

LEADING THE WAY

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Abstract

This study will investigate the de-escalation of crime, participant perception, and demographics of the Law Enforcement Assisted Diversion Program based out of Fayetteville, North Carolina. This community program aims to apply a humanistic approach to alleviate the cycle of imprisonment for those with identifiable health concerns such as sex-trafficking and addiction. This study will investigate the benefits of the LEAD Program by utilizing a three pronged approach including a review of existing records, interview process, and the creation of a resource manual. This comprehensive analysis aims to inform suggested changes for the LEAD Fayetteville team to better improve the program services as well as to better inform other communities similar to Fayetteville in the benefits and implications of piloting a LEAD program.

Background

The War on Drugs

The United States has long faced issues of mass incarceration as a result of the 40-year war on drugs proclaimed by four U.S presidents. These presidential proclamations include the terms of President Richard Nixon, Ronald Reagan, Bill Clinton and President George W. Bush. While their intentions were originally benign, over the past years this cycle of imprisonment has created societal issues with larger implications on public health (POLITIFACT, n.d.).

This symbolic war began with President Richard Nixon's historic declaration of the "war on drugs," in June of 1971. This then led to the creation of the Drug Enforcement Administration in 1973 meant to enforce the controlled substance laws in the United States. While originally broadcasted as an agency to target drug cartels and distributors, this agency largely imprisoned drug users caught in a cycle of addiction. This agency established minimum drug sentencing based on the amount and type of substance found (United States Drug Enforcement Administration, n.d.). Between President Nixon and President Ronald Reagan's terms, there was a 500 percent increase in incarceration within the United States prison system. This later translated into a 600 percent increase between 1974 and 2014. During this time, the United States population had only grown by 51 percent (POLITIFACT, n.d.).

This increase in the prison occupancies is even more profound with the population of those imprisoned due to drug charges specifically. In 1980, only about 41,000 people were incarcerated based on drug crimes. In 2014, over 488,400 people were imprisoned for these same crimes- translating to a 1,000 percent increase. The number of those admitted for drugs is higher than that of violent or property crimes each year (POLITIFACT, n.d.).

The Reagan administration signed the Anti-Drug Abuse Act of 1986, appropriating over \$1.7 billion dollars to the war on drugs. In addition to funding, this bill also created higher mandatory minimum penalties for drug offenses, which have since been increasingly criticized for discriminating against lower socio-economic statuses and minorities. This was due to the substances that are typically cheaper, such as crack cocaine, being given higher mandatory minimums, creating larger racial disparities in the prison setting. Because of the price, much of the crack users were lower income, creating a divide in the prison system. Most of the appropriations given by President Reagan were allocated to enforcement agencies and prisons, rather than medical treatment or mental health care (Drug Policy Alliance, n.d.).

This pattern continued with the presidency of Bill Clinton. Although in his campaign in 1992 he advocated for treatment over incarceration, his stance largely shifted in the White House. In the first few months of his term, President Clinton reverted to his predecessor's drug war strategies by continuing the pattern of mass incarceration over care. Within his term he famously rejected a recommendation to remove the policies causing disparity against crack cocaine users (Drug Policy Alliance, n.d.).

President George W. Bush allocated more money than any other president to the dwindling efforts of the war on drugs. This caused an increase in the militarization of drug enforcement in the United States with over 40,000 paramilitary-style SWAT raids on Americans every year. These raids were conducted against primarily nonviolent drug offenses and often misdemeanors. During his term, however, the traditional war on drugs began to falter as state reforms finally began to impact diminish the effect of the traditional policies on prison systems and health disparities (Drug Policy Alliance, n.d.).

Regardless of this improvement, the fight for treatment over incarceration was still not federally adopted. After the Bush administration, President Barack Obama did not shift the majority of federal drug policy towards health-based approaches. Despite advocating and achieving several changes such as reducing the crack cocaine disparity, there was still much to be done in regards to creating a health-centered federal mindset on the approach to the rising drug crisis. The addiction population had long been discriminated against and seen as criminals, creating great difficulty in the ability to advocate for mental health care and medical treatment (Drug Policy Alliance, n.d.).

This would begin to change with the creation of programs such as Law Enforcement Assisted Diversion and HOPE Initiatives throughout the country. These programs recognized the need for a shift in mindset towards a more humanistic approach to the issue. These organizations understood the discrepancy between the amount of money being funneled into prison systems versus the benefit and cost effective nature of proper treatment and care. It is estimated that a high capacity minimum security facility could cost around \$7 million per year or \$14,000 per prisoner. This can be compared to the estimated savings of funding treatment over incarceration. The NC Justice Center calculated that for every \$1 spent on treating individuals for mental health concerns, \$22 would be saved. With 9%, or 450,000 individuals, in North Carolina having an addiction, this would translate to saving \$9.9 million dollars per dollar spent on the individuals in the group (North Carolina Justice Center, 2015).

