EXECUTIVE SUMMARY: ROOTS 3.0 SUMMIT

WHAT DO COMMUNITY LEADERS RECOMMEND?

Option A: local governments funding evidence-based, high impact strategies

- Evidence-based addiction treatment
- Recovery support services
- Employment related services

Option B: local government funding after collaborative strategic planning process

- Address needs of criminal justice involved persons with SUDs
- Treat opioid use disorder
- Prevent overdoses and other harms

Peer Support Services Needed

Upon release from incarceration

Health department overdose prevention/linkage to care programs
-----
Post-overdose response team/EMS-based post-overdose response team
--
In emergency department (tied as third most common concern)

Underserved Demographics

- Uninsured People
- People who Speak Limited English
- Teens

Most Important Concerns

- Prescription Opioids
- Alcohol
- Heroin/Fentanyl

General Services Needed

- Recovery support services
- Pre-arrest diversion
- Evidence-based addiction treatment

Barriers

- Lack of funding or financial support
- Limited resources
- Education/knowledge

EXECUTIVE SUMMARY ROOTS 3.0 SUMMIT

WHERE ARE SERVICES LOCATED?

QR CODE TO MAP

QR CODE TO FULL REPORT

HOW CAN WE WORK TO ADDRESS THESE ISSUES?

- Treatment and resources for children, teens, and their families
- Expanded healthcare resources (including mobile)
- Making schools safer and using them as a resources
- See full report for ideas to address this issue

COMMON CONCERNS

- Youth lacking resources
- Transportation and logistical access
- Availability of and access to resources

VALUES

Locating resources & treatment options

Using evidence based & emerging practice areas

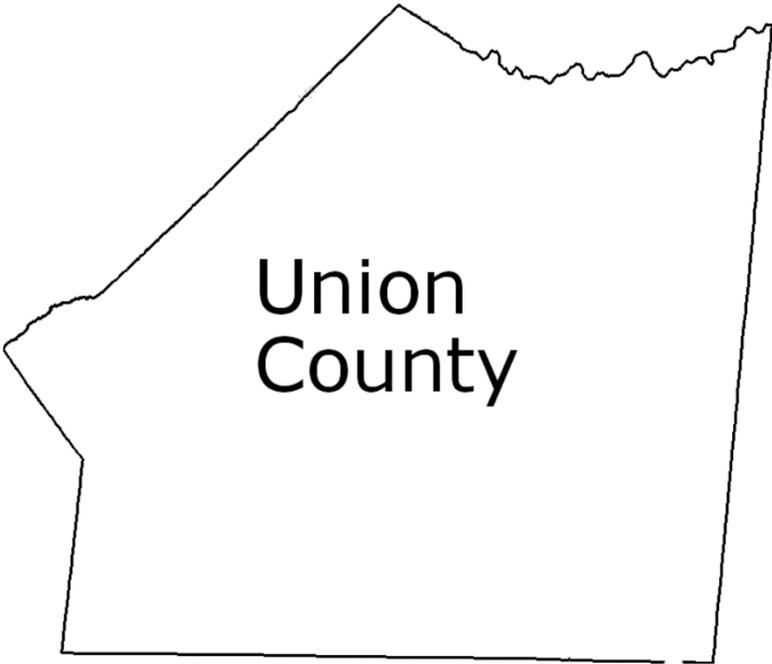**Increasing sense of social support & well being**

Addressing the specific needs of children, adolescents, & families

Working with marginalized communities

Prevention of addiction

Increasing education & information

ROOTS Summit 3.0:
Building Capacity, Networks, and Alliances to Address Substance Use Disorders in Union County, NC

Union
County

ROOTS Summit 3.0

Union County is one of the fastest growing counties in North Carolina. However, there is a stark socioeconomic divide between the western part of the county, which is within commuting distance of the Charlotte Metropolitan area, and the eastern part of the county, where Wingate University is located. In the eastern part of the county, poverty rates are higher; student performance is lower; and residents lack access to amenities, support networks, and resources located in the western part of the county, such as high-quality food options, green spaces, public transport, advocacy groups, and high-speed internet. There are also deep disparities between quality of life and life expectancy rates between East and West Union County, especially within populations of color.

One of the areas of concern discovered in the Union County Community Health Assessment (2019) was substance use disorders (SUDs). Due to many factors, including COVID-19, little was known about best practices, gaps in services, and underserved populations, especially in eastern Union County. An advisory coalition was formed in early 2021 and has made few inroads due to service silos, exacerbated by COVID-19, and a lack of resources and infrastructure in eastern Union County. Listening sessions with the Healthy Union Advisory Coalition have determined the need for additional data to be compiled concerning SUDs and to bring together community stakeholders as part of this data collection process.

The third ROOTS Summit, which was held at Wingate University on April 26, 2022, brought together local community stakeholders from diverse contexts working in the area of SUDs and gave voices from Eastern Union County a place in the democratic process of determining service priorities, especially in light of recent Opioid Settlement funding opportunities. These stakeholders included, but were not limited to, local government officials, parents, non-profit organizations, and faith leaders addressing this issue in our local area, as well as primary healthcare providers and agencies.

The four goals of this interactive Summit, described by the acronym ROOTS (Recognizing Our Opportunities To Support/Serve/Share) were to:

1. Offer opportunities to Wingate University faculty/staff/students to encounter and interact with community stakeholders. Offer opportunities for community stakeholders to encounter and interact with each other.
2. Collect data concerning existing policies, services, best practices, and community concerns.

3. Listen to and learn from community leaders spanning a diverse range of target demographics and agencies (e.g., non-profit, governmental organization, parent and daughter, local pastor, MPH researcher).
4. Co-design how Union County can adequately respond to the concerns of the community concerning SUDs. This latter exercise will include budgeting for recommended policy development, services, programming, and personnel and matching these services with what the stakeholders value.

Data from the ROOTS Summit was collected in two methods: through an online survey, distributed to participants ahead of (as well as during) the Summit, as well as through interactive workshops during the Summit. This report provides analysis of the data collected through these methods in order to provide community leaders and stakeholders the resources and information needed to better address SUDs in our local community.

Data from Survey: Insights from Union County on Substance Use Disorders

Ahead of the ROOTS Summit, participants were invited to complete a survey to provide insights on SUDs in Union County. It was distributed online using the Qualtrics survey platform, and respondents were invited directly by email. Summit participants were also able to complete the survey during the Summit if they had not completed it in advance. Sixty respondents completed the survey. The survey included 12 questions, the results of which are summarized and analyzed below. Please refer to the appendix for the complete survey questionnaire and available response options. Because the surveys were completed before respondents had fully participated in the Summit, it is important to keep in mind that responses may not reflect knowledge and information gained through participation in the Summit. In other words, the responses from the survey do not represent a comprehensive assessment of the insights into addressing SUDs in Union County, but should instead be considered in conjunction with the data obtained from the ROOTS Summit.

Question 1: What do you feel is the best practice in Union County concerning SUDs or caring for people suffering from SUDs?

A total of 25 respondents answered this question. Best practices they identified included:

- Education, including education on specific topics (e.g., STDs among seniors)
- Long-term treatment options
- Addressing stigmas and racist or classist approaches to healthcare
- Long-term treatment options
- Centering treatment on evidence-based approaches (e.g., not requiring abstinence to receive access to services/treatment)
- Harm reduction
- Treatment centers engaged in medication for opioid use disorders
- Syringe access programs
- Treatments that address root causes (e.g., cognitive behavioral therapy or pharmacotherapy)
- Collaboration with diverse groups
- Interdisciplinary treatment approach – not only the SUD, but also housing and food insecurity, transportation, Social Security, other medical needs, support for families caring for children/grandchildren, etc.
- Mental health care access
- Rehabilitative services

They also identified several places where those needing care for SUDs could access these services. These included Daymark Recovery Services, Ground 40, Bridge to Recovery, Queen City Harm Reduction, McLeod Addictive Disease Center, and Alcoholics Anonymous (or similar) meetings. There were three respondents who said they were not sure what the best practices were in Union County. Additionally, two respondents who identified a best practice said they were not sure who in the area (if anyone) provides this service. There was one respondent who said that there are opportunities to create best practices, but they do not yet exist in the area. Two respondents also noted that Union County lacks affordable and accessible services.

Question 2: Rank the types of services below that you think are the MOST important (1) to LEAST important (4).

The charts below show the percentage of respondents that ranked each of the services (prevention, treatment, harm reduction, and recovery) at each level. There were 10 respondents who felt treatment was the most important, 9 who felt prevention services were the most important, 5 who felt harm reduction was most important, and 2 who felt recovery was most important. No one ranked treatment as the least important among these options. In short, the results imply a preference to prioritize treatment and prevention over harm reduction and recovery.

