

**Drug Substance Use
in Mitchell and Yancey
Counties**

Executive Back Report

Contents

Thank you to the following individuals who contributed extensively to this process	3
Suggestions for how to use the information in this document	5
Overview and Context	8
Goals of the Community Learning Process.....	8
Phases of this process	8
Outcomes of the Community Learning Process.....	10
A Snapshot of Substance Use In Mitchell and Yancey Counties.....	15
Seeing the Big Picture	20
Areas for Intervention.....	22
• Youth opportunities - infancy through teen years.....	24
• Mental healthcare	30
• 24-hour crisis support	33
• Transitional support for people leaving treatment and incarceration	35
• Prevention & restoration in schools	37
• Prevention & restoration in criminal justice systems.....	42
• Families, children and caregivers feel supported / Support for families and caregivers	45
• Recovery meetings, groups and support.....	49
• Basic needs & safety are a priority / Housing, transportation & employment.....	51
• Resources are accessible, organized, updated, and used / Accessible public information	54
• Local and affordable detox and treatment options.....	57
• Physical healthcare	62
• A workforce that is trained, supported, aware and well staffed.....	65
• People who have overcome substance misuse and mental health concerns are co-leading efforts to address the epidemic.....	69
• Community awareness about mental health, addiction & substance use	71

- Organizations, agencies, & efforts are connected, coordinated & collaborating.....74
- People are spiritually supported.....78
- People with substance misuse history and their families feel welcomed in the community..... 80
- Policies and regulations help (and don't block) support.....81
- Stigma-free..... 84
- Risk and harm reduction..... 86
- Everyone in the community contributing love, support, connection, belonging, acceptance, accountability..... 89
- Other Definitions..... 89

Considerations for Decision Making.....91

In Closing.....92

Appendix A: Design of the Community Learning Process..... 94

Appendix B: Option A Crosswalk for Commissioners.....100

Appendix C: Criteria for Commissioners' Decision Making Offered by Community105

Appendix D: Graphs from Stories Contributed to the Community Learning Process.....107

Appendix E: Story Form.....113

Appendix F: Sources and Citations.....120

Thank you to the following individuals who contributed extensively to this process

Core team:

- **Glenda Shuffler**, Director of Human Resources, Mitchell County Government
- **Meghan Graham**, Director of Behavioral Health, Mountain Community Health Partnership
- **Morgan West**, Projects Manager/Clerk to the Board of Commissioners, Yancey County Government
- **Schell McCall**, Executive Director, Partners Aligned Toward Health (PATH)

Advisory group:

- **Andrea Howell**, BSN, RN
- **April Buchanan**, Recovery Advocate
- **Bryant Reid**, Mitchell Medics EMS Director
- **Cassie York**, Mountain Community Health Partnership (MCHP) Behavioral Health Lead for Mitchell County, Recovery Advocate at various places
- **Cassie Burleson**, Certified Peer Support Specialist at MCHP, Freedom Life Board Member, Recovery Advocate at various places
- **Dean Hicks**
- **Dwight Willett**, MD, Mountain Community Health Partnership
- **Elvira Sanchez**, Community member supporting the Latino/Hispanic Community, CARE Ambassador (Community Ambassador Real Equity), Advocate for all
- **Jessica Williams**, Director of Never2Scarred Ministries/Hope House
- **Jessica Zucchini**, Partners Aligned Toward Health (PATH) Substance Misuse Program Manager, MYSATF Coordinator
- **Josh Wise**, Celebrate Recovery Facilitator and Recovery Advocate at various places
- **Kristen Cross**, MD
- **Linc Vance**, Yancey County Re-entry Coordinator, Freedom Life Ministries
- **Margarita Madrigal**, CARE Ambassador (Community Ambassador Real Equity)
- **Mechelle Akers**, Mitchell Yancey Substance Abuse Task Force (MYSATF) member
- **Noah Worley** - Foster Care Social Worker, Yancey County DSS
- **Pana Columbus**, Executive Director of Thrive Appalachia
- **Shawn Block**, Mitchell County Department of Social Services
- **Stephanie Wiseman**, Mitchell County 911 Communications Director and EMS System Administrator

Two local artists created the art used to help visualize the full scope of addressing this issue, found in the “Seeing the Big Picture” section. **Jennifer Haun** painted the background scene, *Rooted in Recovery*, and **Joslynn M. Allen**, a local teenager, created the bird and mushroom. Both of their families have been personally impacted by the opioid epidemic.

Many other individuals and organizations had roles in bringing to life this process and this “share back report,” especially the 119 people who participated in the community sensemaking sessions.

The entire process was supported by a team of consultants with WNC Health Network:
Emily Kujawa, Ashley Cooper, and Chris Corrigan.



This process was sponsored by Mitchell and Yancey County Governments with funding from Dogwood Health Trust.



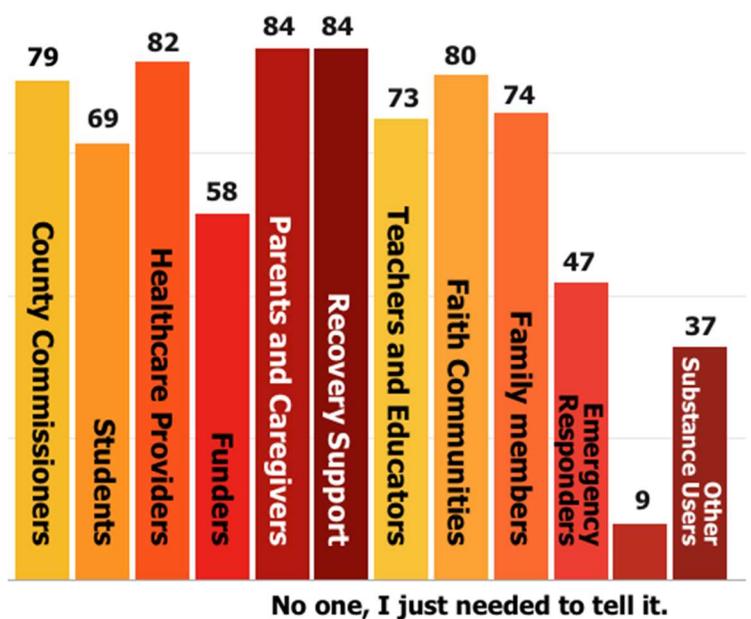
Suggestions for how to use the information in this document

This “share back report” includes a vast number of learnings, insights, and ideas from many people across Mitchell and Yancey Counties about how to address substance use. This information can be used in many different ways over time to inform ongoing efforts by local government, organizations, agencies, and community efforts. Here are a few possible ways to use this information:

- **Familiarize yourself with the data in the “Snapshot” section** Pages 15–19. This data illustrates some of the challenges people in the community are experiencing because of substance misuse. Specifically, you could...
 - Explore the reasons people said they use/used substances and what people are wanting and needing.
 - Ask yourself: What questions do these numbers and this information spark for you? What do you want to understand more about? Who are the people that have direct experience with what you want to understand better?

- **Read the stories and quotes that were collected.** The overwhelming majority of people who shared a story indicated that **if more people knew about their story it could have a positive impact** on challenges faced in the region. People who participated in the public sensemaking sessions also said it would be valuable for more people in the community to hear these stories. This collection of real life experiences can support a deeper understanding of the situation, the impact on people’s everyday lives, and offer insights that can lead to new and innovative things to try. Ways to work with these stories include...

Figure 1: Who should hear these stories?
Most common responses chosen by the story contributor



- Read the quotes from the stories that are included throughout this report.
- Host a sensemaking session to review stories and discuss insights and ideas for action that the stories make visible.
 - Do you fit in one of the categories in Figure 1? Invite a group of your peers or colleagues to review the stories that the authors said people like you should hear. For example, a group of healthcare providers could request to see the 82 stories people indicated they would like for healthcare providers to hear.
 - Reach out to one of the following Core Team members to access the stories:
 - Morgan West: morgan.west@yanceycountync.gov
 - Glenda Shuffler: human.resources@mitchellcountync.gov
 - For stories in Spanish, Schell McCall: schell@pathwnc.org
 - Reach out to Emily Kujawa (emily.kujawa@wnchn.org) if you would like support hosting a sensemaking session.

- **Use the visual to see the big picture.** Look at the “*Rooted in Recovery*” visual on page 21. This image depicts all the pieces of the puzzle community members said require attention—these are “Areas for Investment” and visions for the future. Some of these areas require funding and other tangible resources. Others are things that anyone in the community can contribute to for no cost. You can use this visual to...
 - Talk to community partners, organizations, and agencies to clarify who is responsible for tending to each area. You may specifically explore...
 - What are the areas where government agencies can invest (for example, opioid settlement funds and other resources)?
 - What other ways can government agencies address policies or inform community awareness?
 - How might this visual help when telling the story of the big picture of what needs attention to address this epidemic?
 - What is best for nonprofits, neighborhood groups, or faith-communities to focus on?

- **Dive deep in the “Areas for Intervention” section.** This section (pages 22–90) includes many detailed ideas for action and lists of what is already happening for each of the items in the visual. You can use this information to...
 - Understand more about each area to help clarify who has a role in each.
 - Identify interventions that you, your organization, or someone you know might be inclined to act on. Reach out to people, make plans, discern ways to take action and move it from an idea into something actively being tried to address this epidemic.

- Identify existing efforts that can be built on, and where gaps remain. Over time, update the “what’s already happening” columns and notice which areas are getting attention and which areas continue to be pushed to a later date or a different county.

- **Where can you contribute?** Based on your position in the community, as an individual or as part of government, an organization, or a community group, determine which area(s) you are able to invest resources in, organize community effort, and/or make changes within yourself. Consider...
 - Do you have financial resources that could contribute to efforts that are already happening or to pilot a new initiative based off of the suggestions?
 - How can we as a community collaborate and keep learning from and with each other about what is and is not working?
 - Where is more collaboration possible?

Tools For County Commissioners:

- Appendix B lists each of the Option A strategies from the opioid settlement, along with the corresponding Areas for Intervention suggested by community.
- Appendix C includes a rubric tool to support decision making around opioid settlement funds using criteria from the community.

Remember, there is no one right or best place to invest. Action is needed in all of these areas, and many things (big and small) must be tried.

Overview and Context

Between 2022 and 2024, Mitchell and Yancey Counties invested in assessment and community learning processes to better understand the current situation in each county around substance misuse (particularly opioid use) and to involve a broad cross-section of people in both counties to identify possible interventions to address current challenges.

Goals of the Community Learning Process

This process was designed and brought to life with the hope and vision that:

- It would provide an opportunity for many people across Mitchell and Yancey Counties to share their experiences related to substance use, and that the sharing process would bring healing in and of itself.
- People across both counties would strengthen and expand relationships, partnerships, and collaborations, and gain knowledge, skills, and tools from each other that can be used in the future to continue listening, learning, and taking actions together in response to this complex and ever-evolving issue.

Specific goals for the process included:

- **Learn what the community needs** - What helps people recover? What could help prevent substance misuse and addiction?
- **Strengthen meaningful relationships among local partners** - because connections are essential to implement solutions.
- **See the big picture** - To truly understand what we are facing, involvement of many different people in the community who see from a variety of perspectives is necessary to help us all see the big picture and explore ideas for addressing it together.
- **Identify areas the community prioritizes as necessary to invest in.**
- **Design each experience people have with this process in ways that could potentially be healing.**

Phases of this process

A more detailed description of the process is available in **Appendix A** (Design of the Community Learning Process).

Prior to the start of the two-county community learning process, each county convened a steering committee to guide development of **county-specific assessment reports** that compiled existing number data and data from key informant interviews. The two counties then collaborated on a community learning process with the following phases.

- 1. Design Phase with Local Advisory Team** – An advisory group of more than 20 local people with varying professional and personal life experiences around matters of substance misuse and addiction contributed knowledge and insight from their vast experiences with this epidemic. The advisory group included people with roles in local government agencies, local community-based organizations, behavioral health, healthcare, emergency services, law enforcement, non-profits, addiction and recovery support, as well as community members whose lives have been personally impacted by substance misuse. In the design phase, they worked together to inform how the process would be implemented; what information would be collected; and how to synthesize and share back what was learned and what the community identified.

- 2. Story Collection** – People from all over the 2-county region contributed more than 130 stories of their firsthand experiences with substance use, offering 110 of these stories to be used for learning among the broader community.
 - a.** 50 stories were shared by people who currently or previously used drugs and 50 from people who have loved or cared about someone who uses drugs. 18 stories were from healthcare providers and 5 were from emergency responders.
 - b.** 79 people indicated they would specifically like County Commissioners to hear their story.

- 3. Sensemaking** – The advisory group hosted four sessions in which 119 people participated – two sessions in each County. During the sessions, participants read the stories, discussed insights, and generated MANY ideas for actions –664 ideas and insights in total. Advisors noted that people who “wouldn’t normally fool with a community process” chose to contribute to this one, bringing out a more diverse group with important perspectives often missed. Subsets of the advisory group met many times to design the sensemaking sessions and to analyze the insight community shared at the sessions.

- 4. Compiling Learnings to Share Back with Community** – Members of the advisory group reviewed information summaries from the public sessions, including what has been learned and ideas for future action. They also identified existing efforts that match with community suggestions.

Outcomes of the Community Learning Process

Core outcomes of this process were:

- Wide community engagement and momentum to work together to address this issue in our communities.
- An extensive list of areas community members say require resources and attention, and are priorities for intervention and action.
- Information and ideas to inform Opioid Settlement funding decisions.
- Co-created valuable, **ongoing resources** for efforts to address substance misuse in Mitchell and Yancey Counties.

The advisors shared some of what they have already experienced as “ripples” of this process:

“I have seen more people engaged in this process, from every sector, than at any community gathering about substance use since I’ve been in the recovery community for almost 13 years.”

“A ripple of this process has been the rejuvenated energy around addressing substance use in our community. Since beginning this organized effort, there has been a bursting commitment level.”



“I think we have made so many more people aware of the severity of our drug problem. I also think we have raised the compassion level greatly. I am so proud to have been a small part of this.”

“I have more faith that something is going to be done this time and not just talked about.”

“It’s really huge that we are discussing this topic amongst agencies and learning that not everything is what it appears to be. We are recognizing that we need to pay attention to things differently. Some things we have to look at in a whole new way and then develop



protocol to address the challenges. I am learning so much from this, seeing things from a different perspective, and it is helping me in my personal life and in my professional role."

"This process has brought together a more diverse crowd. It has involved people in agencies and government who are tired and also sick of being at (or asked to be at) a

thousand meetings. It has also involved people in recovery who don't generally show up to meetings like this. People who wouldn't normally fool with a "community process" have been engaged. It's also brought people together from different parts of the system, people who don't normally work together."

"I have been involved in all the various parts of this process, with different groups of people participating. I got to hear the firsthand experiences and all the emotions from everyone involved. All the different levels from people who use substances to families where someone was a user, people working in law enforcement and medical services and local government agencies. To hear everyone's perspectives and all the emotions from their personal experiences has helped move past some of the preconceived notions that were there and actually get a clearer picture of the situation without bias or misinformation."

"I appreciate the process continually keeping me open minded to the fact that there are so many more reasons to have compassion and empathy for this issue beyond what I would've initially believed. Sometimes you have blinders on to individuals in situations that may not have had the same positive outcomes you've witnessed, and the reason for those outcomes can break your heart."

"I think we've had a coming together. This has been a driving force in getting a lot of the organizations together. The connections with people in the advisory group are ones that can really benefit each other and benefit the wider community moving forward."

“Personal relationships and connections between agencies and organizations are stronger and being used more often as a result of the collaboration amongst the advisory group.”



“Honestly, I’m super impressed by it and hopeful that change is going to happen. Change can happen with individuals. Change can happen with families. But

macro change is what we want, that is the kind of action that is sustaining, that’s how change becomes the new norm. That is not the trajectory that we’ve been on. We’ve been on a path where things keep getting worse. But now that we are all aware of this issue, we can see it together, we can now start recognizing it and intervene when we see it. The earliest intervention is the best intervention. We are all part of the process now, we are all invested. It’s not just law enforcement or people in recovery or behavioral health specialists – it’s all of us. We all have an invested interest in this, we all have skin in the game. We’ve invested our time. It’s us.”

“The community is embracing this process much more openly and positively than they did in 2009 when Mitchell Yancey Substance Abuse Task Force began. It’s great to see everyone getting involved in what they are able to help with.”

“We are each involved in our own things, we know what is our area, but it’s hard to link all the things together. That’s where this process has been so helpful, to connect things.”

“The willingness to sit together acknowledging the hardship and having the sensitivity and respect for all in the process was such a healthy starting ground to approach a project so often approached with bias and ill will. We all came together, some from diverse backgrounds, but all quite unified in our goal of helping. It feels like the good will involved is much more likely to lead to healing and health more than any “great ideas”. It felt good to be a part of it.”



"Thank you for starting this initiative because it's really making a change. The community seems to be more open and able to talk about these matters now, encouraging one another to overcome circumstances. I'm seeing people opening up about topics like this when it used to be that people felt shameful to share. Now they will have conversations about what they have going on and others can be in the

conversation without judging. Wow, we are taking a step ahead to overcome this and that means a lot for the community."

"The ripple I have experienced is seeing how it also seems more hopeful now because we have so many different people involved willing to support this... and willing to work towards a recovery community."

"We are doing some really out of the box thinking to develop protocols within the EMS system that we've learned through this process."

"Through the engagement of a community involved process, MCHP has strengthened relationships with other organizations and community members creating more community awareness of MCHP and the services we provide. MCHP has received a number of new patients seeking Office-Based Opioid Treatment following the sense-making sessions and from other public community focused space offered during this process."

"The ripple I see is increased community support, community is stepping up and loving and supporting moms and daughters in recovery. We are seeing these girls succeeding. I am seeing moms, daughters, sisters choosing to step away from addiction and into recovery."

"I learned through this process that most of the participants who started using drugs, started when they were younger than 18. And that for many of them, lack of connection was a big reason why. The good news from this is that we can address that, we can

create the conditions in which young people are feeling loved and connected. That is a tangible thing that we can do to prevent the next generation from feeling compelled to use substances."

"This process has opened our eyes to a lot of things. It's going to open the community's eyes even more. It's given us a lot more insight into what we might be able to do to help. For us to feel like commissioners really care about what is going on and that they are going to be part of helping people in need, that's like a big gift. We are thankful to everybody that's been a part of it."

"People are showing an interest to talk about stigma."



"There's a lot of talk about this process. Even with the churches. People are starting to ask questions more, really trying to understand the situation and what they can do. People have their hopes up, they want to know more, and they just don't know what to do next. They know that something's coming, they are interested, and they are waiting to see what the next move is."

"I think it's a wonderful thing. I've made friends that I wouldn't have made otherwise. Going forward it's going to take all of us. It's going to take the entire community to make a change."

A Snapshot of Substance Use In Mitchell and Yancey Counties

This is a brief snapshot of available data. Keep this information in mind when making decisions about how to invest resources and community effort. Much more in-depth “number data” is available in the following companion resources:

- The Mitchell County Opioid Planning Needs Assessment Report, which can be found at <https://www.mitchellcountync.gov/drugs/>
- The Yancey County Opioid Planning Needs Assessment Report, which can be accessed by contacting Morgan West (Morgan.West@yanceycountync.gov)

While public data shows one side of the story that people are facing in the region, the 130 stories contributed as part of this community learning process reveal more about the nuances of people’s experiences and the challenges connected to substance misuse (one’s own use or someone else’s).

Substance use is significantly affecting the health and wellbeing of many people.

- 100 percent of people in both Mitchell and Yancey Counties say **substance misuse is a major problem.**¹
- 100 percent of people in Yancey and 78 percent in Mitchell also say **mental health is a major problem.**¹
- The rate of **unintentional overdose deaths** is higher in Mitchell County than the statewide average, and in Yancey County is lower than the statewide average, although due to small reported numbers this rate varies widely year to year.²
- More than 5 out of 10 people in Mitchell, and nearly 5 out of 10 people in Yancey, say their **life has been negatively affected by substance use.**¹
- Injection drug use is a leading factor for **hepatitis C**. A total of 153 Mitchell County residents and 171 Yancey County residents have been diagnosed with chronic hepatitis C (as of 12/31/2019, the most recent data available). The rate of newly reported chronic hepatitis C cases in Mitchell was higher than the statewide rate, and in Yancey was lower than the statewide rate.³

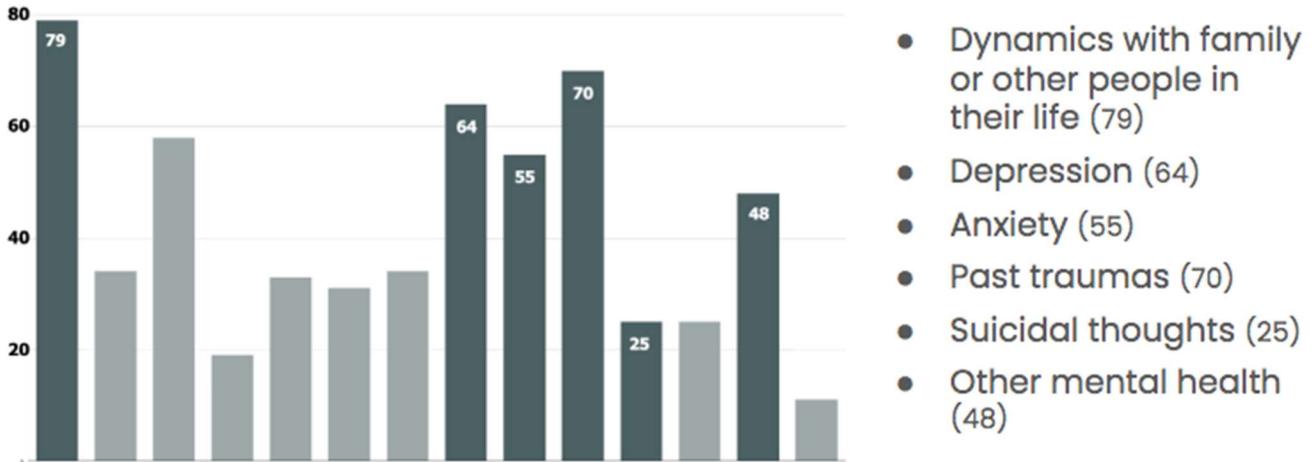
Lack of adequate mental health support contributes to substance misuse.

