RCORP) project, including the geography, culture and history of the area where it is being implemented.

### Description of Robeson RCORP

Robeson Health Care Corporation was awarded the Rural Communities Opioid Response Planning Grant by the Health Resources and Services Administration (HRSA) in May 2019 to coordinate the work of the Robeson County Rural Communities Opioid Response Planning Project, a community-wide planning initiative bringing together representatives from multi-sector agencies serving Robeson County and community stakeholders to understand the community's capacity and readiness to tackle the opioid crisis that has overwhelmed providers and communities in North Carolina.

The Robeson County Rural Communities Opioid Response Planning Project is comprised of Robeson Health Care Corporation, the Lumbee Tribe of North Carolina, Monarch, Robeson County Department of Public Health, Robeson County Department of Social Services, Robeson County District Courts, Robeson Substance Use Coalition, and University of North Carolina at Pembroke.

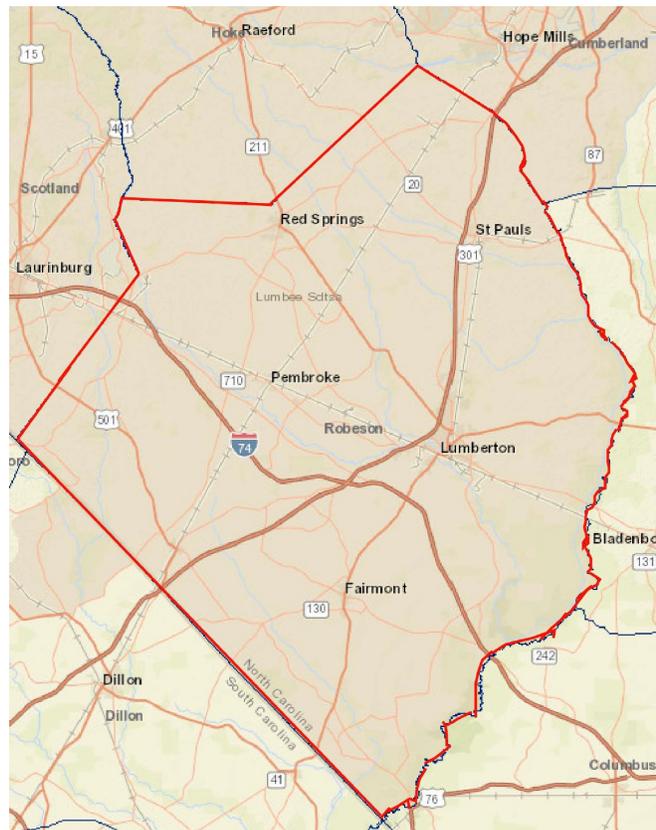
These 8 community agencies and many others who have participated in the planning meetings are contributing in the development of the expected grant deliverables:

1. Analysis of needs, available resources, gaps, and access to care in Robeson County
2. Comprehensive strategic plan to address the gaps identified in the analysis
3. Comprehensive workforce plan that addresses the gaps in opioid use disorder (OUD) prevention, treatment and recovery
4. Sustaining the consortium and operationalizing the activities proposed in the strategic workforce plans

This report focuses on the analysis of opioid related needs, resources and gaps.

## Geographic Area of Study

Robeson County is located in southeastern North Carolina and borders with Dillon County in South Carolina to the south, and five North Carolina counties, Scotland to the west, Hoke County to the north west, Cumberland to the north, Columbus to the south east and Bladen to the east. With a total area of 951 square miles, Robeson County is one of the largest counties in North Carolina (Robeson County Health Department & Southeastern Health, 2018).



Map of Robeson County

In addition, the University of North Carolina at Pembroke (UNCP) that was created to educate Native Americans is located in Pembroke, the cultural and political city of the Lumbee, the ninth largest Native American tribe in the United States ([The Lumbee Tribe of North Carolina](#)). Robeson County has rich natural resources, including land and the Lumber River that is a nationally recognized recreational water trail with a state park.

The majority of Robeson County's residents (63%) live in rural areas (North Carolina Department of Commerce, Labor and Economic Analysis, 2019a) while the urban population is mainly concentrated in Lumberton, the county seat, St. Pauls, Maxton, Fairmont, Red Springs, and Parkton (Indiana Business Research Center, 2019).

## Population, History and Culture

### POPULATION

The total population of Robeson is 134, 187 comprised of 39% Native American, 25% White, 24% African American, 9% Latino, 2.7% Two or more races, 0.7% Asians and 0.2% Native Hawaiian (United States Census Bureau American Factfinder, 2019). The combined total of Native Americans, African-Americans and Hispanics makes up more than 70% of Robeson County's total population

### CULTURE

To honor its rich ethnic diversity, Robeson County holds annual cultural events and festivals to celebrate its heritage such as the Lumbee Homecoming and the county fair.

UNCP continues to demonstrate appreciation for the diversity in the local community through its diverse student body and programs that value its Native American heritage such as the Southeast American Indian Studies Program and the Museum of the Southeast American Indian (UNCP, No Date).

### HISTORY

Native Americans were the original inhabitants of Robeson County, but settlements grew along Lumber River in the 1700s because of its efficient transportation system and timber harvesting (City of Lumberton, No Date).

Today, the Lumber River is a nationally recognized recreational attraction and Robeson County is one of the most diverse counties in the nation.

Profound changes have occurred to the economy of Robeson County which was historically grounded in activities such as tobacco farming and manufacturing, sectors that have experienced sharp declines in rural America (Goldsmith, 2018).



## B. Vision/Mission/Planning Values

### VISION

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- The vision of Robeson RCORP Planning Project is that Robeson County will have quality and affordable opioid prevention, treatment, and recovery options that are responsive to service users' needs and the environmental challenges fueling opioid misuse.

### MISSION

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- To assist in the development of a community-wide action plan to reduce morbidity and mortality due to opioid misuse in Robeson County.

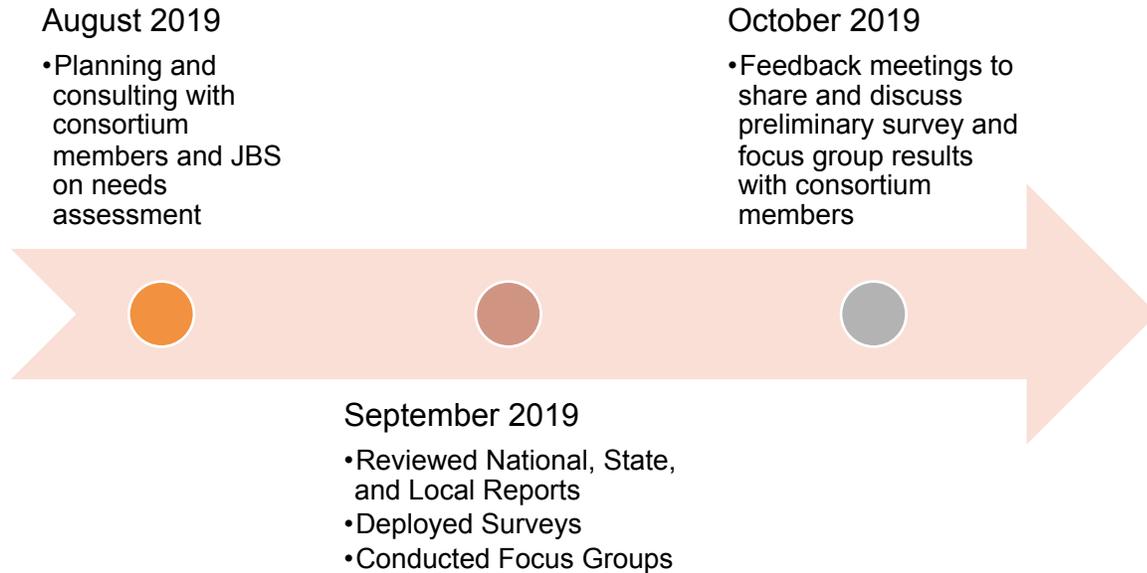
### VALUES

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- Community Input: Diverse community stakeholders and service users provide input
- Collaboration: Community stakeholder groups participate and are heard in the planning process
- Data-informed decisions: Data and evidence are used to inform decision-making

## C. Needs Assessment Methodologies

The methodology used in the needs assessment involved analysis of existing data and collection of primary quantitative and qualitative data through surveys and focus groups. Different stakeholder groups were included such as adult community residents, service users and service providers. The timeline below shows the activities that were completed and timeframes.



## Sources of Existing Data

Consortium members brainstormed relevant data sources that guided the initial review efforts. The lead evaluator and graduate assistant reviewed the data sources identifying additional sources. Below is a summary of the data sources used to collect quantitative and qualitative data on indicators of opioid use and social and environmental factors that influence health in Robeson County:

1. Access NC Dashboard
2. Eastpointe Needs Assessment Report
3. NC Opioid Dashboard
4. NC Department of Health and Human Services
5. NC Treatment Outcomes and Program Performance System (NC-TOPPS) Annual Statewide Report
6. North Carolina Injury and Violence Prevention Branch
7. North Carolina Department of Health and Human Services. CSRS Utilization by County. <https://www.ncdhhs.gov/divisions/mhddsa/ncdcu/csrs-utilization-by-county>.
8. North Carolina Health News
9. Robeson County Community Needs Assessment
10. Robeson County Health Department

11. Substance Abuse and Mental Health Services Administration
12. The Robesonian
13. The United States Census Bureau

These sources of existing data will be referred to throughout this report.