LEAD History

In 2011, Law Enforcement Assisted Diversion, or LEAD, was founded and piloted in Seattle, Washington as a result of rising public health issues in our nation. This program was created as a new harm-reduction approach to connecting those in need with the proper resources.

This revolutionized the way that police officers handled low-level offenses such as drug charges and prostitution that stem from unaddressed public health and human services needs. This did so by changing the mindset to recognize the cyclic issues of homelessness, drug addiction, mental illness, and sex trafficking by creating an understanding of human need. This effort is a collaboration of political figures, police officers, attorneys, providers, housing, and civil rights advocates working together to create effective change in their community. The crimes LEAD programs divert are typical of that of behaviors with underlying social or mental issues. Instead of incarcerating the individual and continuing their cycle within the law system, the facilitators connect the person to resources in order to alleviate underlying issues of addiction, abuse or mental illness (LEAD National Support Bureau).

Since its founding in 2011, LEAD has expanded to 20 operating cities, with an additional 10 cities set to launch programs within the next year. While this growth is exponential, the spread of the movement is limited by the lack of verified research on main political talking points such as costs, public safety, and success; Seattle, Washington being the only program with substantial published research studies. Even so, the Seattle study leaves much to be questioned as its application to smaller populations is still to be determined (LEAD National Support Bureau).

Once evaluated, Fayetteville will be the first program of its size to be researched on the benefits and the gaps that these LEAD programs provide. In doing so, local political figures and law enforcement teams will be better equipped to determine if developing a program in their area is a feasible investment of time and state resources. This will eventually lead to other forming programs being able to understand the needs that a community such as Fayetteville have and the strengths and weaknesses to current practices.

As North Carolina is largely affected by substance use and sex trafficking, programs like LEAD may prove beneficial in attacking these issues from a multi-level approach. LEAD programs allow law enforcement to address disparities, as well as criminal issues in order to produce results.

Demographics

Fayetteville, North Carolina resides in Cumberland County. The population consists of 44.6% Caucasian, 37.9% African American and 11.3% Hispanic. Much of the county works in blue collar jobs including automotive or manufacturing while another large portion works for the military on one of the surrounding bases such as Fort Bragg and Pope Army Air Field. In regards to median household income, the county falls under the North Carolina average of \$46,868 at \$44,171. Despite the peer counties having higher household income averages, the rent is much cheaper in these areas versus Cumberland County's average rent at \$869, which is also above the North Carolina average of \$797. This is indicative of the homelessness rates as Cumberland County has a total of 515 individuals classified as homeless, which is broken down into veterans being 9%, those with mental illness 12%, and adults in families with children at 11%. In terms of education, Cumberland County has only 22.9% of its population receiving at least a Bachelor's degree. This statistic is lower than the five peer counties mentioned (Cumberland County Health Department, 2016).

Cumberland County suffers from an index crime rate well above North Carolina's average of 3,169.3 at 5,105.9 in 2015. The violent crime rate is also higher at 553.6 versus the state's 355.8. This includes all offenses which involve force or threat of force as defined in the Uniform Crime reporting program, or UCR. The property crime rate is 4,552.3 compared to the

state's 2813.5. The UCR defines this as crimes such as larceny, burglary and motor vehicle theft (Cumberland County Health Department, 2016).

The infant death rate in the county is 22.2% higher than the state's average and is attributed to multiple factors including late access to prenatal care and tobacco and drug use. The death rate amongst the entire population was also higher than the state's average at 10.4% above the North Carolina statistic. The five leading causes of these deaths were Heart Disease, Cancer, Respiratory Disease, Stroke and Unintentional Injuries. Unintentional Injuries skyrocketed between 2011-2015, 24.1% higher than the rate of injuries from 2006-2010. Unintentional Injuries is defined as accidental damage which includes overdoses and alcohol poisoning (Cumberland County Health Department, 2016).

AIDS/HIV is a major issue in Cumberland County with it being 49.4% higher than the state's average. Between 2011-2015 the county's newly diagnosed HIV infection rate was 75.2% above the state's rate. The Sexually Transmitted Infection and AIDS rate remain higher than that of peer counties. The teen pregnancy rate is higher than both the state and peer counties, leading to issues of finances, health, and education. This remains a significant health issue in the area as the disease continues to spread amongst the population. Several factors increase this disease such as economics, substance use, education, incarceration, sexual behavior and sex trafficking. This is increasingly important in the discussion with harm reduction in the substance use and prostitution population. With 22.8% of the population over the age of 18 not having health insurance, this health issue remains largely undertreated in the area (Cumberland County Health Department, 2016).