- More than 1 in 5 Mitchell residents and nearly 1 in 4 Yancey residents report **experiencing poor mental health in the past year.**⁴
- **There is a notable shortage of mental health providers in both Mitchell and Yancey Counties,** including peer support specialists, licensed clinical mental health

counselors, social workers specializing in mental health, and psychiatry and psychology professionals.⁵

- In the 130 stories shared, multiple factors related to **mental health influenced substance use** among people who shared stories (Figure 2). (Note this is not statistical for the region, just among the people who shared stories)

Figure 2: Mental health-related factors influencing use of people who shared stories



Additional factors, beyond mental health, influence substance use of people who shared stories.

These include: stigma in the community, insecure housing, lack of access to healthcare, pain or chronic pain, poverty, physical health, insecure food and nutrition, peer pressure and lack of opportunities for other interests, lack of access to affordable treatment options, lack of medical management from healthcare workers, family members using drugs, job responsibilities, having a baby and not having help, and spiritual emptiness.

Certain groups of people are particularly affected by substance use locally.

While almost everyone feels affected by substance use in some way, the dire consequences are impacting some more than others. We learned from people’s stories that these groups of people are most in need of additional resources and support (Figure 3).

Figure 3: Groups particularly affected by substance use



Within these four groups, people most impacted by this epidemic are:

- **People experiencing substance misuse**, including those living in community and those in the criminal justice system.
- **Young people** (infancy through teen years) experiencing substance misuse or addiction personally or through relationship to a parent or caregiver.
- **People with low or very low incomes.**
- **Family members** of people experiencing substance misuse.
- **People experiencing mental health related challenges.**
- **People working in systems that connect to substance misuse** (for example, doctors and other healthcare workers, social workers, first responders, teachers, law enforcement).^{1,6,7}

Children and families experience specific impacts.

- **73 percent of children in the Mitchell County DSS system⁸ and 81 percent in the Yancey County DSS system⁹ are there because of substance use of their parent or caregiver.**
- As many as 5.2 percent of households in Mitchell County have one or more children in which **a grandparent is responsible for raising grandchildren** (without a parent present).¹⁰ This is one of the higher percentages in WNC. *This data was not available for Yancey County at the time the report was written.*
- Of the 50 people who have used substances that shared stories, 42 of them **began using under the age of 18**. Many of the stories mentioned people's experiences as children.
- 14 stories mention **being a child in a household where someone misuses substances** and the impact that had on them.

Barriers exist to accessing necessary treatment.

- **Many services are only offered during traditional work hours** (9am-5pm), which is not an option for people who work a "regular" workday.
- **People in both counties do not have access to resources to pay for necessary treatment.** The uninsured rates in both Mitchell (11.3%) and Yancey (12.5%) are higher than the statewide average. The Medicaid coverage rates in Mitchell (19.1%) and Yancey (19.2%) are also both higher than the statewide rate. The percentage of residents receiving coverage through Medicare in Mitchell (27.5%) and Yancey (28.9%) are both significantly higher than the state rate. However, private insurance coverage rates in Mitchell (62.9%) and Yancey (59.9%) are both lower than the statewide rate.^{11,12}
- 33 stories mentioned **lack of access to healthcare** influencing their substance use.

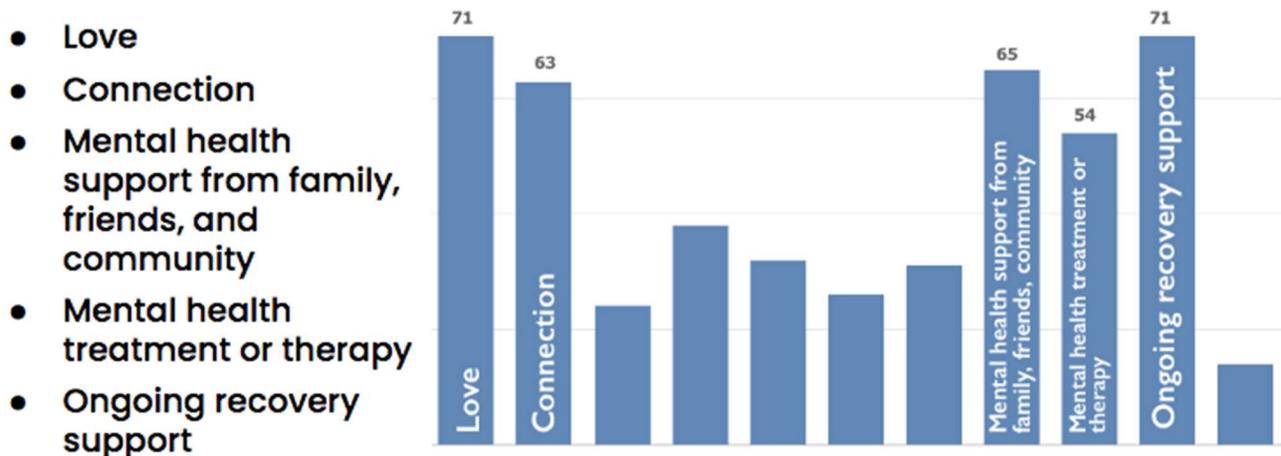
Both counties are impacted economically due to substance use.

- Medical costs related to drug-related deaths were \$46,442 in Mitchell (2021 alone)¹³ and \$66,452 in Yancey (2020 alone).¹⁴
- Costs associated with total statistical life loss were \$67,593,725 (Mitchell)¹³ and \$87,502,541 (Yancey).¹⁴
 - Technical Note: “Total statistical life loss” estimates only include fatalities and do not include additional costs associated with non-fatal overdoses, treatment, recovery, and other costs associated with this epidemic. Medical costs refer to medical care associated with the fatal event, including healthcare and lost productivity. Value of statistical life refers to the estimated monetized quality of life lost and assesses underlying impacts on life lost.
- There are also impacts on taxpayer funds that must be used to support overdose responses, law involvement, and other publicly-funded response needs.

People who use substances have unmet wants and needs.

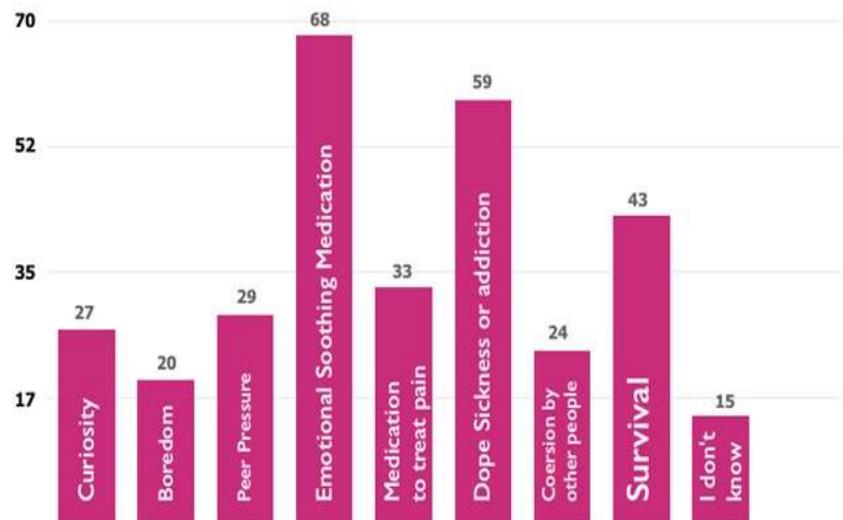
In the stories, people frequently described certain wants and needs of the person using substances (Figure 4). Other wants and needs included: necessary medications, financial support, healthcare, transportation, housing, how to deal/get help with addiction, someone with lived experience to tell the truth, treatment and support offered in their native language, to not feel alone, God, Christ, Jesus, belief in a higher power, Narcan, safety promised by the cops, acceptance, feeling connected, labor and delivery support.

Figure 4: Frequently named wants and needs of the person using substances in the stories



The most frequently-identified motivations for the main person in the story to use drugs are described in Figure 5. Additional motivations included: ADHD treatment, to connect with other people, unprocessed trauma and traumatic stress, use of a parent, insecure to ask for help due to legal status, self medicating to treat unmet mental health needs, shame and guilt, “satan/evil”, and to feel loved by others.

Figure 5: Motivations to Use



There are many existing assets in Mitchell and Yancey County.

While community members were eager to discuss the many areas that need attention, people are also proud of this region and the work that is already happening. There are many existing local initiatives, programs, services, and efforts that can be built on, particularly now that there is greater community awareness and willingness for collaboration to address this complex matter. These assets include:

- **Longstanding local efforts** - Individuals and groups that have, for more than a decade, been supporting people in the region who are impacted by substance misuse and addiction.
- **A multigenerational recovery community** - A recovery community shows that recovery is real and inspires recovery in others.
- **Community-based programs and agencies** that address early intervention, prevention, treatment, and recovery, as well as family and caregiver support.
- **Local Substance Abuse Task Force** - Has been convening in Mitchell and Yancey Counties since 2009.
- **Local treatment options** - Existing options are limited, yet appreciated by community members able to access them.
- **Resources and supports** for prevention, treatment, and recovery.
- **Local government leaders** who support efforts in these areas and are open to engaging their communities around learning and planning
- **Growing community awareness and desire to support** addressing concerns related to mental health, substance misuse, and addiction.

Seeing the Big Picture

A Vision for How To Experience Community Wellness in Mitchell and Yancey Counties

To change the impact of substance misuse and addiction in these two counties, contributions of many different types are necessary. Many people in both counties have identified areas for intervention that are valuable.

How to use this visual: In the image on the following page, all the words in the soil (brown) are specific areas that require intervention, investment of resources and community effort. Some of these areas require funding and other tangible resources. Others are things that anyone in the community can contribute to for no cost. There is no one right or best place to invest. Action is needed in all these areas, and many things (big and small) must be tried.

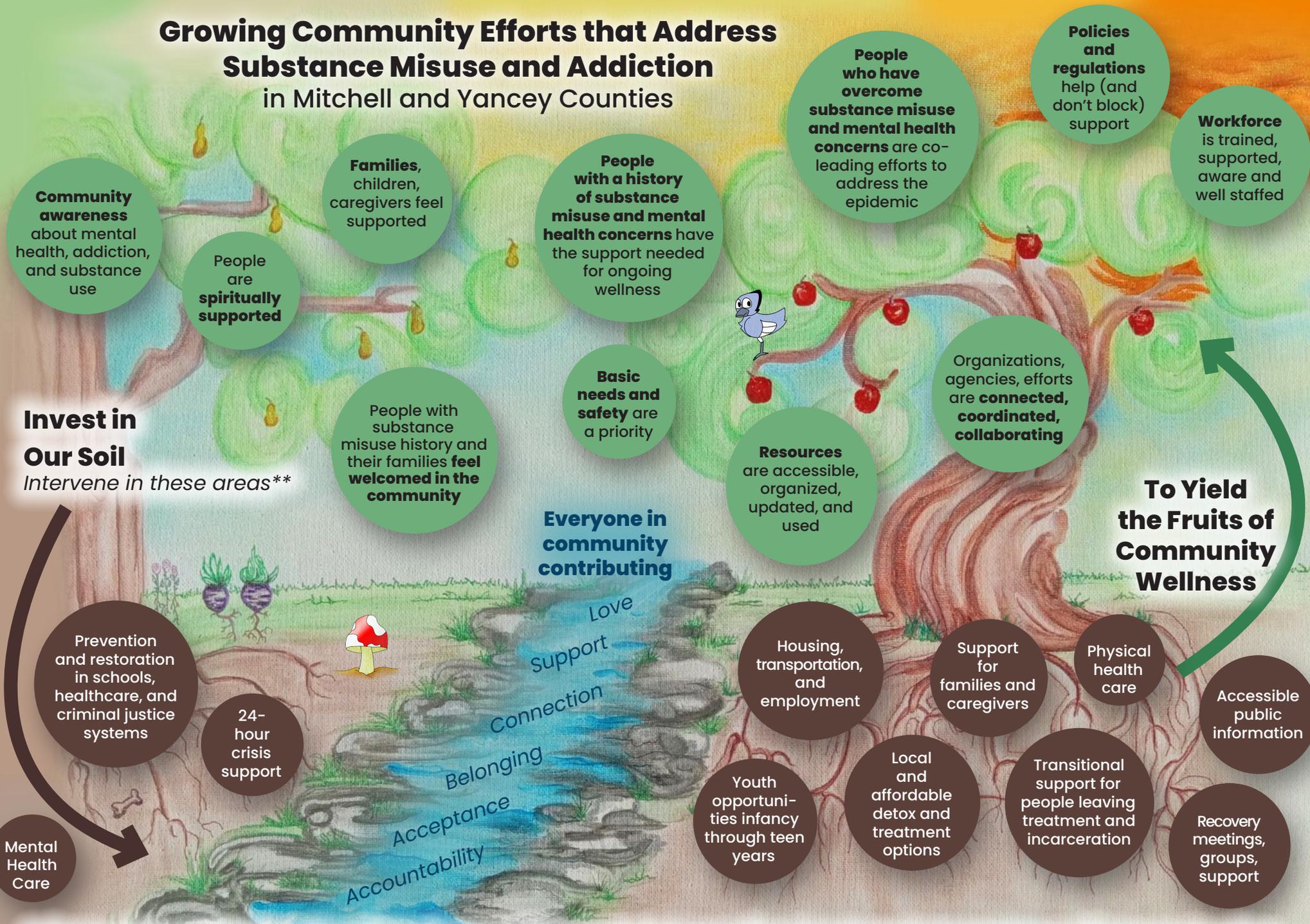
- Look at the brown and green circles - Where can you (as an individual or as part of government, an organization, or a community group) contribute?
- Look at the whole image to see all the pieces of the puzzle that require attention.

With community-wide involvement, it is possible to grow the fruits of the green circles and allow this vision of community wellness to thrive.

More details about actions that can be taken and existing efforts to connect with in each of the intervention areas can be found in the "Areas for Intervention" section of this report.

*Two local artists created the art for the visual. **Jennifer Haun** painted the background scene, **Rooted in Recovery**, and **Joslynn M. Allen**, a local teenager, created the bird and mushroom. Both of their families have been personally impacted by the opioid epidemic.*

Growing Community Efforts that Address Substance Misuse and Addiction in Mitchell and Yancey Counties



Stigma-free and culturally-aligned prevention, early intervention, treatment, recovery, and harm reduction.

***Community efforts in many of these areas already exist in both counties. Building on these efforts is essential to address the unmet needs that still exist in all of these areas.*

Areas for Intervention

This section provides details for each area for intervention in the previous section. These details include:

- A description of that area
- Anonymous quotes from Mitchell and Yancey County community members illustrating why this area of investment matters
- Specific ideas for action that people in the community identified that government and other local groups and organizations can invest in
- Things that are already happening related to this area that can be built upon

Important Notes:

- These lists are not intended to be comprehensive, and inaccuracies may exist.
- Even if there are already things that are happening for a particular area, there are still unmet needs in ALL of these areas that require additional attention.
- Each quote is someone's real life and has been offered to this process in the spirit of us learning from their experience and in hopes of seeing action that brings about change. **We ask that these quotes be honored with care and respect.**
- Moving out of addiction and into recovery is a process with many stages and there is sometimes confusion about the types of care needed at each point. For instance, a detox facility is often short-term and at a medical facility whereas a recovery house is long-term and often integrated into the community. The path to recovery and wellness requires **different levels of care and treatment modalities at each point on the journey**– immediate crisis support options, places to detox, treatment facilities, transitional support after treatment or incarceration, ongoing recovery support, and culturally and spiritually aligned care and support.... and throughout the whole journey, ongoing love and belonging.
- Community provided input to inform the details in this section in several ways, including:
 - County assessment reports (which included key informant interviews and a listening session with people in Yancey County who are in recovery)
 - The 10-month community learning process with diverse participants from Mitchell and Yancey Counties
 - Community listening sessions hosted by the Community Engagement Project of Sustaining Essential and Rural Community Healthcare (SEARCH)¹⁵

Invest in these areas:

• Youth opportunities – infancy through teen years.....	24
• Mental healthcare.....	30
• 24-hour crisis support.....	33
• Transitional support for people leaving treatment and incarceration.....	35
• Prevention & restoration in schools.....	37
• Prevention & restoration in criminal justice systems.....	42
• Families, children and caregivers feel supported / Support for families and caregivers.....	45
• Recovery meetings, groups and support.....	49
• Basic needs & safety are a priority / Housing, transportation & employment.....	51
• Resources are accessible, organized, updated, and used / Accessible public information.....	54
• Local and affordable detox and treatment options.....	57
• Physical healthcare.....	62
• A workforce that is trained, supported, aware and well staffed.....	65
• People who have overcome substance misuse and mental health concerns are co-leading efforts to address the epidemic.....	69
• Community awareness about mental health, addiction & substance use.....	71
• Organizations, agencies, & efforts are connected, coordinated & collaborating.....	74
• People are spiritually supported.....	78
• People with substance misuse history and their families feel welcomed in the community.....	80
• Policies and regulations help (and don't block) support.....	81
• Stigma-free.....	84
• Risk and harm reduction.....	86
• Everyone in the community contributing love, support, connection, belonging, acceptance, accountability.....	89
• Other Definitions.....	89

Youth opportunities – infancy through teen years

“As a young boy I always struggled with fears of rejection, and fear in general. At the age of around 14 I entered into a life of substance abuse. Instantly, those fears went away and I thought I had found my answer. Shortly after entering into that life, the joy and the lack of fear that came from the drugs began to go away. One day I woke up and realized that I no longer had control of the drugs, but they were in control of me....It's important to reach out and mentor the youth population and let it be known that drugs aren't the answer for emotional pain.”

“I never had a stable young life. Family was violent, we were poor, and I was bullied for everything... [my high school guidance counselor] worked with me after that time to get me out of "regular" school, and on a fast track to college, where I excelled and made something out of my life. I still struggled with using, low self esteem, and poor choices for many, many years before finding healing, but this early connection and attention changed the course of my whole life....Someone cared about me – Young people need kind, caring attention. Alternatives. Non judgmental love and support. Everyone does, but young people remember these moments for a lifetime.”

“As I continued to grow up, there were many times I was told that I wasn't allowed to come over to certain friends' houses due to who my parents were and the expected behavior I would have on account of that. Living in a small area like we do, everyone knows everyone, and it wasn't abnormal to hear whispering about how one of my family members got in trouble with the law again. Almost always, teachers would have that same look of pity for me whenever I was around and the need to give me special treatment because they knew where I came from and what I would go home to that afternoon. I don't believe anyone ever really expected much out of me, even though I tried to prove I was just as good as the other kids around me.... I still hear those whispers of gossip behind my back about their assumptions of me, or my family... Not enough people have empathy for people in addiction or their kids who suffer because of it.”

“I would like for there to be more emphasis on how to help children whose parents are incarcerated, in treatment, dead from overdose, or otherwise incapacitated in parenting.”

A range of situations can lead young people to enter into substance misuse and addiction. These situations can include - experiencing the stress and trauma of parents or caregivers who are going through substance misuse or mental health challenges, living in a chaotic home life, and not feeling seen and understood by the people around them. Providing opportunities for young people from infancy through teenage years so that they can form and grow positive relationships and connections, participate in activities for the mind, body, and soul, and feel accepted and appreciated is an essential path for preventing substance misuse later in children's lives.

Youth Opportunities Look Like...providing opportunities for connection, belonging, love, acceptance, healing, creativity, social interaction, learning, and positive and supportive adult role models for young people through activities, physical spaces, ways for them to learn healthy life and social skills, and support specifically for children of people experiencing substance misuse and mental health challenges.

Specific ideas from community	What is already happening?
<p>More places and spaces for youth and families to go</p> <ul style="list-style-type: none"> ● Communication Center for Spanish speaking youth and families. A place where Hispanic teens could gather, with bilingual staff and members who can talk with whomever shows up about substance use. ● More opportunities and places (e.g., rec center) for youth to connect and develop in-person social skills using the arts, sports, nature, etc. A safe place is essential to learn to connect; to play ping pong, play games, play volleyball, eat snacks, watch movies and just be with each other. ● Rec centers with ping pong tables and other things to do ● Family Life Center - sports for anyone, not just the best athletes - basketball, volleyball <ul style="list-style-type: none"> ○ Require adult volunteers ○ Require transportation to get kids there ○ Could require relationships with parents so that they trust where their kids are going ○ These could turn into leagues ● A location for multi-age (youth through adult) fitness program/movement activity program to assist positive goal directed activity, manage chronic pain, encourage social, mental and physical development of youth. Could coordinate 	<ul style="list-style-type: none"> ● Sizzlin’ Summer Series exists in Yancey (summer months) - PATH ● Appalachian Youth to Youth in both Mitchell and Yancey (middle schools and Mayland Early High School) - PATH, MYSATF ● Cougar Fit Club in Yancey (high schoolers) - PATH, MYSATF ● Health Rocks! curriculum in middle school classrooms ● THRIVE Appalachia! (classes for kids) ● Toe Valley Soccer Association ● Toe River Racquetees Tennis and Pickleball summer camps - PATH ● Cooperative Extension <ul style="list-style-type: none"> ○ 4-H ○ Mountain Challenge (Yancey) ● YWCA (Mitchell) ● Red Ribbon Week - SU awareness/drug prevention activities and speakers at Mitchell and Yancey middle and high schools - PATH, MYSATF, School systems ● “Catch My Breath” vaping education for schools and other partners, PATH, MYSATF, School systems ● White House Drug Policy Grant – Drug Free Communities grant to address prevention of substance misuse among youth - PATH ● College/career counseling (Mayland Community College) ● The Jason Project: “The Grandfather Challenge” and “Appalachian Trailblazers” (hiking programs for at-risk youth)

with Home Remedies program as well as with Substance Misuse education for youth.

- Example: Iceland created a rec center to address their substance misuse issues which met with great success.