### Primary Data

The primary data included surveys and focus groups completed with community stakeholders. Survey questionnaires were developed by University of North Carolina at Pembroke (UNCP) faculty in consultation with the Project Director and JBS Technical Support staff. The survey questionnaires were shared with consortium members for their feedback. Following institutional review board approval from UNCP Robeson, the Rural Communities Opioids Response Planning (RCORP) Project collected primary data from adult community residents, individuals receiving substance use treatment, and substance use providers in Robeson County. The survey for adult community residents asked for their perceptions of the problem and knowledge of community resources. Service providers were asked about their treatment and recovery priorities. Service users were asked about their training needs and perception on how opioids are affecting their work. A total of 128 surveys were used to compile this report. The quantitative data was entered into SPSS and frequencies were computed to make sense of the data. For qualitative primary data, 4 focus groups were held 2 with providers and 2 with service users to learn about their experiences, barriers, and recommendations. The four focus groups were transcribed verbatim. Another source of qualitative data were responses from open ended survey questions in the surveys and these were tabulated. Content analysis was used to code and identify main themes from the qualitative data.

### Participant Recruitment

Participants were recruited by word of mouth and at community gatherings and through service providers. Consortium members also assisted with participant recruitment. A multimodal method of data collection involving face-to-face survey administration and online surveys was used to improve the response rate. Focus groups were completed at sites that were convenient to the participants by the research assistant and lead evaluator. In spite of the concerted efforts to reach participants, males were the hardest to reach group.

## D. Overview of Results/Findings

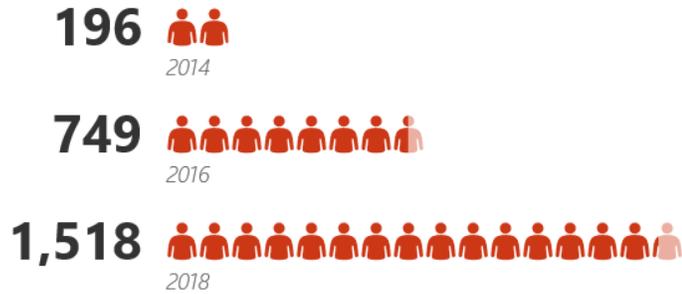
### FINDINGS FOR POPULATIONS OF FOCUS

Findings from the Robeson County needs assessment related to the experiences of individuals and families affected by opioid misuse are presented in this section. Over 50% of residents in Robeson County identified substance use related issues among the biggest health concerns in the 2017 community health needs assessment, with about 30 percent of Native Americans citing opioid use as their biggest concern compared to 14 percent Caucasian and 9 percent African-American (Robeson County Health Department & Southeastern Health, 2018). Findings from the primary data collected through surveys showed that 92% of service providers and 87% of adult community residents agreed that opioids were a big problem in Robeson County.

### Indicators of Opioid Misuse in Robeson County

Claims data filed by treatment programs through the local managed care organization, show that the number of individuals who received **treatment for opioid use disorder increased by 674% between 2014 and 2018** in Robeson County.

### PEOPLE BEING TREATED FOR OUD



### OPIOID OVERDOSE ER VISITS



Emergency Department (ED) visits for opioid overdose rose by 238% between 2009 and 2018.

Source: NC Opioid Dash Board

The number of ER visits and people receiving opioid treatment are good markers of the extent opioid misuse, and a pattern of increasing opioid misuse is portrayed in the above people graphs and percentages.

### Prevalence of Opioid Misuse in Robeson County

Estimating the number of people who experience opioid misuse at a point in time for Robeson County is needed to determine the magnitude of the problem. In order to determine estimates of the prevalence for opioid use disorder in Robeson County, combined pain reliever misuse and heroin misuse prevalence for North Carolina from the National Survey of Drug Use Survey were used. Given that prevalence data at the county level is not available from public data sources, JBS international has recommended a process for calculating county level estimates and this involves:

1. Determining the target population according to age group using census data from the United States Census Bureau Fact Finder  
<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>
2. Identification of the statewide prevalence rate from SAMHSA 2016-2017 State Data Tables and Reports available online at  
<https://www.samhsa.gov/data/report/2016-2017-nsduh-state-prevalence-estimates>
3. Multiplying target population by prevalence rate/100.

#### Age Groups

	12 to 17	18 to 25	26+	Total 12+
Number based on 2010 Census Data for Robeson County	11,927	16,681	81,559	110,167
Combined Pain Reliever Misuse and Heroin Misuse Prevalence for North Carolina	3.64	8.55	4.26	4.73
Calculated Prevalence for Robeson County (Number of people)	434	1,426	3,474	5,211

Based on the calculated prevalence shown in the table above, **about 5,211 individuals** aged 12 or older may experience opioid misuse at any given point in time in Robeson County.

## Consequences of Opioid Misuse

### Opioid Deaths

- In 2017, **Opioids accounted for 60.7% of all poisoning deaths in Robeson County**
- Overdose deaths due to synthetic narcotics such as fentanyl rose by 250% suggesting their increasing use.

### Poisoning Deaths in Robeson County by Type of Substance

Type of Substance	Number of Deaths		% Change
	2008	2017	
Commonly Prescribed Opioids	6	11	183
Synthetic Narcotics	2	7	250
Heroin	0	4	-
Methadone	4	3	-33

### Opioid Deaths Demographics

Age	% Robeson County Overall Population	% Unintentional Overdose Death Robeson County	% Unintentional Overdose Death North Carolina
0-17	26	1	0
18-24	11	9	9
25-44	25	<b>52</b>	49
45-64	25	<b>36</b>	39
65+	13	2	3

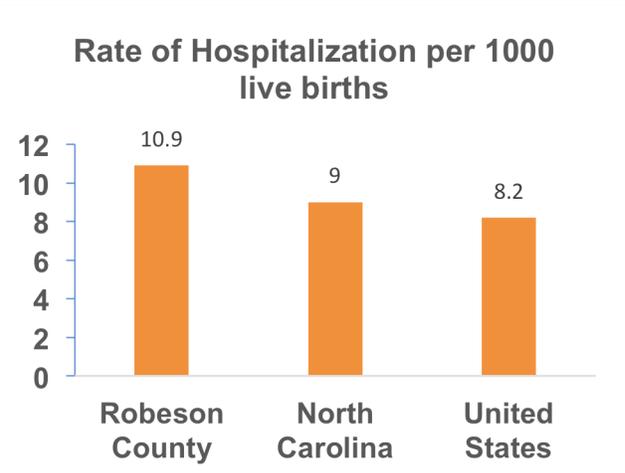
### DISPROPORTIONATE REPRESENTATION

- Individuals between the ages of 25 to 64 years were disproportionately represented
- Native Americans accounted for 53% of the unintentional deaths even though comprising 41% of the total population
- Whites at 39% yet they make up 27% of the total population.

## POOR CHILD OUTCOMES

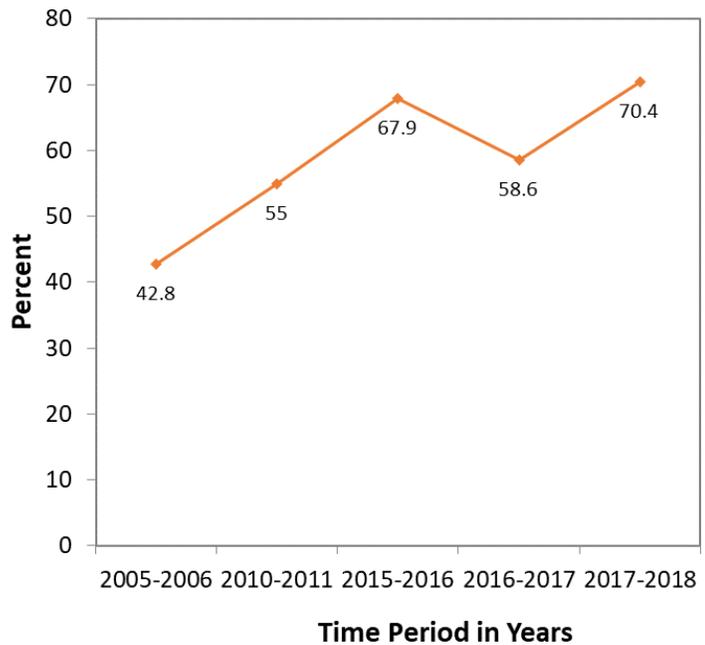
### Neonatal Abstinence Syndrome

The rate of hospitalizations associated with **drug withdrawal syndrome in newborns** per 1000 live births is 10.9 in Robeson County versus 9 in the state of North Carolina (NC Injury and Violence Prevention Branch, 2018)