Prevention Services(e.g., Education, Policy and Procedure)

- 1: 34.6%
- 2: 38.5%
- 3: 15.4%
- 4: 11.5%
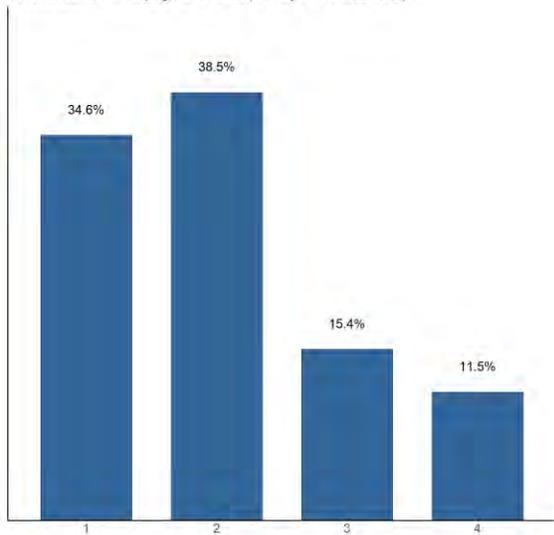
Treatment (e.g., Detox, Residential Treatment, IOP, MAT)

- 1: 38.5%
- 2: 42.3%
- 3: 19.2%
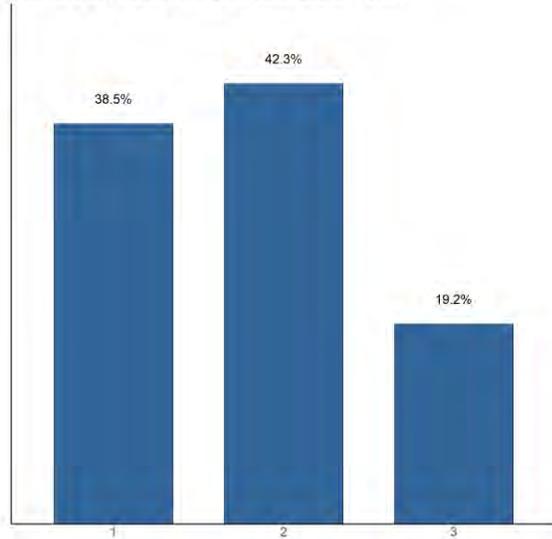
Harm Reduction (e.g., Syringe Service Program, NARCAN, Reversal)

- 1: 19.2%
- 2: 3.8%
- 3: 34.6%
- 4: 42.3%

Recovery (e.g., AA)

- 1: 7.7%
- 2: 15.4%
- 3: 30.8%
- 4: 46.2%
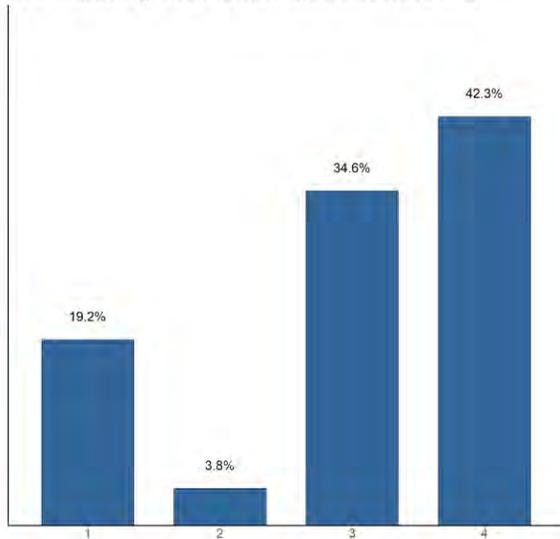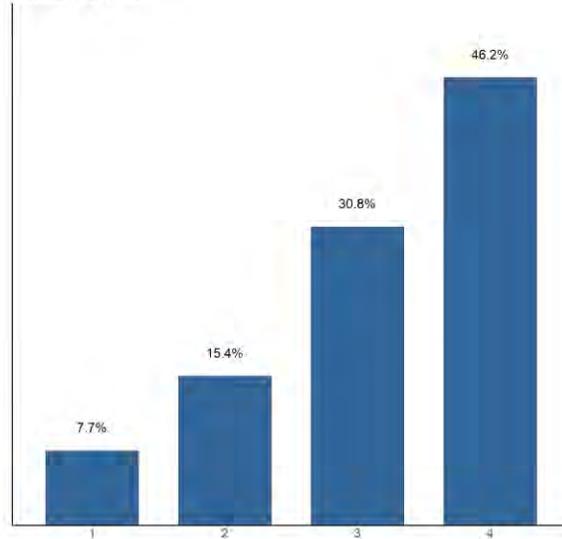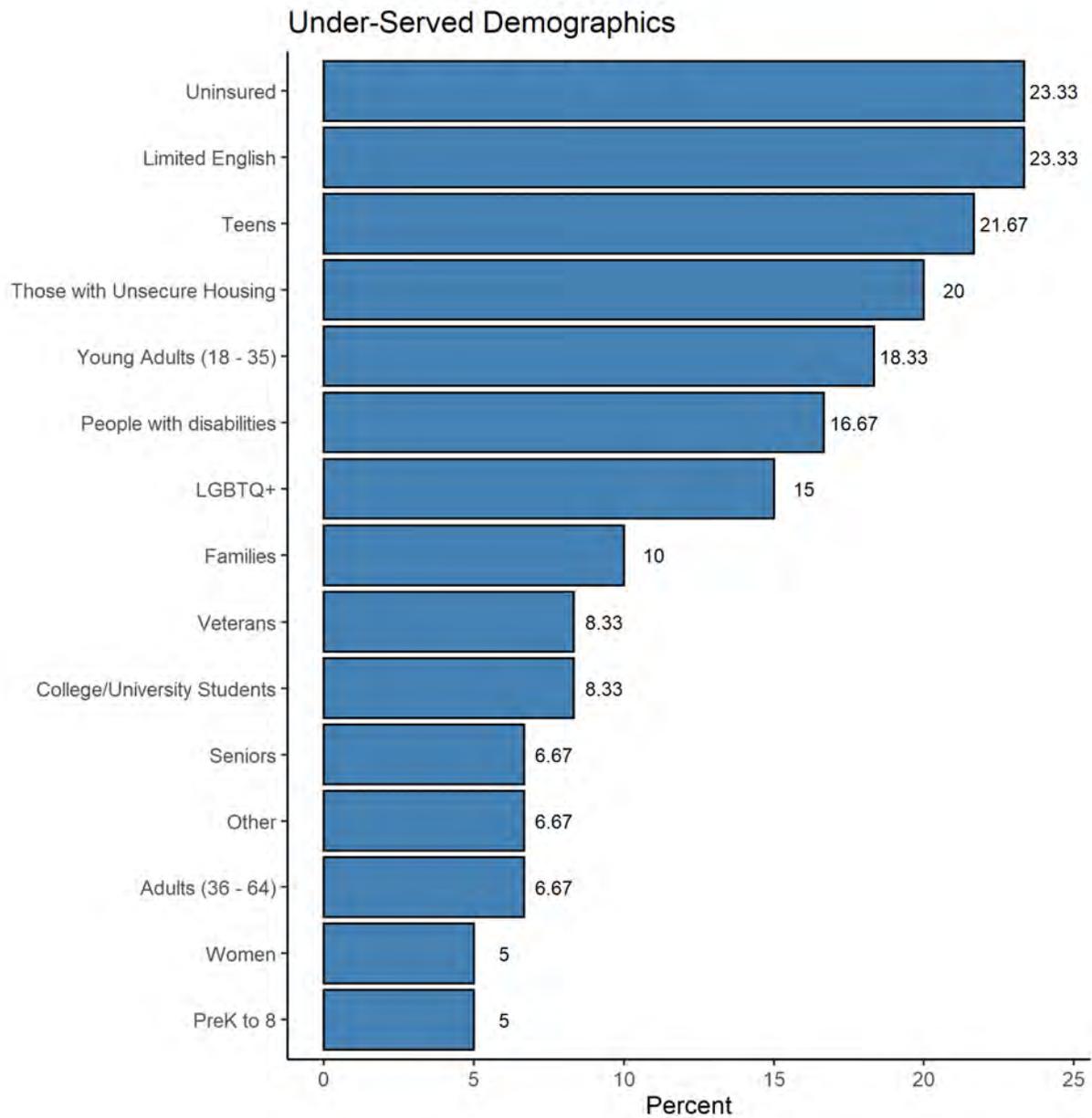
Question 3: Which target demographic is not well served in Union County concerning SUDs?

The results below show the percentage of respondents who felt that each demographic listed was not well served in Union County concerning SUDs. Respondents were able to select multiple demographics. The top demographics identified as under-served included those who are uninsured, have limited English, are teenagers, and/or have unsecure housing. In comparison, adults, women, and children (PreK – 8) were less likely to be identified as under-served. Those who selected "other" indicated that they were not sure of which demographics were not well-served. One respondent indicated that pregnant women are an under-served demographic. No one indicated that men were not well-served despite this being a response option.

Under-Served Demographics

Demographic	Percent
Uninsured	23.33
Limited English	23.33
Teens	21.67
Those with Unsecure Housing	20
Young Adults (18 - 35)	18.33
People with disabilities	16.67
LGBTQ+	15
Families	10
Veterans	8.33
College/University Students	8.33
Seniors	6.67
Other	6.67
Adults (36 - 64)	6.67
Women	5
PreK to 8	5

Question 4: Choose all/any that you perceive as the major or most important concerns in Union County with respect to SUDs.

The results below indicate the concerns that respondents identified as being the most important regarding SUDs in Union County. Respondents were able to identify multiple concerns. Major concerns included prescription opioids (i.e., hydrocodone, oxycodone, morphine, codeine), alcohol, heroin and other illicit opioids (e.g., fentanyl), and methamphetamines. Respondents who selected "other" indicated that they were not aware of which concerns were most important or that the concerns might vary by age range (for example, vaping is a larger concern among young people). No one indicated that CBD products were a major concern despite this being a response option.