Activities for youth

- Ask youth - what would you like? What do you need? Do this through small group conversations. Surveys get lies.
- Safe way for youth to process and develop appropriate coping skills for stressful and traumatic experiences
- Activities that offer entertainment, social connection, an alternative place for youth to be other than at home, and access to positive adult mentoring/modeling.
- Focus on helping youth identify what their gifts and talents are and help find ways for them to cultivate them and contribute them to a group or community.
- Stigma-free programming for youth
- Activities should be affordable and accessible with transportation available/provided (vans to bring kids to and from activities; "Should have a sidewalk to a safe place to play")
- More safe, engaging, substance-free activities
- Ways to feel connected to community life, including "replacement" activities - other activities that are FUN to do to replace drugs as a source of fun.
- Activities that provide skills for life and jobs, such as intergenerational 4-H
- Programming for middle schoolers
- Offer many choices for after school/extracurricular
- A peer led resource
- Specific activities:

- Dig In! Youth gardening programs
- Juvenile Crime Prevention Council (JCPC)
- Yancey County donates free pool days in the summer
- Mitchell County Parks & Recreation Department Activities:
 - Basketball (Pre-K - 2nd Grade); Basketball (3rd-8th Grade)
 - Co-ed Soccer
 - Contact football (3rd-8th Grade)
 - Flag Football (1st - 2nd Grade)
 - Football Cheerleading
 - Girls Volleyball
 - T-Ball/Baseball/Softball (Pre-K - 6th Grade)
 - Summer Camps
- YMCA will be building a new facility in Mitchell County
- Big Brothers Big Sisters program
- Parkway Playhouse afterschool and summer camps

<ul style="list-style-type: none"> ○ Cookouts for kids ○ Classes for kids ○ Festival or fair in town ○ Bonfire...hide and seek in the dark ○ More Big Brother, Big Sister ○ Places to cruise, skating rink, movie theater, be able to go to the river ○ A rock wall, sand volleyball courts, hiking trails, paintball, and basketball courts ○ Youth sports/basketball league (in the works!) ● No shame/quiet scholarship program to cover costs for children to participate in youth events who are being raised by other/foster families ● Also offer activities for adults/parents (“Also nothing for the parents to do”) <p><i>Support positive, caring relationships between youth and adults</i></p> <ul style="list-style-type: none"> ● “Attentive, present, caring adults can help guide young people out from difficult life circumstances, even with just a few key interactions. Love is potent.” ● Youth understand the impacts of using drugs when they learn about them through connections and positive relationships with people. ● Mentorship is “how you learn everything” ● “It’s important to reach out and mentor the youth population and let it be known that drugs aren’t the answer for emotional pain.” <p><i>Education for youth</i></p> <ul style="list-style-type: none"> ● Offer school-based education about mental health: “school-based mental health supports that raise awareness and reduce stigma about mental health, build resilience skills, and provide “honest, reality-based, developmentally 	
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appropriate substance use education” in grades K-12.””

- Be intentional about the messengers and the messages:
 - A person in recovery sharing real life stories
 - Law enforcement officers could talk to the kids and not wear their badge
 - “They need to hear success stories”

Provide more youth substance misuse treatment and services (See also “Local and affordable detox and treatment”)

- Intensive outpatient program for kids who use substances
- School-based day treatment options
- Provide additional funding for counselors and therapeutic care in the schools.
- Hire full-time substance misuse counselors to deal with vaping in the schools.
- Children needing help to detox then feel love and being cared for

Other ideas

- There is a need for foster care options for teenagers whose lives are impacted by a parent who is unable to be their caregiver. There are currently dozens of young people who risk being removed from their mountain community because of no place to care for them locally.
- Limit screen time for young people to reduce overstimulation and support meaningful engagement and connection.
- A coalition to help develop resources for youth. A peer led resource list/development process may be helpful.

- “I notice with the folks I talk to who have substance use concerns that the older individuals have a built-in protective factor of having a relationship with nature and doing manual labor and handwork. Similarly, I notice that the younger individuals have a risk factor of not having a relationship with the outdoors or knowing how to work with their bodies, seemingly spending most of their time indoors and connected to a screen. When I think of the opioid epidemic, I think of the 1990’s when the opioids came in just as the tobacco fields and industrial facilities started shifting into extension. I wonder how much the loss of culture, community, and meaningful work has done to magnify the negative effects of substance use in rural Appalachia. I also wonder if taking the approach that many Native American nations have, of bringing back culture as a way to heal their community may be important for us too. What if we put away our phones, stopped offering helpful apps, and instead engaged with each other in physical spaces? What if we brought back clogging to the schools, got kids outside gardening and exploring the mountains, got auto mechanics back at Mayland, had classes on canning and quilting, what if we offered folks a life worth living again?”

Mental healthcare

"I was abused as a child. I had a lot of issues before I ever began using drugs. I was very insecure. I hid it well, but had a lot of social anxiety. I'll begin using drugs at 17. It was only marijuana at the time. Years later, it turned into a meth addiction. That also had Xanax and alcohol added to it. My life was a train wreck. My spiritual and mental well-being was way worse than my physical."

"I have never worked with a client that was using substances that did not also have unmet mental health issues."

"Mental health is really the driver, substance use the symptom. Took me a year or 2 before I started understanding that the reason people use isn't to spite me or stick their finger up to the law. It's to escape the reality they are in, to ease the pain. A lot of folks are self-medicating."

"NEVER STOP offering services and support; it is a LIFELONG battle for many people and we need more mental health care and more connected care..."

Mental health can be closely connected to substance misuse. An inclusive mental healthcare system that is accessible, affordable, available in the client's language of choice, and supports positive mental well-being and recovery from substance misuse across different ethnicities and generations is essential. Both Mitchell and Yancey Counties have federally-designated mental health professional shortage areas.

Mental Healthcare Looks like...more mental health support, particularly for certain groups of people that currently face obstacles accessing care, including people who are Hispanic, children/youth, and people interacting with the social services system. Expanding mental health support requires more funding.

Specific ideas from community	What is already happening?
<ul style="list-style-type: none"> • More mental health care, particularly for specific groups of people: <ul style="list-style-type: none"> ○ " We need an organization where Hispanic/Latino people feel comfortable going to for help." ○ Children and youth able to access needed mental health care 	<p>See PATH/MYSATF Mental Health & Substance Use Resource Guide for more resources (includes mental health services youth/adolescents and adults for counseling and therapy, outpatient treatment programs, residential mental health treatment programs, and Spanish-</p>

<ul style="list-style-type: none"> <ul style="list-style-type: none"> ■ Especially play therapy for children 3-5 yrs. ■ Accepts Medicaid ○ People dealing with DSS (need consistent mental health support) ○ Provider needs to take Medicaid. ● Need of more active and compassionate care management (includes resource connection) and therapy for all parties ● Increase mental health funding programs ● Grow the mental health support workforce (See “Workforce”) ● “He only had zoom meetings with the psychiatrist once a month for 30 minutes, and he had told me that the psychiatrist told him, “I’m not a talky therapist, I’m a medication therapist” So she barely had any way to observe him and see how the medication affected him. Even so, he was great at masking, and I’m sure he didn’t tell her anything about the way it was making him act or treat me. It was a nightmare because psychiatrists hand out drugs like candy.” 	<p>speaking/bilingual service providers): https://pathwnc.org/wp-content/uploads/2024/01/2023-MH-SA-Resource-Guide.pdf. The lists below may have some overlap with resources in this guide.</p> <p>Located within Mitchell and/or Yancey Counties:</p> <ul style="list-style-type: none"> ● RHA Health Services ● Mountain Community Health Partnership (MCHP) (School based therapy and child day treatment; outpatient mental health; collaborative care; integrated behavioral health) ● Blue Ridge Regional Hospital (Emergency Department) ● School system – school mental health counselors ● Mental health services through Mitchell and Yancey Juvenile Crime Prevention Councils ● Head Start/ICS (mental health screening for pre-schools/developmental screenings/parent training and parent support for enrolled children) ● Mayland community College (Supportive counseling services for students) ● Crossnore School & Children’s Home (outpatient clinical services; psychiatric medication management for child and adolescents) ● Licensed Professional Counselors/Licensed Clinical Social Workers (individual/family outpatient support) ● Veterans Services (Bakersville/Boone) ● Mental Health and Suicide Prevention Group <p>Located elsewhere:</p> <ul style="list-style-type: none"> ● Meridian Behavioral Health
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	<ul style="list-style-type: none">● MAHEC (collaborative care, telepsychiatry)● Asheville - Appalachian Counseling and Psychological Services● Asheville & Marion - A Caring Alternative (Clinical services for children and adolescents; school-based therapy and child day treatment))● Vaya Health (complex care management)● Charles A. Cannon Jr Memorial Hospital (inpatient behavioral health services for adults; crisis services; outpatient behavioral health services, children and adults)● Appalachian Regional Behavioral Health (inpatient and outpatient behavioral health; crisis triage)● Nebo - North Carolina Outreach Group Homes● Wilkesboro - Daymark Recovery Services● Weaverville - Summerland Homes● Marion - McLeod Addictive Disease Center● Wilmington - Lifesource of North Carolina● BlueWest Opportunities● Abound Health● Maxim Healthcare
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24-hour crisis support

“When people want help there is a window for action.”

“When people are in crisis - you call and nowhere to get them in. MCHP is overloaded. 1 week or 3 months out for an appointment is too long/too far away. A lot can happen in 4 months. People can die”

“The very next day I decided I was gonna get clean. I called the number that I had seen on the TV for help. They told me they could talk me through it. I need real help inpatient help. well insurance without money I couldn’t get it. The only rehab facility in the area cost thousands of dollars. On my way to clean, just to get away, get a good support system environment. There was nothing like that available. the result was right back into the same old same old addiction. so people need help and people need help. When they’re reaching out, they have to have something to grab!”

“Need a place for people who are struggling - either mental health or drug problem - to go. (911/police station not a good option)”

When someone is in the depths of substance misuse, a window of clarity can arrive at any moment. When someone has that window of clarity and is seeking help, it is essential for there to be local, face-to-face support available 24/7.

24-hour Crisis Support Looks Like...support available at any time for people who are experiencing a substance use or mental health crisis. This support is offered in person, at a known location, on the phone, and in other ways. People have places where they can connect with someone in the moment of need, when reaching out for help, and in ways that allow folks to feel safe and accepted. This includes peer support services, recovery support spaces, healthcare support, and community-based options with a qualified professional for individuals experiencing a crisis. People receive referrals to resources and on-going community-integrated support from these crisis support points.

Specific ideas from community	What is already happening?
<p><i>Immediate, hands-on crisis support</i></p> <ul style="list-style-type: none"> ● Support/crisis hotline (someone to talk to) ● Substance use crisis team that can respond to calls for help 	<ul style="list-style-type: none"> ● 988 National Suicide & Crisis Lifeline ● RHA mobile crisis management - 888-573-1006 ● RHA Walk-in crisis centers in Spruce Pine and Burnsville ● Asheville - RHA 3356 Comprehensive Care Center & Neil Dobbins Center (same-day walk-in clinic, behavioral

<ul style="list-style-type: none"> ● A local crisis center that is operated by volunteers or staff THAT RESPOND when someone reaches out ● Post overdose response team (PORT) that is integrated/collaborative with EMS/Law Enforcement and MCHP to get folks into treatment after an overdose ● Expand the Mobile Crisis Unit ● A mental health center that has a walk-in component that is 24 hours with a support line and a prayer line <p><i>A safe place to go with access to people and support</i></p> <ul style="list-style-type: none"> ● Emergency safe houses staffed with people who understand what folks are going through – for people still using and seeking support or those in recovery. ● A safe space to gather, feel accepted and just be able to "be who they really are" for people in recovery and those wanting support ● A safe place for everyone to go to (accessible), a place to create new supports with new people after leaving the life of substance misuse ● A "peer living room" ● A safe place that isn't at a church for people who feel judged in church spaces – "Those church people aren't always nice to us." ● A place where law and paramedics can refer people to go to in order to get the help they need 	<p>health urgent care, 24/7 crisis stabilization and detox services, peer living room</p> <ul style="list-style-type: none"> ● Asheville – Daymark Caiyalynn Burrell Child Crisis Center (facility-based crisis service for children and adolescents, ages 6-17) ● Lenoir – Caldwell C3 Comprehensive Care Center (crisis stabilization and detox services for adults, mobile crisis management) ● Daymark recovery services 24-hour crisis hotline and mobile crisis management ● National Alliance on Mental Illness (NAMI) Helpline – 800-950-NAMI (6264) or text NAMI to 741741 ● SAMHSA National Helpline – 800-662-HELP (4357) ● Vaya mobile crisis & access to care line – 800-849-6127 ● Veterans Crisis Line – 800-273-8255 ● Safe Place program (for youth)
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Transitional support for people leaving treatment and incarceration

“The system is so broken, they come out of jail and don’t have a place to lay their head, have probation fines...we need to come alongside them, help them make their probation appointments, etc”

“The problem I kept running into is I didn’t know how to live a “normal” life. I was introduced to our local reentry organization. It was the opportunity I had so desperately been seeking. Upon my release from prison I was accepted into their program and given the chance I needed. I had nothing but the clothes they released me in. [They] helped meet my immediate needs (housing, clothing, food, etc.) and then my case manager and I made a plan and time table for achieving the goals I had set. These included long term sustainable employment, Trauma therapy, getting my legal needs taken care of, obtaining my drivers license, and substance abuse support groups. My case manager walked me through until completion and I was able to achieve my dream of living a life free from addiction. I just celebrated 4 years sober.”

“When people come out after treatment can be the most dangerous time because they don’t have a new support network, they still have the same friends at the same things and they don’t have a lot of times what they need, which is why [transitional support organizations] can be so important, because they give people a different kind of support that they don’t get when all of their friends are using drugs. If they come out of treatment and all their friends are still using drugs then they are right back in the same problem...we need some kind of bridge between treatment and life that embraces all people.”

Re-entering the community (and society) after a time in jail, prison, or in treatment may be “the most dangerous time because [the person doesn’t] have a new support network.” Transitional support is a community network that provides formal and informal services for individuals who are ready to make or maintain changes in their life and want to distance themselves from the community they used substances with.

Transitional Support Looks Like...specific support to help people meet their basic needs such as housing, transportation, employment, job/education/vocational training and resources, mental health support, connection with treatment and support groups, as well as peers and a broader community that supports a lifestyle of wellness and recovery. Transitional support comes from organizations, institutions, and community groups.

Specific ideas from community	What is already happening?
	<ul style="list-style-type: none"> ● Freedom Life Ministries ● FIRST at Blue Ridge (in Buncombe County)

Access to basic necessities during the transitional time (see also "Basic Needs")

- Continuity of care - Wrap around services while reintegrating into wellness with new skills/approach to life following treatment or detox
- Access to:
 - Transitional ("halfway") housing
 - Transportation
 - Work: help finding a job
 - Education
 - Help setting up bank accounts
 - Mental health care and therapy

Care coordination/case management

- Need more active and compassionate case management (hand-to-hand link to resources upon release/discharge)
- Support with case management and peer support services (Connect with peer support before release)
- Someone to catch you when you step out the door
- A mentor, paired with someone when transitioning out of jail or treatment
- Hire social workers to coordinate all needed services for persons who demonstrate a commitment to recovery.

Specific types of programs that would be valuable

- Re-entry residential programs like LINC - Leading Into New Communities - program based in Wilmington
- Establish a re-entry program for Yancey County: "so needed" to help people transition back into the community from jail/prison and meet immediate and basic needs. An effective re-entry

- Existing peer support (e.g., Peer Support Specialists through MCHP)
- Mountain View Correctional Institution has a list of resources they refer people to who are re-entering the community, across a range of "life areas" including "sobriety," housing, transportation, employment, and others.

program must involve more than just providing housing.

- Other examples: Oxford houses, program in Gastonia
- Faith-based approaches

Places to go

- All these empty schools—why can't we turn those into places?
 - Turn empty school buildings into - individuals, families, children, safe housing staffed with people who love them. Recovery oriented support.
 - Units for Families - Cascade program that supports women and children. Let's add men too... programs that support the whole family unit - husband, wife, child. Offering parenting skills.

Prevention & restoration in schools

"I was in high school and my parent had gone to rehab for the third time. I was so furious and embarrassed that I stopped talking to them for two years (we still lived in the same house). My incredible guidance counselor somehow knew what I was going through. Without ever making me feel weird or awkward or putting me on the spot, my guidance counselor sort of took me in. They checked in on me frequently, invited me to join groups and to get involved with things in a way that was gentle, and that I didn't feel like I was being singled out. They set me up for accomplishments and special opportunities... They lifted me up, really SAW me and gave me positive affirmation and feedback, and believed in me in a way that no one else, including myself, believed in me. I think they kept me from slipping into dangerous behavior and substance use of my own. I credit them for a large portion of my success in life as an adult."

"Speaking as someone who has grown up around drug abuse their entire life, I feel like it is vital we start intervention early with our children. I know the DARE program still occurs, which I think is good, but I'm not sure of how effective it truly is. I think that it is hard to speak on drug abuse and the reality of it when you haven't experienced it yourself. I also

think that for kids who have drug abuse problems, they develop negative emotions towards law enforcement early on because they associate them with their parents getting arrested or in trouble. That is something that I personally believe, makes it hard for those kids to really listen to the messages being told to them because they already have a level of distrust and resentment towards the police, who typically lead the DARE program. What I believe would be extremely beneficial, is to either have a recovered addict speak to kids or share real life stories collected from addicts. No one knows the reality of what drugs do to your life more than people who have been down that road."

Schools, as institutional systems, have the power and potential to offer meaningful opportunities for prevention, healing, and support.

Prevention and Restoration in School Systems Looks Like...supporting and training staff in trauma-informed and social-emotional learning approaches, providing early intervention and prevention programming and education for students and staff, ensuring adequate school counseling staff are in place, and co-locating substance use and mental health services within schools (See also "Prevention").

Specific ideas from community	What is already happening?
<p><i>Education and programming in schools for youth</i></p> <ul style="list-style-type: none"> ● Programs and /opportunities for middle schoolers specifically ● Implementing public health interventions around safe touch, particularly for students and in schools ● Provide "honest, reality-based, developmentally appropriate substance use education" in grades K-12. ● "What I believe would be extremely beneficial, is to either have a recovered addict speak to kids or share real life stories of collected from addicts. No one knows the reality of what drugs do to your life more than people who have been down that road. Obviously, they shouldn't go down into heavy detail that truly would not be appropriate for them to know, but I believe that telling them some harsh realities would be beneficial for kids to hear. I graduated not very long ago and can tell you right now, those "at 	<ul style="list-style-type: none"> ● Appalachian Youth to Youth (programming for middle schoolers) - PATH, MYSATF ● Cougar Fit Club (for Yancey high schoolers) - PATH, MYSATF ● Red Ribbon Week (substance use awareness/drug prevention activities and speakers at middle and high schools) - PATH, MYSATF, School systems ● Safe Place program ● Safe Dates curriculum ● "Catch My Breath" vaping education - PATH, MYSATF, School systems ● Clinical services for children and adolescents (A Caring Alternative; School Based Therapy; Day Treatment Services) ● Health Rocks! Curriculum in middle school classrooms ● School resource officers (SROs) in schools: "We have SROs [School Resource Officers] in each of our

risk" kids don't hear "drugs are bad" and just stop engaging in that behavior. They need to know what this can lead to, what it can take away from you, and that drugs don't discriminate. They need to know about the rising fentanyl problem and that it isn't something they just read online. It is a real and growing problem that kills people every day. It isn't something that just happens in big cities, hundreds of miles away, it happens here too."

- "Speaking as someone who has grown up around drug abuse their entire life, I feel like it is vital we start intervention early with our children. I know the DARE program still occurs, which I think is good, but I'm not sure of how effective it truly is. I think that it is hard to speak on drug abuse and the reality of it when you haven't experienced it yourself. I also think that for kids who have drug abuse problems, they develop negative emotions towards law enforcement early on because they associate them with their parents getting arrested or in trouble. That is something that I personally believe, makes it hard for those kids to really listen to the messages being told to them because they already have a level of distrust and resentment towards the police, who typically lead the DARE program."
- Revamp the D.A.R.E. program for 7th graders, so it will be more likely to hold their interest.
- *(Consultants note: The original D.A.R.E. curriculum has been researched and was found through multiple studies to result in no meaningful difference in youth substance use; the program has since adopted a new curriculum that evidence seems to indicate may be*

schools that have been trained so that law enforcement is trusted and approachable." "I know my students. I'll ask them, 'What flavor [of vapes] you got today?' They know I am watching them. We have programs. Everyone has an adult person they can go to. It is a full system of support with the SROs and counselors."

more effective. There is mixed support for D.A.R.E. in the community, at least in part due to the research results about its effectiveness.)

Support from adults in the school system

- People (counselors) noticing students that could use support and stepping in
 - “[my high school guidance counselor] worked with me after that time to get me out of "regular" school, and on a fast track to college, where I excelled and made something out of my life. I still struggled with using, low self esteem, and poor choices for many, many years before finding healing, but this early connection and attention changed the course of my whole life.”
- Social-Emotional Learning and Trauma-Informed lens practices in schools

Support for parents and families

- Family support and intervention provided by or within the school system. Acknowledging and attending to the problem when observed.
- Parenting programs

More school-based mental health and substance use support

- Need to hire more school counselors
- Provide additional funding for counselors and therapeutic care in the schools.
- Hire full-time substance misuse counselors to deal with vaping in the schools.
- Hire more social workers.
- School-based day treatment options

- Offer more school-based mental health supports that raise awareness and reduce stigma about mental health and build resilience skills

Create more restoration opportunities in schools for students who use substances

- Create a juvenile court in the schools similar to drug court.
- Mandate that students who are vaping participate in substance misuse counseling. If they are addicted to tobacco, help them quit with the aid of nicotine gum.
- Create a resource guide for students who are vaping and their families, with information about ways to quit and what to expect when you do.

Change school policies and procedures

- Relax rules that prevent school personnel from speaking to grandparents who are raising their grandchildren but who may not have legal custody.
- Look for ways to allow teachers and bus drivers to alert outside agencies if they see signs that a child is struggling.
- Limit screen time for young people to reduce overstimulation and support meaningful engagement and connection

Other ideas

- More Trauma informed care education for school staff and resiliency training and ACES training, and detailed resources on what to do
- Help children whose parents are incarcerated, in treatment, dead from overdose, or otherwise incapacitated in parenting.

Prevention & restoration in criminal justice systems

“So many people go to jail that really just need help jail is not always the answer. Getting those people to the programs is important.”

“There were times that instead of putting someone in treatment, the legal response was to revoke probation and then they go to prison. How many people are in prison just because of possession, not selling. We are taking users and just putting them in prison.”

“My biggest struggle while in jail and through this whole process of getting clean and maintaining sobriety was a lack of support. In jails there are no bridges to help addicts go through the emotional and physical battles especially in smaller counties... I was literally crying out to staff of the jail with no one to advocate for me. No way of doing applications to REHAB. These resources should be readily available to anyone ready to give sobriety a try. We should be able to get help while in the CARE of a state funded facility and cared for by people trained to handle ALL people with dignity and respect regardless of their ethnicity or history.”

“Rural counties need jails equipped to provide necessary resources and support to break the cycle of multiple incarcerations. I was in Madison County jail for almost 4 months and received zero support, except for a bible and the love of Christ. We need detox centers and people advocating for those who are seeking help. I am alive because I had an advocate.”