### Child Welfare Involvement

An increasing number of **children is entering foster care due to parental substance use.**



## **ARRESTS**

About **68%** of drug abuse arrests involved opium or cocaine derivatives between 2016 and 2017

Reason for Arrest	Opium or Cocaine or Their Derivatives	Marijuana
Sales	7	3
Possessions	12	6
Total	19	9

Source: FBI Uniform Crime Reporting Program, 2019

## **Impact on Quality of Life**

- Although illnesses from injection practices such as Hepatitis C remain low in Robeson County with zero cases reported in quarter 1 of 2019 (NC Opioid Dashboard, 2019b), substance use has had negative impact of the general quality of life for residents of Robeson County.
- Robeson Health Care Corporation has a HIV program (Ryan White) and almost every patient is screened for mental health and substance use. It was reported that more than 78% have a mental health or substance-use diagnosis that interferes with their treatment compliance.
- Results of the 2018 consumer perception survey administered by NCDHHS showed that **13% of individuals served by Eastpointe LME-MCO that includes Robeson County reported experiencing trouble at work, school or with other daily activities** because of substance use compared to 9% in the state of North Carolina

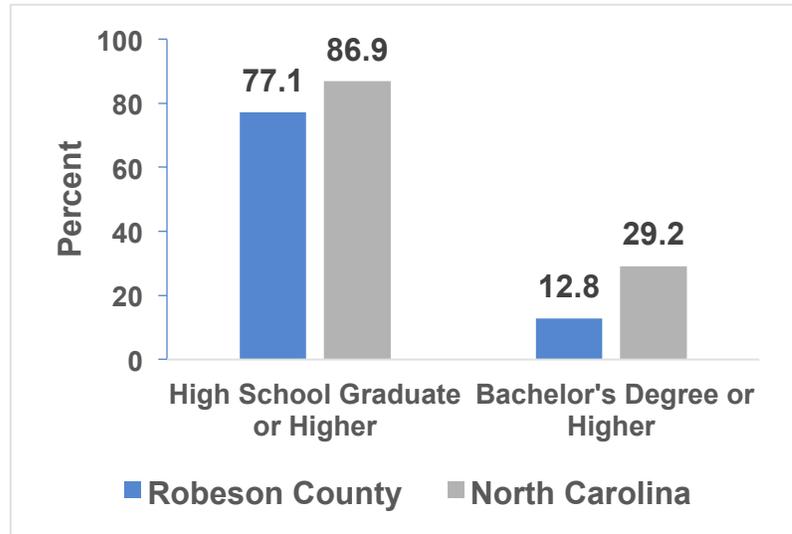
Source: NC Department of Health and Human Services, 2019

### Relevant context and conditions

This section identifies social and environmental factors that may underlie substance misuse in Robeson County. These factors may also serve as risk factors that contribute to misuse or protective factors that aid in preventing or reducing substance misuse.

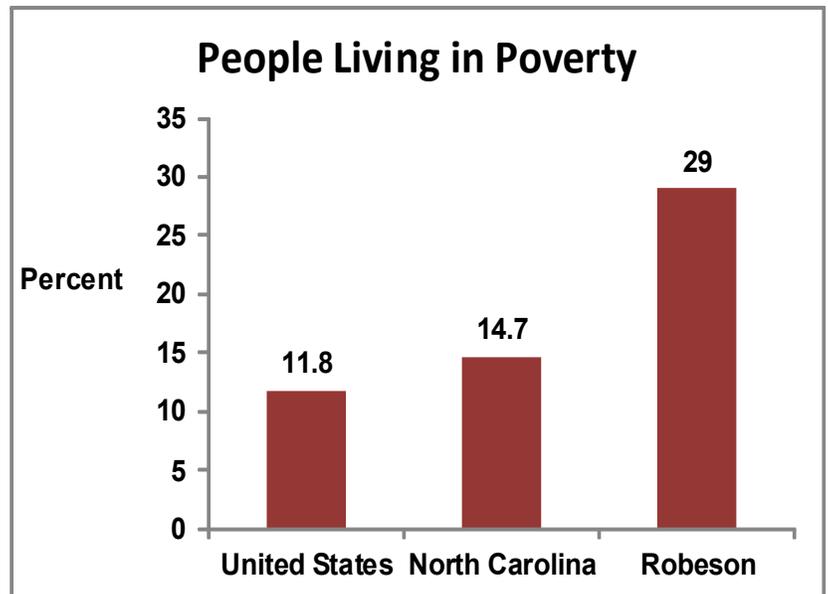
#### LITERACY LEVELS

77% of Robeson County residents aged 25 or higher have at least high school education compared to 86.9% in North Carolina (United States Census Bureau, 2019). Low levels of education can act as a barrier to care.



#### Poverty Rates

- **One in three** residents of Robeson County **live in poverty**.
- The median household income for Robeson County was \$32,407 in 2018 compared to \$50,320 for the state (U.S. Census Bureau QuickFacts, 2019). Higher rates of poverty often lead to substance misuse as a coping mechanism.

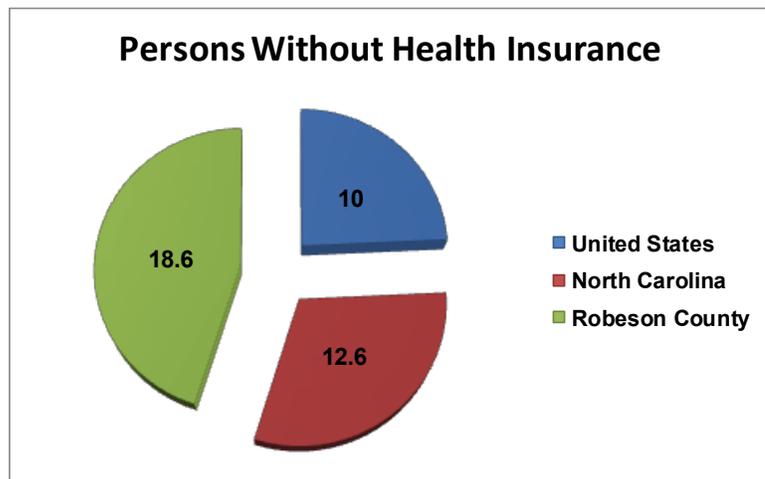


## Unemployment

- In June 2019, the unemployment rate for Robeson County was 6.3 % compared to 4.4% for the state (North Carolina Department of Commerce, Labor and Economic Analysis, 2019b).
- **Between 2008 and 2018, the number of jobs in Robeson County fell from 42,117 to 38, 579 representing -8.4% decline** (Indiana Business Research Center, 2019).
- The negative job growth can be attributed to the shrinking share of manufacturing jobs since the 1990's. For instance, **in 1993 manufacturing accounted for 31% of all jobs in the county** (Hossfeld, Legerton, & Kuester, 2004) yet **in 2018 it accounted for 17%** (North Carolina Department of Commerce, Labor and Economic Analysis, 2019a).
- Top employment sectors in Robeson County during 2018 were Health Care and Social Assistance employing 19% of the workers and Educational Services (13%).
- Lack of jobs may fuel illegal selling of substances to make ends meet and often the seller is also a user.

## LACK OF HEALTH INSURANCE

Residents of Robeson County experience higher rates of lack of health insurance coverage compared to the state and the nation (US Census Bureau, 2019). Lack of health insurance is a barrier to needed care.

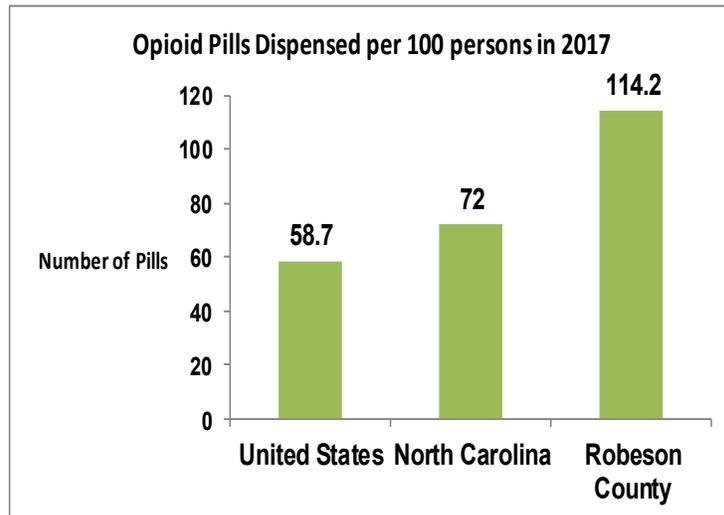


## Medically underserved area

Robeson County is designated as a medically underserved area according to the Health Resources and Services Administration (HRSA)'s [MUA FIND](#) tool with a score of **43.7** where 0 represents completely underserved and 100 represents best served or least underserved. Therefore, residents may not be able to get needed care due to limited resources. Eastpointe, the local MCO provides services to those without Medicaid but the funding is limited given the amount of need.