Most Important/Major Concerns

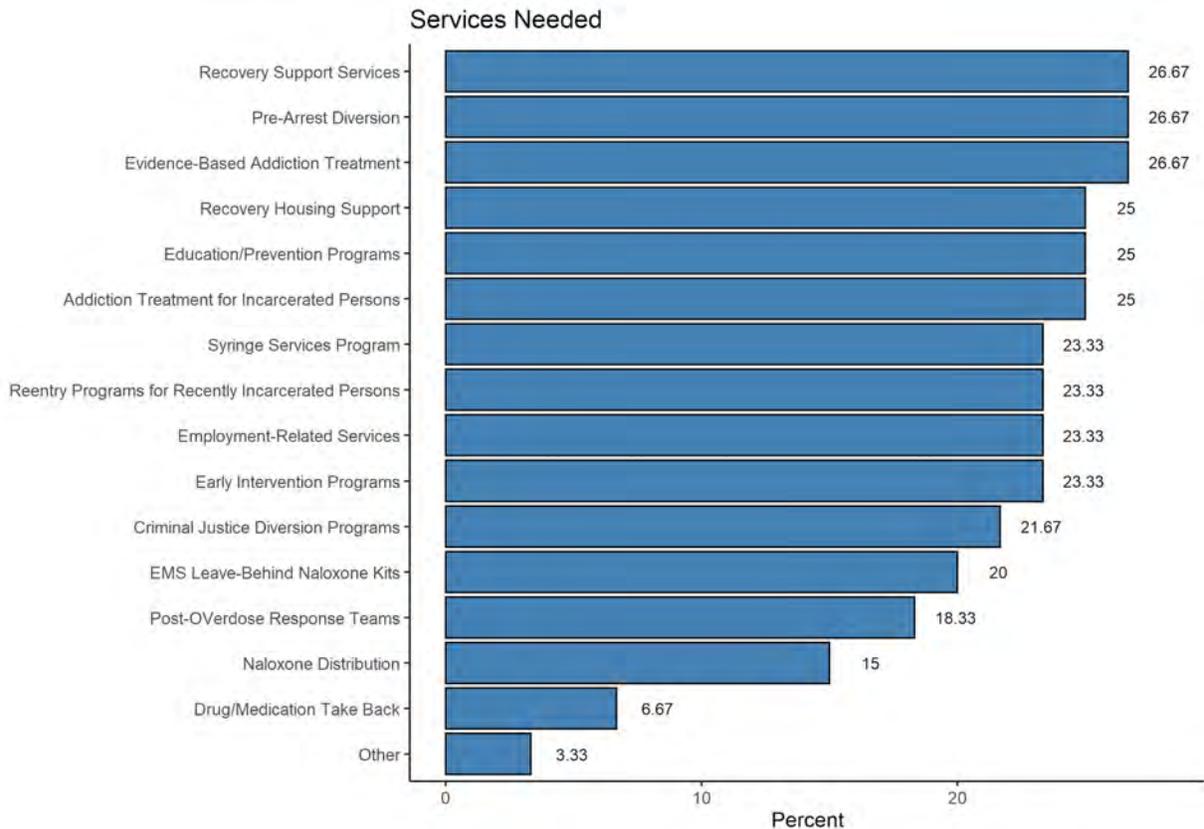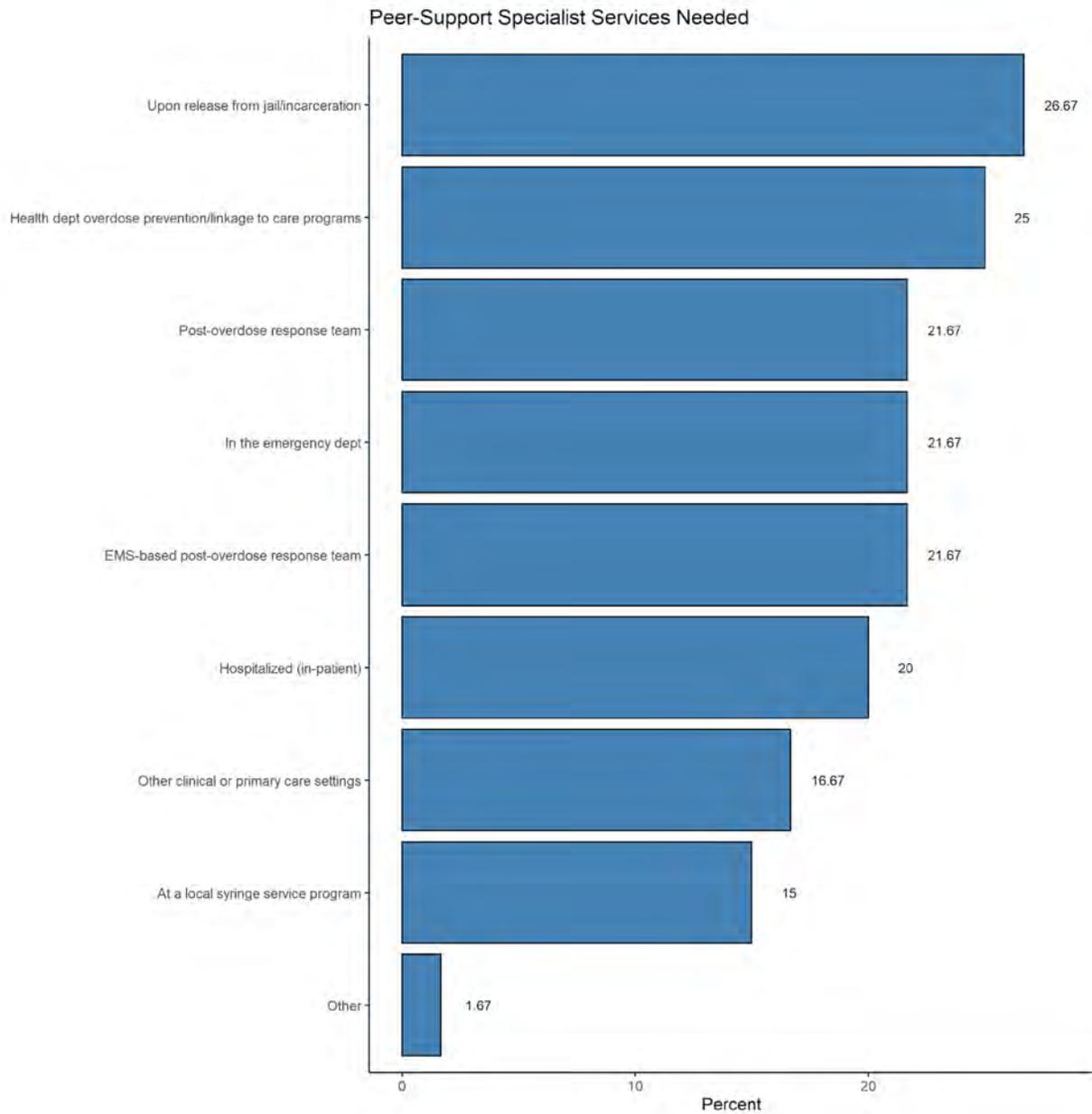| Concern	Percent
Prescription Opiods	33.33
Alcohol	28.33
Heroin/Fentanyl	26.67
Methamphetamines	23.33
Cocaine	16.67
Vaping/E-Cigarettes	15
Prescription Stimulants	15
Tobacco	13.33
Benzodiazepines	13.33
Marijuana	10
Other	3.33
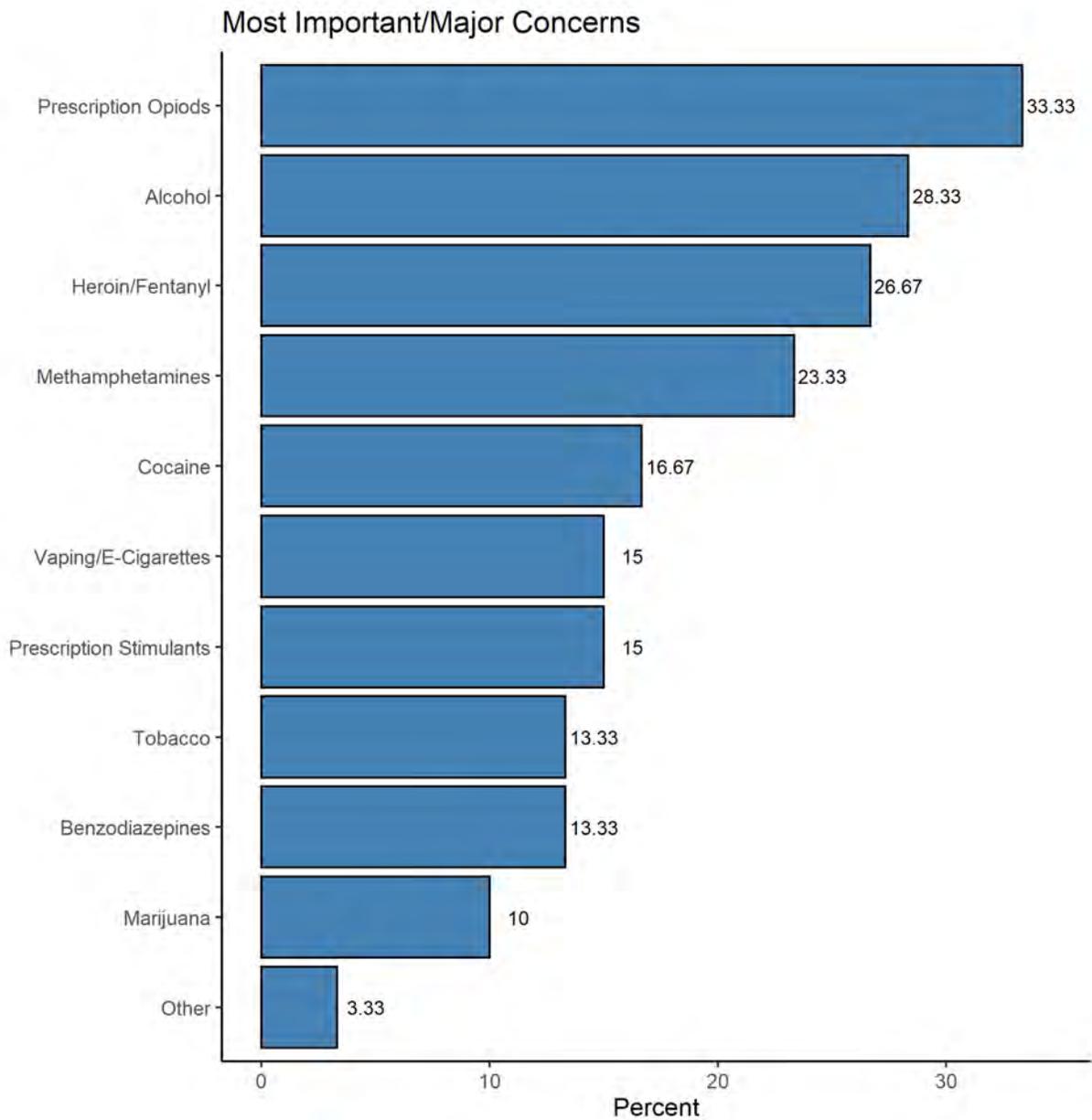
Question 5: What services do we need in Union County?

The results below show the services that respondents felt were most needed in Union County. Respondents were able to select multiple services. They indicated that recovery support services, pre-arrest diversion, and evidence-based addiction treatment were top priorities. These were not the only services identified, however; at least 20 percent of respondents selected most of the services listed as options. In other words, they felt Union County is in need of many services. Relatively few respondents indicated that post-overdose response teams, naloxone distribution, and drug/medication take back were needed. Those who selected "other" indicated that the services needed were primary care or long-term in person treatment facilities.