The criminal justice system has the power and potential to offer meaningful opportunities for prevention, healing, and support.

Prevention and Restoration in Criminal Justice Systems Looks Like...establishing or enhancing alternative pathways that keep people out of jail and lead to reducing substance misuse, offering treatment and other resources and support options for people who are incarcerated, and support for re-entry into the community upon being released from jail (See also “Prevention”).

Specific ideas from community	What is already happening?
<p><i>Support that offers alternative pathways besides jail</i></p> <ul style="list-style-type: none"> ● Social workers and peer support specialists embedded with law enforcement ● Pretrial monitoring services (for example electronic monitoring), which would allow people with a substance-related 	<ul style="list-style-type: none"> ● Through a partnership with the Mediation and Restorative Justice Center (based in Watauga County) Mitchell County now has adult recovery court that includes connecting participants to treatment. Family drug court does not yet exist. Mitchell shares a coordinator with Avery County. ● Mitchell and Yancey Counties have also

crime to remain in the community to participate in treatment, etc while awaiting a court date, rather than remaining in jail.

- Shift funding from incarceration to substance use-related supports: turn “half the prisons in NC into treatment centers.”
- Establish a Law Enforcement Assisted Diversion program as a partnership between Yancey County Sheriff’s Office, Burnsville Police Department, the Substance Abuse Task Force, and the Yancey County Court System. These programs provide alternatives to incarceration for non-violent offenders and prevent them from building a criminal record.
- Drug Court
- Get churches involved in supporting people who are under the supervision of the drug courts.

Support and resources for people in jail

- We need more resources for recovering in jail/prisons. Let people know.
 - “Rural counties need jails equipped to provide necessary resources and support to break the cycle of multiple incarcerations. I was in Madison County jail for almost 4 months and received zero support, except for a bible and the love of Christ. We need detox centers and people advocating for those who are seeking help. I am alive because I had an advocate.”
- More people need to be in the jails talking to people who are waiting court.
- Acupuncture decreases recidivism
- Share the opportunity of Freedom Life while in jail

been awarded funding through Dogwood Health Trust to start a “safe babies court” for ages 0-3.

- Partnership between MCHP and the Yancey Sherriff’s Department to offer support to inmates in the Yancey County Detention Center
- Treatment Accountability for Safer Communities (TASC) (through Insight Human Services) – for folks who have been involved with the criminal justice system
- NC Harm Reduction Coalition (can help with establishing a Law Enforcement Assisted Diversion Program)
- Freedom Life Ministries (Yancey County)
- Local peer support
- Celebrate Recovery

Offer substance use treatment in jail

- MAT in Jail Programs; Offer medication assisted treatment to currently incarcerated people.
- Jail based treatment program
- Treatment for Substance Use Disorder initiating or continuing for people in custody.

Begin offering re-entry support while folks are in jail (See also "Transitional support")

- "There needs to be resources available while being in incarcerated, an after care plan and to get help better yourself whether it be for recovery for an addiction, homelessness, mental health treatment, halfway housing or sober living."
- Hire social workers to coordinate all needed services for persons who demonstrate a commitment to recovery.

Create a drug court equivalent for youth

- "Convene juvenile justice officials from both counties to create a program for kids who vape, including penalties if they fail to participate".
- "Create a system like drug court for kids that features both consequences and treatment, including intensive in-home services for substance use."

Families, children and caregivers feel supported / Support for families and caregivers

"On(c)e isolated in these mountains, my husband's addictions went wild....A singular violent event caused me, by the grace of God, to reach out for help, and I found a 12 step recovery program online for codependents of addicts. I don't think I would have been able to go to an in person meeting in such a small town with all the stigma. Everyone knows EVERYONE here. Having the meetings on Zoom really made a difference to me, and I started going every day...to come out of my fear and isolation and reach out for help I had to find a group of others who knew what I was going through. I was no longer alone."

"My brother was a drug addict for over 10 years. This was a struggle that not only had an effect on him, but our entire family....My mother and father lived each day praying that he would not overdose or kill someone driving down the road. It was a life of complete turmoil for our family and a life of destruction for my brother....We as a family were as addicted to the hope of his recovery as he was to drugs."

"My experience hurt my family so much more than it hurt me due to all of the burdens it placed in their life that they did not ask for. The one thing I wish I could take back from that experience is not causing them all the grief they endured."

"We need support for children and support for families before it gets to the point of taking their children."

Substance misuse, addiction, and mental health challenges can impact entire families. It is important that family members have access to formal and informal programs and support which wrap around all of the people who are connected to a loved one experiencing substance misuse or mental health challenges. Recovery can be a process for the whole family.

Support for Families and Caregivers Looks Like...safe places to express feelings, ask questions, and receive understanding and encouragement. Opportunities to connect with others experiencing the same or similar challenges. Concrete services, programs, education opportunities, and individual and community support available and accessible for parents, caregivers who are not parents (such as grandparents or other relatives), family units, and also specifically for children and youth. It also includes attention to county social services to create better outcomes for children, families, and staff (See also, "People with substance misuse history and their families feel welcomed in the community").

Specific ideas from community	What is already happening?
<p>Programming for family members on topics including...</p> <ul style="list-style-type: none"> ● How to be better aware, not enable drug use, and get help earlier in addiction (understand the consequences of substance abuse, better understand/realize the person using and the family members need help, etc). For example, “Don’t give the people who use drugs money because they will use it for drugs so give them things that they can use like pay for their utility bills or their rent...” ● How to identify boundaries and clearly communicate those boundaries ● Growing skills to understand and communicate about issues around substance misuse ● “Open communication – learning how to communicate with my kids has made the biggest change in my life.” ● Guidance for interacting with healthcare providers, particularly if one is the parent of a minor: parental empowerment when drugs are prescribed (for example, getting a second opinion) ● Parenting programs <ul style="list-style-type: none"> ○ Adopt the evidence-based Triple P parenting program. Prioritize hiring people with strong local ties, who are familiar with mountain culture. ● Programs that grow awareness of resources that are available for families of people who use substances (integrate with existing efforts rather than new) 	<p>(See also “People with substance misuse history and their families feel welcomed in the community”)</p> <p>Programming for family members on topics including...</p> <ul style="list-style-type: none"> ● Parenting programs: <ul style="list-style-type: none"> ○ Blue Ridge Partnership for Children ○ Cooperative Extension <ul style="list-style-type: none"> ■ Circle of Security classes to build secure attachment. Attendance is building as of 2021) ■ Empowering Youth and Families Program – building communication skills and substance misuse education for middle school youth and their families. Need more involvement in the program as of 2021. ○ Parent education classes to build secure/attached relationships between caregivers and children (low attendance as of 2021) ○ Triple P parenting program (MAHEC) <p>Other support for family members and family systems</p> <ul style="list-style-type: none"> ● Parent to Parent Family Support Network of the High Country (support for families who have a child with a disability, emotional/behavioral concerns, significant health issues and families who have experienced the death of a child; system to “match” families one-on-one for emotional support and information; Support to families of children with special needs, birth to 18)

Other support for family members and family systems

- Remote/virtual support for family members with loved ones who use drugs (if they live in stigmatizing environments)
- Counseling for families - individuals in the family and for the family system
- Weekly family support groups to be with other families who understand - free and local
- Broader community making efforts to reach out to the families who support loved ones involved in misuse and or recovery.
- More AL-Anon and AI-Ateen meetings: "You get to save both parties when family attends a peer support meeting."
- Families need opportunities for psychoeducation, counseling, and recovery support. "Substance use is a family issue, and everyone can benefit from treatment."
- " [We need] rehabilitation stuff in terms of long-term aid for families. There isn't a center around here - we use ADATC [state-operated Alcohol and Drug Abuse Treatment Centers; the nearest is in Black Mountain]. They are not really family- but individual-oriented. You have to leave your kid and cut off communication with them. The referral process is easy - getting the individuals to commit is difficult." Note: the waiting list for this facility can be long at times.
- Local program and safe place for unhoused women in recovery with children.

- Blue Ridge Healthy Families - intensive home visiting services with families of infants, offering protective factors to prevent abuse & neglect (Blue Ridge Partnership for Children)
- MCHP's OBOT program, which includes MAT/MOUD and peer support for anything from transportation and housing needs to counseling and "someone to talk to." Multiple key informants noted the positive impact of the program not only on patients, but also for children whose parents are enrolled in the program.
- Numerous LPC/LCSWs in private practice offer individual and family outpatient support
- Asheville - Youth Villages (Intercept(R) program-strengthening families to prevent or limit the need for foster care
- Currently three AI-Anon and AI-Ateen meetings in the two counties advertised on the website.

Support grandparents and other raising children due to substance use

- High Country Caregivers
- Family caregiver support program, grandparents raising grandchildren program (High Country Council of Governments)

Other resources and supports

- MYSATF
- PATH Mental Health/Substance Use Resource Guide
- Summer Resource Guide- a free publication that is distributed to families to help them find free or low-cost activities for children during the summer months

Support grandparents and others besides parents who are raising children due to substance use

- “Provide support services for family members raising the children of drug users. Help them become therapeutic homes.”
- Advocate for better support for grandparents and other family members who take in the children of people who use substances.

More supportive systems and institutions

- Better foster care
- “More funding for DSS programs to support preventative measures for family, like Al-Anon or individual counseling has the capacity to avoid devastating community damage to the kids involved and more costly services on both ends of what DSS provides...the Counties’ DSS workers know each person in the county being taken advantage of” by people caught up in addiction.

- THRIVE Appalachia

Recovery meetings, groups and support

“Recovery works when it available and people know about it”

“...Let everyone know that some things have changed and now we at least have some resources and Recovery is no longer hidden in the basement of churches in the afternoons. That you can ask for help. But we need resources closer, and need to be more open about recovery—the more we do, the more stigma we remove from the words recovery, addiction, and mental illness.”

“Love and support is the most crucial component to getting and staying clean, I am blessed to have a large and supportive family that motivated me to get my life in order and find recovery. Thankfully, 12-step groups and recovery networks exist to support those who aren't as fortunate.”

A significant asset in the region is a strong, existing recovery community in both Mitchell and Yancey County. Those who are currently on the recovery journey recognize the needs and support that can be beneficial for ongoing wellness for themselves and others. Additional recovery support that is informed by the existing community includes diverse daily meetings and groups for different languages and beliefs, and integrates recovery-friendly practices in workplaces and healthcare settings.

Recovery Meetings, Groups, and Support Looks Like...more support and opportunities for local people in the recovery process to address a range of preferences and needs. This includes more recovery group options every day of the week, groups for Spanish speakers, religiously-based options and secular options. This also looks like recovery-supportive workplaces, healthcare settings, and other systems.

Specific ideas from community	What is already happening?
<p><i>Need more recovery “paths”</i></p> <ul style="list-style-type: none"> ● Peers helping peer has high success rates and is evidence-based ● More local recovery group meetings, more options throughout the week, including groups that are not faith-based. ● Recovery support in healthcare settings, including hospitals. Sometimes “drug use” is outside of an individual's control or choice. 	<ul style="list-style-type: none"> ● Celebrate Recovery ● Never2Scarred ● Narcotics Anonymous ● Overdose Awareness events <p><i>Peer support-based recovery support</i></p> <ul style="list-style-type: none"> ● MCHP peer support ● RHA peer support ● Sunrise community – Peers on the move – will come with a van with peers to offer support

- Ways to re-establish roles a person coming out of addiction lost from their life prior to addiction
- People need non-coercive, non-mandated healing and support

Recovery supports for specific groups of people and needs

- Recovery supports available in Spanish, and also for Latinos in Mitchell and Yancey neighborhoods
- Recovery support for youth

Specific recovery support models/groups

- Resources and collaboration for Recovery support groups like AA, NA, Celebrate Recovery, Seek Healing, and SMART Recovery

Education and support for employers of people in treatment/recovery

- Accessible jobs for people in recovery that are without stigma. Employers who recognize people can change despite prior convictions
- Employer education and support for people on MAT

Raise awareness about recovery

- Raise the visibility of recovery in the community to offer hope and connection for people experiencing addiction and their families.
- A visible local recovery community can help shift public perception around substance use and who experiences addiction: “When you get arrested your face gets put everywhere—‘we arrested this person.’ And [why can’t we] put (people in recovery’s) faces up there

- MAHEC peer support
- Various peer support groups—see the MYSATF/PATH Mental Health & Substance Use Resource Guide for details (includes Al-Anon, Alateen, Celebrate Recovery, MCHP Peer Support Services, NAMI Western Carolina, Michel Guicheny (NC Certified Peer Support Specialist), RHA Peer Support Services, and SMART Recovery):
<https://pathwnc.org/wp-content/uploads/2024/01/2023-MH-SA-Resource-Guide.pdf>.

and say ‘hey, look how these people got sober?’

- Host open-to-the-community events, putting up billboards with images of local residents who are in long-term recovery, and finding other ways to share stories of recovery (See also “Community Awareness”).
- Research shows that acupuncture decreases recidivism
- “Empowerment in being a part of community solutions as someone in recovery helps continue to motivate recovery”

Basic needs & safety are a priority / Housing, transportation & employment

“Having basic needs met is key. You can’t think about anything else if you’re just trying to survive.”

“There was a long time I used because I didn’t have food, clean water, ...”

“Spanish speakers fear being deported - leads to distress and not seeking help”

“We need places for families to stay, safe housing, true support wrapping around them (not a gift card). Trust, support, and accountability and safe houses with wraparound support.”

Substance misuse often happens when a person is trying to deal with the harsh conditions of being unable to meet their basic needs, such as housing, access to employment, or safe environments. Additionally, when someone is on a journey to reintegrate into wellness by doing the intense work of untangling from substance misuse and addiction, it is often necessary to have new environments where basic needs and safety are assured.

Basic Needs and Safety Being a Priority Looks Like...safe, stable, and accessible housing (including housing for people in recovery and those transitioning back into the community from jail or treatment), accessible and adequate transportation that is available at any hour, affordable child care, employment, safety from violence or threats of family separation in the home, and removing barriers for people with a felony history.

Specific ideas from community	What is already happening?
<p>Housing</p> <ul style="list-style-type: none"> ● Emergency housing (a shelter) closer than Marion or Asheville ● Safe house (transitional/halfway house) for people re-entering the community from jail or treatment, particularly for men (or for those not eligible for/not able to access in-patient treatment) ● Recovery housing for anyone, and especially for women with children ● Long-term housing ● Low-cost housing that is healthy to live in ● Housing options to include - Structure, accountability, therapeutic support, life counseling, job counseling/support, people who love me ● Having a place for a family who is homeless. <p>Transportation</p> <ul style="list-style-type: none"> ● Need for emergency/on-call transportation that is available outside “regular” work hours: “Addiction [and emergencies don’t] stop at quitting time.” ● A rideshare system for people who need it (a similar system exists in at least one other community in NC) ● A no-shame transportation option for accessing treatment and recovery meetings and services, able to adapt to work schedules and locations ● Installing more sidewalks ● Implementing a bus system in Yancey County (perhaps similar to the Pine Line in Mitchell County) 	<p>Housing</p> <ul style="list-style-type: none"> ● Never2Scarred Hope House (recovery housing for women) ● There is a plan for a building to house 30 men. Rough sketches to budgets - \$160,000 for a building. \$10,000 a month to run. There is not yet funding for this intervention to be implemented. ● Existing infrastructure resources that are not being used (for example, the old Yancey middle school building) - could be used for housing or a rehab facility ● Existing housing models such as LINC and Oxford houses, particularly for people who are re-entering the community after jail ● HUD program ● Located elsewhere <ul style="list-style-type: none"> ○ Homeward Bound WNC <p>Transportation</p> <ul style="list-style-type: none"> ● Mitchell County Transportation: Pine Line; Has 8-10 vans that can be scheduled for appointments in McDowell County for example- uses a rideshare model. ● Yancey County Transportation (Transportation to mental health counseling, therapy sessions, in our county and as far away as Asheville, Boone, or neighboring counties) ● Peer support specialists ● MY Neighbors - senior transportation <p>Work options</p>

- Transportation vouchers (paper vouchers and/or digital option)
- Identify opportunities to improve driver wages in Yancey County compared to Mitchell County
- Bikes with locks available for community use.

Work options

- More jobs that are accessible to people who use substances or are in recovery.
- “We need to offer not just jobs, but meaningful jobs”

Remove barriers for people with a felony history

- Work with employers to change applications to address the “check the [felony] box” issue
- Employers: be willing to hire people with a felony history
- Develop a process to have charges expunged sooner. (“That would literally help everyone I know”; “You should be able to get a job based on your skill set and how hard you work and your attendance rather than what you did in your past.”)

Prioritize safety

- Additional safety measures for community members who are immigrants (who fear being, and sometimes are, deported)
- Additional safety measures for children in homes where substance use and/or mental health crisis are happening:
- “DSS brings fear to people’s hearts, so sending a DSS social worker is not going to necessarily be well received.”

- (Note: the 2019 Yancey County Economic Development Plan may offer opportunities to connect with existing local job creation efforts)
- Mayland Community College
- NC Works Program
- United Way of Mitchell County

Prioritize safety

- “ We work with Blue Ridge Partnership for Children, which has a lot of resources. CDSA [the state-run Children’s Developmental Services Agency] in Spruce Pine is a fantastic service for children 1 to 3 years old. Law enforcement is always positive. If we have gotten a report [of suspected child abuse], they help if there is a criminal aspect to it. If we suspect someone has guns in the home, we get law enforcement to come with us during all hours. We have good communication with them and with the court system. ”

Other

- Reconciliation House (food access)
- Community Ambassador Real Equality Team (serving Hispanic/Latino community) - PATH
- Summer Food Program in Yancey (also delivers drug prevention and safe storage materials) - PATH, Reconciliation House, TRACTOR, Dig In, Cooperative Extension

- “In my brain, I imagine DSS, EMT, and law enforcement had people 24/7 available to get the preliminary information, assess the situation, then do the paperwork afterwards. [As things are now], if there is a parent [stopped for driving] under the influence, and they have kids in the car, we can be out there for hours waiting for someone who is not there to make a decision.”

Affordable child care (“Childcare is a problem, too. They need an avenue for childcare if they are going to get treatment.”)

- More child care during traditional working hours
- Additional child care options that align with evening and night work and treatment hours

Financial resources such as vouchers and food pantries.

Healthcare (see also separate category for Healthcare)

Resources are accessible, organized, updated, and used / Accessible public information

“I think we could use better advertising because the first thing I did when I wanted to get clean was start googling.”

“Throughout my addiction I wanted help so many times. I would be high getting arrested and beg for help only to be placed in jail and forgotten. No matter how hard I would try to get clean, I had no support, no resources...Only after finally being directed to somewhere for treatment was I able to successfully recover, start over and turn my life around. 20

years of addiction was over thanks to one person helping me in the right direction... If help is made known and available it does work."

It is necessary to have thoughtful ways of sharing information about a wide range of resources; ways that are convenient to the public and widely accessible. These resources are to support substance use prevention, treatment, harm reduction, and recovery, as well as resources for families, caregivers, and other support people. Active support helping people connect to those resources is essential.

Accessible, Organized, Updated Information and Resources Looks Like... information about –and referrals/connections to–resources for substance use and mental health. Information is available in a range of ways so that everyone in the community—regardless of age (youth and adults), literacy level, and first language—is able to easily access. This information is present in the places and spaces that people who most need it frequent, and is easily understood by the people who could most benefit from it.

Specific ideas from community	What is already happening?
<p>Share clear information about available resources (see also “Community awareness” for specific methods to make this information available)</p> <ul style="list-style-type: none"> • How to access treatment and recovery supports • Which providers nearby prescribe Suboxone • Putting up banners over roads for recovery supports. • Create a website that lists services across county lines. Keep it updated. Provide a print version to be handed out by physicians and other providers and community outreach versions. <p>Actively help people connect to existing resources</p> <ul style="list-style-type: none"> • Create a better referral network for already underutilized services • Develop a post overdose response team (PORT) that is integrated/collaborative with EMS/Law Enforcement and MCHP to 	<ul style="list-style-type: none"> • Mental Health and Substance Use Resource Guide (PATH & MYSATF) • Efforts by MCHP to invite and reach out to the community • Home Remedies: Community Options For Addressing Pain and Stress – initiative presenting strategies and resources to reduce opioid use for pain relief through complementary health practices. (PATH) • “ I work very closely with Ed Seel at the courthouse, because a lot of the veterans have substance situations. He will explain what the VA has to offer. He is a veteran himself. They can have their conversation.” • Resource list from Mountain View Correctional Facility • Yancey County Community Paramedic Program • Community narcotics (drug) awareness program led by Mitchell County Sheriff’s Office Narcotics Investigator (open forum educating groups of common

get folks into treatment after an overdose

- Hire social workers to coordinate all needed services for persons who demonstrate a commitment to recovery.
- Paid, trusted local person to watch over hollers and connect folks to wrap around care

Establish/grow a community paramedic program (note: this exists in Yancey County)

- Station a community paramedic at each fire department.
- When 911 fields a drug-related emergency call, have a community paramedic follow up with a visit to the home, regardless of whether the call precipitated a hospital visit.

Make additional resources and support available (in addition to support described in other interventions)

- Support for mothers who use substances and their children. This support could create a community around them to offer them a safe place to go, counseling, encouragement and support from someone else who has been in the same situation we need to do better supporting mothers and their children.
- Access to food, diapers, formula, utilities, as well as life skills like managing a checkbook, establishing a daily schedule, "all the things for a productive life to start forming."
- Distribute lock boxes (see also "Prevention")

substances in our community, how to stay safe, resources for those struggling)

- Rutherford County - A program in Rutherford County allows mothers in rehab to have their children with them. "If Mom was able to have her baby with her, that was a huge motivator for her to attend."
- Treatment Accountability for Safer Communities (TASC) (through Insight Human Services) - for folks who have been involved with the criminal justice system
- Summer Resource Guide (PATH)

Local and affordable detox and treatment options

“My family intervened on me...we went to a suboxone doctor to help me get off dope then I went to inpatient rehab and halfway house follow-up afterwards. 15 years later, I am still happily clean.”

“[We need] local programs that actually work HERE...something that’s going to work for OUR community”

When someone is ready to enter detox or treatment, there are very few local options. More local, affordable detox and treatment options are needed that are evidence-based and accessible within a one-hour drive, are available for diverse groups and needs, and are financially attainable with few admission barriers.