Objectives

The objectives of this study encompass two areas of thought, both qualitative and quantitative. In regards to quantitative, the study aims to use data figures in order to determine the resources that participants are using, at what frequency resources are being used, the programs affect on their crime rates, and the general demographics behind the population. In terms of qualitative data, the study aims to determine the general perception of the program, program strengths and weaknesses and how the client first got involved with the program. In doing so, the study hopes to form an accurate picture of the current status of the LEAD Fayetteville Program and advise the team on areas for improvement. The research team will also create a resource manual for the organization to be able to access to help their clients.

Study Design

This study is broken down into three key components: a review of existing data, an interview portion and the creation of a resource manual for the LEAD Fayetteville program. This design was based on assessed community need after the researcher attended a meeting with the LEAD Fayetteville staff. Several stakeholders were present and made apparent the need for a multi-faceted study approach. This approach served as an attempt to target criminal aspects and humanistic aspects while also providing resources to fill the gaps in client care that came about in discussions amongst the group.

Population

The currently active LEAD Fayetteville participants will serve as the population for this study. The population of LEAD Fayetteville is a difficult population to reach as they often come and go from the program as they please. Some participants report to the program often, while others remain absent for years. The record of each participant's involvement is kept for every meeting held by the LEAD program staff. This information is discussed in detail throughout the

course of the meeting in order to track the progress of each of the members. The records in question, are the records the research team will be viewing and compiling in addition to the utilization of the North Carolina criminal database.

Methods for Review of Existing Data

1. The researcher will sign a consent for for the North Carolina Harm Reduction Coalition, or NCHRC, who run the LEAD Fayetteville program, in order to access client files. This will be given to the researcher by Melissia Larson, NCHRC's Law Enforcement Assisted Diversion Coordinator.
2. The researcher will obtain the client information from the LEAD Fayetteville Program.
3. The researcher will begin to enter into a spreadsheet information on each client such as general demographics, entrance method, and referring officer. This will be taken from the existing records presented by NCHRC and the Fayetteville Police Department. Each piece of client information will be stored on a password locked computer and locked file cabinet.
4. The researcher will gather criminal histories from the LEAD Fayetteville program. This will be entered into a spreadsheet into two columns, before and after LEAD Fayetteville involvement.
5. The information will be used to create generalizations such as, "50% of the population were referred via social referrals."

Methods for Interviews

6. The researcher will identify those interested in participating in interviews through the case manager. The case manager will reach out to individuals and inform the researcher of those who will participate.

7. The researcher will schedule a 30-minute interview time at their residence with each participant that gives consent to participate.
8. The researcher will obtain client consent via signature on the no more than minimal risk consent form.
9. The case manager will be present at interviews in order to ensure client comfort.
10. The researcher will inform the participant of the proceedings of the interview and that they may, at any time, speak up if they are uncomfortable.
11. The researcher will ask the participant of their feelings on the program, resources used, perceived strengths, deficits, and personal experience through a semi-structured format. These questions will include those listed in the measures section of the text. The participant will have the opportunity to respond to each question. Should they be uncomfortable with a question, they may refuse to answer at any time or ask that the case manager step out of the room. The participant may also elaborate on whatever they feel is important to discuss.
12. Throughout the interview, the principal investigator will take notes on the answers to each question.
13. This information will be compiled using non-identifiers, unless otherwise specified by the participant, and will be presented to LEAD Fayetteville to shape their programming.

The individuals will be asked questions in a semi-structured interview format to allow the participant to address relevant topics relating to their experiences in the program. The structured interview questions are as follows:

1. How did you originally become involved in the LEAD Fayetteville Program?

2. How long have you been involved in the program?
3. What services have you used while in the program? For example, needle exchanges, free condoms, treatment, etc.
4. How often have you used these services?
5. What was your first impression of the program?
6. What have been some barriers you have faced in the program?
7. What services have been most helpful to you?
8. What do you see as the strengths of this program?
9. What are some of the weaknesses of the program?
10. How have the coordinators and staff of the program treated you? What has been your impression of the law enforcement involved?
11. How have you benefitted from the program?
12. What would you change about the program if you could?