Services Needed

Service	Percent
Recovery Support Services	26.67
Pre-Arrest Diversion	26.67
Evidence-Based Addiction Treatment	26.67
Recovery Housing Support	25
Education/Prevention Programs	25
Addiction Treatment for Incarcerated Persons	25
Syringe Services Program	23.33
Reentry Programs for Recently Incarcerated Persons	23.33
Employment-Related Services	23.33
Early Intervention Programs	23.33
Criminal Justice Diversion Programs	21.67
EMS Leave-Behind Naloxone Kits	20
Post-OVerdose Response Teams	18.33
Naloxone Distribution	15
Drug/Medication Take Back	6.67
Other	3.33

Question 6: What Peer-Support Specialist services do we need in Union County?

The results below are specific to Peer-Support Specialist services that respondents felt were needed in Union County. Please note that the chart below omits redundant information such as "peers working with" the group of people or organization listed. Respondents were able to select multiple services. As with services in general, respondents indicated that the county is in need of many Peer-Support Specialist services. The top need indicated was for peers working with people upon their release from jail or other related settings to connect with people who were recently released from incarceration. Relatively few respondents indicated that peers working in other clinical or primary care settings (than those otherwise listed) or at local syringe service programs were needed. The respondent who selected "other" indicated that they are needed in schools.

Peer-Support Specialist Services Needed

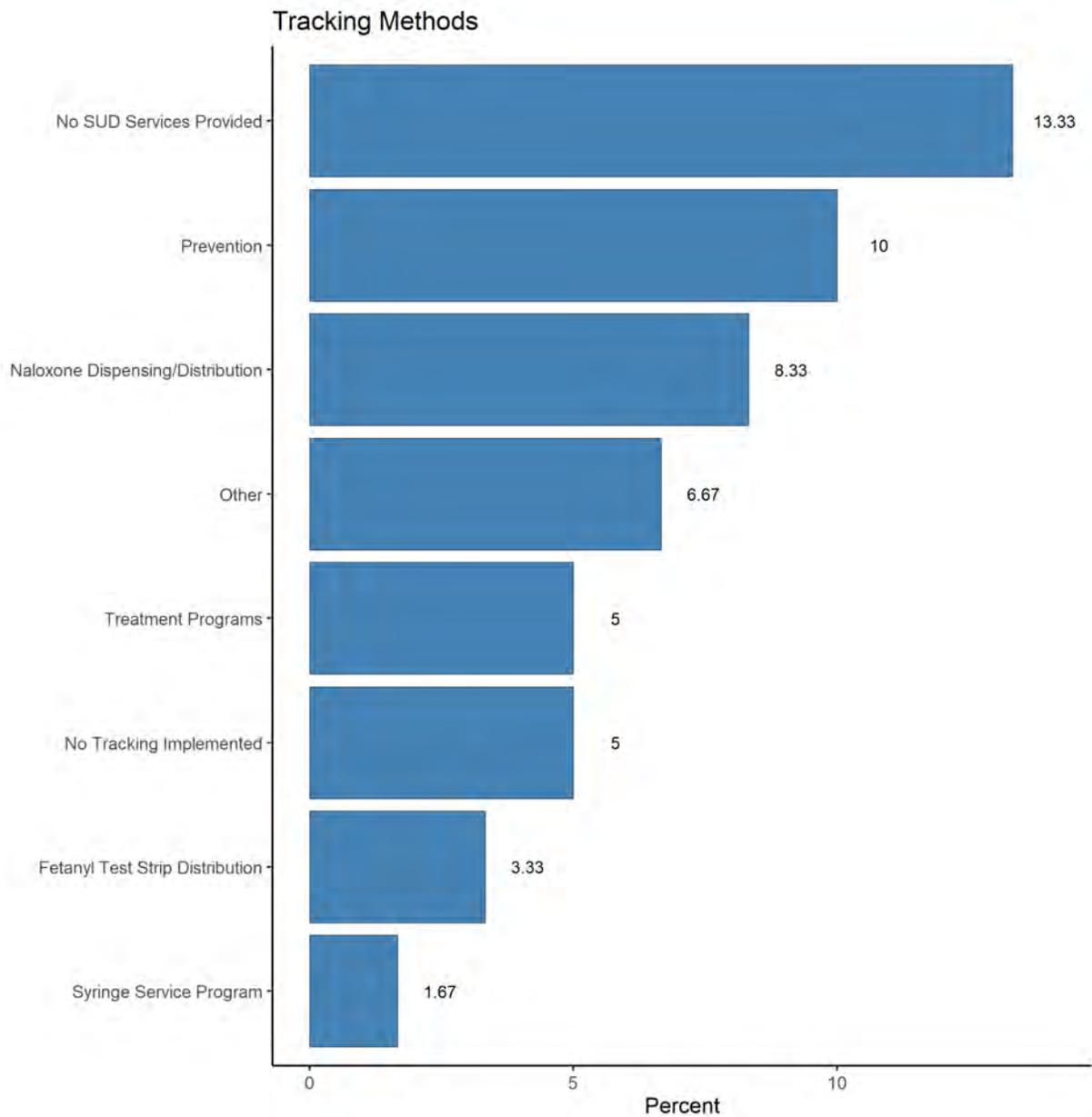| Service	Percent
Upon release from jail/incarceration	26.67
Health dept overdose prevention/linkage to care programs	25
Post-overdose response team	21.67
In the emergency dept	21.67
EMS-based post-overdose response team	21.67
Hospitalized (in-patient)	20
Other clinical or primary care settings	16.67
At a local syringe service program	15
Other	1.67

Question 7: What barriers are there to bringing the services you chose above to Union County? Please specify.

There were 23 respondents who answered this question. The most common response was a lack of funding or financial support (12 respondents). Additionally, others noted a lack of resources, which may include, but is not limited to funding (e.g., many people who are trained and available). Other barriers identified included:

- Education/knowledge
- Biases/stigmas
- Language barriers
- Lack of focus/prioritization
- Access to care and prevention programs
- Trust of medical services and law enforcement
- Punitive approaches to treatment and recovery
- Access to food, housing, transportation, medical/mental health care, etc.
- Different definitions of health and recovery

Question 8: For those providing SUDs services, please outline the ways in which you track the impact of your work.
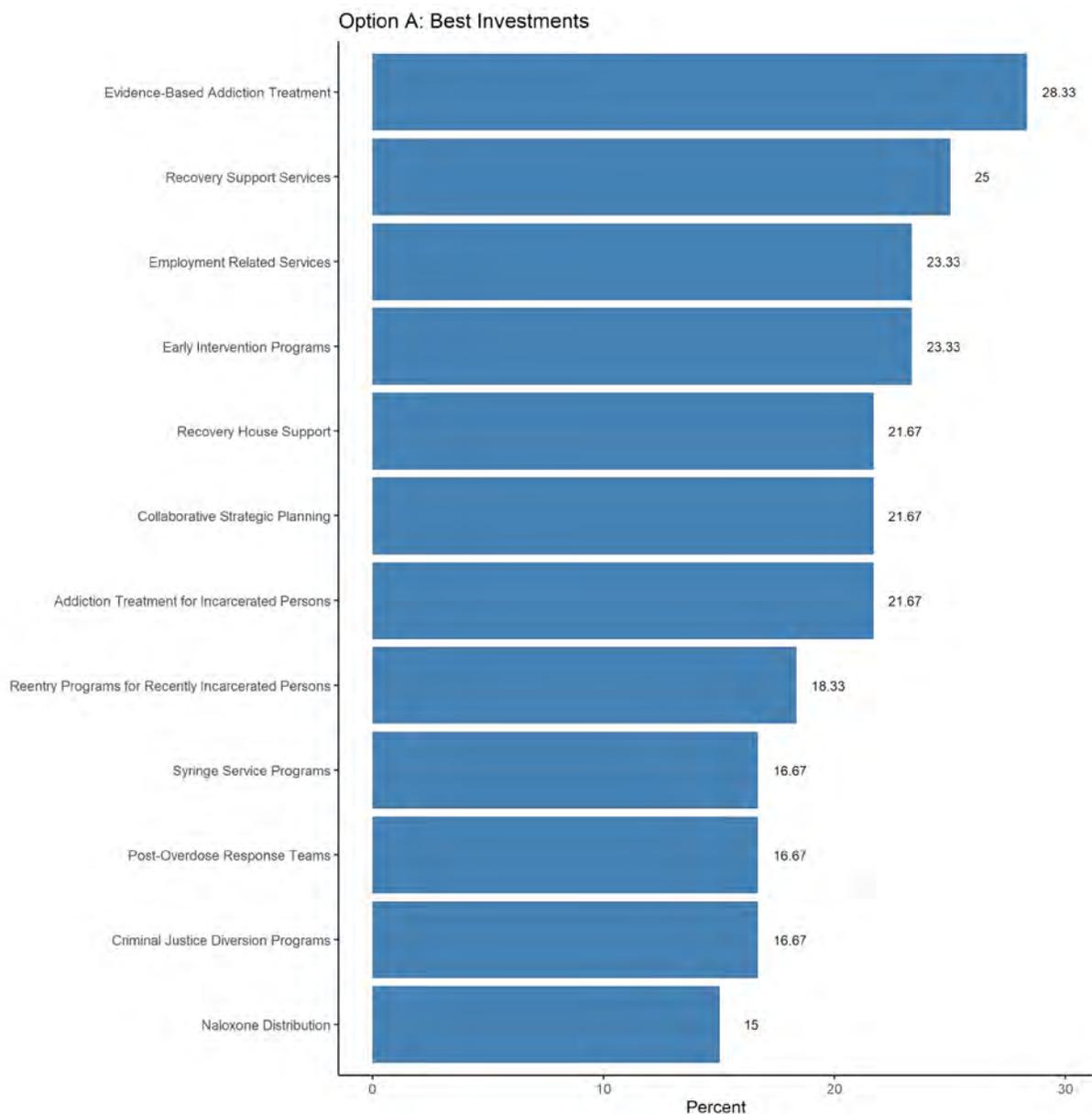
The results below show the methods by which respondents who provide SUDs services track the impact of their work. Respondents were able to select multiple tracking methods. Several of the respondents did not provide SUD services. However, for those whose work did involve this, prevention and Naloxone distribution were the most common tracking methods. Respondents who selected "other" primarily said that they were not sure or that they did have a tracking method. One respondent who selected "other" provided a detailed response describing how they collected monthly feedback from their organization's clients on a multitude of factors not listed here (such as results of drug screenings).