## Prescribing Rates

A key factor that could be associated with the observed increases in opioid misuse is the rate of prescriptions for opioid medications dispensed in Robeson County per 100 persons that was higher than the state average at 114.2 versus 72 in 2017. Higher prescribing rates increase the supply of opioids available for potential misuse.



Source: American Foundation for AIDS Research, 2019; NIDA Opioids State Summaries

## Public policies

- In 2017, North Carolina's **Strengthen Opioid Misuse Prevention (STOP) Act** was passed and it aims to reduce the supply of unused, misused and diverted opioid pills. Prescribers and dispensers of substances with potential for abuse register with an online tracking system. *Source: NC Opioid Dashboard*
- **911 Good Samaritan Law** exempted people who call 911 when someone overdosed from prosecution and expanded naloxone access by allowing community agencies to distribute Narcan.

Source: <http://www.nchrc.org/programs-and-services/911-good-samaritan-laws-naloxone-access-and-syringe-law-in-nc/>

## Stakeholder PERSPECTIVES on prevention, treatment, and recovery

Community residents, service users, and service providers shared their perspectives on prevention, treatment, and recovery experiences through surveys and focus groups. Establishing community stakeholders' perceptions of opioid misuse and experiences was critical to guide the planning process and development of prevention strategies.

### Perspectives on Prevention

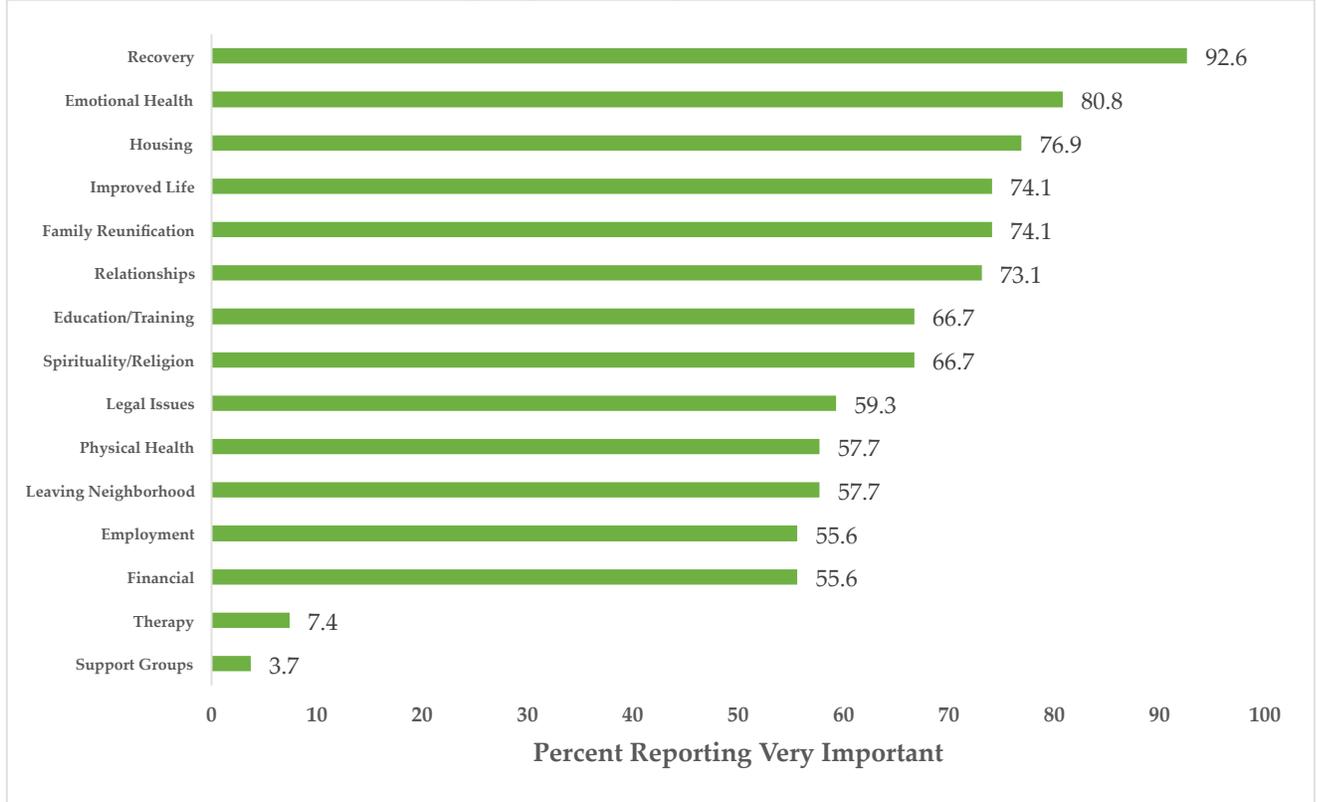
- “I think we need to figure out a way to have more community involvement, more community encouragement, because .... you know, addiction is a disease that is stigmatized.” (Service Provider)
- “You know how they have events for cancer and stuff, well they need stuff like that for us. Like to get the community together and pass our information that way so they can get more education about substance use and know about addictions.” (Service User)
- Adult community residents were asked about their participation in prevention activities in the community and only 20.6% reported having attended an event where opioid misuse was discussed in the last 12 months.

### Treatment

- Service users expressed that there is “a lot of stigma” from both providers and the community at large.
- “If you don't have money or Medicaid or insurance to pay for it then you can't go. And even if you want to go, you can't because no one will take you without insurance” (Service User)
- 95% of providers agreed and somewhat agreed to the statement “I often see the same people who misuse opioids repeatedly”
- Providers described factors that hinder successful treatment for the target population as:
  - lack of effective treatment options making “people seem to be getting worse”
  - a prevailing belief that since the drugs are provided by doctors, then their misuse is not “seen as dope” such that “people are not as easy to engage in treatment.” Generally, people view prescription medication as legally prescribed so there is nothing wrong with taking it without a prescription.

## Recovery

Service users indicated the following as priorities important to them



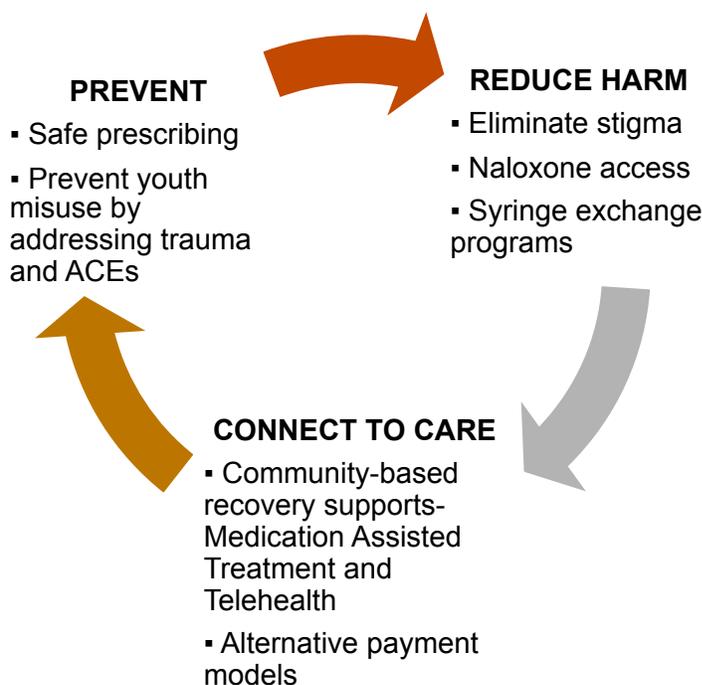
## Summary of Experiences of Population of Focus

- Prevalence estimates suggest that about **5,211 individuals aged 12 or older** may experience opioid misuse at any given point in time in Robeson County.
- Robeson County is one of the most diverse counties in the nation with the combined total of Native Americans, African Americans, and Hispanics making up more than 70% of its total population, a factor that places Robeson County's population at a higher risk for experiencing health disparities.
- Additional social determinants of health placing residents of Robeson County at risk of poor health outcomes are low levels of education, higher rates of poverty, higher unemployment rates, lack of health insurance coverage and the county's vast surface area that may create distance barriers to care.
- Residents of Robeson County agree that opioid misuse is a big problem in the local community and quantitative data from treatment records and emergency room visits indicate significant increases in the numbers of patients served for issues related to opioids in the last decade.
- Data on unintentional poisoning deaths indicate the increasing use of synthetic narcotics such as fentanyl in addition to prescription drugs.
- The negative consequences of opioid misuse on the lives of Robeson County are evident.
  - Opioids accounted for over 60% of all poisoning deaths in 2017.
  - Other social costs of opioid misuse are also being felt in the higher rate of children with neonatal abstinence syndrome that is above the state as well as the increasing percentage of children that are in foster care due to parental substance abuse.
- Community members are not participating in available prevention efforts. People in recovery report experiencing stigma from both providers and community members.
- Recommendations from stakeholders included developing more community engagement initiatives, including those that will allow interaction between individuals in recovery with community members.