Local and Affordable Detox and Treatment Looks Like...options within a one-hour drive and accessible for as many different needs as possible, including available outside regular business hours, offered in Spanish, offered for young people, people who are pregnant and those in jail, and those who need both faith-based and not faith-based support. Treatment should also be financially accessible and have fewer admissions criteria or limitations.

Specific ideas from community	What is already happening?
<p>More treatment options and providers (in general):</p> <ul style="list-style-type: none"> ● Diversification of services and providers ● More options within the 2 counties region <p>Offer more evidence-based treatment options</p> <ul style="list-style-type: none"> ● Evidence-based - the length of rehab programs make a difference (longer lengths are more successful) ● Use evidence-based approaches and treatment frameworks for stimulant (methamphetamine) use ● Contingency management interventions ● More evidence-based vs. faith-based treatments 	<p>See PATH/MYSATF Mental Health & Substance Use Resource Guide for more resources (includes substance use services for counseling/therapy, outpatient, residential, medication-assisted treatment, and DWI and court diversion services, as well as Spanish-Speaking/Bilingual service providers): https://pathwnc.org/wp-content/uploads/2024/01/2023-MH-SA-Resource-Guide.pdf.</p> <p>Located within Mitchell and/or Yancey Counties:</p> <ul style="list-style-type: none"> ● RHA Health Services <ul style="list-style-type: none"> ○ Substance Abuse Intensive Outpatient Program (SAIOP) – offers MAT/MOUD

- More people with lived experiences in treatment (as peer support has been proven to be effective)
- More Peer support Specialists

Reduce barriers to initiating and maintaining treatment - make treatment accessible locally

- Affordable care
- Affordable treatment options
- Funds to access support
- "Access to support" means higher powers (gov't, grants, etc.) paying for it, [for some people] family members would not be able to sustainably cover this cost.
- Establish a subsidy [for people who need treatment]
- Access to rehab facilities regardless of insurance status or payment abilities
- Treatment services after 5:00pm and on weekends
- Expand hours and services at existing healthcare facilities, including behavioral health
- Offering residential treatment with "realistic" wait times that allow treatment to be available when someone is ready to enter.
 - "I knew I was in too deep and needed help to get out but didn't know how to stop or where to even begin. I didn't know who to ask. SO, I just kept going because treatment wasn't right down the road or even spoke about."
- Maintaining people in care despite their chronic disease worsening/they resume use
- Fewer restrictions to qualify for a service based on the person's situation

- Mountain Community Health Partnership (MCHP)
 - Office-Based Outpatient Treatment (OBOT) – offers MAT/MOUD and peer support
 - Peer support
 - Group and individual therapy
- Blue Ridge Medical Center
- For youth: Department of Juvenile Justice
- Yancey County Detention Center (de facto detox)

Located elsewhere:

- Project CARA (MAHEC) – for people who are pregnant with substance use disorder
- Eleanor Health
- Detox centers in Johnson City, TN*; Monroe or Concord NC
- Asheville – October Road: Cross-Area Service Program (CASP)
- Meridian Behavioral Health
- Asheville & Marion – A Caring Alternative
- Asheville – RHA Mary Benson House (for pregnant and parenting women)
- Crossroads Treatment Center of Weaverville
- Wilkesboro – Daymark Recovery Services
- Weaverville – Summerland Homes
- Marion – McLeod Addictive Disease Center
- Mission Health Community Multispecialty Providers
- The Cognitive Connection (Clay Wilson & Associates)
- Ridgecrest – First at Blue Ridge
- Treatment Accountability for Safer Communities (TASC) (through Insight Human Services) – for folks who have

or condition (e.g., blood alcohol level is “too low”)

- “I feel like those in rehab should be given rules that aren’t as strict, drug users should be given more chances than one if they slip up. People should talk more to drug users about what they will feel and what their body will do while they are in recovery.”

More flexible/responsive treatment

- These resources should be...flexible enough to provide individualized care for individuals at different stages of substance use disorder, and who use different types of substances
- Develop treatments that can adapt to the needs of the individual both mentally and physically.
- “Treatment starts with you finding something within yourself that you can mix with the treatment that’s offered. There is no one solid answer for everyone. It’s different. Some find AA works well and some don’t. Find something that works for you. You have to have something that works for you. You have to have skin in the game.”
- People need non-coercive, non-mandated healing and support

Create more local options for specific kinds of treatment & support

- Detox center/facility
- “Sober living” houses/facility (See also “Basic needs”)
- Long term residential treatment facility like Freedom Farm in this area
- Study the feasibility of a local inpatient/outpatient treatment center for substance use disorder. Consider

been involved with the criminal justice system

- “In the back of Mission Hospital, there is a small clinic. They provide treatment for people struggling with mental health and alcoholism. It’s available three times a week, and it is only in English.”

advocating for a subsidy for users who choose treatment.

- Residential treatment that would be acceptable to both faith-based and non-faith-based persons.
- Leveled programs for treatment
- Inpatient AND outpatient treatment offered at a greater variety of locations and times
- Local rehabilitation facility
- Comprehensive community based treatment options.
- In-house support and guidance with mental health provided
- Eleanor Health integrated services/expansion in our counties (this is not submitted by EH staff)

Increase access to medication assisted treatment (MAT)/Medication for opioid use disorder (MOUD)

- Medication assisted treatment
- More MAT prescribers
- Increasing access to Suboxone by supporting more providers to prescribe it
- "I hope and pray that the county will really consider a methadone clinic something like crossroads treatment center that also offers suboxone/subutex along with methadone and counselor."

Treatment services for specific groups of people:

- Approaches need to include the whole family
- Treatment services delivered in Spanish
 - Make it so that the Hispanic community has better access to care and fewer barriers

- Youth substance misuse treatment and services
 - Intensive outpatient program for kids who use substances
 - School-based day treatment options
 - Provide additional funding for counselors and therapeutic care in the schools.
 - Hire full-time substance misuse counselors to deal with vaping in the schools.
 - Children needing help to detox then feel love and being cared for
- Support options during pregnancy
 - Education on prenatal substance use
 - Pregnant agency support. Labor and delivery
 - Project CARA or similar program available locally.
- Jail based program
 - Treatment for Substance Use Disorder initiating or continuing for people in custody.

Community collaboration and coordination to increase access to treatment

- Strengthen linkages between local mental health/behavioral health services to develop low-cost MAT/MOUD programs between agencies, linking telehealth to other services, and linkages between specific mental/behavioral health entities including the Center for Rural Health Innovation, RHA, A Caring Alternative, and MCHP.
- Partnerships between specific local entities, such as local agencies and first responders, MYSATF, Juvenile

Crime Prevention Council (JCPC), Cooperative Extension, and MY Neighbors, area agency on aging and hospital systems, local churches/spiritual groups, and clarifying roles of state Local Management Entities (LMEs) versus counties.

Physical healthcare

"I was 12 and fell thru a plate glass window. I went to the hospital and got it stitched up. The doctor wrote me a script for 120 Percocet 10's with 5 refills. I was a kid. I should have never been given that many pain pills."

"Don't make out everyone to be the same on addiction, some of us it wasn't our faults, but the Doctors."

"At the time she passed away, she had a painful medical condition she was dealing with, but lack of healthcare made her afraid to go to the doctor or hospital, so she bought from someone she thought she could trust.... from someone "on the streets"... one pill was all it took, and she didn't even want Fentanyl.. thank you for listening."

"Addiction needs to be factored in a person's health care"

There are many points when the health care system and health care providers can influence someone's journey of substance use – from the initial prescription of pain medicine, routine primary care visits, to personalized care for those with substance use disorder requiring services such as wound care or support with treatment.

Physical Healthcare Looks Like... regular substance use screenings, evidence-based medication prescribing, providing comprehensive support for both patients and their families, and providing appropriate physical healthcare based on a person's unique needs and desires.

Specific ideas from community	What is already happening?
<p><i>Providers – Integrate care for substance use disorder into health care</i></p> <ul style="list-style-type: none"> ● Screen for substance use disorder in primary care practices ● Provide supportive follow up care based on results of those screenings ● Check for hyperalgesia (increased sensitivity to pain) ● Factor addiction into a person's health care plan ● Learn more about biosocial approaches to treating substance use disorder ● Support embedding behavioral health services in local primary care medical practices <p><i>Providers – Invest in continual education</i></p> <ul style="list-style-type: none"> ● Increase accountability for doctors – invest in their education ● Continual education of prescribers and pharmacology and substance use issues <p><i>Providers – Use responsible pain/medication management approaches that skillfully, carefully, and appropriately include opioids</i></p> <ul style="list-style-type: none"> ● Try alternative prescriptions or OTC instead of straight to narcotics/opioids ● Promote alternatives to managing pain ● Limit the number of addictive drugs prescribed ● Follow CDC guidelines for prescribing ● Treat chronic pain (which can underlie substance misuse) ● Education and warnings of addiction before prescriptions 	<ul style="list-style-type: none"> ● Mountain Community Health Partnership (MCHP) ● Blue Ridge Regional Hospital ● Local medical clinics with multi-disciplinary approach ● School based health care Middle school health clinics in Yancey and Center for Rural Health Innovation/Health-e-Schools telehealth program in Mitchell and Yancey ● Yancey Health Department ● North Carolina Controlled Substance Reporting System (CSRS) (prescribers must log into the database every time they prescribe opioids to check a patient's opioid prescription history) ● Home Remedies program (PATH) ● See the PATH/MYSATF Mental Health & Substance Use Resource Guide for resources related to complementary/alternative treatment, including services that can help manage pain: https://pathwnc.org/wp-content/uploads/2024/01/2023-MH-SA-Resource-Guide.pdf.

Providers - Engage and support families in health care assessment and decision making

- Consult families
- Parental empowerment when drugs are prescribed (e.g., getting a second opinion)
- “Maybe healthcare workers are not asking the right questions or getting other family members involved in the feedback process which is important especially in abusive situations, and with addicts that are addicted to the substances and can’t see how it’s affecting them for themselves.”

Increase the number of Medication Assisted Treatment (MAT) providers (See also “Local and Affordable Detox and Treatment”)

- “I’m a recovering addict I’ve been clean for 7+ years and I am enrolled in a MAT (Medication-assisted treatment) program AKA methadone clinic. ALOT of people hear the word methadone and automatically assume it’s horrible and it’s just “a government high” BUT if it hadn’t been for the Good Lord and methadone clinic I may not be here today. I have a lot of health problems and I suffer from chronic pain and methadone also helps pain I just wish there was a way I could help educate people on methadone.”
- “I hope and pray that the county will really consider a methadone clinic something like crossroads treatment center that also offers suboxone/subutex along with methadone and counselor.”

Bring back local labor & delivery support

<ul style="list-style-type: none"> • Better labor and delivery • Local labor and delivery support <p>Health care system and policy changes</p> <ul style="list-style-type: none"> • Continued or increased monitoring at pharmacies for medication misuse • Make it illegal to incentivize harmful drugs (drug sales events) 	
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A workforce that is trained, supported, aware and well staffed

“I will always remember the officers who took the time to talk to me. To hear me. Not to cuss me out. Slam me to the car. Tell me how worthy I am.”

“When I was in rehab I had gotten a tick bite it had gotten really bad infected. The EMS was called to the house to pick me up. When they came, I shared with him that I was in recovery house. The two men were so supportive. They encouraged me and told me to never give up. It made so much of a difference that they would care. I was at a place in my life where I felt unworthy. These two men gave me encouragement and strength in a time I needed it.”

“Educate people that come in contact with addicts To please have compassion. It gives us hope and initiative to want to change.”

People who work in healthcare, social services, emergency services, law enforcement and criminal justice, schools, and other systems have a significant influence on someone’s journey with substance misuse and addiction. In addition, their own lives and wellbeing are impacted by this epidemic in multiple ways, including proximity and witness to so much human suffering and death. An effective workforce should be well-trained in substance misuse, adequately staffed, supported for their wellbeing, and have access to personal substance misuse support.

A Trained, Supported, Aware, and Well-Staffed Workforce Looks Like... an effective workforce in critical sectors that is adequately staffed and well-trained with current and relevant skills for navigating the life experiences of people impacted by substance misuse; and is also able to provide evidence-based/ evidence-informed and trauma-informed services and support. The workforce is supported for their own wellbeing, and have access to personal substance misuse support.

Specific ideas from community	What is already happening?
<p>(See also “Physical Health Care”)</p> <p>Service provider education</p> <ul style="list-style-type: none"> • Training and support for agencies to ensure that clients are not re-traumatized as agencies deliver services aimed at being “helpful”. This means moving from being trauma-organized to trauma-transformed (i.e., organizational resilience). • Start with asking clients: “What would help you?” • First responder training/education about Narcan • Accountability for doctors - invest in education <ul style="list-style-type: none"> ○ “I was 12 and fell thru a plate glass window. I went to the hospital and got it stitched up. The doctor wrote me a script for 120 Percocet 10’s with 5 refills. I was a kid. I should have never been given that many pain pills.” ○ “I had several back surges and had severe pain, so the doctor gave me pain medication and when I said it wasn’t working he would always give me something stronger every time, that’s what got me addicted opioids” ○ “I was 18, pregnant, and was taught to listen to doctor recommendations. My age and pregnancy probably made me more vulnerable, having no idea what to do. / My OB doctor sent me to the hospital for morphine shots because my back hurt. It did hurt a lot--- not normal pregnancy hurt. Regular morphine shots and a prescription of hydrocodone for the 	<ul style="list-style-type: none"> • Mayland Community College - college/career counseling • MAHEC workforce development/education • National Health Service Corps • Adverse Childhood Experiences (ACEs) and trauma/resiliency trainings (multiple providers including PATH and Crossnore School & Children’s Home) • Psychological First Aid - MCHP & PATH • MYSATF community trainings

majority of my pregnancy. And, for a while after I gave birth... At this point, I had no idea the power and the complete destruction that this would have on every aspect of my life.”

- “People will steal medications. Healthcare providers need to understand that this occasionally happens and to be understanding with the rare occurrence when someone needs a refill.”

- Learn more about biosocial approaches to treating substance use disorder; support embedding behavioral health services in area primary care medical practices.
- More education for people caring for babies detoxing (Babies of mothers who use substances need extra care and holding and soothing)

Grow the skilled, compassionate, local behavioral health workforce

- More providers for behavioral health, including:
 - Trained doctors who will treat patients with substance abuse - not everyone can do this
 - Peer support specialists
 - Community health workers
 - primary care providers
 - Mental health providers, including counselors
- A medical professional they trust/ regaining trust
- Employ more peer support counselors
- Need for more case workers/staffing
- Address workforce shortages through workforce training and training/funding local community members to provide both professional and “natural” mental health supports.

- Cultivate a relationship with the National Health Service Corps (NHSC) to promote Yancey County as a destination for NHSC scholarship recipients to complete their required post-graduation service
- Specific workforce needs are:
 - a licensed mental health counselor for each county;
 - community health workers to support at-risk individuals and families;
 - a local ACT team to support individuals with severe and persistent mental illness.
 - All of these will require funding.
- Fund a regional clinic

Increase collaboration and connection between service providers and the community

- More effective collaboration between substance use disorder service providers and the medical community.
- More connection between the recovery community and service providers (and even the wider community)

Support for the supporters (staff)

- Ensure workforce members receive adequate benefits and compensation.
- Groups, teams, etc for staff

People who have overcome substance misuse and mental health concerns are co-leading efforts to address the epidemic

“Empowerment in being a part of community solutions, as someone in recovery, helps continue to motivate recovery.”

“Seeing success stories, hearing testimonies, knowing there is a better way. Helps us go through it.”

“People you know have your back and care for you”

“Peer support is people who have been there offering support... People who can recognize what is happening in a situation that might not be obvious to someone else who is living a different life.”

“I am currently 10 months completely clean and sober due to people who have walked in my shoes and took their real life experience and turned a mess into a message.”

“People who have never been there, don’t understand. They think they can save people.”

People who have experience in substance misuse and recovery have essential insights and guidance to help others navigate institutional systems and the recovery journey. These “peer leaders” and “peer supports” are essential to help shape efforts in community and institutional settings. An intergenerational peer community is a way for people in every stage of their journey with substances to feel connected to others who truly understand what they are going through and can offer support for healing. Peers helping peers has high success rates and is evidence-based.

Peer Support Leadership Looks Like... peers (paid and volunteer) are present in all relevant places throughout the community and in institutions where people with substance misuse challenges may be accessing care or support. These peers are serving in such roles as advocates, providing resources, strengthening community relationships, advising on policies and procedures. Pivotal places are DSS offices, jail, hospitals, courthouses, schools, and churches. A part of the recovery process also often includes giving back to the community and being part of the recovery journey with others.

Specific ideas from community	What is already happening?
<p>More peer support</p> <ul style="list-style-type: none"> ● Peers helping peers has high success rates and is evidence-based 	<ul style="list-style-type: none"> ● MCHP peer support ● RHA peer support ● Sunrise community – Peers on the move – will come with a van with peers to

- Put money into hiring peer support specialists. Have them do outreach in areas of the community where substance
- Peer support is needed in the emergency department, hospitals, DSS, at the Sheriff's Department, and at courthouses.
- Employ more peer support counselors
- "Start training us new ones up – people newer in recovery to be peer support"
- Host peer support trainings
- Outside people partnering with peer support mentoring
- Peer support counselors
- Peer support specialists - on-the-go, available whenever needed

Center and support peers to be central to efforts to make change

- Opportunities for empowerment and peer specialists and people with a history of misuse and recovery are leading the change-making
- People in recovery are a part of the MYSATF Advisory Group and Leadership Team
- Continue to highlight the voices of people who have lived experience and prioritize their solutions for next steps.

offer support

- MAHEC peer support
- MYSATF Advisory Group
- Various peer support groups—see the MYSATF/PATH Mental Health & Substance Use Resource Guide for details (includes AI-Anon, Alateen, Celebrate Recovery, MCHP Peer Support Services, NAMI Western Carolina, Michel Guicheny (NC Certified Peer Support Specialist), RHA Peer Support Services, and SMART Recovery):
<https://pathwnc.org/wp-content/uploads/2024/01/2023-MH-SA-Resource-Guide.pdf>.

Community awareness about mental health, addiction & substance use

"Let's talk more often (and maybe more imperfectly) about addiction"

"While working with a young lady in active substance use, she said something to me that I will never forget. It was so simple, yet so profound to me. She said, "I don't want to be an addict, I just want to be me, and be loved for me." I would venture to say that nobody wakes up one day and says, "I want to be an addict." No, it is a slow fade into addiction, that is often preceded by a tangled web of trauma, hurt, poor choices, rejection, and a desire to be accepted and loved."

"I wish people would look at drug users at a deeper level than the face value of someone who broke the law. Those drug users have families, dreams, aspirations, thoughts, and feelings that have sadly been altered by the substances they've put into their bodies. I'm not saying they're perfect or should be free of criticism, but everyone goes through things in their life, you should be appreciative that you didn't feel as though you had to resort to what they did."

"Individuals and families need support, resources, and opportunities for healing. This means less stigma, more treatment options, peer support, and kindness."

Continuing to deepen community awareness about mental health, substance use, addiction, and recovery that involves efforts to normalize discussions, correct misconceptions, reduce stigma, and grow community-wide support, acceptance, love and accountability to address challenges related to substance use and addiction.

Community Awareness Looks Like... People sharing personal stories and facts in accessible and engaging ways - at community events, neighborhood gathering, festivals, and church events, etc. Information is clear and easy to understand. People have opportunities to hear first-hand stories from people whose lives are directly impacted by these matters, share facts about a wide range of topics connected to the current situation around substance use and addiction, as well as what works to prevent, treat, reduce harm from, and support recovery from substance misuse. (See also, "Resources are accessible, organized, updated, and used.")

Specific ideas from community	What is already happening?
<p>Efforts to grow community awareness must...</p> <ul style="list-style-type: none"> ● Provide clear, easy-to-understand information ● Share information AND invite dialogue ● Increase access to support ● Reach out to people the most in need of services. ● Normalize/"mainstream" conversations about substance use. ● Involve people across all different parts of the community ● Be available in Spanish ● Be delivered in a non-judgmental way to decrease stigma and increase acceptance and inclusion ● Involve sharing personal stories and the impact on people's lives, AND success stories ● Be continuous and involve everyone, including judges, lawyers, county agencies like sheriff's services, school staff, and churches. <p>Community awareness efforts should cover these topics:</p> <ul style="list-style-type: none"> ● Basic terminology ● The current "landscape" of substance use in the community: <ul style="list-style-type: none"> ○ Current SUD patterns in community ○ The impact of substance use on local resources ○ The dangers of fentanyl in the local drug supply ● What addiction is <ul style="list-style-type: none"> ○ The mechanisms of addiction (as a "progressive, multi-faceted, intergenerational disease") ○ Various causes and factors that can lead to addiction 	<ul style="list-style-type: none"> ● Mitchell Yancey Substance Abuse Task Force <ul style="list-style-type: none"> ○ Mental Health and Substance Use Resource Guide ○ Public panels, trainings, and events ○ Lock Your Meds ○ Drug Take Back events ● Efforts by MCHP to invite and reach out to the community ● Drug education in schools ● Home Remedies: Community Options For Addressing Pain and Stress – initiative presenting strategies and resources to reduce opioid use for pain relief through complementary health practices. (PATH) ● Adverse Childhood Experiences (ACEs) trainings and follow-up (Blue Ridge Partnership for Children) ● Healthy Yancey ● Trauma and Resilience Training for organizations and collaborations (Crossnore School & Children's Home) ● Anti-stigma training for churches (Faith in Harm Reduction) ● Community narcotics (drug) awareness program led by Mitchell County Sheriff's Office Narcotics Investigator (open forum educating groups of common substances in our community, how to stay safe, resources for those struggling) ● Appalachian Youth to Youth (programming for middle schoolers) - (PATH), MYSATF ● Cougar Fit Club (for Yancey high schoolers) - PATH, MYSATF ● Red Ribbon Week (substance use awareness/drug prevention activities and speakers at middle and high

- Intersection of substance use and other issues such as mental health
- Better community and agency understanding that recovery is a form of prevention
- How to talk with others about addiction, including the challenges that people experiencing addiction face
- The evidence showing the effectiveness of certain strategies (and debunking misperceptions about them), including:
 - Medication Assisted Treatment/Medication for Opioid Use Disorder (MAT/MOUD)
 - Risk reduction/harm reduction strategies
- How to support someone who is experiencing substance misuse or addiction, including:
 - How to detect opioid “abuse” and assure it isn’t accusatory
 - When someone wants help, there is a window for action
 - Narcan education: what it can and can’t do, how to administer it
- What resources are available to support/where to get help (see “Resources are accessible, organized, updated, and used” for more details)

schools) – PATH, MYSATF, School systems

Specific ways to get these messages out

- Local government host an open-to-the-public town hall that is just focused on the topic of substance misuse and addiction
- A local festival that is built around being welcoming to people who use substances, people in recovery, their families. A festival that offers a fun and creative way to say: “It’s okay to speak out.” Have kids games. Doing this in a way that moves beyond stigma. I.e. A

<p>healthy community festival. Involve key players in active roles and to support. Playhouse, businesses, etc.</p> <ul style="list-style-type: none"> ● Public information campaign to combat stigma ● Community awareness programs ● Community “meet and greets” with local agencies such as health and wellness fairs, child/community fairs ● Dialogue between providers and the community. ● Public service announcements ● Social media, and other mass media such as podcasts or short films ● Advertising ● Create opportunities for individuals and families that have achieved recovery to share their stories (particularly with children and youth) 	
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Organizations, agencies, & efforts are connected, coordinated & collaborating

“A support system is more effective than individualized support”

“I am an EMT and a Sheriff’s Deputy and see how the community is affected by drug addiction and trafficking. Having more community involvement will help solve the problem.”