Tracking Methods

Tracking Method	Percent
No SUD Services Provided	13.33
Prevention	10
Naloxone Dispensing/Distribution	8.33
Other	6.67
Treatment Programs	5
No Tracking Implemented	5
Fetanyl Test Strip Distribution	3.33
Syringe Service Program	1.67

Questions 9 – 10: There may be funding associated with the opioid settlement and there are two potential options. We would like your input into how you think it could be spent.
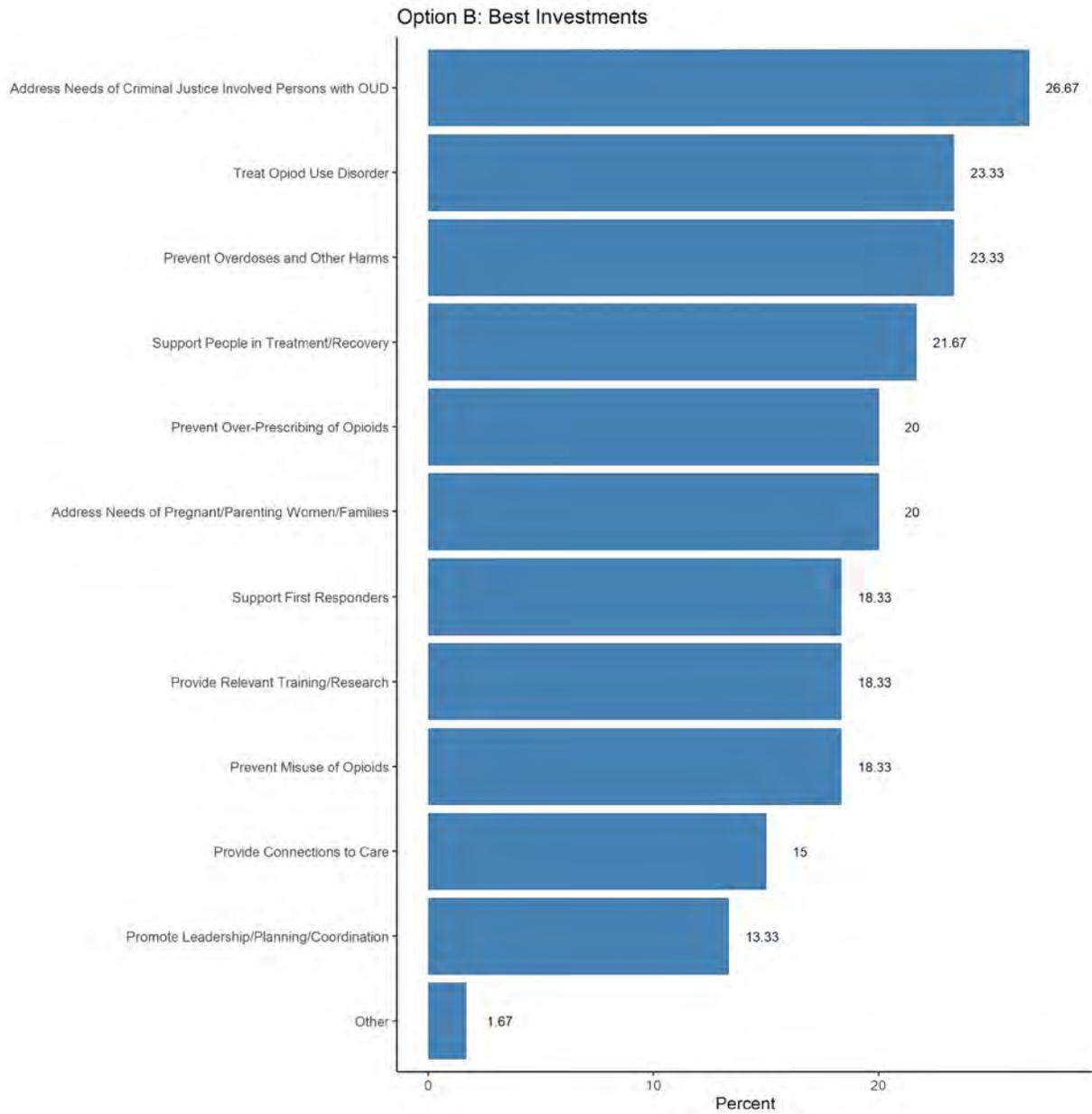
Under Option A, a local government may fund one or more strategies from a list of evidence-based, high-impact strategies to address the epidemic. Please choose any/all that you feel are the best investment for our community.

The results below show the strategies that respondents felt were best investments for Option A. Evidence-based addiction treatment was selected by the highest number of respondents, followed by recovery support services. Many other strategies were also seen as good investments by a relatively high proportion of the respondents, implying that there could be a variety of uses for these funds. Naloxone distribution was selected by the fewest respondents among the strategies listed.

Option A: Best Investments

Strategy	Percent
Evidence-Based Addiction Treatment	28.33
Recovery Support Services	25
Employment Related Services	23.33
Early Intervention Programs	23.33
Recovery House Support	21.67
Collaborative Strategic Planning	21.67
Addiction Treatment for Incarcerated Persons	21.67
Reentry Programs for Recently Incarcerated Persons	18.33
Syringe Service Programs	16.67
Post-Overdose Response Teams	16.67
Criminal Justice Diversion Programs	16.67
Naloxone Distribution	15

Under Option B, a local government may fund one or more strategies after engaging in a collaborative strategic planning process involving a diverse array of stakeholders at the local level. This may include an array of strategies that are outlined below. Please choose any/all that you feel are the best investment for our community.

The results below show the strategies that respondents felt were the best investments for Option B. As with Option A, a relatively high proportion of respondents felt that many of the strategies were good investments. Addressing the needs of criminal justice involved persons with opioid use disorders was seen by the highest proportion of respondents as the best investment, while in comparison relatively few selected promoting leadership, planning and coordination. The one respondent who selected "other" indicated that they were not sure what the best investment was.

Option B: Best Investments

Strategy	Percent
Address Needs of Criminal Justice Involved Persons with OUD	26.67
Treat Opiod Use Disorder	23.33
Prevent Overdoses and Other Harms	23.33
Support People in Treatment/Recovery	21.67
Prevent Over-Prescribing of Opioids	20
Address Needs of Pregnant/Parenting Women/Families	20
Support First Responders	18.33
Provide Relevant Training/Research	18.33
Prevent Misuse of Opioids	18.33
Provide Connections to Care	15
Promote Leadership/Planning/Coordination	13.33
Other	1.67

Question 11: Who has not been heard in our community concerning SUDs?

There were 21 respondents who answered this question. The most common response was those with SUDs and their families (8 respondents). There were also six respondents who indicated that they were not sure. Other responses included:

- Those with arrested development/ACEs
- Homeless person
- Chronically ill persons
- Persons involved in the justice system
- Seniors
- Students
- Teens/youth
- The disadvantaged

Question 12: How can we engage stakeholders not currently at the decision-making tables?

There were 22 respondents who answered this question. Four indicated that they were not sure. Ideas that were proposed included:

- Advertisement
- Community education (through schools or grassroots organizations).
- Medical offices (e.g., primary care providers, facilities providing treatment)
- Safe syringe programs
- Educate law enforcement/policymakers to treat as a disease, not a crime
- Events like the ROOTS summit
- Grassroots relationship building/inviting community members to get involved
- Emphasize preventative measures
- Target adolescents and young adults
- Post-overdose teams

Data from ROOTS Summit

During the ROOTS Summit, participants collaborated in two interactive workshops. The first workshop involved addressing who they were. What organizations do they represent? Where are their services located? What services do they provide? What other services exist but are not represented? The second workshop involved identifying their concerns, ideas, and values concerning addressing SUDs in Union County. They were also asked as part of this workshop to provide potential budgets needed to execute their ideas. Workshop participants worked together in assigned groups based on their seating arrangements at the Summit, meaning that each group had representatives from a diverse range of service providers and community members. For example, a table might include individuals working in local government, law enforcement, healthcare, the nonprofit sector, or other settings.

Existing Services and Resources in Union County

During the first workshop of the ROOTS Summit, participants identified existing services and resources to address SUDs in Union County. In the table below are the existing services and resources identified during this workshop. Please note that this is not meant to be a comprehensive list of all services and resources available in Union County; it represents only those identified by the participants during the workshop. However, this list should provide some insight into what currently exists in Union County to address SUDs and related concerns.

A key strength in the existing services and resources in our community appears to be education. Many of the participants at the ROOTS Summit noted that their organization provides educational resources and/or raises awareness about SUDs. There are also organizations that list among their services and resources treatment options, resources focused on harm reduction, and support for issues related to SUDs (such as access to food, housing, government services, etc.). However, that does not mean that these are sufficient resources nor that they are located in areas where all in need have access (as can be seen in the map below). In fact, some participants listed resources and services that are needed in the community. These included:

- Transportation
- Internet access (to get connected to resources to address SUDs)
- Audits for industries that provide Employee Assistance Programs for treatment referrals other programming related to SUDs
- Comprehensive treatment
- Harm reduction (e.g., Narcan and syringe programs)
- Trauma informed housing and employment opportunities
- More programs and counselors in schools
- Focus on young people

Many of these gaps in resources and services are also included in the concerns presented in the second workshop, where ROOTS participants were tasked with coming up with ideas to address concerns related to SUDs in Union county. Therefore, these particular gaps in services and resources may reflect some of the priorities that we need to address first.