Data Management:

Data will be collected from client notes and interviews will be stored on a password locked computer. This data will include engagement in services, crimes committed, and social involvement in addition to general demographics. Engagement in services will include the type of service as well as how often that service has been engaged in over the course of their involvement in the program. As crime reports are public record, the client crime rate will be tracked prior to LEAD and will be compared by researchers to determine if a decrease in client crime rates pre-program to their current involvement. Social involvement will track how often the client has interacted in the created support groups. Physical copies of interview notes will be stored in Belk 2303 in a locked office. These will then be transcribed onto a document compiling the general thoughts on the program into categories including resources, strengths and

deficiencies. This data will be used to determine the direction of the LEAD Fayetteville program in the future.

Ethics:

This study primarily hopes to benefit the population of those in active addiction throughout the greater Fayetteville area. The researchers aim to do so by identifying benefits and weaknesses of the program through a comprehensive evaluation of services, results and personal experiences. In doing so, it is the hope that the program can adapt and prosper to best fit the needs of their clients and maximize resource use. This study also hopes to benefit the state of North Carolina, by collecting data to be used to substantiate the need for new chapters of the LEAD program be opened throughout the state as well as throughout the United States.

The participants will be allowing the researchers to collect data from current client records and compile them into resources utilized, change in personal crime committed, and involvement to compile generalized statistics amongst the group. To decrease the risk of unauthorized viewing of client papers, their records will be physically stored in a locked drawer and electronically on a password safe computer. The clients have yearly signed consent to the North Carolina Harm Reduction Coalition, LEAD and its third parties to view their information and use it for purposes deemed necessary by LEAD Fayetteville.

Review of Existing Data Results

Demographics

Out of the 30 active participants, 16 (53%) were female, and 14 were male (47%). The age distribution for age at the time of referral was as follows: 3% below 20, 43% between the ages of 20 and 29, 13% between 30 and 39, 20% between 40 and 49, and 20% above the age of

50. The youngest participant was 19 years old upon intake and the oldest was 58 years old. The average age of the population on intake was 34.9 years old. The racial distribution of the active population was as follows with 33% African American, 50% Caucasian, 7% Native American, 7% undisclosed and 3% Hispanic.

Referral and Intake

In the LEAD program, there are two ways of entrance, social referral and charge diversion. Social referrals can come in the form of law enforcement interaction within the community with the absence of charges or arrests. Of the active members, 67% entered the program via social referral and 33% through charge diversion. It is notable to mention the referring officers often utilized the social referral method on multiple occasions. Officer Sanders lead with 23% of the active referrals, Officer Rauhoff had 10%, and Officers Bell, Diaz and Shirey each were responsible for 7% of active participants.

Crime Reduction

Criminal data was collected from participants before and after beginning the LEAD Fayetteville Program through the Fayetteville Police Department, including the 3 who are now deceased. For statistical purposes, the data used included the 30 participants with a history of arrests. Prior to engaging in LEAD, the active participants were arrested a collective 295 times, 20 of which being 3 months prior to entering the program. After utilizing the LEAD program, there were only 25 arrests among all 30 participants creating a 92.2% overall reduction. To account for baseline criminal activity prior to the program versus after, the reduction in arrests were collected from each individual client. This was done by calculating the percent reduction in arrests after entering the LEAD program based on previous criminal history. The average reduction in crime per participant was found to be 90.5% within the group.

Discussion

Through the use of LEAD Fayetteville, there was a demonstrated 92.2% reduction in arrests amongst the participants. This reduction in crimes provides huge financial and social implications within the state of North Carolina. With the average daily cost per inmate in a minimum custody facility in North Carolina being \$86.92, if the participants spent only one day in jail per arrest before and after the program, this would reduce the cost from \$25,641.40 to \$2,173 based on the reduction from 295 arrests pre-program to 25 arrests post program. This is a 91.5% reduction in cost to the state (North Carolina Department of Public Safety, 2018).

With the understanding that many of the sentences prior to the program were much longer than one day, this proves to be an immense benefit to the community. After speaking to law enforcement, it was clear that the 25 arrests post LEAD proved to be shorter stays with less severe criminal implications. This reduction reduces jail occupancy and reduces the funding required, suggesting the benefit in allocating these funds towards harm reduction and treatment services instead. This information should be further studied, including length of jail stays, in order to fully enforce the financial implications of the program on state savings.

Interview Results

In order to understand the strengths and weaknesses within the program, the researcher conducted interviews of LEAD clients. These interviews were done alongside the outreach coordinator, Jessie Garner, within their homes to ensure comfort and access. Originally, there were 5 interviews scheduled but due to drug use, only 2 were conducted.