## FINDINGS FOR SERVICE SYSTEMS

This section summarizes existing efforts for prevention, treatment, and recovery in Robeson County, including access to care, assets, gaps and constraints. An estimated prevalence and demand for OUD services using the Calculating for an Adequate System Tool (CAST) calculator by Green et al. 2016 is attempted. CAST considers social and community determinants of health as risk coefficients to produce numerical values for estimating community needs (Green et al., 2016). Federal, state, and local resources that can be leveraged are also identified.

Existing efforts for prevention, treatment, and recovery in Robeson County were examined using the North Carolina Department of Health and Human Services' Opioid Action Plan that proposes a 3-pronged plan of action with the main goal of reducing negative outcomes such as opioid overdose deaths by 20 percent as shown below.



## PREVENTION EFFORTS IN ROBESON COUNTY

Prevention activities implemented in Robeson County that align with the NC Opioid Action Plan 2.0 include efforts towards:

- Reducing oversupply through electronic drug monitoring
- Reducing medication diversion through safe disposal education and infrastructure like drop boxes
- Supporting families and youth by addressing adverse factors that contribute to substance use

## Reducing Oversupply through Electronic Drug Monitoring

- The first category of prevention efforts in Robeson County is aimed at reducing oversupply of opioids through an electronic drug monitoring system for prescribers and dispensers of controlled medicines. The North Carolina Controlled Substances Reporting System (CSRS) is an important statewide intervention to promote safe opioid prescribing practices and protection for patients at risk.
- **There were 288 users registered with the NC CSRS in Robeson County** as of April 2017. Of these 217 were prescribers, 50 pharmacists, and 21 delegate accounts.
- The registered professionals performed 4,615 queries, averaging 16.02 queries per user. On a scale of 1 to 100 where a higher ranking indicates more queries per user, Robeson County's registered users were ranked 89.

Robeson County's Registered Users of the NC Controlled Substances Reporting System (CSRS)

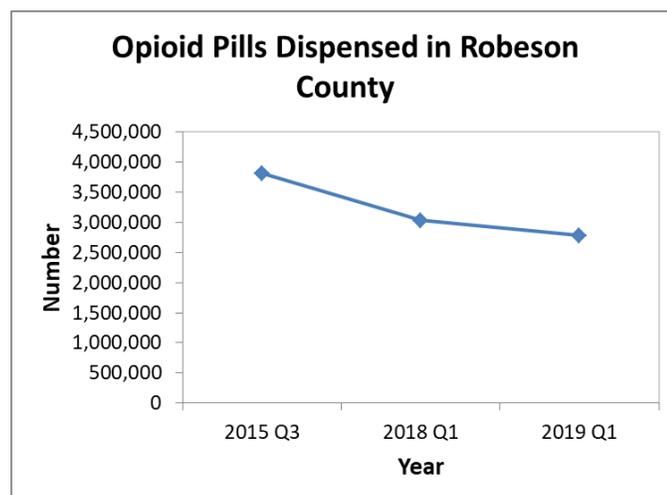
217 prescribers with 3025 queries and 13.94 queries per user

50 pharmacists with 1465 queries and 29 queries per user

21 delegate accounts with 125 queries and 5.95 queries per user

Source: NCDHHS CSRS Utilization by County  
<https://www.ncdhhs.gov/divisions/mhddsa/ncdcu/csrs->

The total **number of opioid pills dispensed in Robeson County declined** from 3,814,000 in 2015 Q3 to 2,780,000 in 2019 Q1, suggesting positive impact of the monitoring policy through the CSRS system.



### Reducing Medication Diversion Through Safe Disposal

The second category of prevention efforts center around reducing medication diversion through community education on safe disposal and the provision of infrastructure such as drop boxes for people to dispose of their unwanted, expired, or unused prescription medication. The Robeson County Health Department conducts two Operation Medicine Drop events annually during fall and spring. During the spring 2018 event, 46,387 pills were collected. The fall event that was scheduled for September 2018 had to be postponed due to Hurricane Florence. Since 2011, **a total of 1,826,640 pills has been collected through “Operation Medicine Drop”** events and the 6 permanently placed drop boxes located at pharmacies and police departments around the county.

*Source:* Robeson County Health Department

### Map of Permanent Drop Boxes in Robeson County



*Source:* [Operation Medicine Drop](#)

### Supporting Families and Youth by Addressing Adverse Factors

Robeson County has two substance use coalitions that have played an integral role in promoting awareness of substance use and dialogue to educate and support families affected by substance use and the wider community. Whereas the Robeson County Bridges for Families Program is a coalition focused on families with young children, Robeson Substance Use Coalition promotes causes for all the age groups.

- Services to support families range from parenting support, linkage to mental health services for both parents and the children, and substance abuse treatment services, parenting skills, safety and domestic violence, poverty, transportation, social support, and childcare.
- Robeson County Bridges for Families Program, a consortium of agencies formed in 2007 to assist families involved with child welfare due to an underlying substance use problem has coordinated the provision of these services. The initial consortium was comprised of Robeson Health Care Corporation, Robeson County Department of Social Services, Robeson County Family Treatment Court (RCFTC), Robeson County Health Department, Robeson County District Court, and Robeson County Guardian ad Litem. Examples of family support services provided by some of the consortium agencies are:
  - i. **Robeson County Health Department**  
Robeson County Health Department provided the evidence-based Parent as Teachers program to RCFTC participants with children ages 0 to 5 years in 2014.
  - ii. **Robeson County Family Treatment Court**  
Between 2014 and 2016, the program served 121 adult participants and their 172 children.
  - iii. **Robeson Health Care Corporation Prevention Program**  
By the end of 2016 RHCC had completed three cohorts of Celebrating Families! (CF!). Of these three cohorts, 90% of families graduated and completed all 16 weeks of CF!

### Evidence-Based Prevention Education in Robeson County

Robeson Health Care Corporation's Prevention Department has implemented several evidence-based substance use prevention programs; such as Too Good for Drugs in the schools, Project Alert and Communities Mobilizing for Change for alcohol misuse, Strengthening Families, and a Lock Your Meds campaign targeting prescription medication misuse throughout the county. The RHCC prevention programs reached about 6,000 Robeson County residents in the last year.

### Treatment Efforts in Robeson County

- Treatment efforts in Robeson County have involved: Medical interventions including Medication Assisted Treatment and a wide range of psychosocial interventions.
- Using SAMHSA's Treatment Facility Locator (<https://findtreatment.samhsa.gov/locator>), North Carolina Opioid Dashboard, NC Access, and the local managed care organization's directory for approved mental health and substance use agencies, **19 substance abuse treatment agencies** were identified in Robeson County. However, 15 out of the 19 agencies are located in Lumberton the county capital. Two in Maxton, 1 in Pembroke and 1 in Red Springs.

## Medical Interventions

### *Medication-Assisted Treatment (MAT)*

According to SAMHSA's Treatment Facility Locator, Robeson County has 1 SAMHSA-certified Opioid Treatment Program providing buprenorphine and methadone maintenance services. Two other agencies provide Buprenorphine maintenance and prescribe buprenorphine. Five agencies accept clients on opioid medication but prescribed elsewhere. There are 12 medical practitioners authorized to treat opioid dependency with buprenorphine in Robeson County. Given that over 5,000 residents of Robeson County might be having opioid use disorders at any point in time, the existing capacity for MAT services is extremely limited.

## Psychosocial Interventions

Evidence-based practices are available to guide the psychosocial care. Select models are shown in the Table below.

Evidence-Based Psychosocial Model	Number of Agencies Listed in SAMHSA Registry(N=13)
<b>Cognitive Behavioral Therapy</b>	12
<b>Motivational Interviewing</b>	12
<b>12-Step Facilitation</b>	12
<b>Matrix Model</b>	10
<b>Trauma-Related Counseling</b>	9

## Telehealth Services

Four substance use agencies in Robeson County provide telehealth services. Of these 3 are located in Lumberton (Southeastern Behavioral Healthcare, Stephens Outreach Center Inc, and Tanglewood Arbor) and 1 located in Red Springs (W B Healthcare/Nu Image). Ten agencies provide family counseling services.

## Recovery Efforts in Robeson County

- Employment, housing, and transportation are important social determinants of health that negatively impact health and drive higher health care costs if left unattended (Eastpointe, 2019).
- SAMHSA’s Treatment Facility Locator (<https://findtreatment.samhsa.gov/locator>) and Eastpointe’s 2019 Community Needs Assessment provided information on recovery resources in Robeson County. The types of recovery services being provided in Robeson County include services to enhance basic needs and naloxone for harm reduction.

Type of Recovery Service	Number of Agencies Providing Service
Housing	9
Transportation Assistance	11
Employment Counseling/Training	9
Mentoring/Peer Support	7
Vocational training or educational support	1

Source: <https://findtreatment.samhsa.gov/locator> Ancillary or Counseling Services and Education

Patterns from the table above show that transportation assistance is the most common type of recovery services, while Peer Support and Vocational Training or Educational Support lag behind. There are only 32 Certified Peer Support Specialists in Robeson County (<https://injuryfreenc.shinyapps.io/OpioidActionPlan/> treatment and recovery).