Organization	Service/Resource

Alliance for Children	• Alliance for children • Atrium and The Arc Circle of Parents Nursing Parenting Program • Best Start - every high school and middle school - serve pregnant teens • SPCC Resource Center and Ed Stars
Atrium Health	• Community engagement (e.g., family empowerment, education) • Crisis treatment/intervention • Mental Health First Aid • Emergency Medical Services
Common Heart	• Economic empowerment and delivery based pantry • Food pantries at several local churches and high schools • Sign Post Economic Empowerment
Council on Aging in Union County	• Medicare counseling for seniors to enable insurance access to SUD • In-home aid services report concerns
Daymark Recovery Services	• Behavioral health, substance abuse - outpatient, comprehensive • Mental health - clinical assessments to create treatment, virtual rooms/MEU mobile engagement unit • Provides care management referrals to Facility Based Center within 72 hours of release from hospital
District Attorney	• DWI treatment court
Facility Based Center/Crisis Recovery Services	• Inpatient 5-7 day detox • Education - youth programs • Pharmacies - safe disposal of drugs
Fairview Council	• Raising awareness • Educating residents • Setting town policies (e.g., eliminating tobacco use in parks)
Geriatric Adult Specialist (GAST)	• Mobile geriatric adult specialist team • Classes in Monroe
Ground 40	• 6 month free recovery program

Latin Americans Working for Achievement	• Scholarships
MES Hispanic Ministry	• Refers uninsured (primarily Hispanic) to Daymark • Pastoral counseling after treatment • Celebrating recovery program (groups for women, men and youth 9th grade +) • Youth camp with speaker for drug use
Monroe Aquatic Center	• Bulletin boards • Speakers (meet needs, education, and prevention) • Policies (e.g., tobacco)
Monroe Police Department	• Officers all carry Narcan (in cars), trained to administer • In-community services can provide referrals
Partners Health Management	• Education • Resources and tools • Peer support • Care management • Prevention
Path of Hope	• Treatment - 3 halfway houses
Stallings Police Department	• Partner with organizations • Drug drop box • Investigating prevention • School supply drive for low income families
Union County Community Action	• Programming for low socioeconomic status self-sufficiency • Lower stress for families that apply & enroll • Partnerships based on family • Administrative Office • Headstart and Propel and financial literacy
Union County Community Shelter	• Narcan • Low barrier shelter • Food and rapid rehousing • Harm reduction
Union County Human Services	• Narcan distribution • Make referrals to resources • Education

	● Parenting support ● Resources and support ● Prevention
Union County Library	● Provide resources and connections ● Health hotline guide ● SafeKids groups ● Advertise drug drops ● After hours programs for youth ● Food bags Marshville
Union County Public Schools	● Suicide intervention protocol ● Policies around discipline
Union County Sheriff's Office	● Education ● Enforcement and training ● Safe school initiative (prevention and education) ● Drug diversion ● Collaboration with outside programs ● Life skill programs in all jails
United Way	● Funder/collaborator
Wingate University	● Service learning courses and students to provide programming (especially to community organizations that need people) ● On campus prevention programming for students (e.g., lyceums) ● Full-time counseling for students and staff (UNCC interns) ● Faculty and staff can submit referrals for coworkers and students ● Ongoing training for bias management (or similar) ● Educational resources ● Possible prevention or recovery
No organization listed	● Toolkits for Spanish/non-English translation ● Medication assisted treatment ● Narcan and suboxone

ROOTS Map of Services

In addition to listing the specific services and resources available in Union County, participants were also asked to consider where exactly these resources are located. Attached in an appendix to the report is a map showing the locations of ROOTS participants as well as additional organizations they identified. The map also includes local parks, local government resources, hospitals, and schools. This is not meant to be a complete list of service and resource providers; rather, it is simply a list of ROOTS attendees and the organizations and resources they thought of during the workshop as well as basic medical and government services. Additionally, some organizations or resources may change their location or serve an area outside of their specific physical location (e.g., AA meetings may be located in many - or few - varying locations; EMS serves the whole county). However, this map can serve as a baseline for understanding where an individual can - or cannot - access resources and services to address SUDs in Union County.

A key takeaway from the map is that services and resources are concentrated such that many are only available only in Monroe or other municipalities in Western Union County such as Indian Trail. In Eastern Union County, services are limited mostly to schools outside of those resources and services in Wingate and Marshville. Many resources lie further west, outside of Union County, with many resources actually being located in Charlotte, in adjacent Mecklenburg County. For those who are impacted by SUDs in Eastern Union County, their options for resources are extremely limited if they lack access to transportation.

Addressing SUDs in Union County: Ideas from ROOTS Summit

During the second workshop, ROOTS participants were asked to identify concerns related to addressing SUDs in Union County and then propose ideas corresponding to these concerns. As part of this workshop, they were also asked to list what their group valued most.

Methodology

The data from each table of ROOTS Summit participants who completed the second workshop was recorded into a spreadsheet by activity over a period of weeks to increase familiarity with responses and engagement with data. To increase validity, both coders identified key themes independently and then checked each other's responses. Differences in coding were discussed until resolved.

Key themes were developed first by reading the responses and identifying a preliminary list of themes based on the responses that appeared most common. Next, the list of responses were categorized based on keywords. For example "adequate resources", "access to resources" and "navigation of resources", "referrals to person-centered services" and "counseling, treatment and resource center" were all coded as Locating Resources and Treatment Options because they all mentioned locating resources including treatment. Some data was coded as belonging to multiple categories. For example, "juvenile drug court" was coded as a resource for children, teens and their families as well as an enhancement to the criminal justice system. Additionally, some codes may appear to overlap with each other. For example "harm reduction" and "access to overdose

reversal medication and needles," as the latter is a component of the former. In this case, more general responses (e.g., "reducing shame and judgment") fell into the broader code category.
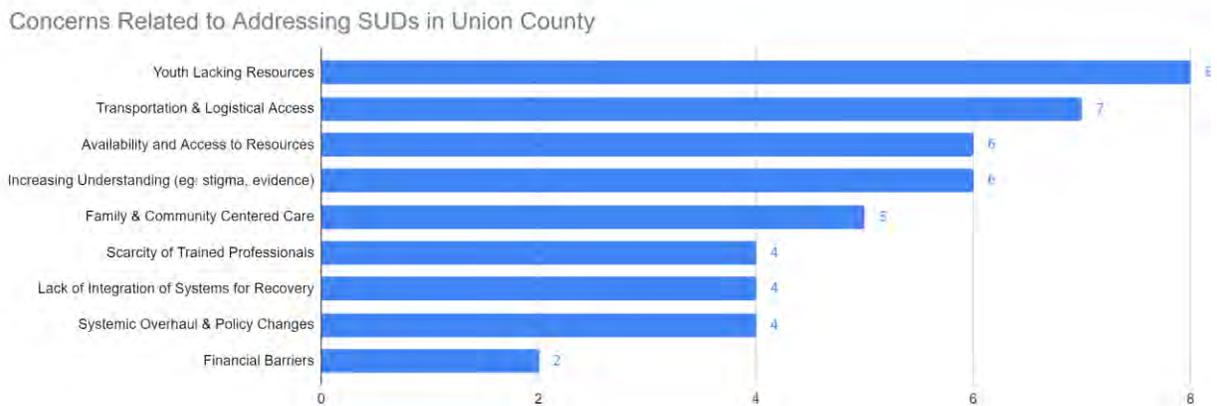
Values

Each group was asked to identify values related to addressing substance use in Union County. The responses were grouped together based on a similar concept. For example, "acceptance" and "care, fighting isolation" were both coded under increasing sense of social support & wellbeing. In general, there were a similar number of responses for all categories, with the most common code having six responses and the least common code having two responses. Values were listed by how often they were reported. Identified values include:

- Locating resources & treatment options
- Using evidence based & emerging practice areas
- Increasing sense of social support & well being
- Addressing the specific needs of children, adolescents, & families
- Working with marginalized communities
- Prevention of addiction
- Increasing education & information

Concerns

Community members at the summit also identified top concerns related to addressing SUDs in Union County, which were categorized as shown in the chart below.

Concerns Related to Addressing SUDs in Union County

Category	Value
Youth Lacking Resources	8
Transportation & Logistical Access	7
Availability and Access to Resources	6
Increasing Understanding (eg: stigma, evidence)	6
Family & Community Centered Care	5
Scarcity of Trained Professionals	4
Lack of Integration of Systems for Recovery	4
Systemic Overhaul & Policy Changes	4
Financial Barriers	2

Barriers to Access

Several of the themes identified could be classified as barriers to access. The most common concerns fell into the Transportation and Logistical Access category and included 9 responses that indicated concerns around the general access to currently available resources. Responses also indicated a lack of participation and use of available services which may be related barriers in access specifically related to transportation. A related category was General Accessibility and Access to Resources which included 6 responses. Among those concerns were the need for more resources specific to Union county and a need to help navigate resources. Financial Barriers were

also identified as a concern by 2 responses, with the healthcare needs of Indigenous people being specifically mentioned.

Youth & Family

There were significant concerns related to youth accessing resources and the need for family and community centered care. In total there were 8 responses that were coded as Youth Lacking Resources and 5 responses that were coded as Family and Community Centered Care. A number of responses indicated a lack of prevention measures for students and a lack of resources to recognize and address youth mental health and SUD concerns. Additionally, the impacts of intergenerational and racial trauma among Hispanic families and health disparities among Indigenous people were specifically mentioned.
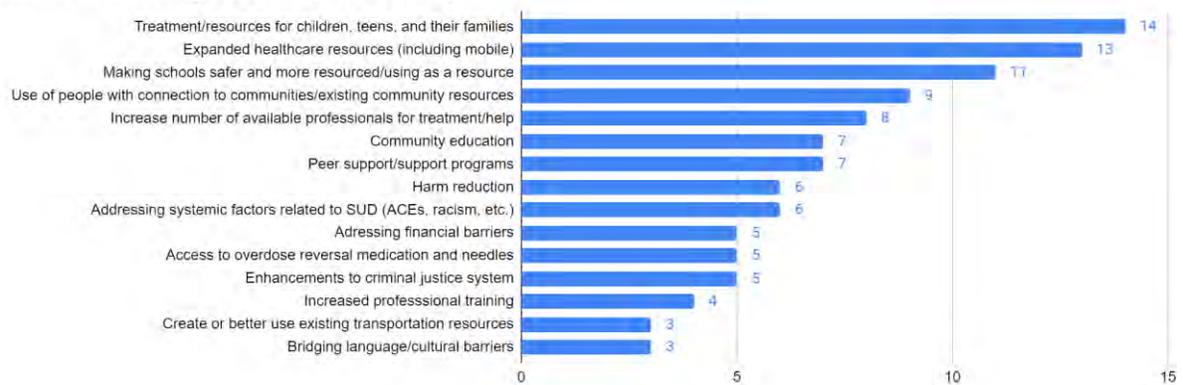
Comprehensive Overhaul

The remaining themes fit under the overarching domain of comprehensive overhaul. They included Increased Understanding, Systemic Overhaul & Policy Changes, Scarcity of Trained Professionals, and Lack of Integration of Systems of Recovery. Increased Understanding included reducing stigma and increasing the understanding of evidence based practices for substance use and included 6 responses. Systemic Overhaul & Policy Changes included concerns around sustainability, local-buy in, and willingness to allocate the appropriate resources to addressing substance use and included 4 responses. Scarcity of Trained Professionals included concerns both with a lack of professionals working with substance use, low pay for those professionals and lack of appropriate training related to substance use and included 4 responses. Finally, a Lack of Integration of Systems of Recovery included people needing to tell their story several times to receive services and a disconnect between types of services and lack of centralized locations and was mentioned by 4 responses.