Interview 1

The first interview was conducted with a male who had been in the program for a little over two years. This client entered the program after being caught using heroin in a parking lot and was presented the LEAD program by the officer at the scene. While in the program, he has used the Carolina Outreach Center, Roxie detox center, counseling services, transportation services and housing services consistently. When discussing the first impression of the program, he stated that he believed that it was too good to be true until meeting Jessie. The people were all supportive and allowed him to move forward rather than fall behind. In the interview he was adamant that without this support system he would have ended up dying from drug induced causes.

When discussing barriers within the program the main topic was timing. While most of the client's needs were met, it took a while to get the medication for the medication assisted treatment that he required. Because of this, the client ended up with an accidental overdose which required Narcan reversal. This was just a few months before the birth of his daughter. Once the client began to get the Vivitrol shot, he noticed a night and day difference in his cravings. He hasn't had the shot for a little over 6 months now and is still doing well in maintenance.

The services deemed most helpful were the counseling services as well as the Carolina Outreach Center, which provides Medicine Assisted Therapy treatments. Above all, however, the relationship with the outreach coordinator, Jessie, was the most beneficial to the client. The relationship allowed for peer support as well as harm reduction services when he was not ready to enter recovery. This gave the client a support network to turn to whenever he needed help. The program strengths mentioned were the support of the people running the program, Carolina Outreach, Roxie detox center, and Jessie.

When discussing the weaknesses of the program, the client had difficulty in pinpointing anything easily. He cited the program as a blessing that allowed for others to get their lives back.

The only weakness mentioned was the timing of getting medication and treatment. With the paperwork and administrative work required by the LEAD Fayetteville team, it was difficult to approach these needs quickly.

The relationship between the coordinators, staff and law enforcement officers involved were all positive, according to the client. Those involved were supportive and encouraging, which was surprising to the participant. Upon the first interaction with law enforcement, the client had paraphernalia and several bags of drugs throughout the vehicle. Regardless of the evidence that could create a solid conviction within the court system, he was offered a chance at recovery through the LEAD program.

When asking about how the program has benefitted their life, the client got emotional and stated that he got his life back. The client was able to begin recovery a few months before the birth of his daughter and gain custody of his 13-year-old brother. His brother is now a straight A student involved in the math league and choir, and his older brother has the ability to show up in support of his extracurricular activities. The client also mentioned that if he had been convicted like the traditional approach to criminal activity, he would not have been able to afford a lawyer and would have immediately fallen back into using drugs after being released from jail. Upon asking if there were anything that he would change about the program, his response was nothing except having better timing.

Interview 2

The second interview was conducted with a female who had also been involved in the program for approximately 2 years. The client had become involved in the program after getting into trouble with law enforcement, just as the first interviewee had. This woman had a different perspective than the first interviewee, however, as her involvement in treatment services was

limited. Her main source of interaction came in the form of Jessie Gardner and harm reduction services; such as needle exchange. This client had a slow start getting into treatment due to taking a while to come to recognize that they needed help. She used the harm reduction and support services on and off for approximately 2 years before making the decision to use Carolina Outreach Center's medicine assisted treatment.

The client's first impression of the program was that the staff was very helpful and genuinely cared for her wellbeing. Her roadblocks within the program were primarily self inflicted as she stated that she had personal barriers to change and originally didn't want to receive help. While all of the services were helpful, Jessie was mentioned as the most helpful in the road to recovery. The client took time to reach out for help but constantly knew that she could call Jessie with any concerns or needs regardless of her choices. This provided a "lifeline" to use in emergent situations. The motivation of the staff was cited as one of the greatest strengths within the program. In addition, the client discussed the importance of physically coming to her, rather than requiring her to come to the police station where LEAD is housed. This was the basis of her receiving help. In her words, "Because, for an addict speaking for myself, it has been very hard for me to go into a place and meet someone, if you know what I'm saying. So for you guys to actually come and reach out to me, that pretty much made all the difference for me." This highlighted her responses throughout the interview.

When asked about how she has benefited from the program, this client also got emotional. She stated that she wouldn't be alive if it weren't for the support that Jessie and the LEAD team had provided. The weaknesses mentioned revolved around the need for more funding to be able to distribute to the participants for treatment, transportation and housing. This was also mentioned

when asked what the client would change about the program. She stated that it would be beneficial to expand funding to reach treatment and detox.

The client mentioned that she would also incorporate treating the actual addiction through counseling services in detox. She struggled with deciding to seek treatment as it was difficult to get counseling services for her addiction without having to completely stop using drugs. She found this to create a personal barrier to getting the help that she needed and caused her to wait an entire year after going through detox to reach out for treatment.

