



Opioid Coalition of Richmond County: Plan of Action

I. Justification and Background

Richmond County is experiencing an escalating opioid crisis, marked by some of the most severe impacts in North Carolina. Key indicators highlight the urgency of a coordinated local response:

- **Overdose Fatalities:** In 2023, Richmond County's overdose death rate reached 92.8 per 100,000 (approximately 39 deaths), a **7% increase** from 2022 [embed.clearimpact.com](#). Of these fatalities, 33 were opioid-related (rate 84.6 per 100,000), reflecting an **8% rise** from the previous year [embed.clearimpact.com](#). These rates are roughly **double** the overall state overdose death rate and underscore the outsized burden on our community.
- **Fentanyl-Related Deaths:** Powerful synthetic opioids are driving the surge. From November 2023 to October 2024, Richmond County recorded 25 fentanyl-positive overdose deaths – the **highest rate in North Carolina** at 58.4 per 100,000 residents [dph.ncdhhs.gov](#). This grim statistic leads all 100 counties in the state, indicating that Richmond County (and particularly the East Rockingham area) is at the **epicenter** of North Carolina's fentanyl crisis.
- **Emergency Department Visits:** Non-fatal overdoses straining emergency services further illustrate the crisis. In 2021, Richmond County had 182 overdose-related ED visits, equating to **406 per 100,000 residents** – nearly **three times** the state average for overdose ED visits that year [wral.com](#). This was the highest rate in our region. While recent data suggest some improvement – the 2023 opioid overdose ED visit rate was extremely high (over 529 per 100,000) but appears to have declined in 2024 with expanded naloxone availability [embed.clearimpact.com](#) – Richmond County **still leads the region** in per-capita overdose emergencies. In short, our community remains in acute distress even as interventions begin to show effect.
- **Gaps in Services:** Despite the magnitude of the problem, Richmond County has **limited addiction treatment and recovery infrastructure**. Recent closures of short-term shelters and a lack of transitional housing options have left critical service gaps for those seeking help. Community-based organizations like Place of Grace (Richmond County Rescue Mission) have attempted to fill the void by



providing emergency shelter and recovery support. However, these grassroots efforts are overburdened and under-resourced. As a result, many individuals in crisis – especially in East Rockingham – have “nowhere else to go” and often end up at the Rescue Mission’s doors yourdailyjournal.comyourdailyjournal.com.

- **Funding Disparities:** Richmond County has received **millions in opioid settlement funds** over the past several years, intended to abate the crisis. However, **little to none of these resources have been directed to East Rockingham**, the community hardest hit. Instead, recent allocations were awarded to other entities – for example, in 2024 the county approved grants to Richmond Community College (\$75,000 for an addiction education program), Richmond County Schools (\$56,000 for a student mental health initiative), Samaritan Colony’s residential program (\$18,000), and a private addiction treatment clinic (\$10,000) yourdailyjournal.com. **No funding was allocated for expanding shelter or recovery housing** in East Rockingham’s “ground zero” neighborhood. Local advocates from the Place of Grace have raised concerns that the very area with overdose rates **nearly 300% higher than the state average** is being overlooked by officials yourdailyjournal.comyourdailyjournal.com. To date, the influx of opioid funding has not stemmed the tide of overdoses in East Rockingham – if anything, the crisis there has worsened. **These statistics speak for themselves:** a new, community-driven approach is clearly needed.

Given this context, it is evident that Richmond County faces a public health emergency due to opioids. Notably, multiple other jurisdictions have used emergency declarations to combat similar crises. **States** such as Maryland, Arizona, Alaska, Florida, Massachusetts, and Virginia declared opioid-related states of emergency in 2017–2018 networkforphl.orgnaco.org, enabling them to **unlock emergency funding and cut red tape** to fast-track services (e.g. Arizona tapped an emergency fund for law enforcement training on overdoses naco.org). **Local governments** have followed suit – for instance, Erie County in New York and several hard-hit counties in Ohio and Kentucky declared local opioid emergencies to mobilize task forces and open 24-hour hotlines naco.org. These examples underscore that treating the opioid epidemic *like the emergency it is* can empower communities with additional tools and flexibility.

In summary, Richmond County – and East Rockingham in particular – faces an opioid overdose crisis of unprecedented severity dph.ncdhhs.govembed.clearimpact.com. Yet our current patchwork of services and funding allocations has not matched the scale or the



locus of the problem. This urgent situation demands a unified coalition to coordinate action, secure resources, and implement proven strategies to save lives.