Ideas

After identifying these concerns, participants were asked to propose ideas to address these (along with a budget). The ideas proposed fell into several categories shown in the chart below.

Ideas for Addressing SUDs in Union County

Category	Count
Treatment/resources for children, teens, and their families	14
Expanded healthcare resources (including mobile)	13
Making schools safer and more resourced/using as a resource	11
Use of people with connection to communities/existing community resources	9
Increase number of available professionals for treatment/help	8
Community education	7
Peer support/support programs	7
Harm reduction	6
Addressing systemic factors related to SUD (ACEs, racism, etc.)	6
Adressing financial barriers	5
Access to overdose reversal medication and needles	5
Enhancements to criminal justice system	5
Increased professsional training	4
Create or better use existing transportation resources	3
Bridging language/cultural barriers	3

Youth, Families, and Education

The most commonly proposed ideas were related to treatment and resources for children, teens, and their families, which included 14 proposals. For example, this category included ideas such as treatment programs for children and teens or and support (such as education) for parents. Ideas related to making schools safer and more resourced (or using schools as a resource) were also common proposals. Many of these proposed ideas were quite similar and some fell into both categories (e.g, if a group proposed education/training for teachers, parents, and other caregivers). Many of them focused on better training and resources for teachers and school counselors.

Healthcare Resources and Professionals

Another common set of proposals related to expanding healthcare resources, especially mobile resources. It was clear from the ideas proposed that there is a need for both a centralized location for treatment and mobile treatment options. Participants also emphasized that existing (or new) treatment options need to address recovery as well. Many participants also proposed ideas in closely related categories, such as increasing the number of professionals available for treatment and help. Several ideas specifically referenced providing incentives to attract more health professionals working in this area to Union County.

Community and Peer Support

Several proposed ideas involved community and peer resources and support, either identifying ways to use existing resources and supports better or creating new ones. There were 9 proposals involving use of people with connection to community resources. For example, this category included ideas such as working collaboratively with other organizations addressing SUDs (as well as local businesses) or completing a comprehensive community assessment. There were also several proposals that involved increasing community education (such as through marketing). A similar set of proposals involved support from peers in the community. For example, proposals in this category included ideas such as Al-Anon programs and recovery housing/communities.

Harm Reduction

Many of the proposed ideas fell under the broad category of harm reduction. Harm reduction is an approach to addressing SUDs that focuses both on preventing and treating as well as on addressing the negative impacts of SUDs. Several proposals in this category were focused on harm reduction in general, such as ideas focused on reducing stigma and shame or using evidence-based practices to address SUDs. There were also several proposals to increase the availability of overdose reversal medications (such as Narcan) or to create needle/syringe exchange programs.

Systemic Approach

There were many proposed ideas that indicated a need for a systemic approach to addressing SUDs in Union County. A total of 6 proposed ideas focused broadly on systemic factors in general. For example, ideas in this category included proposals such as addressing adverse childhood experiences (ACEs) or economic development. There were also several proposed ideas that focused on a specific systemic factor related to SUDs. These included proposed ideas meant to address financial barriers or cultural barriers.

Criminal Justice

There were 5 proposals that focused on enhancements to the criminal justice system. For example, proposed ideas such as drug treatment courts and re-entry programs were included in this category. One group specifically proposed a juvenile drug court was needed, which also fell under the category of ideas meant to support children, teens, and their families.

Transportation

There were 3 proposed ideas relating to creating new or better using existing transportation resources. Keep in mind that a relatively small number of proposals in this particular category (or other categories) does not mean that these ideas are unimportant. Proposals related to creating or better using existing transportation resources would in part address the need for mobile healthcare resources. Furthermore, some participants noted gaps in transportation resources during the previous workshop and the map shows that access to resources is nearly impossible without improved options for transportation. It is clear that there is a need for these resources and services in Union County.

Budget

After proposing these ideas, the groups were also asked to create a budget for implementation. However, they had only a relatively short period of time and limited resources (such as a basic Google search) available for making these estimates. It is important to note that the workshop was primarily meant to be a brain-storming exercise about where funds targeted at addressing SUDs could best be used rather than an attempt at actually proposing budget estimates. Due to the nature of the exercise, along with time and resource constraints, proposed budgets varied widely. For example, the proposed budgets for various ideas that would address treatment/resources for children, teens, and their families ranged from the tens of thousands to the millions. Furthermore, not all budgets took into account the sustainability of the proposed ideas. For example, a budget proposed may have allocated funds towards purchasing a single bus, rather than sustaining a public transportation program for years.

As a result, we have not reported specific budget estimates in this report. Instead, we recommend that policymakers and other stakeholders consider the key themes identified in addressing the gaps in services and resources that concern those working to address SUDs in Union County, give serious consideration to the ideas proposed to address these, and then formulate specific budget estimates to implement the proposals. Any budget proposal should consider not only the ideas that were proposed during this brainstorming session, but should also involve in-depth research into the costs and further collaboration with experts working with SUDs in Union County in order to formulate an accurate budget estimate. Furthermore, they should consider not just the funds needed for initial implementation of the proposed ideas, but the funds needed to sustain and maintain these programs over time. The key takeaway should be that it is clear that despite the variation in budget estimates, funds are needed to implement the services and resources needed to fully address SUDs in Union County.

Results Summary and Recommendations

The third ROOTS Summit brought together local community stakeholders from diverse contexts in order to provide insight into the resources and services needed to address SUDs in Union County. Summit participants were invited to complete a survey in advance to provide initial insights into this issue, ranging from identification of best practices already in place to recommendations concerning the use of funds associated with the recent opioid settlement. At the Summit, they participated in two workshops in which we also collected data on how to best address SUDs in Union County. In the first workshop participants identified what existing services and resources are available in the local community. In the second, they identified their concerns and values related to addressing SUDs then proposed ideas and corresponding budgets to address these concerns while reflecting their values.

It is important to note that because participants completed the survey in advance of the Summit, their responses would not reflect knowledge gained from collaborating with other stakeholders during the Summit. Furthermore, data collected in the Summit workshops may not reflect the full scope of knowledge regarding the best practices to address SUDs in Union County. The workshops were relatively short in length, participants had access to only limited information (such as their own memories or a quick online search), and not all experts working to address SUDs in our local community were able to attend. The results of this report, therefore, should be considered a foundation towards better understanding of how to best address the needs in Union County but not the only resource that stakeholders and policymakers should utilize in making their decisions regarding this issue area. This report focuses on identifying key themes from the survey and the workshops rather than on specific policy or budget recommendations.

The survey distributed in advance of the Summit identified several assets that Union County already has to address SUDs, but also several needs. For example, they identified several places where those needing care for SUDs could access these services, but then also noted that there are opportunities to provide for more affordable and accessible services. The list below identifies some of the most common responses to the survey regarding areas of opportunity in addressing SUDs in Union County:

- Under-served demographics:
    - Uninsured
    - Limited English
    - Teen
- Most important concerns:
    - Prescription opioids
    - Alcohol
    - Heroin/fentanyl
- Services needed:
    - Recovery support services
    - Pre-arrest diversion
    - Evidence-based addiction treatment
- Peer-support specialist services needed:
    - Upon release from incarceration
    - Health department overdose prevention/linkage to care programs
    - Post-overdose response team/EMS-based post-overdose response team

- ○ In emergency department (tied as third most common concern)
- Barriers:
  - ○ Lack of funding or financial support
  - ○ Limited resources
  - ○ Education/knowledge

Additionally, the survey provided some insight into what participants thought that potential funding from the opioid settlement might best be used for. There were two options presented to respondents, and they were asked how the funds would best be spent under each option. Some of the most common recommendations for each option are listed below:

Option A (local governments funding evidence-based, high impact strategies):

- Evidence-based addiction treatment
- Recovery support services
- Employment related services

Option B (local government funding after collaborative strategic planning process):

- Address needs of criminal justice involved persons with SUDs
- Treat opioid use disorder
- Prevent overdoses and other harms

This summary of the survey results does not include the full list of questions included in the survey. For the complete results, along with all questions asked, refer to the prior section of the report regarding the survey.

During the first workshop of the ROOTS Summit, participants were first asked to identify and map existing services and resources. A key strength in the existing services and resources in our community appears to be education. However, many respondents noted that there are needs for several resources and services in our local community. In particular, they noted that there are needs for transportation, comprehensive treatment, and programs that focus on schools or young people. The need for transportation becomes especially clear when observing the map. Nearly all of the resources are concentrated in Monroe and Western Union county, with limited access to resources in Eastern Union County. Some resources lie in neighboring Mecklenburg County, where Charlotte is located, or further away.