### Naloxone

- Naloxone is administered by both community agencies and First Responders.
- Twenty pharmacies offer naloxone in Robeson County.
- Robeson County Sheriff, NC started naloxone administration in January 2018, the office had 20 rescues as of April 5, 2019 (NC Harm Reduction Coalition <http://www.nchrc.org/law-enforcement/us-law-enforcement-who-carry-naloxone/>)
- There are 6 law enforcement entities equipped to administer naloxone. They are Pembroke Police Department (PD), St Paul’s PD, Paxton PD, Maxton PD, the Sheriff’s Department and the Robeson County Jail.
- Robeson County EMS has administered 107 Naloxone Administrations in 2019 by 2019 Quarter 1 (NC Dashboard County Summary)
- Calls to the 911 center pertaining to overdoses rose from 159 in 2016 to 217 in 2017. This number includes calls for over-the-counter medications, alcohol and accidental overdoses. *Source:* <https://www.robesonian.com/top-stories/106778/deputies-equipped-with-life-saving-tool>

## Availability of Treatment and Access to Care

Both individual and structural factors limit access to care for individuals in Robeson County. Individual factors such as not having the money to pay for needed services as well as systemic factors such as lack of health care providers. Foremost, 18.6 percent of adults in Robeson County lack health insurance. Furthermore, parents that need substance use treatment lose their Medicaid if their children are taken into state custody, yet they need health insurance to participate in effective substance use treatment. Focus groups with service providers identified this as one of the big challenges for the parents they work with because it compromises the quality of substance use treatment received which is one day of counseling a week, which is not enough. High relapse rates and prolonged stay in treatment are issues that could be affecting many service users in Robeson County as 87% of providers reported seeing the same people repeatedly in treatment. This could indicate problems with accessing needed care.

Existing data from the 2019 Eastpointe Needs Assessment shed light into some of the factors that limit access to care for Robeson County residents, such as:

- Transportation - Members in Robeson County cited lack of transportation at higher rates than average when compared to other areas in the catchment area.
- Service users reported challenges to accessing services that included: Lack of providers (reported by 67%), Service not available close enough (65%), and Financial limitations (39%).
- Family members and stakeholders reported the following challenges to accessing services: Lack of providers (75%), Service not available close enough (69%), and Transportation issues (69%).

Barriers to care for certain groups with the Eastpointe Catchment area that include Robeson County were identified.

- For instance, those members who had spent time in jail or prison reported not getting the services they needed due to transportation, financial limitations, and lack of providers in the community. Individuals who had spent time in the juvenile

justice system cited lack of providers close enough as one of the largest barriers to their care.

- Eastpointe also found that individuals who transitioned into community-based supported housing had challenges maintaining stability, especially those with a substance use disorder. Lack of community-based aftercare support was identified as the major reason individuals failed to maintain independent housing in the interviews with service providers.
- The economic base of Robeson County has at times failed to meet employment needs of individuals graduating from vocational training programs because there are not enough jobs in the area.

News publications on the impact of Naloxone and challenges associated with the implementation of Cures Grant to improve prevention, treatment, and recovery are presented.

**While the naloxone administration is saving lives, services post-naloxone administration is limited to hospital admission, and if a patient refuses to be taken to the hospital there is nothing else we can do (First Responder)**

## **PERSPECTIVES of Robeson County Stakeholders**

### **Narcan credited with saving 22-year-old**

September 28, 2018 **By: Annick Joseph - Staff writer**

**PARKTON** — The life-saving drug used to counteract symptoms of an overdose has saved another life in Robeson County.

A call came into emergency dispatchers on Wednesday at 1:32 p.m. in reference to an overdose at 63 Zilla Lane in Parkton, Maj. Anthony Thompson, of the Robeson County Sheriff's Office, said Friday. When deputies and first responders arrived at the residence, Kenan Jordan, 22, was found inside the home unresponsive, Thompson said.

"He was given two doses of Narcan," Thompson said. "He responded. Jordan was taken to Southeastern (Regional Medical Center) for further treatment."

He is expected to recover.

Two Fayetteville women found Aug. 15 unconscious in a vehicle on North Fayetteville Street in Lumber Bridge also were saved when first responders administered Narcan.

Nearly nine months ago sheriff's deputies took part in a training session on the use of Narcan at the county Emergency Management Center on Legend Road. Sheriff's office personnel, detention officers and nursing staff also have undergone training on the administration of Narcan, a brand name for Naloxone.

The Naloxone program was initiated about a year ago by the Robeson County Emergency Management Services to help curb the rise of narcotic overdoses in the county. Naloxone is a drug that when administered can counteract the symptoms of an opioid overdose.

About 62 agencies across North Carolina are equipped with Narcan.

*Source:* <https://www.robsonian.com/news/115818/narcan-credited-with-saving-22-year-old>

## N.C. Uses New Federal Money To Get People Into Drug Treatment, But Most Of Them Are White

July 8, 2019 by Taylor Knopf

*Millions in grant money have come to the state in the past two years to reduce the number of people using opioids, but state data show racial disparities in who's benefiting.*

State officials announced last month that more than 12,000 people with substance use disorder entered addiction treatment since North Carolina received \$54 million in federal grant funding to address the opioid crisis.

Opioid addiction is widespread in North Carolina, and an average of five people die per day from overdose. It affects people across the state from every race and socio-economic background.

However, the majority of people benefiting from the grant treatment money are white.

The state health department collected demographic data on 10,333 people who entered substance abuse treatment over the past two years through the 21st Century Cures Act State Targeted Response to the Opioid Crisis Grants.

Meanwhile, the rate of overdose deaths among American Indians in North Carolina was 1.3 times higher than the overdose rate among the total state population from 2000 to 2016, according to a recent article in the North Carolina Medical Journal.

Authors of the article in the NCMJ found that rates of hepatitis C infection among the American Indian population are also particularly high. The authors go on to point out that the state's opioid action plan fails to mention the American Indian population, while addressing other special population groups, such as pregnant women.

*Source:* <https://www.northcarolinahealthnews.org/2019/07/08/racial-disparities-drug-treatment-buprenorphine-access/>

## Service User Perspectives on Access to Care



Although Robeson County has documented agencies providing prevention, treatment, and recovery services, residents are not fully aware of the services. Service users report that they got to know of available services when they got involved with child welfare. Service users also reported knowing other people who might benefit from substance use services but do not know where to go. Community residents, service users and some providers reported limited knowledge on where to find services for youths, males and women without pregnancy or young children.

Service providers also reported 3 main challenges service users experience:

1. MAT is expensive with costs ranging from \$12 daily for methadone, \$14.50 daily for buprenorphine and \$1,300 for medication with a long-term effect.
2. Most male clients do not receive Medicaid and have no income.
3. Lack of resources (to include aftercare supports, qualified providers, not enough drug screens given)

Agencies in line with the recovery-oriented system of care (ROSC) model provide services characterized by a full continuum of care involving prevention, early intervention, treatment, and post-treatment services (SAMHSA, 2010). According to the SAMHSA treatment locator website, agencies in Robeson County provide a variety of recovery services such as employment training and housing. However, lack of community-based aftercare support resources was identified as the major reason individuals failed to maintain independent housing in the interviews with service providers. In addition, Eastpointe reported that individuals graduating from vocational training programs in Robeson County are encountering challenges in finding employment after training because there are not enough jobs in the area (Eastpointe, 2019).

## Community ASSETS

**Robeson Health Care** provides an array of services that include Federally Qualified Health Center (FQHC) sites across the county, integrated behavioral health services for substance use and chronic disease management, as well as substance abuse prevention services (<https://www.rhcchealth.org/>).

**Robeson County has two health care systems.**

**Southeastern Health** is a non-profit organization that provides comprehensive health care services through its regional hospital Southeastern Regional Medical Center located in the county city Lumberton. It has 12 affiliated centers around the county that provide primary care services (Southeastern Health, 2019).

**Other Assets** that exist in Robeson County are:

- The **Lumbee Tribal Government** that provides culturally informed resources for Native Americans.
- Churches - Prospect United Methodist Church has led the way by establishing Stop the Pain an outreach ministry providing substance use services <http://nativeamericanministries.org/stop-the-pain-of-substance-abuse/>
- Institutions of higher education that provide a variety of programs and certificates, the **University of North Carolina at Pembroke** and **Robeson Community College**.
- There are three **major manufacturing companies** in Robeson County, Kayser-Roth which is one of the largest legwear companies in the U.S.; Campbell Soup and Mountaire Farms, the sixth largest chicken producer in the nation.

## Gaps in Services

This section summarizes major gaps in services that were identified from the needs assessment and possible solutions. This information will inform the strategic planning stage.