II. Purpose of the Opioid Coalition

The Opioid Coalition of Richmond County is a proposed alliance of local stakeholders – including healthcare providers, emergency responders, social services, faith-based groups, nonprofits, public officials, and concerned citizens – dedicated to turning the tide of the opioid crisis. The Coalition’s purpose is to **unify and accelerate our community’s response** by:

- **Coordinating Immediate Response:** Breaking down silos between agencies to ensure a rapid, team-based reaction to overdoses and emerging drug threats. This includes sharing real-time overdose data, deploying peer support and outreach teams alongside first responders, and establishing a central Incident Command if a spike in overdoses occurs.
- **Sharing Data and Best Practices:** Serving as a clearinghouse for information on what’s working (and not working) in prevention, treatment, and recovery. Members will exchange data trends (e.g. quarterly overdose statistics, hotspots) and collectively evaluate evidence-based interventions, such as medication-assisted treatment expansion, post-overdose response teams, school education programs, etc.
- **Filling Service Gaps:** Identifying critical gaps in the continuum of care – such as the need for a low-barrier detox center, transitional sober living homes, or transportation for rehab appointments – and working to fill those gaps either by launching new programs or expanding/extending existing ones. The Coalition can pool resources and apply for grants as a consortium, targeting the areas of greatest unmet need (for example, establishing an emergency shelter in East Rockingham or a mobile clinic for outlying areas).
- **Mobilizing Resources (Opioid Settlement and Beyond):** Ensuring that state opioid settlement funds and any other new funding streams (federal grants, state programs, private donations) are used **efficiently and equitably**. The Coalition will advocate for funds to be directed to high-impact strategies and will coordinate applications so that local organizations aren’t competing against one another. A



united front can also press county leadership to reconsider funding priorities and include community voices (like East Rockingham residents) in those decisions.

In essence, the Coalition will be a **unifying force** to bring the community's full breadth of knowledge, compassion, and resources to bear on the opioid epidemic. By coming together, we can respond more swiftly and effectively than any one agency or group working alone.

III. Goals and Objectives

The Opioid Coalition has four primary goals, each with specific objectives:

1. Immediate Crisis Mitigation

- **Emergency Shelter and Harm Reduction:** Open up an emergency *low-barrier* shelter to provide a safe haven for individuals who are actively using or at high risk of overdose and stocking it with appropriate staffing and supplies. The Coalition will work with the Fire Marshal and local officials to ensure safety code compliance while expediting any zoning or permit issues under emergency authority if needed. The goal is to prevent overdose deaths on the streets by giving people a supervised place to stay, especially in cold weather yourdailyjournal.com.
- **Naloxone Distribution and Overdose Tracking:** Dramatically expand the distribution of naloxone (Narcan) kits and fentanyl test strips throughout the community. Coalition members will coordinate outreach to get Naloxone into the hands of families of individuals struggling with addiction, people coming out of jail or treatment, and others likely to witness an overdose. We will set up "leave-behind" programs with EMS and law enforcement, so every overdose response results in kits left with the individual or bystanders. At the same time, implement real-time overdose surveillance: for example, establishing a shared dashboard (using ODMAP or a similar system) where first responders and ERs log overdose incidents. This will allow the Coalition to see spikes as they happen and respond proactively (e.g. issuing alerts about bad drug batches, deploying outreach teams to hotspots).
- **Coordinated Care for Overdose Survivors:** Ensure that everyone who survives an overdose receives **follow-up support within 24-48 hours**. The Coalition will create a standing "Quick Response Team" (QRT) composed of a



peer support specialist, a paramedic or nurse, and a law enforcement officer trained in CIT (Crisis Intervention). This team will visit or call overdose survivors after they are stabilized to offer linkage to treatment, distribution of naloxone, and transportation to services. The goal is to break the cycle of repeat overdoses by intervening immediately with compassionate support and practical help.

2. Community Education and Prevention

- **Educational Campaigns:** Launch a coordinated education campaign across schools, churches, and civic organizations to raise awareness about opioids and addiction. This will include age-appropriate programming in schools (building on the existing “Responsive Raiders” mental health first aid training in Richmond County Schools yourdailyjournal.com), workshops for parents on recognizing signs of opioid use and how to respond, and church-hosted events to reduce stigma and encourage community support for those in recovery. By saturating the community with factual, consistent information, we aim to prevent initial opioid misuse (especially among youth) and foster a more supportive environment for those in recovery.
- **Peer-Based Outreach:** Utilize individuals with lived experience (people in recovery) as peer educators and navigators. The Coalition will train and deploy peer outreach teams to connect with vulnerable populations – for instance, people who are homeless, recently incarcerated individuals, or those in active use who are not engaged in services. These peers can build trust, share their own stories, provide basic needs (hygiene kits, food, naran), and serve as **bridges to treatment** by encouraging others that recovery is possible. Outreach will take place in East Rockingham neighborhoods, at known gathering spots, parks, camps, and anywhere people at risk can be reached.
- **Public Awareness and Engagement:** Organize high-visibility events such as an annual “Opioid Awareness Day” rally, candlelight vigils for those lost to overdoses, and town hall meetings. The aim is to keep the opioid crisis in public view as a top priority and engage the broader community in solutions. We will invite media coverage to these events to highlight personal stories



and Coalition efforts, thereby building public will and reducing the stigma that often prevents people from seeking help.

