

Need Statement – SAMPLE

For the proposed **XXX** project, ORGANIZATION will serve residents of Avery County. The project will be conducted at Avery County Jail, which has inmates from Avery County and surrounding communities, but the project itself will only include inmates who are residents of Avery County. Avery County has a total area of 247 square miles and is one of the most mountainous counties in North Carolina. Although the local mountains attract a large number of recreational tourists, artists, and others who support the local economy, this does not translate to economic prosperity for local residents. Lack of development and industry, combined with rural isolation, poverty and poor educational attainment are all tremendous challenges faced by the community. Like many communities, Avery County has unique assets and liabilities. According to the U.S. Census Bureau, Avery County's estimated population is 17,500. The median household income is just over \$37,000, which is much lower the median household income for the whole state - \$50,320. Nearly 15 percent of Avery County residents are living below poverty, 5.5 percent are unemployed, and 16 percent lack health insurance. Additionally, many residents in Avery County are underemployed and jobs are limited. Many jobs in this county lack the opportunity for promotion or skills development and generally do not offer insurance or other benefits.

The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each county a Tier designation. Tier 1 is the most distressed and Tier 3 is the least distressed. This Tier system is incorporated into various state programs to encourage economic activity in the less prosperous areas of the state. County Tiers are calculated using four factors: average unemployment rate, median household income, percentage growth in population, and adjusted property tax base per capita. Avery County is rated Tier 2, which means it is the second most economically distressed tier in the state.

In North Carolina, according to the State Center for Health Statistics Vital Registry System, deaths due to medication/drug overdoses have steadily increased over the past twenty years. In 2016, an average of five people per day died from a drug overdose in North Carolina. That number has increased 410 percent from 363 in 1999 to 1,851 in 2016. The epidemic of medication/drug overdose is mostly driven by opiates, specifically prescription opioids (hydrocodone, oxycodone, morphine, etc.). More recently, other synthetic narcotics such as heroin and fentanyl are resulting in increased deaths. Between 2012 and 2016, Avery County's rate of unintentional overdose deaths was 18.1 per 100,000 persons, which was higher than the region (16.0) and the state (12.2). In Avery County, between 2008 and 2017, 54 emergency department visits and 40 hospitalizations, and a total of 21 deaths were attributed to opioid overdose. The rural, mountainous terrain of Avery County and the large geographical area only add fuel to the fire. Travel accessibility, time, and cost are major barriers to care as well as stigma and access to care—assuming such care is even available. Thus, it is difficult to get to some areas of the county, which makes it challenging for people to travel for treatment services and for the agencies providing services to reach everywhere throughout the county.

Among justice-involved persons, opioid use is even greater. Jails admit more than 10 million people per year and the vast majority are released back into the community after spending a little more than 2 weeks in the facility¹. It is estimated that two-thirds of jail inmates met the DSM-IV criteria for drug dependence or abuse². As well, adults who were formally diagnosed

¹ Zheng, Z. (2018). Jail inmates in 2016. (NCJ 251210). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

² Bronson, J., Stroop, J., Zimmer, S., & Berzofsky, M. (2017). Drug use, dependence, and abuse among state prisoners and jail inmates, 2007–2009. (NCJ 250546). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

with a substance use disorder were significantly more likely to return to jail over a four-year period compared to adults with no diagnosis. This group of adults was also found to return to jail in a shorter period of time compared to those who did not meet similar substance use disorder criteria, putting them at greater risk for being cycles through the criminal justice system more frequently.

According to the North Carolina Department of Public Safety, between 22,000 and 27,000 individuals are released from prison each year in North Carolina. A recent study in North Carolina found that, in the first two weeks after being released from prison, former inmates were 40 times more likely to die from an opioid overdose than someone in the general population. Opioid overdose mortality rates were highest during the first two weeks after release, and among former inmates who were 26-50 years of age, men, white and had three or more prior prison terms. Individuals exiting incarceration are particularly vulnerable to the opioid epidemic for three key reasons: 1) two-thirds of them already have a substance use disorder; 2) formerly incarcerated individuals undergo forced withdrawal during incarceration, and therefore have very low tolerance when released from prison, and 3) there are few support systems in place for most inmates upon release³.

Providing substance abuse treatment services while an individual is incarcerated is a highly probable time and location that an intervention can be effective and successful. The individual isn't going anywhere and based on their circumstances, they may be in a place where they are ready to make a change and improve their life—motivation to change is likely to be higher during this time of transition and the absence of drugs may provide a point of mental clarity which would facilitate treatment engagement and compliance. Additionally, because many drug-using individuals will connect with the justice system at one time or another, providing services in the jail setting is a way to reach them where they are instead of requiring them to travel long distances to receive treatment.

³ Ranapurwala, Shabbar & Shanahan, Meghan & Alexandridis, Apostolos & Proescholdbell, Scott & Naumann, Rebecca & Edwards, Daniel & Marshall, Stephen. (2018). Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015. *American journal of public health*. 108. e1-e7. 10.2105/AJPH.2018.304514.