CAST ASSESSMENT: SUBSTANCE USE CONTINUUM OF CARE FOR THE EASTERN NORTH CAROLINA NINE-COUNTY REGION

JONES COUNTY

This county level sub-report presents county level data utilized in the assessment of the capacity of the organizations in Eastern North Caolina nine county region that work to respond to the needs of the substance-using population in the county. The nine counties represented in the Eastern North Carolina nine-county region include Carteret, Craven, Duplin, Greene, Jones, Lenoir, Onslow, Pamlico, and Wayne. This sub-report covers Jones County. Data was received data from 106 different organizations across the nine-county region, and 25 of those organizations serve multiple counties within the region.

The needs assessment utilized the Calculating an Adequate System Tool (CAST) assessment methodology, which produces capacity estimates of existing services to identify areas of need within a local care system. The goal of CAST is for community decision-makers to be able to look comparatively across their substance misuse continuum of care to understand areas of greatest need. For this assessment, estimates of capacity were created for 49 interventions across the continuum of care (prevention, harm reduction, treatment, recovery and supports, and opioid supply limits). This report was completed by JG Research & Evaluation (JGRE) in coordination with the Recovery Alliance Initiative (RAI), with the goal of informing the strategy for how the region will distribute opioid settlement funding.

For this project, CAST was used to:

- Assess the presence of chronic social and community conditions that contribute to an increased risk of hospitalization for substance use
- Identify potential gaps and potential redundancies in the substance use disorder care system
- Generate estimates of program saturation or need that can help to inform community or organizational planning efforts

CAST is designed to assist with short and long-term planning for improving the behavioral health of communities. Program saturation, estimated with CAST algorithms, should be interpreted as a guide for decision-making, not a rigid boundary for program activity levels. CAST is predicated on the assumption that resources are finite, requiring decisions to be made about how financial and human capital are allocated within a given community. It is important to note that CAST estimates are based upon data that was provided by community organizations and not all organizations that answered the survey provided program activity information. When it was clear that an organization provided a given service and the research team was unable to collect specific capacity data, an estimated capacity total was applied to create overall intervention capacity totals.

METHODS

Prevalence Estimates: Prevalence estimates were generated for each county by applying the state-level percentages from model-based statewide NSDUH 2021-2022 to the county level population.

Social Determinants of Health and Associated Risk: Eight social determinants that have demonstrated a relationship with an increased likelihood for emergency department utilization due to substance use at the community-level were applied to each county. These individual county risk scores comprise the regional estimates presented in the main body of this report; methodology was the same as noted previously.

Capacity Estimates: County level estimates were generated for each intervention in the substance use continuum of care. The level of implementation varies by the type of intervention. Interventions in **blue** are recommended at the county level and **green** are recommended at the regional level, and **purple** are at the state level. The criteria for determining regional versus county levels included cost of service provision and/or implementation, frequency of client engagement, and geography requirements of the intervention.

Table 1. Jones County prevalence estimates

NSDUH-based prevalence estimates (age 18 - 65) for North Carolina applied to the population (age 18 – 65 n = 5,201)		
Outcome	***North Carolina Prevalence Estimates 2022***	***Jones Estimated Population***
Past Month Illicit Drug Use*	13.22%	688
Past Month Illicit Drug Use Other than Marijuana	3.01%	157
Past year Heroin Use	0.33%	17
Past Year Methamphetamine Use	0.70%	36
Past Year Misuse of Pain Relievers	3.25%	169
Substance Use Disorder in the Past Year	16.06%	835
Alcohol Use Disorder in the Past Year	10.32%	537
Drug Use Disorder in Past Year	8.21%	427
NSDUH-based prevalence estimates (age 12-17) for North Carolina applied to youth population (age 0-17, n = 1,870)		
Outcome	***North Carolina Prevalence Estimates 2022***	***Jones Estimated Population***
Past Month Illicit Drug Use	6.26%	117
Past Month Illicit Drug Use Other than Marijuana	1.61%	30
Past Year Methamphetamine Use	0.11%	2
Past Year Misuse of Pain Relievers	1.97%	37
Substance Use Disorder in the Past Year	7.58%	142
Alcohol Use Disorder in the Past Year	2.46%	46
Drug Use Disorder in the Past Year	6.16%	115
NSDUH-based estimates of past year substance use disorder treatment for North Carolina (n = 9,401)		
Outcome	***North Carolina Prevalence Estimates 2022***	***Jones Estimated Population***
Received Substance Use Disorder Treatment in Past Year	4.02%	378
Needing Substance Use Disorder Treatment in Past Year	16.77%	1577

Table 2. Social determinants of behavioral health applied to Jones County

Community Characteristic	Measure	Jones County Risk Score
Percent of adult population that is male	0.484	0
Percent of adult population that is non-white	0.319	0
Percent of county that is rural	1	3
High school dropout rate	0.166	0
Percent of households with income below $35,000	0.452	3
Percent of population with a college degree	0.243	5
Percent of population that is widowed or divorced	0.09	0
Percent of the population that is uninsured	0.009	0
Association rate per 100,000 people	101.536	3
Region designated as a high incidence drug trafficking area	0	0
Percent of the population that is aged 17 or below	0.181	0