3. Sustainable Recovery Pathways

- **4-Phase Recovery Model Implementation:** Develop a seamless “4-Phase Recovery Model” to help individuals move from crisis to stable long-term recovery. The four phases include: **(1) Immediate Detox/Stabilization**, **(2) Short-Term Treatment** (e.g. 28-day residential rehab or intensive outpatient program), **(3) Transitional Support** (sober living housing, job training, and ongoing counseling), and **(4) Long-Term Recovery Maintenance** (peer support groups, continued therapy, stable housing and employment). The Coalition will map all existing resources in these four phases and identify barriers that cause people to drop off (for example, the gap between completing detox and getting into a rehab bed). We will then work to bridge those gaps – e.g., by establishing a formal partnership between the local hospital ER and/or other detox facilities to directly admit overdose patients into treatment, and by creating more **transitional “Phase 3” options** like halfway houses or recovery residences in the county. Ultimately, the goal is a “no wrong door” network that can guide a person from the moment they seek help (or are revived from an overdose) all the way to independent living in recovery, with warm handoffs at each step.
- **Mental Health and Treatment Integration:** Advocate and plan for integrated treatment that addresses co-occurring mental health disorders and trauma, not just the addiction in isolation. The Coalition will work with providers like Daymark Recovery Services and Sandhills Best Care (which received a small grant to serve uninsured clients yourdailyjournal.com) to expand medication-assisted treatment (MAT) availability (e.g. buprenorphine clinics), counseling, and psychiatric services in Richmond County. One objective is to establish a *satellite clinic in East Rockingham* offering walk-in assessments, MAT induction, and counseling referrals – possibly via telehealth if staffing is an issue. By bringing treatment closer to the hardest-hit area, we reduce transportation barriers and engage people earlier. Additionally, the Coalition will support efforts to start a **Drug Treatment Court** in the county (as funding becomes available) to divert individuals with substance use offenses into



monitored treatment programs instead of jail

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- **Supportive Services for Recovery:** Expand access to the practical supports that make recovery sustainable. This includes working with local employers and the community college to create **second-chance hiring** and job training initiatives for those in recovery (building on the college’s “Building Brighter Futures” program yourdailyjournal.com), collaborating with housing authorities and nonprofits to set aside sober-living units or rent subsidies for those completing rehab, and ensuring transportation (a major hurdle in a rural county) is provided for appointments and job interviews. The Coalition will pursue partnerships for grants that can fund recovery coaches, vocational training, and supportive housing, recognizing that recovery is **not just about stopping drug use, but rebuilding lives**.

4. Advocacy and Policy Engagement

- **Local Emergency Declaration:** Support a county-level **Declaration of a Local State of Emergency** under N.C. General Statute 166A-19.22 to elevate the opioid crisis to an official emergency status. Declaring an emergency would activate emergency powers and enable temporary measures such as bypassing certain zoning or funding restrictions in order to save lives ncleg.gov. For example, under an emergency the county could more quickly authorize a temporary shelter or treatment site in East Rockingham without the usual red tape. It also sends a powerful public message that we are treating this crisis with the urgency it deserves – on par with a natural disaster or public health outbreak. Several states and counties have taken this step to unlock additional resources and flexibility networkforphl.orgnaco.org. We will work with county commissioners and the county attorney to draft the declaration and outline specific emergency actions (such as those mentioned: waiving certain building code/zoning limits for emergency facilities, expediting contracts for treatment services, and coordinating mutual aid with neighboring counties).
- **Opioid Settlement Funds Accountability:** Advocate for a **reassessment of opioid settlement fund allocation** to ensure East Rockingham and other high-need areas receive support. The Coalition will formally request



representation in the county's Opioid Task Force or Drug Endangered Families Task Force (DEFT) that makes funding recommendations, so that community voices are included in decision-making. We will push for a significant portion of future settlement installments (which will continue annually) to be dedicated to *evidence-based, high-impact strategies* such as emergency shelter and transitional housing, expanding treatment slots (e.g. funding additional beds or outpatient MAT programs), and supporting peer outreach programs – rather than being absorbed into existing institutions without direct services. The Coalition can also assist the county in developing metrics to track outcomes of funded projects and ensure transparency in how funds are improving community health.