	Current State	Where Gap Exists	Possible Opportunities
T R E A T M E N T	<ul style="list-style-type: none"> <li>Over 80% of Robeson County residents are not aware of available substance use treatment services</li> <li>Some service users report that they became aware of available services when they got involved with child welfare.</li> <li>Other service users reported knowing people who need substance use services but do not know where to go, especially those without children, men, and youth</li> </ul>	<ul style="list-style-type: none"> <li>Knowledge and awareness of available resources and services</li> <li>Services for youths, males and women without pregnancy or young children</li> </ul>	<ul style="list-style-type: none"> <li>Directory of substance use services</li> <li>Community education on available resources</li> <li>Expand services for youth, males, and women without young children</li> </ul>
	<ul style="list-style-type: none"> <li>18.6 % of adults lack health insurance</li> <li>Mothers who need substance use treatment are not eligible for Medicaid once they lose custody to DSS, yet they need to be treated for reunification</li> <li>The daily cost of MAT makes it out of reach for many residents</li> </ul> <p>Challenges to accessing services in the Eastpointe catchment area, including Robeson County are:</p> <ul style="list-style-type: none"> <li>transportation issues reported by 69% of family members and stakeholders</li> <li>lack of providers reported by 67% of service users and 75% of family members and stakeholders</li> <li>service not available close enough reported by 65% of service users and 69% of family members and stakeholders</li> <li>financial limitations reported by 39% of service users</li> </ul>	Access to care	<p>Alternative payment options for MAT and uninsured residents</p> <p>Collaborate with churches on transportation services</p> <p>Introduce integrated care services in federally qualified health clinics</p>
P R E V E N T I O	<ul style="list-style-type: none"> <li>Robeson County has high prescribing rates for medications with potential for abuse</li> <li>Pain management clients report being given a lot of medication without onsite blood testing</li> </ul>	Education on addictive potential in prescribed medications	<p>Educate service users on how addictive medications can be and the process of detox</p> <p>Educate on alternatives for pain management</p>
	Service Users report experiencing	Knowledge on how to engage individuals in	<ul style="list-style-type: none"> <li>Community education on addiction</li> </ul>

N	'a lot of stigma' from community and service providers	recovery	<ul style="list-style-type: none"> <li>Community awareness events that involve people in recovery</li> </ul>
R E C O V E R Y	<ul style="list-style-type: none"> <li>Providers report a lack of aftercare supports such as peer coaching, transportation, housing, jobs, and this is contributing to relapse rates</li> <li>95% of providers report seeing the same people repeatedly in treatment.</li> <li>100% of service user report that recovery is very important to them.</li> <li>Lack of onsite blood testing in clinics is a concern for some providers</li> </ul>	<p>Recovery continuum of care. Agencies in line with the recovery-oriented system of care (ROSC) model provide services characterized by a full continuum of care involving prevention, early intervention, treatment, post-treatment services (SAMHSA, 2010). Robeson County could improve early screening e.g. onsite blood testing and post-treatment services</p>	<ul style="list-style-type: none"> <li>Community-based aftercare resources and networks that target the development of networks needed to navigate employment, housing and to promote sustained recovery, and self-sufficiency.</li> <li>Peer Support Services</li> <li>Training available through local institutions of higher education to support education toward competitive employment for service users</li> <li>Supports available through churches such as transportation and support groups</li> </ul>

### Resources that can be Leveraged for Prevention, Treatment, and Recovery

1. Robeson County Health Department has maternal health programs and clinics that can be leveraged in the provision of substance use services. In addition, Robeson County Health Department also administers the Care Coordination for Children (CC4C) Program for children birth to age 5, experiencing special healthcare needs, exposure to toxic stress, and/or were cared for in a neonatal intensive care unit (NICU), or in foster care.
2. Churches – One church in Robeson County is actively involved in providing substance use services by holding support groups and community awareness events. Inviting more churches to join the efforts of Prospect United Methodist Church will allow more families to be reached.
3. Peer Support Specialist/Recovery Coaches- enhance service delivery
4. Eastpointe Programs- awareness of existing programs such as supported employment and transitional living programs, and funding
5. Institutes of Higher Education – UNCP offers an addictions certificate, counseling, nursing, and social work degrees. RCC offers substance use training and paramedic training, resources that can be used for staff development to enhance competencies. A variety of courses to help service users advance their human capital are also available.
6. Vocational Rehabilitation- two vocational rehabilitation agencies are available. The first is through the Lumbee Tribe located in Pembroke and the second through the state and located in Lumberton. These agencies provide services to assist with employment to qualifying residents.

7. The Public Schools of Robeson County for early intervention in school settings
8. Law Enforcement and EMS – sharing of knowledge and post-overdose initiatives,
9. Safer Syringe Initiative a project through the North Carolina Division of Public Health has led to the creation of Syringe Exchange Programs (SEPs) since their legalization in North Carolina in July 2016 through NC General Statute 90-113.27. SEPs do not only distribute unused sterile syringes and provide safe disposal methods for used syringes but provide education and linkages to treatment programs. (<https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative/syringe-exchange-faqs>)

### Summary of Prevention, Treatment and Recovery Efforts

- Service systems in Robeson County align with the North Carolina Department of Health and Human Services’ Opioid Action Plan 3-pronged plan focused on prevention, connecting with care and harm reduction.
- Prevention efforts include encouraging medical practitioners that prescribe and dispense medication likely to be abused to register with the North Carolina Controlled Substances Reporting System (CSRS). About 288 providers from Robeson County are registered with CSRS and are highly active in using the system with a score of 89 out 100. As a result, the amount of opioids dispensed through medical providers declined from 3,814,000 in 2015 Q3 to 2,780,000 in 2019 Q1. Since 2011, a total of 1,826,640 pills has been collected through “Operation Medicine Drop” events and the 6 permanently placed drop boxes located at pharmacies and police departments around the county.
- Efforts to connect residents with care are demonstrated in treatment resources available in the area. There are 19 substance abuse treatment agencies identified in Robeson County and 15 out of the 19 agencies are located in Lumberton, the county capital. Two in Maxton, 1 in Pembroke and 1 in Red Springs.
- Treatment efforts in Robeson County have involved: 1) Medical interventions including Medication Assisted Treatment, opioid related EMS encounters, and Naloxone administered by first responders and in the community. 2) Psychosocial interventions reported in Robeson County include cognitive behavioral therapy, motivational interviewing, 12-step facilitation, matrix model, trauma related counseling and telehealth.
- As far as opioids-related treatment is concerned, 1 agency is a SAMHSA-certified Opioid Treatment Program providing buprenorphine and methadone maintenance services. Two other agencies provide buprenorphine maintenance and prescribe buprenorphine. Five agencies accept clients on opioid medication but prescribed elsewhere. Overall 8 agencies provide opioids specific services. There are 12 medical practitioners authorized to treat opioid dependency with buprenorphine in Robeson County. Given that over 5,000 residents of Robeson County might have opioid use disorders at any point in time, the existing capacity for Medication-Assisted Treatment (MAT) services is limited.
- Naloxone is administered by both community agencies and First Responders. Twenty pharmacies offer naloxone in Robeson County. Robeson County Sheriff,

NC had performed 20 naloxone rescues by April 2019; Robeson County EMS had 107 Naloxone Administrations in 2019 by Quarter 1 and calls to the 911 center pertaining to overdoses rose from 159 in 2016 to 217 in 2017.

- Agencies in Robeson County provide recovery services, but transportation assistance is the most common type of recovery services needed, while Peer Support and Vocational Training or Educational Support lag behind. There are only 32 Certified Peer Support Specialists in Robeson County.
- Access to care remains challenging because of lack of health insurance, distance to services, transportation issues, provider shortage, and stigma.

## **Assess Findings for Workforce**

This section provides an assessment of available relevant workforce, areas of workforce shortage, necessary competencies to provide OUD services, estimated service demands, and gaps in the workforce. Evidence based models that might be useful in Robeson County will be identified as well as needed capacity building, and resources that can support ongoing workforce development.

### **Available relevant workforce and areas of workforce shortage**

Given the complexity of opioid misuse, a wide-range of providers including doctors, nurses, nurse practitioners, psychologists, licensed counselors, care managers, social workers, health educators, peer workers, and others are essential in the provision of substance use services.

According to Access NC Dashboard <https://accessnc.nccommerce.com/> there were 179 physicians in 2018 with a ratio of 13.6 Physicians/10,000 population. During that same year, there were 67.5 registered nurses/10,000 population and 2.4 Dentists/10,000 population. In 2016, there were 8.1 Pharmacists/10,000 population. The University of Wisconsin Population Health Institute (2019) also reported shortages of mental health practitioners in Robeson County with a ratio of one mental health provider to 630 persons in need of mental health services. Based on these figures Robeson County experiences shortages in health care and mental health professionals. Workforce shortages make it difficult for residents to access needed care.