A complete list of services and resources identified by organizations represented at the workshop as well as a map of resources they identified are provided in an earlier section of this report. However, keep in mind that this is not meant to be a comprehensive list of available services and resources in Union County. This list represents only those identified by workshop participants, meaning that it excludes those provided by other organizations who were not identified by participants as well as services and resources participants may not have considered during the workshop. For example, the map includes all hospitals, schools, parks, and local government facilities, many of which were not directly identified by participants.

During the second workshop of the ROOTS Summit, participants were first asked to identify their concerns and values concerning how to address SUDs in Union County.

The core values represented included:

- Locating resources & treatment options
- Using evidence based & emerging practice areas
- Increasing sense of social support & well being
- Addressing the specific needs of children, adolescents, & families
- Working with marginalized communities
- Prevention of addiction
- Increasing education & information

Most common concerns included:

- Youth lacking resources
- Transportation and logistical access
- Availability of and access to resources

These areas of opportunity concerning how to best SUDs reflect some of the same ones identified in the survey, in particular barriers in accessing resources, whether those be based on one's location, financial situation, or demographic. Participants were then asked to propose ideas to address these concerns.
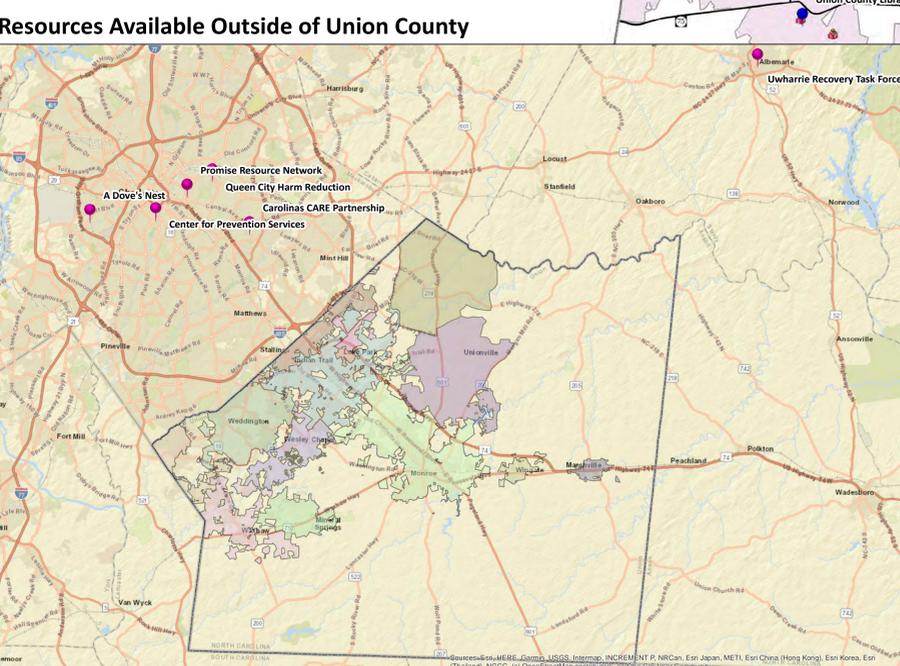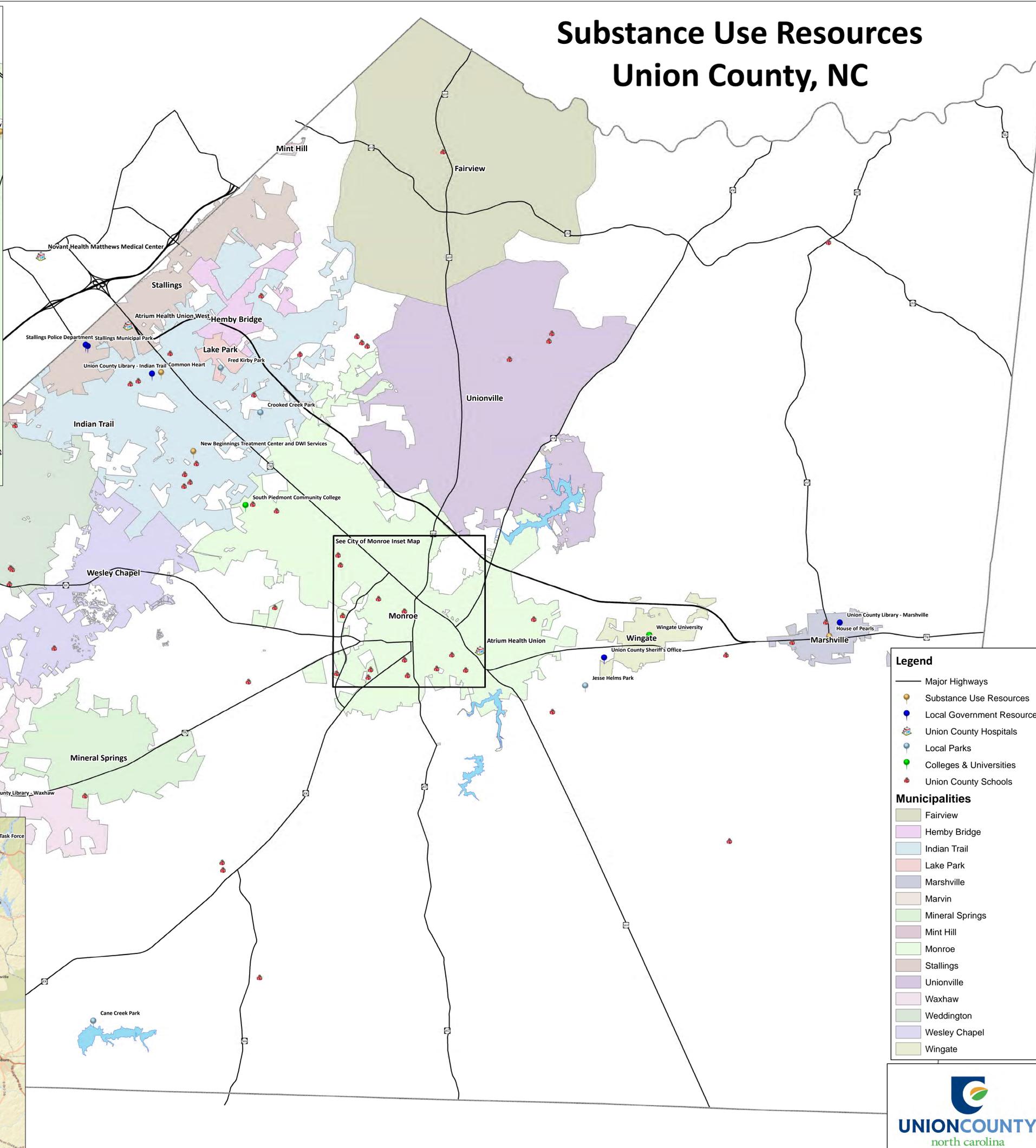
The most common ideas proposed included:

- Treatment and resources for children, teens, and their families
- Expanded healthcare resources (including mobile)
- Making schools safer and using them as a resources

Although participants were also asked to propose budgets for these ideas, these estimates were highly varied and more so represented quick estimates rather than carefully formulated budget proposals due to the nature of the workshop. Therefore, it is recommended that policymakers or other stakeholders considering the ideas proposed by ROOTS Summit participants keep in mind that they will need to formulate their own estimates, which also account not only for implementation of the proposed idea but also for sustainability and maintenance. Budget estimates from the workshop ranged from the tens of thousands to millions of dollars annually.

Finally, keep in mind that the data collected from the workshop in this section provides only a summary. A complete list of concerns and proposed ideas is included earlier in the report. Furthermore, there were several themes that may not have been commonly identified during one specific part of a workshop, but recurred throughout review of the survey and workshop data. For example, recovery was not as highly prioritized as treatment in the survey, but a need to support recovery was obvious from review of the workshop data, perhaps because respondents focused on existing rather than needed resources during the survey, or this issue did not occur to them as a priority until in collaboration with others. Additionally, concerns and ideas related to diverting individuals from the criminal justice system were identified multiple times. However, this was often in conjunction with other concerns or ideas identified (such as programs to help youth), making it appear as though this area was not priority.

Substance Use Resources
Union County, NC

Union County (inset map)

- Alliance for Children
- Union County Human Services Agency
- Monroe Aquatics Center
- McLeod Addictive Disease Center
- Bridge to Recovery
- Thirst Quenchers Addiction Ministry
- Union County Transportation
- Council on Aging
- Union County Community Action/Head Start
- Daymark Recovery Services
- Dickerson Park
- Community Shelter of Union County
- Ground 40
- Belk-Towanda Park
- Turning Point
- Union County District Attorney
- Low Bottom Group (AA)
- United Way of Central Carolinas (Union County)
- Monroe Police Department
- Union County Library - Monroe
- Daymark Crisis Recovery Services

Monroe

Main map labels

- Mint Hill
- Fairview
- Novant Health Matthews Medical Center
- Stallings
- Atrium Health Union West
- Hemby Bridge
- Stallings Police Department
- Stallings Municipal Park
- Lake Park
- Fred Kirby Park
- Union County Library - Indian Trail
- Common Heart
- Indian Trail
- Crooked Creek Park
- Unionville
- New Beginnings Treatment Center and DWI Services
- South Piedmont Community College
- See City of Monroe Inset Map
- Weddington
- Marvin
- Wesley Chapel
- Monroe
- Union County Library - Marshville
- House of Pearls
- Wingate University
- Wingate
- Marshville
- Atrium Health Union
- Union County Sheriff's Office
- Jesse Helms Park
- Mineral Springs
- Waxhaw
- Union County Library - Waxhaw
- Cane Creek Park

Resources Available Outside of Union County (inset map)

- Uwharrie Recovery Task Force
- Promise Resource Network
- Queen City Harm Reduction
- A Dove's Nest
- Carolinas CARE Partnership
- Center for Prevention Services

Legend

- Major Highways
- Substance Use Resources
- Local Government Resources
- Union County Hospitals
- Local Parks
- Colleges & Universities
- Union County Schools

Municipalities
- Fairview
- Hemby Bridge
- Indian Trail
- Lake Park
- Marshville
- Marvin
- Mineral Springs
- Mint Hill
- Monroe
- Stallings
- Unionville
- Waxhaw
- Weddington
- Wesley Chapel
- Wingate

UNION COUNTY
north carolina