While there are long-standing efforts across both counties to bring people and organizations together to address substance misuse, there are still ways that community collaboration could be strengthened, including more communication and coordination between government agencies, community organizations, health care facilities, and other organizations; ongoing intentional engagement with the community; continued support for the existing local substance use task force. All efforts should be done with a commitment to communication, education, and support, ensuring coordinated and connected actions across community and government organizations.

Connected, Coordinated, Collaborating Looks Like... stakeholders from all sectors making a commitment to this effort; communication and feedback about what supports or gets in

the way of collaboration; open channels for sharing information and resources; making contributions and educating each other on those unique contributions; and co-creating means for collective accountability.

Specific ideas from community	What is already happening?
<p>Support local coalitions</p> <ul style="list-style-type: none"> ● Substance Abuse Task force - to continue to operate and exist ● A coalition to help develop resources for youth. <p>Continue to grow engagement across the community</p> <ul style="list-style-type: none"> ● Create more coordination, communication, and trust-building between stakeholders. Need for efforts to be more coordinated, and for open, authentic communication to fuel substance use-related interventions. ● Get public buy-in from businesses and key folks like law enforcement, county managers, church leaders, plant hiring managers ● Need to involve all parties in support process. People affected by the issues and families, LEO, Churches ● Engage additional key stakeholders, including hospitals and health departments, schools, teachers, other professionals and community members, and NCCARE360. This engagement could involve focus groups with providers and consumers, as well as providing funding for existing collaborative efforts such as Healthy Yancey, MYSATF, and the Yancey Alliance for Young Children. <p>Engage in additional learning, assessment and planning as necessary</p>	<ul style="list-style-type: none"> ● Mitchell Yancey Substance Abuse Task Force (MYSATF) ● “ Pre-COVID, we had the Northern Crisis Providers group. [It included] DSS, law enforcement, some court officials, Mission, October Roads, RHA, MCHP, clerk of court in Yancey and Mitchell, Vaya Health, CCWNC, Graham’s Children (now PATH), and Robin Bryson with Mission mental health. We overcame some barriers by working together.” ● “ MDT, the multidisciplinary group, is starting up again. We look at what is working and what is not working. ” ● SEARCH Community Engagement listening Sessions ● Healthy Yancey ● Inter-agency meetings (every 3 months) related to mental health ● Blue Ridge Partnership for Children: Alliance for Young Children and collective impact project with a focus on parenting support and education ● Juvenile Crime Prevention Council

- Asset mapping and identifying community gaps
- New, better assessments and planning with interagency meetings
- Continue to provide spaces for the community to engage in thought partnership around substance use in the community, and challenge biases for community members.
- “The information on the graphs deserves more time and investigation. I'd like to work more deeply with the stories themselves.”
- Educate Commissioners and County managers on the importance of funding drivers

More and improved collaboration with/between specific organizations, agencies and groups

- Continued investment in positive relationships between law enforcement and social service agencies. Continued improvement of the relationships, understanding, and trust between law enforcement agencies and departments, such as judges, the sheriff's department, and probation/parole court.
- More effective collaboration between substance use disorder service providers and the medical community.
- More connection between the recovery community and service providers (and even the wider community)
- Create a system for 911 operators to share information across jurisdictions about individuals' drug use history, including overdoses. Give operators access and train them to use the CJLEADS database.

- Create a process for information sharing between agencies so that emergency responders are more aware of the re-sources that are available.
- Need stronger collaboration with DSS in both counties by all current efforts/programs

Focus on building on existing efforts together

- Find ways to support the several efforts currently underway. Add for good reasons, but not just to do something new when new could come from within the existing efforts. And existing efforts leaders need to make themselves and their efforts well known on an ongoing basis. Not just occasionally at "take back" time, but monthly or maybe weekly?
- Reinforcing existing structures with additional resources, rather than initiating entirely new programs by harnessing the strengths inherent in our community and leveraging them as a foundation for growth and development.

Provide necessary resources and practical support for collaboration

- Need to fund and provide logistical and structural support for collaboration. This includes funding positions that specifically support community collaboration, partnerships, and community education; and providing funding for meeting and process facilitators, as well as for meeting space, food, and other expenses/logistics. It also involves paying staff at organizations to collaborate and playing more general

roles in connecting entities doing similar work to each other (including by sharing attendee lists).

- Coordinating policies and supports

Improve communication (see also “Community Awareness”)

- Open communication among professionals
- Efforts by MCHP to invite and reach out to the community
- Individuals sharing knowledge and resources

People are spiritually supported

“Within the heart of the person in [substance use disorder] needs to arise where they see themselves in a new light, with new coping skills. I also suspect that whatever addresses this is something repetitive that is here for the long haul, that continues to show up when things are good and when things are bad, that is willing to go into their very most personal lives and be with them there. This is such a lonely disease, and I hope much love and comfort and care will meet it there.”

“We need faith-based because it will take supernatural healing. If we could do it without God, we would have.”

“I would also say, without knowing every pastor in the Counties, that the clergy may be under-educated about their support provided to addicts and counseling of family of addicts. Jesus loved everyone, even the afflicted, but you cannot pray the drugs or alcohol out of an addict.”

For many (but not all) people, a journey of reintegrating back into health and wellness from substance misuse includes some form of spiritual support. Spiritual support includes diverse practices, some of which are faith-based and others are non faith-based. Spiritual support is also necessary for the greater community to be able to see, recognize, and have compassion for neighbors that are suffering.

Spiritual Support Looks Like...healing, treatment, prevention, and recovery opportunities that reference forces greater than the individual and support an individual's healing process. This can happen in local faith communities through opportunities that link the healing and recovery process to spiritual understandings, training and awareness-raising in faith-based organizations/settings, addressing misperceptions and stigma that may be present in faith-based communities, and developing necessary resources to share with faith-based communities. This can also look like investing in evidence based programs that utilize meditation and mindful awareness to help individuals who have experienced trauma.

Specific ideas from community	What is already happening?
<p><i>Trainings and programming at, and for, churches</i></p> <ul style="list-style-type: none"> • Training and awareness growing for churches and faith leaders • Provide and train with anti-stigma materials <p><i>Active support & involvement from church communities</i></p> <ul style="list-style-type: none"> • “Our local churches need to develop the resources to support those who are addicted or vulnerable to it. God's love is needed!” • Agencies should locate and communicate with caring churches. Most churches can take on supporting a few individuals or families dealing with substance misuse on a regular basis. <p><i>Other ideas</i></p> <ul style="list-style-type: none"> • Investing in evidence based programs that utilize meditation and mindful awareness to help individuals who have experienced trauma to separate troubling thoughts from one’s actual identity. These practices also help people to stop, take a breath, become aware of the present moment, and recognize thoughts and feelings that 	<ul style="list-style-type: none"> • Liberty church will start offering service for folks in recovery • Freedom Life • Celebrate Recovery at Bear Creek Baptist Church and Higgins Memorial United Methodist Church • Faith-based outreach efforts

<p>may be leading us to act in ways that could be harmful towards self or another.</p> <ul style="list-style-type: none"> • Desire to make a change needs to come from the person who is using substances • Provide spiritual support in services and programs • Prayer line 	
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People with substance misuse history and their families feel welcomed in the community

“Parents feeling safe coming back into the community, feeling welcomed”

“Our community can be very judgmental. Our kids aren’t going to talk to us. No room to be able to talk about these things. Addiction is real. Addiction does not discriminate. Until we learn to love and accept the families in our communities, we can throw whatever amount of money at it, but nothing’s going to change.”

“[Need for] a healthy outlet, a source to feel connected”

Isolation and not feeling a sense of connection and belonging can contribute to someone entering into substance misuse, and also make it harder for someone to seek support. Creating a community culture that welcomes people who have experienced substance misuse and their families can help build a sense of belonging and healing.

People with Substance Misuse History and their Families Feeling Welcomed In Community Looks Like... people saying that they feel like they belong in community gatherings, that they have places to go where they feel respected and cared about. That these experiences are accessible, creative, fun outlets that also involve the broader community. It includes having community events and activities that people feel able to participate in, that can be “replacement” activities to activities that involve substance use (See also, “Families, children and caregivers feel supported”).

Specific ideas from community	What is already happening?
<ul style="list-style-type: none"> • A local festival that is built around being welcoming to people who use substances, people in recovery, their 	<p>(See also “Families, children and caregivers feel supported”)</p>

<p>families. A festival that offers a fun and creative way to say: "It's okay to speak out." Have kids games. Doing this in a way that moves beyond stigma. I.e. A healthy community festival. Involve key players in active roles and to support. Playhouse, businesses, etc.</p> <ul style="list-style-type: none"> • Community mural creation process, that involves youth, on a visible building. Could be initiated from the visual for this community learning process. A process that takes time to implement so gives youth something productive to be doing and also becomes a visible community expression of care. • Activities and opportunities to learn trades and skills for life and jobs. This could be like an intergenerational 4-H or ways to "build back Appalachian culture our community" 	<ul style="list-style-type: none"> • Sizzlin' Summer Series in Yancey County (summer months) - PATH • Summer Resource Guide- a free publication that is distributed to families to help them find free or low-cost activities for children during the summer months • Dig In! Work Together Days • Home Remedies: Community Options For Addressing Pain and Stress – initiative presenting strategies and resources to reduce opioid use for pain relief through complementary health practices. (PATH)
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Policies and regulations help (and don't block) support

"Accountability from the systems which perpetuate addiction"

Policies and regulations (at the local, state, and national levels) within institutions such as schools and government agencies can have profound effects on the support that is available around substance use.

Policies and Regulations that Help (and Don't Block) Support Looks Like...policies and regulations within organizations, institutions, and government are reformed to remove barriers and focus on appropriate support of individuals experiencing substance misuse, supports that can lead to healing and development more than penalizing and maintaining destructive cycles.

Specific ideas from community	What is already happening?
<p><i>Enact and advocate for local, state and national laws, policies and regulations that...</i></p> <p><i>...encourage and protect people responding in a crisis</i></p> <ul style="list-style-type: none"> ● More expansive Good Samaritan law ● Laws that protect substance abuse “friends” from getting arrested when calling for help due to overdose of another person <p><i>...remove barriers for people with a felony history</i></p> <ul style="list-style-type: none"> ● Criminal record expunged ● Develop a process to have charges expunged sooner. “That would literally help everyone I know.” “You should be able to get a job based on your skill set and how hard you work and your attendance rather than what you did in your past. “Remove employment barriers related to felony history. Work with employers to change applications to address the “check the [felony] box” issue ● Employers be willing to hire felons <p><i>...create more responsive, flexible, and supportive local and state agency processes and systems</i></p> <ul style="list-style-type: none"> ● Survey DSS workers about how mandated procedures impede their effectiveness. Have a trial period when implementing new regulations, followed by a review that includes caseworkers. ● Temporarily suspend regulations in an emergency, with a review 24 or 48 hours later to identify needed course corrections. 	<ul style="list-style-type: none"> ● North Carolina Controlled Substance Reporting System (CSRS) (prescribers must log into the database every time they prescribe opioids to check a patient’s opioid prescription history)

- Expand Medicare and Medicaid
- Shift law enforcement funding: What are better ways to fund the police department besides fines from drugs?
- Identify opportunities to improve driver wages in Yancey County compared to Mitchell County

...support families and family members impacted by substance use

- Review and expand the rights of family members who take in children whose parents are unfit. Change laws and/or regulations to give grandparents raising their grandchildren the same financial support as foster parents.
- Want: laws changed concerning children and parent visitation

...address prevention and substance supply

- Strengthen the STOP Act (related to prescription opioid medication prescribing and dispensing)
- Make it illegal to incentivize harmful drugs. Drug sales events
- Go after makers of vape products [other than Juul] through civil lawsuits.
- “Big dealers (border) need to be punished to stop the flow of drugs dramatically!”
- Get alcohol law enforcement more involved in policing stores that sell vape products to people who are underage.
- Make it illegal to have a vaping device on school property.

Stigma-free

"It's the stigma, the finger pointing, the kick them when they are down, public humiliation folks receive with substance use disorder from society/general public. We all have struggles and so many folks engage in addictive behaviors other than chemical addiction and somehow that's different - some addictions are actually encouraged like work addiction... People with substance use disorder are more than their addiction, and by shunning them we are exacerbating or feeding their addiction which is shame based. I just want us to stop treating folks as less than because they struggle. I don't know what is worse - watching someone you care about lost in addiction or watching what our society does to those who are in the throes of this type suffering."

"I was in addiction for over 25 yrs, and have 7 yrs In long term recovery...it was very stigmatized. Still is to a degree. We're all human, we just want to be treated as a human and not looked on. To be treated with dignity and have someone who actually cares whether we live or die and not just data in the books. That everyone matters, everyone should be equal. That everyone deserves a chance at life and a decent one at that...Treat the person like you would want someone to treat you. With dignity, compassion and respect. Meet them where they are, not where you think they should be. Try and help them not hurt them even more. They kick themselves already and deal with enough, they don't need you to too. Encourage them, don't condemn them."

"ACCEPTED - we want to feel accepted"

"Even those of us who care deeply still carry [stigma] around."

Misperceptions and negative beliefs and views about substances and people who use or have used them, as well as their families, leads to lack of acceptance and is a significant block to growing support across the community and ensuring more services and supports are available.

Stigma-Free Looks Like...supporting more community conversations that normalize talking about substance use, addiction, and recovery. Open conversations that help grow people's abilities to not pass judgment, but instead to see neighbors, family, and community members as important parts of the social fabric while also growing support for healing, treatment, recovery, and reintegration back into wellness.

Specific ideas from community	What is already happening?
<ul style="list-style-type: none"> ● Education and public awareness advocates focused on creating more love and compassion for people 	<ul style="list-style-type: none"> ● Faith in Harm Reduction: anti-stigma training for churches ● MYSATF & PATH: Addressing stigma of mental health and substance use with

connected to substance use and addiction

- Train faith leaders with anti-stigma materials
- From a person in recovery: "I remember being in the parade – the community getting to see us in a different light"
- More open discussion less shame
- Allowing people to continue sharing their stories is a very healing process, if there is a way we could incorporate an artistic component to encourage this portion of the process, we may be able to strip down stigmas associated with substance misuse and form a holistic platform for all involved.
- Community-wide conversations that: (See also "Community Awareness")
 - Normalize talking about substance use, along with education about what substance use and addiction are and are not ("it's not a choice"), and that it's not a moral issue, it's the "byproduct" of other issues related to mental health, trauma and adverse childhood experiences;
 - Name that certain addictions are not stigmatized (for example, food, sex, and money) in the same way that addiction to certain substances is
 - Communicate that you don't know just by looking at someone or knowing something about their life or what they do for a living if they are experiencing or have experienced addiction.
 - "These conversations will require 'being bold.'" "AND it's hard to be bold here."
 - Additional community education and awareness-raising that

community/professionals (Public meetings, Community Town Halls/conversations, etc.)

includes efforts to “become a trauma-informed community” and to address stigma. Specific strategies to do this include using experts and community agencies and schools to provide information and offering employee trainings on mental health.

Risk and harm reduction

“I noticed a person leaning over another person on the sidewalk... I asked if they were ok. One guy said no. I had been carrying Narcan for about 6 months, but never used it. I asked if he needed Narcan. He said yes. The other person was blue. I'd never seen that before. The guy helping said he could feel a tiny bit of breathing. We ended up giving him 2 doses because the first didn't work... Eventually he started to come to. 911 and police arrived. All 4 of the pedestrians that had stopped, none of us knew this guy. As the guy started to piece together that he had received Narcan, he kept saying, "I'm so glad I'm alive." Hearing him repeat again and gain how glad he was that he was alive. Feeling how we could/should all be carrying Narcan. What if I hadn't pulled over and offered support? He didn't want to die that day. I look for him around town... wondering what happened next in his life.”

“I am currently in recovery with seven months sober from all drugs. I want to share my experience with being an IV drug user and struggle to obtain clean needles and supplies when I was in active addiction. I think that clean needles, alcohol pads and sharps disposal containers etc. should be available to prevent diseases like endocarditis, hepatitis C and so many others. I have lost several friends to diseases that could have prevented and that person could have had the Opportunity to come to the end of there-self and achieve recovery. we can't make people change but we can prolong there life by providing a safe way to use.”

“...Some people don't understand or know the evidence behind [risk reduction/harm reduction]. For example: A needle exchange program. People in this area see that this program is enabling people to shoot up drugs by giving them free needles. They don't see the program behind it, the reduction in infectious diseases, the care and support it brings, the resources provided to the individual with substance use issues, etc. and how that has had a positive impact in these areas.”

There are a number of evidence-based approaches that can help keep people who use drugs healthier and reduce the risk of overdose, disease, health emergencies, and other complications that can arise due to drug use. Having non-judgmental, risk reducing support that also points people to resources for reintegrating into wellness can help to minimize negative health, social and legal impacts.

Harm Reduction Looks Like...making Narcan (naloxone) widely available and educating many people across the community on how to administer it; offering safe sharps disposal sites; implementing syringe access programs, offering HIV and hepatitis C testing, drug checking and fentanyl test strips, and offering medication for opioid use disorder/medication assisted treatment (See also “Detox and Treatment “and “People are spiritually supported”).

Specific ideas from community	What is already happening?
<p>Increase access to Naloxone</p> <ul style="list-style-type: none"> ● Education on Harm Reduction and Naloxone Administration ● Mobile distribution and/or community-based outreach to deliver naloxone or other harm reduction supplies (clean syringes, pipes, supply testing kits) ● Naloxone distribution program ● We need to make Narcan widely available (easy to access, no-cost, no questions asked) and make sure everyone knows how to use it. ● “We should outfit first responders with [Narcan].” ● Keep Narcan in 911 call centers and provide it to first responders. ● There is tremendous value in average people carrying Narcan, knowing how to use it, and having places to ask questions and understand what they might experience in a situation where it is needed or when it is administered. <p>HIV/Hep C Testing</p>	<ul style="list-style-type: none"> ● The sheriff here [in Mitchell] does a good job of putting his road officers through a yearly Narcan refresher.” ● Vaya and Project Lazarus have provided naloxone to Mitchell County EMS staff to distribute along with education ● Faith in Harm Reduction - Naloxone for churches/faith communities ● Naloxone kit distribution ● Safe needle disposal initiative ● Medication lock box distribution (MYSATF) ● “Lock Your Meds” campaign ● Drug dropbox locations at Mitchell County Sheriff’s Office, Spruce Pine Police Department, Yancey County Sheriff’s Office, and Burnsville Town Hall ● Drug Take Back Events ● Yancey Community Paramedic Program ● Summer Food Program - Task Force provides free medication lockboxes, safe medication disposal packets and other materials to families through this initiative

Access to clean & safe needles and supplies, and safe disposal

- "I am currently in recovery with [amount of time] sober from all drugs. I want to share my experience with being an IV drug user and struggle to obtain clean needles and supplies when I was in active addiction. I think that clean needles, alcohol pads and sharps disposal containers etc. should be available to prevent diseases like endocarditis, hepatitis C and so many others. I have lost several friends to diseases that could have prevented and that person could have had the opportunity to come to the end of their-self and achieve recovery. we can't make people change but we can prolong their life by providing a safe way to use."
- Syringe access program
- Need: needle exchange, safety, support
- Safe sharp disposal accessible

Control prescription drug access in the community

- Prescription turn-in locations that allow anonymity.
- Distribute lock boxes
- Make it illegal to incentivize harmful drugs. Drug sales events

Address supply of illicit (or illegally-provided) substances

- Big dealers (border) need to be punished to stop the flow of drugs dramatically!
- Get alcohol law enforcement more involved in policing stores that sell vape products to people who are underage.

Everyone in the community contributing love, support, connection, belonging, acceptance, accountability

"People need connection and love from the ones closest to them, especially when they make choices that loved ones might question."

"Sometimes people just need help. They don't need to be judged they just need a little extra encouragement and support. These people are still people and they deserve love too."

"I want this story to highlight how family members of addicts need to see the person who has been traumatized and is still human. Addicts are hurting. We can be informed and create good boundaries to still love them and listen to them."

"It affects everyone in proximity. It is not something you can hide away it must be accepted and brought into the open, and those who are ready to be called to heal can be invited to step forward. It CANNOT be mandated, forced, coerced, or legislated. It has to come from attraction - those who are on the healing path attract those who want it. Those who hide because of shame or stigma are part of the support system that keeps people in illness."

"To educate people that come in contact with addicts To please have compassion. It gives us hope and initiative to want to change."

"It requires a cultural shift. It is the problem of everyone. It is created by our economy, or religious beliefs, our culture....."

"Since love and connection were articulated as such a tangible need to prevent substance use, the question how do we create a community with increased connection and love is worth exploring."

Other Definitions

Culturally-aligned

Culturally-Aligned Looks Like... resources, materials, programs, and services align with various components of the culture of people being served. This includes the languages used, acknowledging and respecting important holidays and rituals, and integrating ways of communicating and interacting that are common within that particular culture of people.

Prevention

Definition from Center for Substance Abuse Prevention

Prevention is a proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing healthy behavior and lifestyles by reducing risks contributing to alcohol, tobacco, and other drug misuse.

There are many facets to preventing substance misuse – both for youth and for adults.