- **Policy Change and External Advocacy:** Beyond local funding, the Coalition will engage in policy advocacy at the state and federal level. This includes supporting legislation or waivers that improve treatment access (for instance, advocating for Medicaid expansion – now achieved in NC – to be fully utilized for addiction treatment. We will also advocate for sustained state support after the one-time settlement funds are used – emphasizing that the opioid epidemic is a long-term fight requiring ongoing resources. Additionally, the Coalition will work with law enforcement on pursuing strategies like diverting low-level drug offenses into treatment (expanding on the Sheriff's Office efforts) and encouraging practices such as not arresting people who seek help for an overdose (Good Samaritan protections), etc. In all these efforts, **the Coalition becomes the united voice of Richmond County** in calling for policies and funding that match our needs.

IV. Call for Support

Addressing a crisis of this magnitude will require **all-hands-on-deck**. We invite every local organization, church, agency, and individual who is concerned about the opioid epidemic to join the Opioid Coalition of Richmond County and support this Plan of Action:

- **Sign On and Participate:** Endorse this plan and commit your organization's involvement. Coalition meetings will be held (initially monthly) to coordinate efforts – we urge representatives from each sector to attend and contribute. Whether you are in healthcare, law enforcement, education, faith ministry, or are a family member with lived experience, your perspective is valuable.



- **Join a Task Force:** The Coalition will establish workgroups to tackle specific goals (e.g. a Prevention/Education Task Force, a Treatment & Recovery Task Force, a Data & Surveillance Workgroup, etc.). Volunteer for a task force aligned with your expertise or interest. For example, those in medical or counseling fields might help design the recovery pathways, while those in churches or civic clubs might lead community education events. There is a role for everyone.
- **Contribute Resources or Ideas:** If your church can host a support group, if your business can offer jobs or training to people in recovery, if you have a building that could serve as a meeting space or shelter, **speak up**. Part of the Coalition's strength will come from leveraging what we already have in the community and thinking creatively. Likewise, share any innovative ideas or successful programs from elsewhere that we could adopt. This plan is a living document – as we gather input, we will refine strategies to best fit our community.
- **Advocacy and Outreach:** Help spread the word and build public support. You can do this by talking to friends and neighbors about the opioid issue, writing letters or posts on social media about the Coalition's work, and encouraging local leaders to prioritize this crisis. The more people rally behind this effort, the more momentum and political will we will have to make bold changes (like declaring an emergency or reallocating funds). By uniting our voices, we send the message that Richmond County *demands* action and will support it.

Contact Information: To get involved or request more information, please reach out to *Richmond County Rescue Mission – Place of Grace Campus* (the interim coordinating entity for the Coalition) at **(910) 817-7801** or send email to info@richmond-county-rescue-mission.org. We welcome anyone interested in volunteering, partnering, or who simply wants to learn more.

Together, we can turn the tide on this crisis – restoring health, hope, and healing in Richmond County. By forming the Opioid Coalition and implementing this plan of action, we acknowledge the gravity of the situation but also our collective power to change it. Every life saved, every person helped into recovery, every family kept whole, will be because our community refused to accept overdose and addiction as unalterable facts of life. Richmond County's story can be one of **resilience and unity** in the face of this epidemic. Let us move forward with urgency and compassion to make that a reality.



Sources:

- Richmond County Community Health Improvement Plan (2024) – Substance Use Disorder Priority [embed.clearimpact.comembed.clearimpact.com](#)
- N.C. Office of the Chief Medical Examiner – Fentanyl Positive Deaths by County (Nov 2023–Oct 2024) [dph.ncdhhs.gov](#)
- North Carolina Department of Health and Human Services – Overdose Data Dashboard [wral.com](#)
- Richmond County Daily Journal – *Place of Grace pastor takes issue with opioid settlement fund allotments* [yourdailyjournal.comyourdailyjournal.com](#)
- National Association of Counties – *Emergency Declarations for Opioid Crisis (state and local examples)* [networkforphl.orgnaco.org](#)

County	Key Statistics
Richmond	Highest fentanyl death rate (58.4/100k), 300% rise in ED overdoses
Edgecombe	~65 per 100k overdose deaths in 2023
Robeson	Highest fatal opioid death rate in 2021
Union	166% overdose death increase in 2023 (32 total)
Statewide	19,551 fentanyl-positive deaths since 2013; peak in 2021 with a gradual decline