## **NECESSARY COMPETENCIES TO PROVIDE OUD SERVICES**

In spite of the workforce shortages, Robeson County agencies have invested resources in provider training to ensure that available workers have the necessary competencies to provide OUD services. Providers have also sought the needed certifications to provide services, although more specialized training opportunities are needed. For instance,

- There are 12 DATA waived providers in Robeson County.
- Robeson County Sheriff, NC started naloxone administration in January 2018, and more than 100 Robeson County Sheriff's Office personnel were trained on the use of Narcan by January 19, 2018. *Source:* <https://www.robesonian.com/top-stories/106778/deputies-equipped-with-life-saving-tool>
- 72% of providers who completed the survey reported having received training on opioids as part of their professional development
- 86% reported needing more specialized training.
- Focus groups themes suggested competencies related to the need for providers to be able to identify and deliver quality services. New child welfare workers need training on identifying indicators of parental substance use.
- Administrators of substance use agencies reported that they need licensed providers such as LCAS, LPCs, LCSWs, nurse practitioners and psychiatrists

### **Estimated service demands and gaps in the workforce**

Furthermore, to determine capacities of substance use services in Robeson County, the Calculating for an Adequate System Tool (CAST) was used. CAST considers social and community determinants of health as risk coefficients to produce numerical values for estimating community needs (Green et al., 2016). Estimates based on the CAST calculator suggested that Robeson County needs 67 primary care doctors with substance use training, 12 social workers, 566 Counselors, Psychiatrist or Psychotherapist, and 2 Religious or spiritual advisors.

### **Resources FOR ONGOING WORKFORCE DEVELOPMENT**

1. Robeson County has two substance use coalitions that can be used as platforms for interprofessional training and knowledge sharing.
2. Eastpointe, the local managed care organization, provides resources for enrolled providers and training on various topics to enhance competencies and remain compliant with state guidelines.

3. Institutes of Higher Education – UNCP offers an addictions certificate, counseling, nursing, and social work degrees. RCC offers substance use training and paramedic training, resources that can be used for staff development to enhance competencies.
4. The State of North Carolina has various agencies that offer relevant training and resources such as the Department of Health and Human Services, and Public Health.
5. Local AHEC institution also has resources for providers and continuing education training.
6. The Governor’s Institute <https://governorsinstitute.org/>

## **STRENGTHS, CHALLENGES, and ACTION ITEMS:**

### **Strengths:**

1. Consortium Membership - Diverse stakeholder organizations from the community are participating in the planning effort. A wide range of professionals is represented such as substance use counselors, child welfare workers, child advocates, substance use prevention staff, emergency services, attorneys, and representatives from the local managed care organizations.
2. Robeson County has providers that are willing to sit together and develop a response to the opioid crisis over the next year. The diversity in the population of Robeson County sets the stage for the development of culturally relevant programs as there is adequate representation of diverse groups.
3. Robeson County has two institutions of higher education that can provide training on substance use and various skills to enhance human capital.
4. Statewide efforts to track substance abuse statistics are in place and organizations can monitor how they are doing in order to improve service delivery. NC Opioid Dashboard managed by the North Carolina Department of Health and Human Services provides statistics on various opioid outcomes such as number receiving treatment, overdose incidents, naloxone administrations by county and also explains the state’s Opioid Action Plan outcomes for counties to use in the substance use efforts. NC TOPPS has data on service user perspectives and summaries of services provided by substance use agencies.

5. Drug control policies

### **Challenges:**

1. Significant increases in numbers seeking opioid treatment, overdoses, deaths, neonatal abstinence syndrome, and child welfare involvement.
2. Stigma from the community and providers.
3. Agencies that provide services are not easy to find, not visible.
4. Increasing use of synthetic narcotics versus prescription medication.
5. Prescription drugs are easily available.
6. Limited access to care due to lack of insurance, inability to pay, distance, provider shortages.

### **Action Plans:**

1. Plans to reduce negative outcomes such as overdoses and poor child outcomes.
2. Community education and awareness events.
3. Directory of available services and marketing of social programs
4. Conversations around synthetic narcotics to bring awareness and develop a plan to identify and control their spread.
5. Conversations on harm reduction.

### **Priority setting**

Prioritization involves ordering needs by perceived significance or importance, which helps in identifying issues to be focused on. Different methods used to establish stakeholder priorities included completing questionnaires and discussions where stakeholders indicated their perceived priorities. For instance, service users completed a questionnaire where they indicated their priorities from a list generated from a literature review that identified a list of items that people in recovery reported as important. Consortium members' priorities were solicited during the monthly planning meetings. During the first meeting, consortium members were asked to discuss their vision for the consortium. In subsequent meetings consortium members completed surveys and focus groups where they shared perceived gaps and roles in addressing substance use including opioid crisis. A planning meeting devoted to reviewing the results of the gap analysis in October of 2019. Following a presentation on the gaps identified in the needs assessment, a priority setting session led by an external facilitator was held with consortium members. Consortium members discussed and agreed on priorities that represented their perceived roles in efforts to combat opioids, aligned with the planning vision, had promising impact on community desired outcomes,

and would be feasible given the community values and available resources. The table below shows agreed upon priorities and possible strategies for addressing them. The identified priorities will be refined during the strategic planning phase.

### Gaps and Agreed Upon Priorities

	Problem	Gap	Priorities and Strategies
<b>T R E A T M E N T</b>	<ul style="list-style-type: none"> <li>Over 80% of Robeson County residents are not aware of available substance use treatment services</li> <li>Limited resources for those without children, men, and youth.</li> <li>The daily cost of MAT makes it out of reach for many residents</li> </ul>	<p>Lack of knowledge and awareness of available resources and services</p> <p>Inability to pay for services, especially MAT</p>	<ul style="list-style-type: none"> <li>Resource awareness               <ul style="list-style-type: none"> <li>Consolidate existing directories of community resources into one</li> <li>Develop a resource app that is easy to access</li> </ul> </li> </ul>
<b>P R E V E N T I O N</b>	Robeson County has high prescribing rates for medications with potential for abuse	Education on addictive potential in prescribed medications	Increased knowledge on addiction as a disease through community education
	Service Users report experiencing 'a lot of stigma' from community and service providers	Knowledge on how to engage individuals in recovery	<p>Harm reduction</p> <ul style="list-style-type: none"> <li>Community/provider education</li> <li>Syringe Exchange Program</li> <li>Networking with churches</li> </ul>
<b>R E C O V E R Y</b>	<ul style="list-style-type: none"> <li>69% of family members and stakeholders reported transportation issues</li> <li>95% of providers report seeing the same people repeatedly in treatment</li> <li>100% of service user report that recovery is very important to them, yet post-treatment services are lacking.</li> <li>Lack of onsite blood testing in clinics is a concern for providers</li> </ul>	Recovery continuum of care. Robeson County could improve early screening e.g. onsite blood testing and post-treatment services to align with the recovery-oriented system of care (ROSC) model (SAMHSA, 2010).	<p>Community-based recovery support services</p> <ul style="list-style-type: none"> <li>Faith-based supports for transportation</li> <li>Increased collaboration among agencies</li> </ul>

This information will be used to refine priorities and develop strategies and metrics in the final strategic planning sessions.

## Discussion/Conclusion

The Robeson RCORP project concludes that findings from this assessment indicate opioid misuse in Robeson County and the need for community stakeholders to develop a strategic plan to effectively combat opioid misuse throughout the county for those struggling. The assessment included sources from existing and primary data (numbers as well as stories), to provide insight on opioid misuse. The findings discuss the prevalence of opioid misuse and its consequences including opioid deaths, poor child outcomes, and arrests. These consequences ultimately impact the quality of life for all of the residents in the community and the social and environmental factors that may underlie substance misuse in Robeson County such as literacy levels, poverty rates, unemployment, lack of health insurance, medically underserved population, prescribing rates, and public policy only exacerbate the issue. These factors may also serve as risk factors that contribute to misuse or protective factors that aid in preventing or reducing substance misuse. Existing efforts for prevention, treatment and recovery in Robeson County were examined using the North Carolina Department of Health and Human Services opioid action plan. Although, several community stakeholders have worked diligently on prevention efforts such as electronic drug monitoring and safe disposal education, many community residents have not felt the impact and state that more is needed. Treatment efforts in Robeson County involve medical interventions such as Medication Assisted Treatment, opioid related EMS encounters, and Naloxone administered by first responders. In addition, a wide range of psychosocial interventions are being implemented but again respondents to surveys and focus groups indicate that more licensed treatment professionals as well as more treatment of quality is needed in

the community. Recovery support efforts have increased in Robeson County, but do not match the need for those still struggling to find housing, transportation, employment, and peer support (mentoring). Many of those in need are not aware of how and where to access recovery support services.

This assessment has highlighted several challenges for the Robeson community; however, the community has several assets and strengths to leverage and build upon. The plan of action to reduce negative outcomes such as overdoses and poor child outcomes will include providing community education and hosting awareness events, creating a directory of available services and marketing of social programs, providing education and awareness on synthetic narcotics to control their spread, and enhancing safe prescribing and safe disposal interventions. The plan will serve as the consortium's guide toward achieving the goal of reducing the morbidity and mortality associated with opioid overdoses. In addition, a key activity to reduce stigma will be achieved through community education on addiction and pathways to recovery.