Prevention looks like...involving the family, school, and community by focusing on environmental and community factors and policies, developmental factors, and skill development; addressing the supply of prescription and illicit drugs available in the community; promoting alternatives to pain management; education about many facets of addiction; mental health, and substance use; and meaningful opportunities for people of all ages to be in social, community settings where they feel loved and like they belong. Prevention programs are designed to reduce risk factors and strengthen protective factors through information, skill development, strategies, and resources.

Considerations for Decision Making

The community has identified many areas for intervention to address substance misuse. There is not enough funding to address all of these areas at once and there is no best area to invest in first – all of these areas require attention and must work together to make a difference.

Recognizing this, the community is offering criteria to support decision making. Please consider these points when deciding where to invest efforts or funds:

- Solutions that offer **consistent** support for people who use substances, people in recovery, family members, and support providers
- Consider **evidence-based and evidence-informed** interventions (when they exist), and also recognize the value of **community innovation and adaptation** of interventions to fit this particular community, as well as new ideas to address existing needs or gaps
- Strategies that invite **long-term and multi-stakeholder collaboration**
- Substance misuse challenges intensify through disconnection. Use strategies that involve meaningful **connection and strengthening relationships** between people
- Consider strategies that could influence more than one Community Wellness goal
- Consider a collection of strategies that **address prevention and also support recovery**.
- Consider the value of investing in **“quick wins”** that show impact quickly and could be leveraged for additional funding
- Consider the value of investing in multi-year efforts that benefit from **ongoing financial commitments for multiple years**
- Support **necessary resources and services being available within a one-hour drive**
- Build on **existing resources**

Please note: the community is NOT asking that decisions are made based on what is the most common challenge or the “biggest problem.”

In Closing

“We as a community, all of us, are failing those who need us the most because of our endless amounts of fear and shame. We fear what we don't know and what we don't understand and perhaps we fear that we can't "fix" it and therefore want to pretend like it doesn't exist. But it does exist, and humans exist, and trauma exists, and the human experience exists.”

Human connection is a treatment for addiction. ¹⁶

Through this community learning process, Mitchell and Yancey County governments have made ground-breaking choices to involve their communities in ways that many other counties have not. They chose to invest in human connection; in wide-spread community involvement; and in a collaborative community-guided process to inform County Commissioners' decisions around opioid settlement funds. This choice was a gift to the broader community. It has given people opportunities to deepen relationships, and has made resources and insight available that can continue to inform and guide efforts to address a devastating condition that is still impacting the lives of too many people in Mitchell and Yancey Counties.

As a result, momentum to “do something different” is high. **Now is the time to keep building on that momentum**, to make decisions transparently, and to communicate with one another about efforts and choices that are being pursued to bring about greater wellness within the region.

In support of this momentum, the consultants to the process recommend that:

- Another public session is hosted, in a manner similar to the sensemaking sessions, in which community members can: learn in more detail about the outcomes of this 10 month community learning process; review the contents of this “share back report”; and discuss interventions and possible collaborations.
- Commissioners and the broader community (particularly the groups below that authors of stories requested) continue to learn from the powerful stories that people contributed:
 - Parents and caregivers
 - Recovery support
 - Healthcare providers
 - Faith communities
 - County commissioners
 - Family members

- Teachers and educators
- Students
- Funders
- Emergency responders
- Other substance users
- Community members
- Anybody
- Everyone who is open to and is willing to give a helping hand
- Anyone – we need help and we need change
- Law enforcement
- Social services
- Court system
- Insurance regulators, insurance state
- Federal policy makers

An important note about using the stories and quotes from this process: The stories that were contributed to this process will continue to be available to the community for ongoing learning, planning, and evaluation. Each member of the Core Team has access to these stories.

- **Please remember that each story and quote is a gift.** These are real, lived experiences of people in our community. Each person gave their time and emotional energy to share their story because they are invested in seeing more community action and efforts to end the epidemic of substance misuse and addiction.
- **We ask that these stories, and the quotes in this report, continue to be honored with care and respect.** Let us hold ourselves as a community accountable to the preciousness of the words of our neighbors, and to our work together to heal and welcome all of us back into wellness.

For questions or inquiries about using the stories or about this report, please contact:

Morgan West (morgan.west@yanceycountync.gov)
 Glenda Shuffler (human.resources@mitchellcountync.gov)

Appendix A: Design of the Community Learning Process

The community learning process was designed using Participatory Narrative Inquiry (PNI) applied through a community organizing approach, and was rooted in the following beliefs and assumptions:

- Building relationships is foundational to addressing complex community challenges over time because addressing these challenges requires working and learning together. This approach prioritized time for meaningful relationship building among local partners.
- No one person or organization holds the full picture, and this process requires learning together as a community to understand the full picture. To this end, it was necessary to be flexible and adapt as the need arose. Key partners were engaged in conversations about necessary shifts in timing and approach.
- Ongoing, deep local partner participation is essential to see an impact over time in the actual lives of people living in both counties. Active local partners ensure that the necessary knowledge, skills, and tools are available locally to continue the momentum that is built.

What is Participatory Narrative Inquiry?

Participatory Narrative Inquiry (PNI) is a process that works with complex situations (such as substance use) and the stories people tell about their experiences in those situations. It invites people to share small anecdotes of their experience and to answer some questions about their story. A key feature of PNI is that storytellers interpret their own stories rather than a research team doing the coding and the meaning making. In this way, meaning making is preserved with the storytellers, the people who actually experienced the story as it happened. Once there is a broad awareness of a situation, people are better equipped and emotionally inspired to generate actionable insights. In contrast to traditional research methods, the point is not to gather stories to prove or validate a condition, but rather to generate material to inspire action and change.

PNI projects all feature these stages:

- **Collection of stories:** Many small anecdotes of grounded experience are collected from participants in the system, and we ask them questions about their narratives.
- **Sensemaking of the stories:** Diverse groups of people engage with the stories and discern patterns and actionable insights from the data.

- **Return of the stories to the community:** Stories and insights are returned to the community to whom they belong. This completes a cycle of reciprocity and ensures that ownership over the stories remains with the community or organization.

The process of sensemaking of the stories collected leads to ideas for intervention. As much as possible, the aim is to involve all kinds of people in the community across all of these stages while also acknowledging that, in terms of opioid settlement funds, Yancey and Mitchell County government leadership will have “final” decision-making power around how those funds are spent. However, people in the community can identify their preferences for what those decisions are, even if government leaders make the final decisions. A PNI process can also support the many other efforts that are already happening locally to address substance and opioid use.

PNI has been used in other communities across North America to support local planning and improvement of services for people with lived experience of substance use.

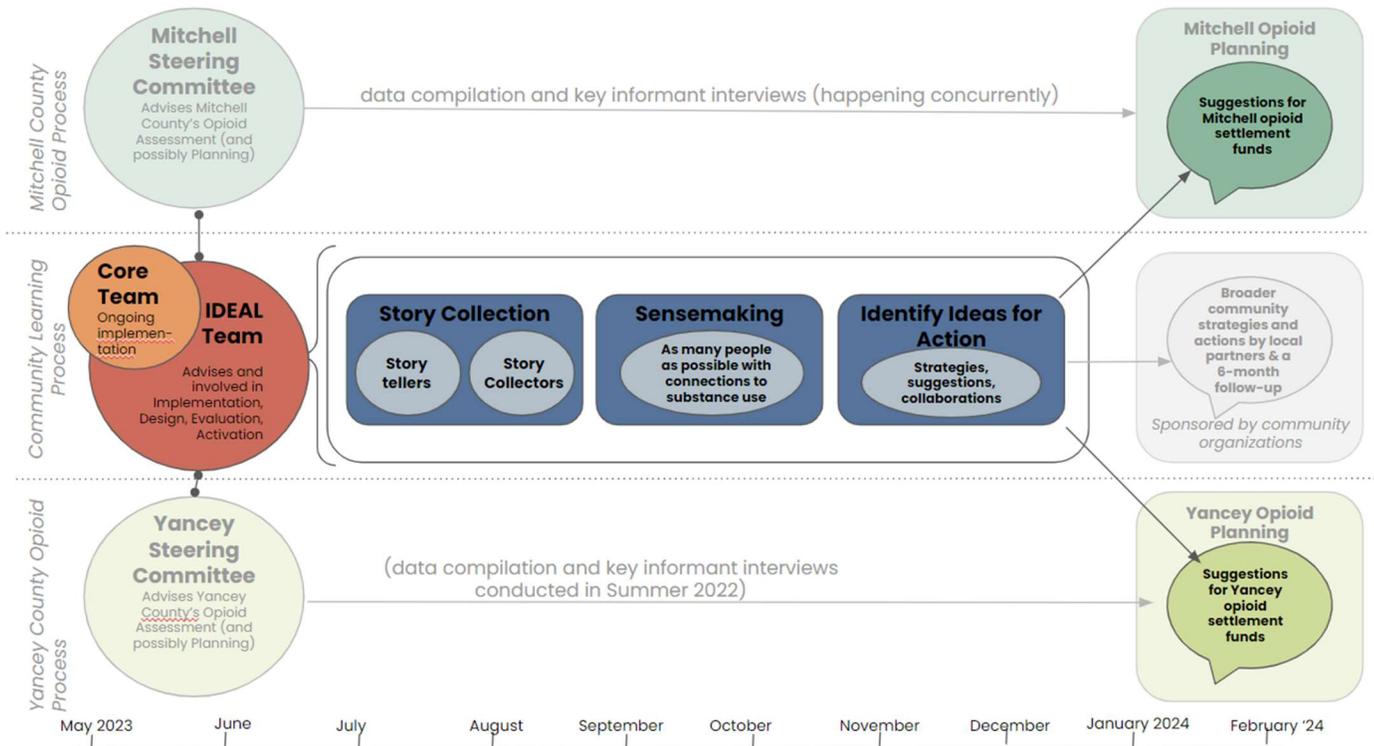
PNI Resources

- [Brief overview of PNI and NarraFirma](#)
- [More about Participatory Narrative Inquiry](#)
- [More about NarraFirma](#)

Phases of the process in Mitchell and Yancey Counties

The two-county community learning process was designed to include the following phases (Figure 6).

Figure 6: Community Learning Process Design (Note: Each county's individual opioid assessment and planning processes are included in faded colors to illustrate relationships between the processes.)



Phase: Foundation building (May–August 2023)

This phase focused on establishing the partnerships and structures necessary for a successful process. Specific elements included:

- Convening a *core team* of partners, composed of a representative from Mitchell County government and Yancey County government, as well as representatives from two community organizations that focus work around substance use (Partners Aligned Toward Health –PATH– and Mountain Community Health Partnership –MCHP). This team met frequently and was closely involved in co-designing key structures and making key decisions throughout the entire process.
- Establishing a multi-stakeholder *design team*, self-named the IDEAL (Implementation, Design, Evaluation, Advocacy, and Learning) Advisors. This was a group of more than 20 people with varying professional and personal life experiences around matters of substance misuse and addiction. Advisors contributed knowledge and insight from their vast personal experiences as well as through the roles they serve in government agencies, behavioral health, healthcare,

emergency services, law enforcement, non-profits, addiction and recovery support, and as community members with a history of substance misuse and family members of people with a history of substance misuse. **These contributions were pivotal in shaping opportunities that the greater public chose to participate in.**

- A team of consultants through WNC Health Network guided and supported the process by contributing knowledge and experience with PNI, community organizing, and community health assessment and planning. This team also served as the logistical backbone, contributing capacity to coordinate and implement the many moving pieces of the process.
- Together the consultants, Core Team, and IDEAL Advisors co-designed the processes for
 - story collection, including testing and refining the story collection tool
 - sensemaking
 - sharing the final insights and learning.

Phase: Story collection (August–November 2023)

In this phase, many people across both counties were involved with collecting and sharing personal experiences related to substance use, either their own use or that of someone they love, work with, or have helped or supported. Stories were collected in many different ways, including through an online form, a printed paper form, and through 1-on-1 conversations. The story form is included in Appendix E. Printed and online forms were available in English and Spanish.

Some people in the community served as “Story Stewards” and engaged with people through their social connections to invite them to share their experiences. Information about the process, along with invitations to share experiences, were also shared through radio interviews, local newspapers, social media, and printed posters and flyers in both English and Spanish.

Altogether, people from all over the 2-county region contributed more than 130 stories of their firsthand experiences with substance use, offering 110 of these stories to be used for learning among the broader community.

- 50 stories were shared by people who currently or previously used drugs.
- 50 stories were from people who have loved or cared about someone who uses drugs.
- 18 stories were from healthcare providers.
- 5 stories were from emergency responders.
- 57 stories were from Mitchell County
- 40 stories were from Yancey county

- 25 indicated the story took place in another county or state (but the person sharing the story was in the region)
- 14 indicated that the story “could be anywhere”
- 9 preferred not to answer

Phase: Making sense of the stories and generating actionable insights (November 2023)

The advisory group hosted four sessions in the community (two sessions in each county) with a total of 119 people participating. The sessions were held:

- Monday, November 13, 2023 at the Yancey County Library
- Two sessions were held Tuesday, November 14, 2023 at TRACTOR Food & Farms (in Spruce Pine)
- Thursday, November 16, 2023 at the Yancey County Library

Three of the sessions were open to the public, with outreach through personal relationships and newspaper/radio announcements. One session was only for people who are in recovery and invitations were shared by word of mouth within the recovery community.

The sessions were designed with the intention to feel accessible and welcoming for as many people in the community as possible. Child care and Spanish interpretation were offered at certain sessions, and food from local restaurants and catering businesses was served at each.

Participants read the stories, discussed insights, and generated MANY ideas for actions (664 ideas and insights in total). People who “wouldn’t normally fool with a community process” chose to contribute to this one, bringing out a more diverse group with important perspectives often missed. Subsets of the advisory group met many times to design the sensemaking sessions.

After the sensemaking sessions, the consultants worked with members of the advisory group to:

- Articulate patterns in the community-generated insights that illuminated areas for intervention and specific goals for community wellness.
- Co-create a visual to show the big picture of what was learned through this process.
- Compile a comprehensive 68-page list of suggestions for specific actions that can be taken and efforts already underway within the 2-county region.

Refer to the “Big Picture” section (pages 20–21) and the “Areas for Intervention” (pages 22–90) section to learn more about these outcomes.

Phase: Return to community (December 2023–March 2024)

Members of the advisory group reviewed information summaries from the public sessions created by the consultants, including what has been learned and ideas for future action. They also identified existing efforts that match with community suggestions. All of this information is being returned to the community in several ways:

- Through this written report
- Through public presentations to the Board of Commissioners in both Mitchell and Yancey Counties

Note: The “In Closing” section includes recommendations from the consultants to continue to engage with the community to keep sharing the vast insight and learning from this process.

Appendix B: Option A Crosswalk for Commissioners

This list includes the settlement funding strategies listed under “Option A” (“High-impact opioid abatement strategies”) in the counties’ Memorandum of Agreement for opioid settlement funding. The bulleted lists under each strategy show the corresponding areas for intervention that were identified by community members in Mitchell and Yancey Counties. See the full report for the specific action ideas from the community and lists of what is already happening that could fit within each strategy. It is recommended to confirm options for funding with the NC Attorney General’s office or other relevant entity.

The “Option B” list is more expansive and includes more strategies related to prevention and working with youth. The extensive community involvement by both counties will greatly support the process for both Mitchell and Yancey Counties to switch to Option B strategies if desired. It is recommended to confirm with the NC Attorney General’s office or other relevant entity what the remaining requirements would be to switch to Option B.

Option A Strategies and Corresponding Areas for Intervention from Community

(Option A strategies can be found here: <https://www.morepowerfulinc.org/wp-content/uploads/2021/10/Exhibit-A-to-NC-MOA-3.pdf>)

- 1. Collaborative strategic planning.** *Support collaborative strategic planning to address opioid misuse, addiction, overdose, or related issues, including staff support, facilitation services, or any activity or combination of activities listed in Exhibit C to the MOA (collaborative strategic planning).*

Specific ideas from the local community and lists of what is already happening related to this strategy can be found under...

- **Organizations, agencies, efforts are connected, coordinated, collaborating**

- 2. Evidence-based addiction treatment.** *Support evidence-based addiction treatment consistent with the American Society of Addiction Medicine’s national practice guidelines for the treatment of opioid use disorder – including Medication-Assisted Treatment (MAT) with any medication approved for this purpose by the U.S. Food and Drug Administration – through Opioid Treatment Programs, qualified providers of Office-Based Opioid Treatment, Federally Qualified Health Centers, treatment offered in conjunction with justice system programs, or other community-based programs offering evidence-based addiction treatment. This may include capital expenditures for facilities that offer evidence-based treatment for OUD. (If only a portion of a facility offers such treatment, then only that portion qualifies for funding, on a pro rata basis.)*

Specific ideas from the local community and lists of what is already happening related to this strategy can be found under...

- **Local, affordable detox and treatment options**
- **Prevention & restoration in criminal justice systems**
- **Physical health care**

- 3. Recovery support services.** *Fund evidence-based recovery support services, including peer support specialists or care navigators based in local health departments, social service offices, detention facilities, community-based organizations, or other settings that support people in treatment or recovery, or people who use drugs, in accessing addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.*

Specific ideas from the local community and lists of what is already happening related to this strategy can be found under...

- **Transitional support for people leaving treatment and incarceration**
- **People who have overcome substance misuse and mental health concerns are co-leading efforts to address the epidemic**
- **Prevention & restoration in criminal justice systems**
- **Recovery meetings, groups and support**
- **Basic needs and safety are a priority**
- **Resources are accessible, organized, updated, and used / Accessible public information**
- **People are spiritually supported**

- 4. Recovery housing support.** *Fund programs offering recovery housing support to people in treatment or recovery, or people who use drugs, such as assistance with rent, move-in deposits, or utilities; or fund recovery housing programs that provide housing to individuals receiving Medication-Assisted Treatment for opioid use disorder.*

Specific ideas from the local community and lists of what is already happening related to this strategy can be found under...

- **Basic needs and safety are a priority**

5. Employment-related services. *Fund programs offering employment support services to people in treatment or recovery, or people who use drugs, such as job training, job skills, job placement, interview coaching, resume review, professional attire, relevant courses at community colleges or vocational schools, transportation services or transportation vouchers to facilitate any of these activities, or similar services or supports.*

Specific ideas from the local community and lists of what is already happening related to this strategy can be found under...

- **Basic needs and safety are a priority**
- **Transitional support for people leaving treatment and incarceration**

6. Early intervention. *Fund programs, services, or training to encourage early identification and intervention for children or adolescents who may be struggling with problematic use of drugs or mental health conditions, including Youth Mental Health First Aid, peer-based programs, or similar approaches. Training programs may target parents, family members, caregivers, teachers, school staff, peers, neighbors, health or human services professionals, or others in contact with children or adolescents.*

Specific ideas from the local community and lists of what is already happening related to this strategy can be found under...

- **Youth opportunities from infancy through teen years**
- **24-hour crisis support**
- **Prevention & restoration in schools**
- **Families, children and caregivers feel supported / Support for families and caregivers**
- **Basic needs and safety are a priority**
- **People with substance misuse history and their families feel welcomed in the community**
- **Policies and regulations help (and don't block) support**

7. Naloxone distribution. *Support programs or organizations that distribute naloxone to persons at risk of overdose or their social networks, such as Syringe Service Programs, post-overdose response teams, programs that provide naloxone to persons upon release from jail or prison, emergency medical service providers or hospital emergency departments that provide naloxone to persons at risk of overdose, or community-based organizations that provide services to people who use drugs.*

Programs or organizations involved in community distribution of naloxone may, in addition, provide naloxone to first responders.

Specific ideas from the local community and lists of what is already happening related to this strategy can be found under...

- **Risk and harm reduction**
- **Workforce is trained, supported, aware, and well staffed**

8. Post overdose response team. *Support post-overdose response teams that connect persons who have experienced non-fatal drug overdoses to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.*

Specific ideas from the local community and lists of what is already happening related to this strategy can be found under...

- **24-hour crisis support**
- **Resources are accessible, organized, updated, and used / Accessible public information**

9. Syringe service program. *Support Syringe Service Programs operated by any governmental or nongovernmental organization authorized by section 90-113.27 of the North Carolina General Statutes that provide syringes, naloxone, or other harm reduction supplies; that dispose of used syringes; that connect clients to prevention, treatment, recovery support, behavioral healthcare, primary healthcare, or other services or supports they need; or that provide any of these services or supports.*

Specific ideas from the local community and lists of what is already happening related to this strategy can be found under...

- **Risk and harm reduction**

10. Criminal justice diversion programs. *Support pre-arrest or post-arrest diversion programs, or pre-trial service programs, that connect individuals involved or at risk of becoming involved in the criminal justice system to addiction treatment, recovery support, harm reduction services, primary healthcare, prevention, or other services or supports they need, or that provide any of these services or supports.*

Specific ideas from community and lists of what is already happening related to this strategy can be found under...

- **Prevention & restoration in criminal justice systems**
- **Local and affordable detox and treatment options**

11. Addiction treatment for incarcerated persons. *Support evidence-based addiction treatment, including Medication-Assisted Treatment with at least one FDA-approved opioid agonist, to persons who are incarcerated in jail or prison.*

Specific ideas from the local community and lists of what is already happening related to this strategy can be found under...

- **Prevention & restoration in criminal justice systems**
- **Local and affordable detox and treatment options**

12. Reentry programs. *Support programs that connect incarcerated persons to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need upon release from jail or prison, or that provide any of these services or supports.*

Specific ideas from the local community and lists of what is already happening related to this strategy can be found under...