Discussion

Overall, the participants interviewed found the program to be successful in providing help. The main topics of discussion in both interviews were the strength in the outreach that Jessie Gardner continuously provided. Jessie continuously checked up on the clients and made home visits to ensure that they had everything they needed, from housing to medical care. This constant interaction motivated the clients to seek help when they needed without fear of retribution. This harm reduction method resonated with the participants and made them more honest with the staff about their behaviors. The biggest room for growth discussed by the clients is the lack of funding and limitations on timing. Timing is incredibly important in the substance use field in order to avoid overdose, relapse and refusal of treatment. As seen in the case of the male interviewee, it can often be a matter of life and death to some.

Resource Manual

The last piece of the research involved collecting information on resources within the Fayetteville area. This was compiled into a resource manual for the LEAD program to pull from when necessary. After the researcher attended a meeting, it became clear the need for a manual

accessible to all parties to pull from when a client comes forward with a need for housing, transportation, food or healthcare. This resource manual is a working document for the LEAD staff to expand based on the community. The program was given a physical copy to annotate and use for future reference. This manual is attached at the end of the document.

Resources

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LEAD Fayetteville Resource Manual

Updated 20 November 2018

Housing

Men

New Life Mission- 303 Maloney Avenue, (910) 864-4678

Salvation Army- 245 Alexander Street, (910) 485-8025, Opens at 4pm, (first come, first serve basis)

True Vine Ministries- 5315 Morganton Road, (910) 867-6762, (910) 867-3611, Shelter on white flag (below 32 degrees) nights

Women and Children

Care Center for Domestic Violence, County Department of Social Services- 1225 Ramsey St. ground floor, (910) 677-2532, Referrals for victims of domestic violence, provides emergency shelter if needed.

City Rescue Mission- 301 Adams Street, (910) 323-0446

Domestic Violence and Child Abuse Assistance & Prevention- Soldier Support Center on Normandy Drive, Fort Bragg (3rd Floor), (910) 322-3418 (24/7 Hotline), (910) 396-5521 (Family

Advocacy Program); provides emergency support and housing for those with domestic violence or neglect issues

Hope Center- 913 Pearson Street, (910) 364-2981, (910) 483-1974, Emergency women's shelter (first come, first serve basis)

Salvation Army- 245 Alexander Street, (910) 485-8025, Opens at 4pm, (first come, first serve basis)

Teague's Home for Women- 333 Hawley Lane, (910) 483-5044, Approximately 10 women

True Vine Ministries- 5315 Morganton Road, (910) 867-6762, (910) 867-3611, Shelter on white flag (below 32 degrees) nights

Families

Cumberland Interfaith Hospitality Network- 101 Stein Street, (910) 826-2454, Transitional and Emergency

Salvation Army- 245 Alexander Street, (910) 485-8025, Opens at 4pm, (first come, first serve basis)

True Vine Ministries- 5315 Morganton Road, (910) 867-6762, (910) 867-3611, Shelter on white flag (below 32 degrees) nights

Meals/Food Resources

Alms House- 3909 Ellison Street, Hope Mills, (910) 425-0902, Monday-Saturday 12-12:30 and 5-5:30, Sunday 5. Serves people in and around the HPM area.

Cedar Creek Church of God: 4010 Cedar Creek Rd., (910) 483-6895, Food pantry Wednesday and Thursday 8:30-11:30. Need picture ID and proof of address. Closed on holidays.

Christ United Methodist Church- 3101 Raeford Road, (910) 484-3340, Food pantry Tuesday and Thursday 10-12pm. Must have a Fayetteville, Hope Mills, or Spring Lake address and a picture ID. Available every 3 months.

City Rescue Mission- 331 Adam Street., (910) 323-0446, Monday-Friday 11-12, Saturday 12-1, Sunday 4:30-5:30. Food boxes with referral from DSS on Wednesday 1-2.

Cliffdale Christian Center: 6427 Cliffdale Rd., (910) 864-4911, Food pantry Thursday 9-11pm. Need picture ID with address.

Cumberland County Department of Social Services: 1224 Ramsey St., 323-1540, Monday-Friday 7:30-4:30pm. Supplemental Nutritional Assistance Program.

Cumberland County Coordinating Council on Older Adults- 339 Devers Street, (910) 484-0111, Home delivered meals 8-4:30.

Different Ministries- Person Street, meals Friday at 7pm.

Epicenter Church- 2512 Fort Bragg Road, (910) 485-8855, Dinner 6-7pm on the 4th Tuesday of the month. Food pantry Tuesday and Thursday 10-2, individuals may go once every 30 days.

Evans AME Church- 301 N. Cool Springs Street, (910) 483-2862, Meals Wednesday 10am, Closed on holidays

Fayetteville Dream Center- 336 Ray Ave., (910) 568-3897, Food pantry Thursdays 10-11.