Table 3. Jones County capacity and estimated need

Recovery Residences	Unit	Jones Capacity	Jones Estimate	Jones % Met	Regional Capacity	Regional Estimated Need	Regional % of Need Met
Level I Recovery Residences	Beds	0	2	0%	144	225	64%
Level II Recovery Residences	Beds	0	2	0%	0	160	0%
Level III Recovery Residences	Beds	0	1	0%	92	126	73%
Uncertified Recovery Residences	Beds	0	2	0%	186	225	83%
Prevention	**Unit**	**Jones Capacity**	**Jones Estimate**	**Jones % Met**	**Regional Capacity**	**Regional Estimated Need**	**Regional % of Need Met**
School-based Classroom Prevention	Programs	0	2	0%	39	81	48%
School-based Assembly prevention	Programs	0	0	-	1	17	6%
Community-based Prevention Programs	Programs	0	0	-	31	44	70%
Community coalitions	Coalitions	1	0	-	27	18	150%
Certified prevention specialist	Providers	0	0	-	19	23	83%

Harm Reduction	Unit	Jones Capacity	Jones Estimate	Jones % Met	Regional Capacity	Regional Estimated Need	Regional % of Need Met
Syringe Services Programs	Programs	0	0	-	1	4	25%
Opioid Overdose Response Team	Teams	0	0	-	2	5	38%
Prescription Drug Disposal Locations	Locations	2	0	-	36	41	88%
Medication Take Back Events	Events	1	0	-	18	27	67%
Fentanyl/xylazine test strips	Kits	400	26	1538%	2519	2609	97%
Naloxone Units	Kits	75	43	174%	2724	4279	64%
Education on safer drug use/Overdose safety planning	Providers	3	0	-	34	36	94%
Medication Disposal Kits	Kits	0	140	0%	118	14018	1%
Medication Lockboxes	Kits	0	140	0%	61	14018	0.4%
Diversion & Deflection	**Unit**	**Jones Capacity**	**Jones Estimate**	**Jones % Met**	**Regional Capacity**	**Regional Estimated Need**	**Regional % of Need Met**
Medicated Assisted Treatment (MAT) in Jails and Prisons	Programs	0	0	-	4	4	100%
Reentry council	Councils	1	0	-	12	12	100%
Adult Specialty Courts	Courts	0	0	-	4	16	25%
Youth Specialty Courts	Courts	0	0	-	3	3	100%
Jail navigators	Providers	0	0	-	3	9	33%
Peer support in jails	Providers	2	0	-	12	26	46%
Treatment	**Unit**	**Jones Capacity**	**Jones Estimate**	**Jones % Met**	**Regional Capacity**	**Regional Estimated Need**	**Regional % of Need Met**
Detox - Ambulatory	Programs	0	0	-	3	5	60%
Detox - Free Standing	Programs	0	0	-	4	5	80%
Detox - Hospital Inpatient	Programs	0	0	-	2	3	67%
Regular Outpatient	Facilities	0	0	-	21	23	91%
Intensive Outpatient	Facilities	0	0	-	5	8	60%
Outpatient Day Treatment or Partial Hospitalization	Beds	0	0	0%	1	4	22%

Short-term Residential (Non-hospital, 30 days or less)	Beds	0	0	0%	3	4	75%
Long-term Residential (Non-hospital, 30 days or more)	Beds	0	0	0%	2	3	67%
Hospital Inpatient Treatment	Locations	0	0	0%	1	2	50%
Substance Abuse Counselor	Providers	2	5	40%	453	471	96%
Behavior Analyst	Providers	1	2	50%	99	184	54%
Independent clinical supervisor	Providers	1	1	100%	75	81	93%
FDA approved MOUD	Providers	0	1	0%	19	47	40%
Group counseling	Groups	0	2	0%	85	167	51%
Recovery Supports	**Unit**	**Jones Capacity**	**Jones Estimate**	**Jones % Met**	**Regional Capacity**	**Regional Estimated Need**	**Regional % of Need Met**
Transportation	Programs	2	0	-	9	16	56%
Rental subsidy	Programs	0	0	-	0	9	0%
Rental Deposit Assistance	Programs	0	0	-	0	9	0%
Job training	Programs	2	0	-	17	24	71%
Peer Support Groups/mutual aid groups	Groups	4	3	133%	225	245	92%
Recovery drop-in centers	Locations	0	0	-	3	4	75%
Religious Advisors with specialization in SUD/MH	Providers	2	0	-	12	23	52%
Certified Peer Support Specialists	Providers	8	7	114%	359	467	77%
Opioid supply limits	**Unit**	**Jones Capacity**	**Jones Estimate**	**Jones % Met**	**Regional Capacity**	**Regional Estimated Need**	**Regional % of Need Met**
Interagency task force	Providers	0	0	-	0	6	0%
Prescription drug use monitoring program	Programs	1	1	100%	9	9	100%
Community paramedicine	Providers	0	0	-	14	16	88%