

EASTERN CAROLINA COUNCIL
EC-COSR Hub Model and Funding Detail

Three-Hub Structure | \$1,599,931 Over 36 Months | No Match Required

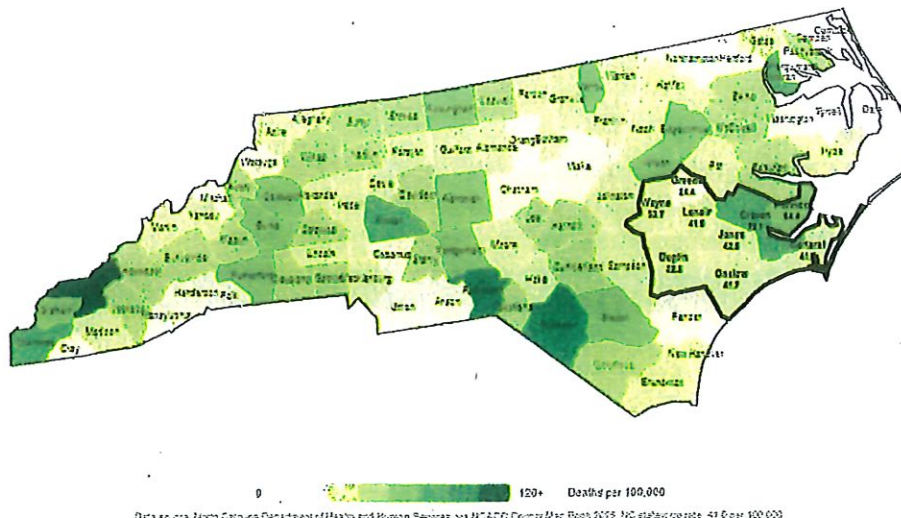
How the Hub-and-Spoke Model Works

EC-COSR organizes the nine-county region into three hubs, each serving a cluster of three counties. This is the same service delivery model ECC already uses for its Area Agency on Aging programs, where a central coordinator connects county-level providers to shared resources, training, and referral pathways. The model has three tiers:

Tier	Role
Tier 1: ECC	Regional Coordinator (full-time, housed at ECC in New Bern). Manages cross-county referral protocols, maintains the regional resource directory, coordinates quarterly convenings, collects performance data for BJA reporting, and serves as the single point of coordination across all nine counties. This position is the backbone of the project.
Tier 2: Hubs	Three county-cluster hubs, each with dedicated funding for transportation, housing, and care coordination. Each hub anchors local service delivery for its three counties. Hub staff connect individuals to treatment and recovery services, manage referrals, and coordinate with courts, probation, and corrections for reentry planning. Smaller counties within each hub rely more heavily on the hub anchor and the Regional Coordinator for support.
Tier 3: Partners	Treatment providers, recovery housing operators, law enforcement, courts, and community corrections. Connected through MOUs and referral agreements developed during four months of cross-county planning. The CAST assessment engaged 106 organizations across the region. These partners deliver direct services; the hubs and Regional Coordinator ensure those services are connected across county lines.

Overdose Deaths per 100,000 Residents, 2023

North Carolina counties. Thick black outline = ECC nine-county service area.



2023 overdose death rates by county. Black outline = ECC service area. Source: NC DHHS.

Hub Profiles

Hub 1: Onslow, Jones, Pamlico Counties	Anchor: Onslow / Jacksonville area
Combined Population	240,588

2023 Overdose Deaths	101 deaths Onslow: 89 (41.7/100K) Jones: 4 (42.5/100K) Pamlico: 8 (64.4/100K)
Key Characteristics	Largest county (Onslow, 218K) paired with two of the smallest and most resource-limited (Jones: 9,267; Pamlico: 12,889). Camp Lejeune military community. Jones County has zero SUD treatment providers. Pamlico has zero harm reduction capacity.
Annual Hub Funding	\$87,000/year (\$40K transportation + \$12K housing + \$35K care coordination)

Hub 2: Craven, Carteret, Greene Counties Anchor: Craven / New Bern area (ECC HQ)