Food Bank- 406 Deep Creek Road, (910) 485-8809, Call for information.

Fresh Touch Ministries- 342 Moore St., (910) 829-7424, Meals Monday, Thursday, and Friday 12pm. Groceries available Monday, Thursday and Friday at 12pm.

Harry Hosier United Methodist- 6201 Milford Rd., (910) 864-6019, Food pantry, first and third Friday, 10-12, Picture ID with address.

Loaves & Fishes-Feeding the Multitudes- 220 Johnson St., Monday-Friday 12-1pm

Mt. Olive Missionary Baptist: 5006 Patton St., 864-8400, Food pantry Tuesday, Wednesday, and Thursday 10-12pm.

Open Arms Christian Fellowship- (910) 483-1329, Bread house on Adam St. Beige, offers meals 2nd and 4th Saturdays at 12.

Operation Inasmuch- 531 Hillsboro Street, (910) 433-2161, Breakfast Monday-Friday 7:30am.

Person St. United Methodist Church (Martha's Table)- 509 Person Street, (910) 483-4714, Lunch 1st and 3rd Saturdays 11-1pm. Small food pantry.

Salvation Army- 245 Alexander Street, (910) 485-8026, Lunch at 12pm, Dinner at 5pm

SHARE - Heart of the Carolinas- (910) 485-6923, Provides \$25-30 worth of groceries in exchange for \$15 cash or food stamps in addition to two hours of community service in Cumberland County.

Simon Temple AME Zion Church- 5760 Yadkin Road, (910) 867-1182, Breakfast Saturday 7am, Food Pantry Tuesday and Thursday 9-3pm. Photo ID Required.

St. Matthews United Methodist Church- 202 Hope Mills Road, (910) 425-0401, Breakfast 2nd Saturday 8:30am, lunch last Wednesday 11am. Food Pantry Tuesdays at 10am.

True Vine Ministries- 5401 Morganton Road, (910) 867-6762, Tuesday and Thursday 11:30 - 1:30pm.

Veterans Empowering Veterans- 325 B Street, (910) 223-3213, Food pantry assistance.

Transportation

Alms House- 3909 Ellison St., (910) 425-0902. Assists resides in and around the HPM area with

occasional transportation needs.

Community Transportation Program of Cumberland County- (910) 678-7600 office, Free transportation assistance to medical appointments and pharmacy pickups within Cumberland County for elderly/disabled (910) 678-7619) residents.

Cumberland County Schools Transportation Department- (910) 678-2593, Assist in transportation needs of homeless children. Parents need to go to the nearest school to talk to the social worker.

Fayetteville Area System of Transit- (910) 433-1747 or (910) 433-1232 (ADA), Provides rides, discounted fare for elderly/disabled/veterans. (TTY) user friendly, to use this service dial 711 on your telephone

Fayetteville Urban Ministry: 701 Whitfield Street, (910) 483-5944, Assists with occasional transportation needs.

Homeless Project Officer- (910) 433-1846. Bus passes. Food Pantries

Medical Care

Women's Health/Pregnancy

Agape Pregnancy Support Services: 710 E. Russell St., 485-0055, Provides information and referrals for medical care, adoptions, housing assistance, social services, counseling, abstinence education, abortion effects/alternatives, birthing classes, free pregnancy tests, maternity clothing and equipment, postpartum and prenatal care, pregnancy information, and support groups.

Cape Fear Regional Bureau for Community Action, Inc.: 483-9177, Offers standard STI screening for Chlamydia, gonorrhea, HIV, and syphilis.

Cumberland County Department of Public Health: 1235 Ramsey St., 433-3600, Adult health clinic, child health clinic, communicable disease clinic, epidemiology clinic, women's preventative services, and more. Monday-Thursday 8-5, Friday 8-12.

Operation Blessing: 1337 Ramsey St., 483-3119, Crisis pregnancy center with free pregnancy tests, emotional support, prenatal and parenting classes, & abortion alternatives. All services require picture ID, Social Security card, and proof of household income.

Planned Parenthood: 4551 Yadkin Rd., 866-942-7762, Comprehensive reproductive healthcare, family planning, and STI prevention. Call for costs and availability of services. Limited same day appointments. Tuesday 9-3, Wednesday and Thursday 1-6, Friday 11-4, Saturday 9-3. Closed Sunday and Monday.

Rape Crisis Center: 515 Ramsey St., 485-7273. 24 hour crisis hotline, 24 hour emergency room responders. Offers counseling and support groups.