- **Prevention & restoration in criminal justice systems**
- **Transitional support for people leaving treatment and incarceration**

Appendix C: Criteria for Commissioners' Decision Making Offered by Community

The rubric on the following page is offered as a tool that could be used to help Commissioners prioritize among interventions using criteria the community has asked be used for decision making (see "Considerations for Decision Making"). If desired, each intervention/strategy being considered could be rated using this scale:

4=Strongly meets this criteria

3=Meets this criteria

2=Does not meet this criteria

1=Strongly does not meet this criteria

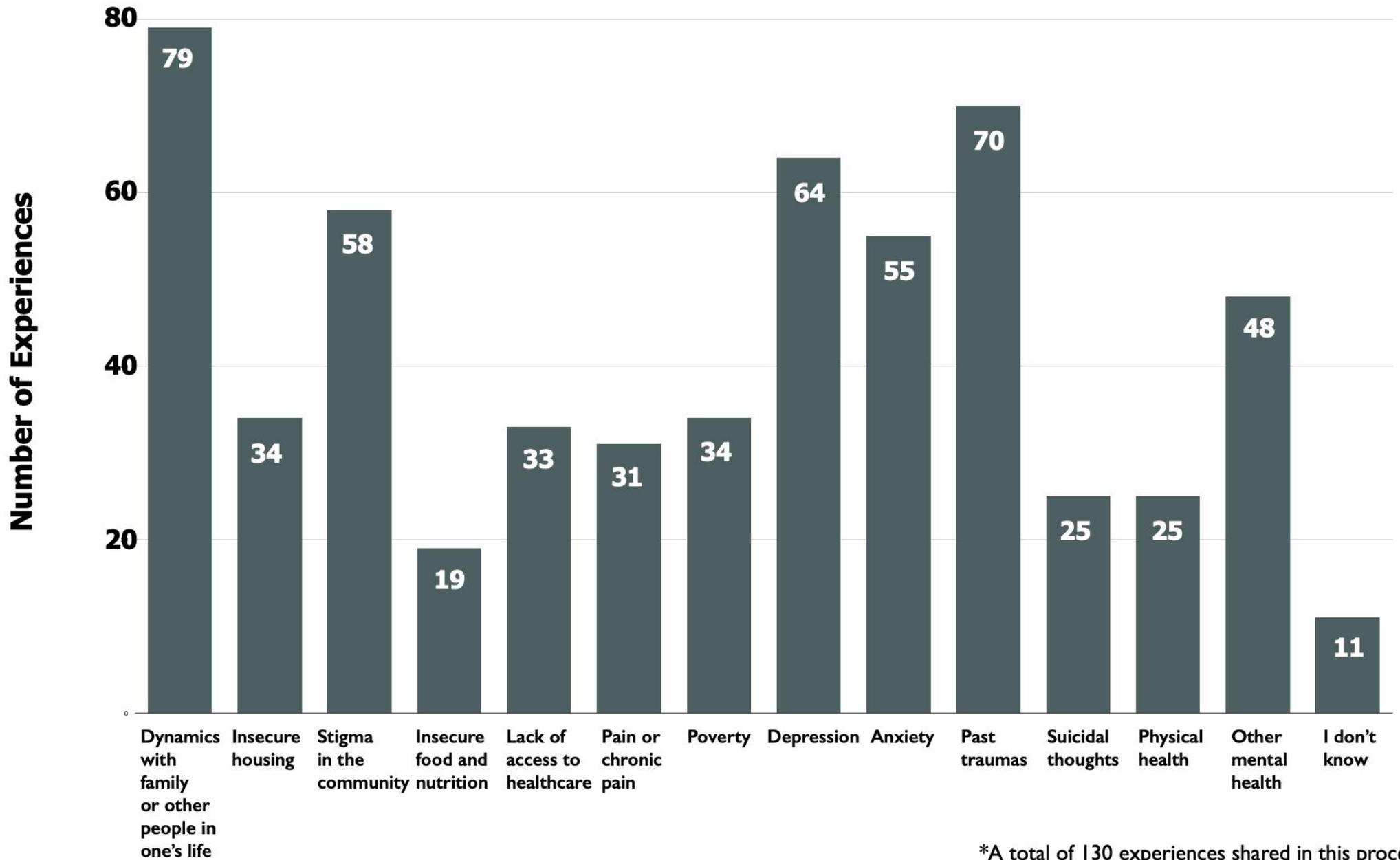
The total scores for each option could be considered as one more piece of information as Commissioners move through decision making.

	<i>Collaborative planning</i>	<i>Evidence-based treatment</i>	<i>Recovery services</i>	<i>Recovery housing</i>	<i>Employment services</i>	<i>Early intervention</i>	<i>Naloxone distribution</i>	<i>Post overdose response team</i>	<i>Syringe services program</i>	<i>Criminal justice diversion program</i>	<i>Treatment in jail</i>	<i>Re-entry program</i>
Does this option offer consistent support for people?												
Is this option evidence-based, or evidence-informed ?												
Does this option invite long-term, multi-stakeholder collaboration ?												
Does this option involve meaningful connection and strengthening relationships between people?												
Does this option influence more than one Community Wellness goal (see visual)?												
Does this option fit in a collection of strategies that address prevention AND support recovery ?												
Could this option bring a "quick win" ?												
Does this option involve investing in a multi-year effort that would benefit from ongoing financial commitments?												
Does this option support necessary resources and services being available within a one-hour drive ?												
Does this option build on existing resources ?												
TOTAL for this option												

Appendix D: Graphs from Stories Contributed to the Community Learning Process

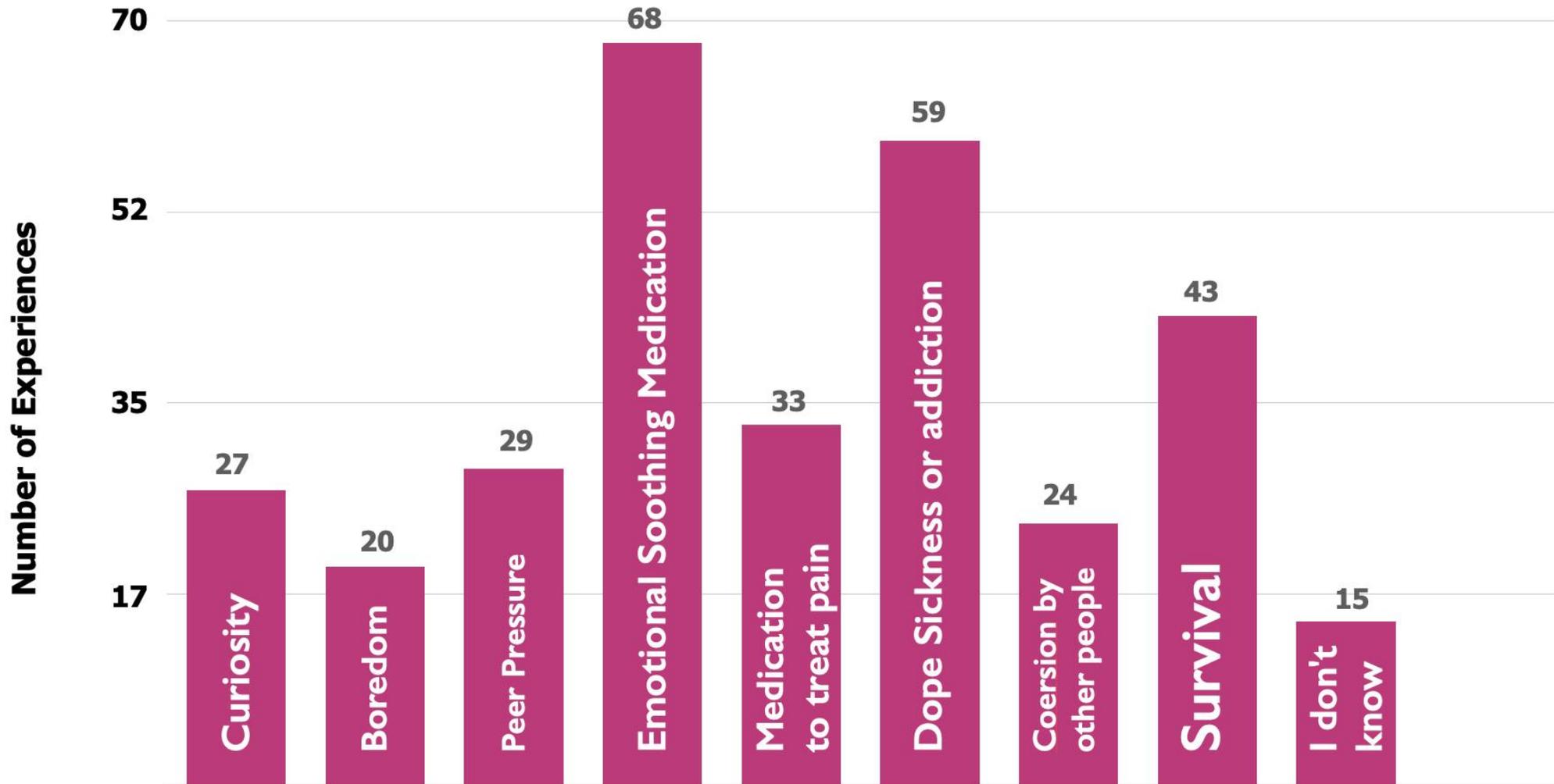
People answered questions about their stories and the graphs below show the choices they made. This information gives us further insight into the stories, perspectives, and experiences. These graphs do not show general trends or statistical truths about the community as a whole, but rather they point to the diversity of experiences in the stories that were contributed.

Influencing Factors



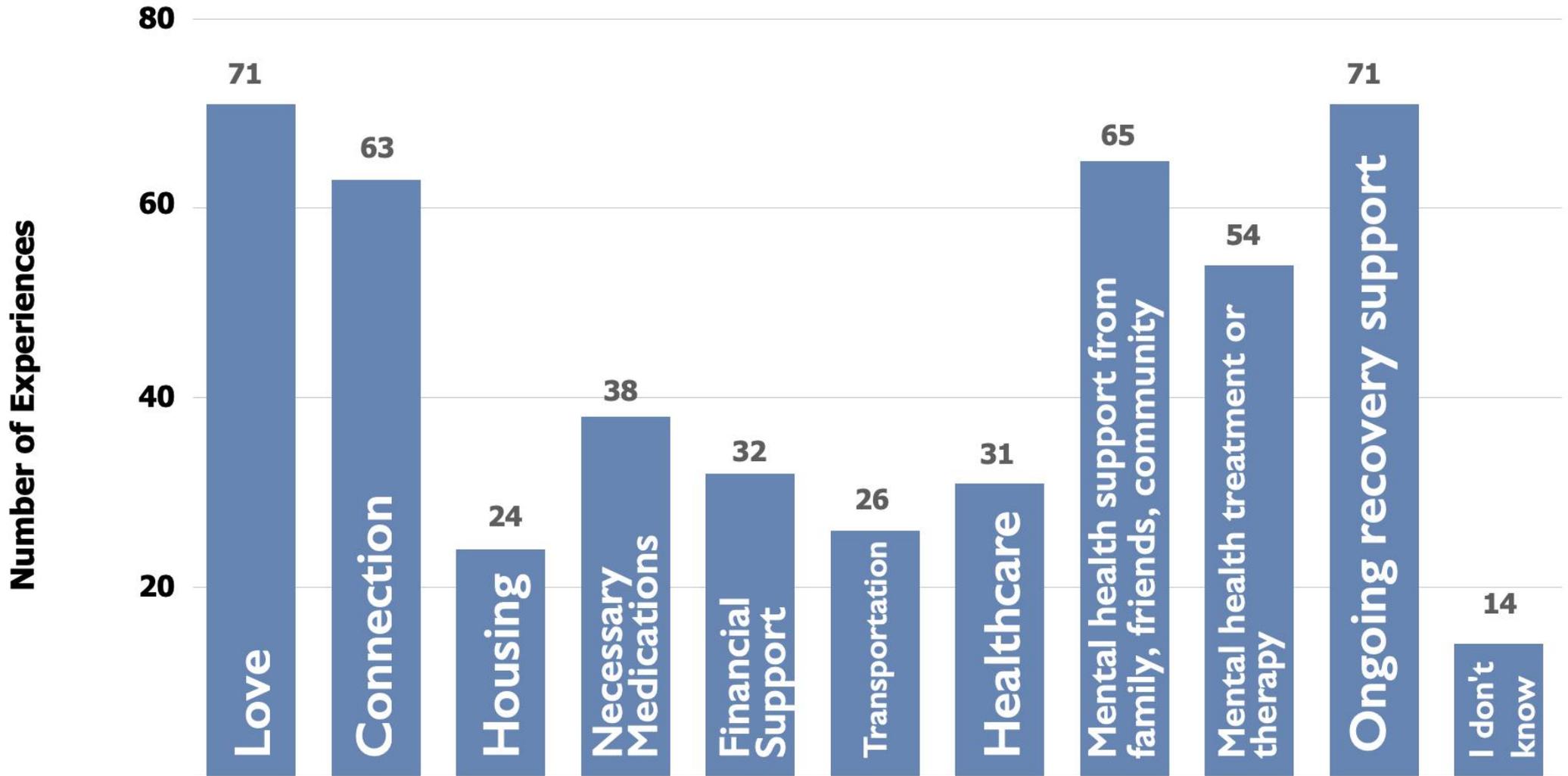
*A total of 130 experiences shared in this process

Motivations To Use



*A total of 130 experiences shared in this process

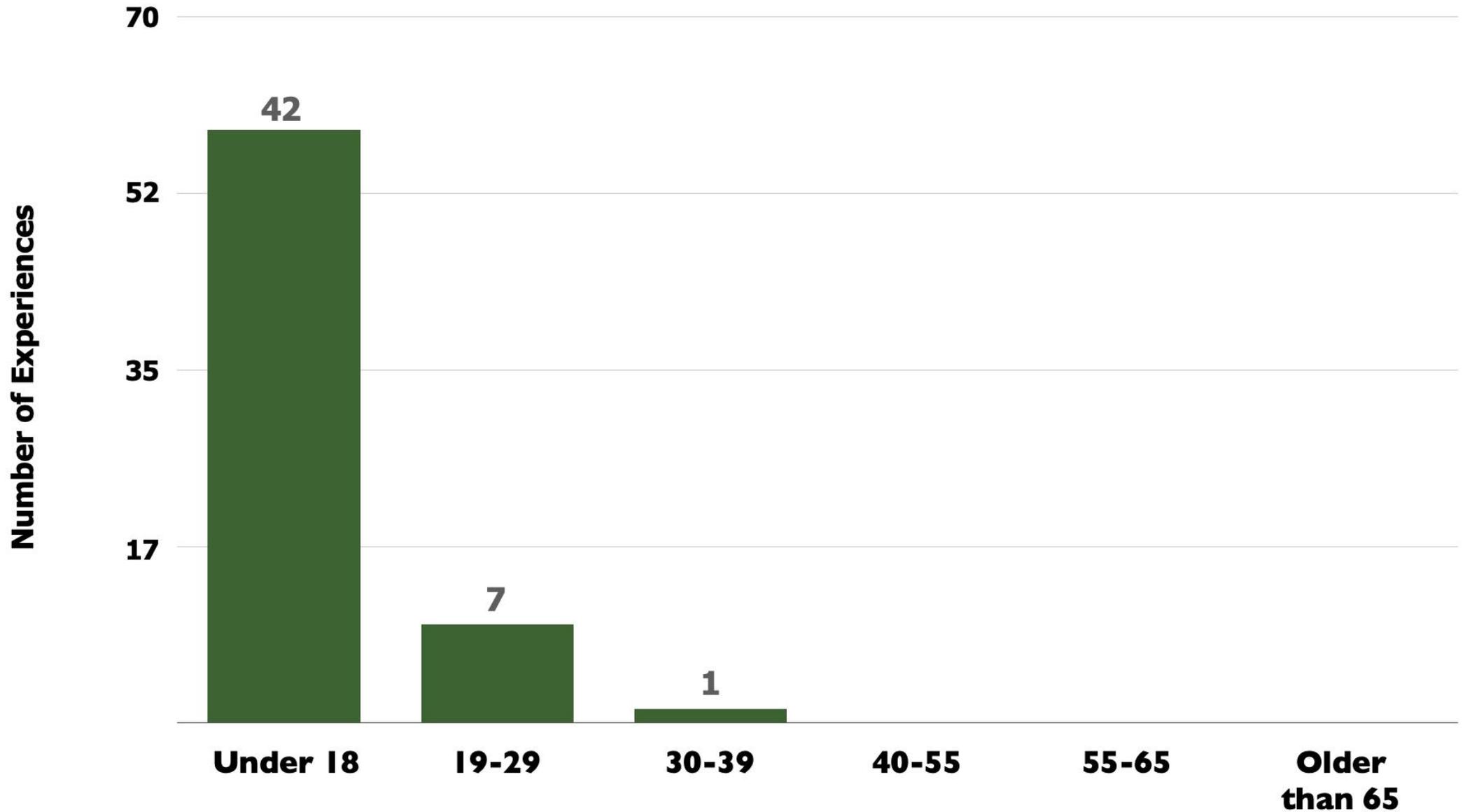
Wants or Needs



*A total of 130 experiences shared in this process

Age When Started Using

from people who self-identified as having used substances



*A total of 130 experiences shared in this process

Appendix E: Story Form

Experiences of drug use in Mitchell and Yancey County

This is an invitation for people who are personally affected by drug use to share a memory or an experience. This includes people who currently use or have previously used drugs, family members, caregivers of children impacted by substance use, frontline service providers and emergency responders. The purpose is to better understand the circumstances that contribute to drug use and addiction and the many ways people in these communities can work together to address related challenges. This invitation comes from a collaboration with WNC Health Network, PATH/Partners Aligned Towards Health, MCHP/Mountain Community Health Partnership, Yancey County, and Mitchell County.

Please share one or more memories or experiences. Simply choose one of the prompts below and respond with an experience from your own life. Share enough details that allow someone who wasn't there to get a sense of what was happening. You can type in your answer or use a "speech to text" function on a computer or phone to dictate an experience. We invite you to share any experience you like, positive or negative, important or trivial. After you enter your experience, please answer a few questions about what you have shared and some about yourself. Your identity is completely anonymous. All of the experiences that are collected will together be shared in community sense-making gatherings where these personal experiences will help spark new ideas for addressing drug use in our communities.

Sharing these memories and recalling experiences, can be heavy and hard. This could bring up an emotional response or trauma reaction. If this brings up something for you and you would like to talk to someone in a confidential and safe space, support is available, and you don't have to go through this alone. Please call or text 988 anytime (24-7, 365 days a year) for crisis support or call tel:1844-289-0879 for the National Substance Use hotline.

Please choose a question to which you would like to respond.

() What's an experience you had using drugs that you will never forget? What happened?

What's an experience you had loving or supporting someone who used drugs that you will never forget? What happened?

What was an experience on your or someone else's journey that makes you think, "Everyone should know about this?"

Share about a time when support was offered or received to a person using drugs or in recovery. What happened?

What is one experience you wish others knew that might shift their opinions or beliefs about substance use or people who use drugs?

Please share your specific experience in the box below.

Please give your experience a name.

Who is this story about? (Choose any combination)

Me

A friend

A family member

Someone I know

A person I heard about

Someone else / Otra persona _____

What did the main person in the story want or need? (Check all that apply) (Choose any combination)

Love

Connection

Secure or affordable housing

Necessary medications

Financial support

Transportation support

Health care

Mental health support from family, friends, community

Mental health treatment or therapy

Ongoing recovery support

I don't know

Does not apply

Something else / Algo más _____

How well were these needs met? (slide the dot on the line in the place that feels right)
(Mark on the line)

No needs were met ----- Needs
were completely met

Where does this story take place? (Choose any combination)

Mitchell County

Yancey County

Another county or state

It could be anywhere

I don't know

I prefer not to answer

Somewhere else/ En otro lugar _____

How would you say things ended up in this story? (Mark on the line)

Horribly ----- Perfectly

Based on what you know about life around here, how common do you think this kind of story is? (Mark on the line)

happens to everyone ----- happens
to one in a million

What factors were at play for the main person in this story? (Check all that apply)
(Choose any combination)

Dynamics with family or other people in their life

Insecure housing

Stigma in the community

Insecure food and nutrition

Lack of access to healthcare

Pain or chronic pain

- Poverty
- Depression
- Anxiety
- Past traumas
- Suicidal thoughts
- Physical health
- Other mental health
- I don't know
- Does not apply
- Other -----

In your opinion, what do you think motivated the main person in the story to use drugs?
 (Check all that apply) (Choose any combination)

- Curiosity
- Boredom
- Peer pressure
- Emotional soothing medication
- Medication to treat pain
- Dope sickness or addiction
- Coercion by other people
- Survival
- I don't know
- Not applicable
- Something else/ Algo más -----

If more people heard this story, how much impact would it have? (Mark on the line)

None ----- It would change everything

Who should hear this story? (Choose any combination)

- County Commissioners
- Students

- Healthcare providers
- Funders
- Parents and caregivers
- Recovery support
- Teachers and educators
- Community members
- Faith communities
- Family members
- Emergency responders
- No one. I just needed to tell it
- Other substance users

Someone else / Otra persona _____

If more people knew about experiences like this one... (Check all that apply) (Choose any combination)

- It could be valuable to some people
- It could change someone's mind about substance use or addiction
- It could influence public policy or funding choices
- It might change someone's mind about substance users
- We might get better services
- It would make my life easier

Something else/ Algo más _____

How old do you think the substance user in this story is? (Choose only one)

- Under 18
- 19-29
- 30-49
- 50-64
- 65+
- I don't know
- Does not apply

yes

What does this story tell you about how to address substance use issues in our Counties?

About you

I am... (check all that apply) (Choose any combination)

- A person who uses drugs
 - A person who previously used drugs
 - A person in recovery
 - A healthcare provider
 - A community member
 - An emergency responder
 - Someone who loves or cares for someone who uses drugs (child, parent, partner)
 - A work colleague of a person who uses drugs
 - Prefer not to say
- Something else/ Algo más -----

I describe my race or culture as...

How much education have you completed? (Choose only one)

- Elementary school up to 5th grade
- Middle School up to 8th grade
- High school up to 12th grade
- College
- Trade
- Graduate school
- Other
- I prefer not to say

If you currently use substances, or have used them in the past, please answer these questions.

How supported do you feel in your life? (Mark on the line)

I am alone ----- I have all the support I need

How old were you when you started using? (Choose only one)

- under 18
- 19-29
- 30-39
- 40-55
- 56-65
- older than 65

How frequently do or did you use substances? (Choose only one)

- Every day
- Once or twice a week
- A few times a month
- Only occasionally
- i prefer not to say

Thank you for taking the survey.

Appendix F: Sources and Citations

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- ⁵ *Health Resources and Services Administration, Health Professional Shortage Areas*. (2022). Retrieved from Health Resources and Services Administration: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
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¹⁵ Sustaining Essential and Rural Community Healthcare (SEARCH) Community Engagement Project. *Beyond Substance Use: Community Voices, Community Solutions*. (2023). Available at <https://www.searchwnc.org/copy-of-committee-reports>

¹⁶ Clements A, Unterrainer H, and Cook C. (2022). Editorial: Human Connection as a Treatment for Addiction. *Frontiers in Psychology*, 13(964671). Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9318152/>

Please direct questions to:

Glenda Shuffler (human.resources@mitchellcountync.gov), Mitchell County

Morgan West (morgan.west@yanceycountync.gov), Yancey County