Combined Population	194,794
2023 Overdose Deaths	115 deaths Craven: 81 (79.1/100K, rank 94) Carteret: 29 (41.7/100K) Greene: 5 (24.4/100K)
Key Characteristics	Craven has the highest overdose death rate in the region (79.1/100K, nearly double the state rate). ECC headquarters is in New Bern. Greene is 100% rural with 29.7% child poverty. Carteret is coastal with high housing costs that affect both residents and workforce recruitment.
Annual Hub Funding	\$87,000/year (\$40K transportation + \$12K housing + \$35K care coordination)

Hub 3: Wayne, Lenoir, Duplin Counties Anchor: Wayne / Goldsboro-Kinston area

Combined Population	223,632
2023 Overdose Deaths	79 deaths Wayne: 40 (33.7/100K) Lenoir: 23 (41.9/100K) Duplin: 16 (32.3/100K)
Key Characteristics	Interior cluster. Wayne is a designated High Incidence Drug Trafficking Area (HIDTA) with a violent crime rate of 407/100K. Lenoir has 45.9% traditional Medicaid enrollment (rank 92 of 100 statewide) and 32% child poverty. Duplin is agricultural and rural with the highest ED overdose visit rate in the region (147.4/100K).
Annual Hub Funding	\$87,000/year (\$40K transportation + \$12K housing + \$35K care coordination)

Annual Funding Flow

Each hub receives the same annual allocation. Hub assignments are equal regardless of population because the smaller counties within each hub require proportionally more coordination effort and the funding covers fixed service infrastructure, not per-capita distribution.

Service	Per Hub/Year	All 3 Hubs/Year	36-Month Total	NOFO Activity
Transportation vouchers	\$40,000	\$120,000	\$360,000	Treatment access; reentry support
Recovery housing bed subsidies	\$12,000	\$36,000	\$108,000	Recovery housing (under 30% cap)
Care coordination / case mgmt	\$35,000	\$105,000	\$315,000	Treatment access; reentry; referrals
Total per hub	\$87,000	\$261,000	\$783,000	

The remaining \$816,931 supports the project infrastructure that makes the hub model work:

Regional Infrastructure	36-Month Total	Annual Avg.
Regional Coordinator (FT at ECC), fringe, ECC leadership time, equipment, rent, supplies	\$425,744	\$141,915
RAI coordination and convening (\$35K/yr)	\$105,000	\$35,000
Rulo Strategies implementation and evaluation support	\$70,000	\$23,333
Travel (Regional Coordinator across 5,710 sq mi)	\$7,500	\$2,500
Indirect costs (15% of modified total direct costs)	\$208,687	\$69,562
Regional infrastructure subtotal	\$816,931	\$272,310

What Each Hub Delivers

\$40,000/year in transportation funds nonredeemable, nontransferable vouchers for individuals traveling to treatment, MOUD appointments, recovery support, court-ordered services, and reentry appointments. The CAST assessment found five of nine counties have zero transportation programs for people in recovery. Public transit in the region often requires 24 hours advance notice, which fails to meet the urgent needs of individuals in crisis or early recovery. Written eligibility, tracking, and audit policies are required by the NOFO.

\$12,000/year in recovery housing subsidizes beds in certified recovery residences for individuals in early recovery who lack stable housing. The CAST assessment found Level 2 recovery residences are entirely absent in the region (0% of need met) and four counties have zero beds of any type. Housing costs represent 6.8% of the total project budget, well within the NOFO's 30% cap. Stakeholders identified housing as the single most urgent gap in the recovery continuum.

\$35,000/year in care coordination funds hub-based coordinators who connect individuals with treatment and recovery services, manage referrals across county lines, conduct follow-up to ensure continuity of care, and coordinate with courts, probation/parole, and corrections for reentry planning. The CAST assessment found that inadequate discharge planning and gaps between service points are major barriers, with individuals sometimes leaving detox without enough medication to carry them to their next appointment.

Bottom Line

49% of the total budget (\$783,000) flows directly to the three hubs for transportation, housing, and care coordination. The other 51% (\$816,931) funds the regional coordination infrastructure that connects the hubs to each other and to the 106 partner organizations across the region. Every dollar supports one of two things: direct services to individuals with substance use disorder, or the coordination system that makes those services accessible across county lines.

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