General Care

Alliance Behavioral Healthcare: 711 Executive Pl., 491-4816, 24-hour Access and Information Line at 800-510-9132. Staff will assist with finding a service provider to suit your behavioral health needs.

Better Health of Cumberland County: 1422 Bragg Blvd., 483-7534, Emergency medical/prescription assistance and dental extractions, income qualification required. Diabetes services is free to all Cumberland County residents. Medical equipment loans, free of charge for 3-6 months, depending on availability. Information and referral assistance. All services for Cumberland County residents only.

Care Clinic: 239 Robeson St., 485-0555, Basic medical care for adults, simple dental extractions, basic chiropractic care, and clinic ordered laboratory/radiological tests/referrals. Call Monday-Thursday 9-2 for medical, Friday at 9 for dental. Does NOT take walk-ins. Provides free health care to eligible uninsured, low income adult residents of Cumberland County. Proof of household income and photo ID required.

Community Connections Healthcare Services: 690 North Reilly Rd, 879-6102, Provides clinical assessments, psychiatric evaluations, medication evaluations, and individual and family therapy.

Community Health Intervention Sickle Cell Agency, Inc: 2409 Murchison Rd., 488-6118, Provides free HIV / Sickle Cell / Diabetes / Glucose / Syphilis testing. 8-5, Monday-Friday (stops taking clinics at 4:30)

Cumberland County Department of Public Health: 1235 Ramsey St., 433-3600, Adult health clinic, child health clinic, communicable disease clinic, epidemiology clinic, women's preventative services, and more. Monday-Thursday 8-5, Friday 8-12.

Cumberland County Department of Social Services: 1225 Ramsey St., 677-2316. Medicaid program, provides no cost transportation for medical appointments both within and outside the

county (with proper paperwork). If there is room in the out of county van, others may get a ride for \$10.

Goshen Medical Center: 3613 Cape Center Dr., 354-1720. Sliding scale program. Basic medical and dental services. Call for information.

Greater Image Healthcare Corp. 401 Robeson St., 910-321-0069: Provide clinical assessment, psychiatric evaluations, medication management, mobile crisis, assertive engagement and peer support, also outpatient therapy.

Stedman Family Dental Center: 6540 Clinton Rd., Stedman, 483-3150, Primary and preventative dental care: root canal therapy, cleaning, restoration, extractions, and x-rays. Discount program if qualified.

VA Medical Center: 2300 Ramsey Street, 488-2120, Health care for homeless veterans.

Vision Resource Center: 1600 Purdue Dr., 483-2719, Offers a variety of programs and services along with advocacy for visually impaired adults and children in the Cape Fear Region. Services include transportation to & from the center, braille classes, and the Gift of Sight program.

Wade Family Medical Center: 7118 Main St., Wade, 483-6694, Comprehensive primary and preventative medical care. Discount program if qualified.

Substance Use/Mental Health Services

Alliance Behavioral Healthcare: 711 Executive Pl., 491-4816, 24-hour Access and Information Line at 800-510-9132. Staff will assist with finding a service provider to suit your behavioral health needs.

Community Mental Health Adult/Children's Services at Cape Fear Valley: 1724 Roxie Ave., 615-3333, Outpatient services for behavioral health issues. Adults 2nd floor, children 4th floor. Managed by Alliance.

Myrover Reese Fellowship Homes Inc.: 779-1306, Ashton Lily, recovering women substance abuse users. Pat Reese & Quality Recovery, recovering men substance abuse users. NOTE: There is a charge.

National Alliance on Mental Illness: 709-6685, Offer an array of education & training programs & support for those suffering with a brain disorder.

Oxford Houses: Clean and sober housing options for individuals in recover. Apply directly to the Oxford House of your choice. There is a charge. For men: 1) 778-8109 2) 568-5199 3) 779-0928 4) 323-1273 5) 425-8221 6) 491-3676 7) 673-1042. For women: 1) 673-1042 2) 433-9123.

Projects for Assistance in Transition from Homelessness: 707 Executive Pl., 323-6112 or 323-6148, Assists the homeless who have mental health issues.

Roxie Detox & Crisis Stabilization Center: 1724 Roxie Ave 615-3370, Substance abuse treatment

Prescription/Pharmacy Assistance

Cumberland County MAP Pharmacy: 1235 Ramsey St., first floor of the CC Health Department; 433-3602, Assists low-income residents with no prescription coverage. Monday- Thursday 8:30-noon & 1-4:30; Friday, 8:30-12.

Prescription Discount Card: 877-321-2652, Available to any county resident with or without prescription coverage, cannot be combined with other insurance. Discounts vary based on prescription.