Mitchell County Opioid Planning Needs Assessment

PART 1

September 2023

Table of Contents

This report was prepared for Mitchell County Government by WNC Health Network with funding from Dogwood Health Trust.

Background and Methodology

In 2022, Mitchell County received a grant from the Dogwood Health Trust to conduct opioid-related collaborative planning in advance of the distribution of proceeds from the $26 billion national opioid settlement agreement announced in July 2021. This grant is intended to support facilitation and/or coordination of collaborative planning; needs assessment, data collection and/or analysis; partnership building; development of workforce, implementation, and/or sustainability plans; capacity building; technical assistance; and/or administration/reporting (Dogwood Health Trust, 2021). Mitchell County government created a steering committee (**Appendix A**) to guide one part of the county's assessment process to compile existing data related to substance use (particularly opioid use) in Mitchell County. This report summarizes that existing data.

A concurrent, second part of the assessment (happening in collaboration with Yancey County) involves a *Community Learning Process around Opioid and Substance Use in Mitchell and Yancey Counties*. This process intends to learn from the experiences of those directly affected by substance use (such as people who use or have used substances, family members, neighbors, service providers, first responders, and others) and to bring people together from across both counties to generate actionable insights from what is learned. These insights and community recommendations, together with the information summarized in this report, are intended to support decision making for Mitchell County government around local opioid settlement funds, as well as for other community-based efforts to address substance use.

The data compilation process was co-designed with the steering committee, and WNC Health Network (WNCHN, consultant for the assessment) reviewed and compiled data from existing sources including local, regional and state quantitative data, as well as existing local qualitative data. WNCHN also conducted ten key informant interviews with key local partners and individuals. See the full methodology in **Appendix B** (Methodology).

This report ("Part 1") is intended to be reviewed and used in conjunction with the learnings from the concurrent *Community Learning Process around Opioid and Substance Use in Mitchell and Yancey Counties* ("Part 2"). Learn more about this process here: https://tinyurl.com/Community-Learning-Process

A note about language

Language matters in conversation around substance use. The words we use to talk about substance use, and people who use substances, can reinforce stereotypes and biases, or they can help shift perceptions, correct misinformation, and directly counter stigma that can get in the way of people accessing the supports they need or want. There are many different terms that can be used to refer to the topic of this report, such as "substance use," "substance misuse," "substance abuse," and "substance use disorder." This report will use the terms "substance use" and "substance use disorder/opioid use disorder (SUD/OUD)," acknowledging that neither of these terms fully address the complexity and range of individual experiences and relationships with substances. When this report references other resources or direct quotes, it uses the term that was used in that resource/quote. Use of that term does not necessarily mean the authors endorse the use of that term.

Note: The topic of this report (substance use in Mitchell County) is complex. This report aims to accurately depict the range of views, perceptions, and opinions shared about this topic through Part 1 of the assessment process. In some cases, these perceptions may be based on incorrect information and/or may be different from other perceptions shared. This report includes these multiple, possibly conflicting perspectives without attempting to interpret them or determine "correctness."

The views expressed in this report do not necessarily represent the views of the report authors.

Summary of Findings

Burden of Substance Use Disorder/Opioid Use Disorder (SUD/OUD) in Mitchell County

Substance use (including opioid use) is having significant and wide-ranging impacts on people in many regions of North Carolina, including western North Carolina (WNC) and Mitchell County. In a 2021 regional key informant survey, 100 percent of respondents in Mitchell County said substance "misuse" was a "major problem" and 78 percent said that mental health was a "major problem" in the county—putting both of these issues at the top of the list of all possible health issues (WNC Health Network, 2021).

Residents of Mitchell County have experienced and continue to experience enormous social, health, and economic burden due to substance use, particularly due to opioid use, increasing methamphetamine use and polysubstance use (NC DHHS, Injury and Violence Prevention Branch, 2023). In fact, substance use has been named as a community health priority for approximately 13 years (2009, 2013, 2015, 2018, and 2021 Mitchell County Community Health Assessments).

Trends in substance use and its effects throughout this time have been described by key informants (see **Appendix C**), including:

- The height of the prescription opioid "epidemic" (which one informant referred to as the "wrecking ball phase") occurred from the late 1990s through as late as 2018. Around this time, according to one informant, prescription opiates were being prescribed in amounts "that would 100% kill [people] if they took them all at once."
- After this initial phase, several informants said the predominant drug of choice in Mitchell County became methamphetamines. This is perceived to be due, in part, to "things tightening up around access to opioids" and growth of home methamphetamine labs (which are no longer prevalent in the county). Methamphetamines were also being used among "kids who were slowly dropping out of school [between 2013 and 2019]." Alcohol and cannabis were also commonly used substances among young people.
- One informant noted that "Mitchell [County] was very similar (to Avery County) in terms of unattended deaths with multiple drug toxicity, with methadone mixed in with oxycontin or oxycodone."

Substance use continues to have deleterious and far-ranging effects on the county's population. When surveyed, 54 percent of Mitchell County residents said their lives had been negatively affected by their own or someone else's substance use, a decrease from 2018 (62%) (WNC Health Network, 2021). Mitchell County residents are slightly more likely to have said that their lives have been negatively affected by their own or someone else's substance use (54%) than the region (46%), and are slightly less likely to have reported using opiates/ opioids in the past year (with or without a prescription) (11%) than the region (13%) (WNC Health Network, 2021).

Mitchell County also experiences significant medical and statistical life loss costs related to medication and drug fatalities. In 2021 alone, total medical costs related to drug-related deaths in Mitchell County was $46,442 (NCDDHS, Div of Public Health, 2023). The costs associated with total statistical life loss[1] was $67,593,725 (NCDDHS, Div of Public Health, 2023), and together these costs represent a huge economic impact in a region that has historically experienced barriers to economic health and prosperity.

Substance use also has a significant effect on other related health conditions. For example, hepatitis C has increased 900 percent statewide between 2007 and 2016, with the highest rates of increase in the western counties (NC DHHS, Epidemiology, Communicable Disease, Hepatitis C, 2016). In 2019, the most frequently reported risk factor by people with acute hepatitis C was injecting drug use (IDU) (46.7%) and 75-85 percent of people infected with acute hepatitis C go on to develop chronic hepatitis C (STD/Hepatitis Surveillance Unit, 2019). A total of 153 residents have been diagnosed with chronic hepatitis C in Mitchell County (as of 12/31/ 2019) and the rate of newly reported chronic hepatitis C cases per 100,000 persons was 207.2 in 2019, which was higher than the state rate (190.1) (STD/Hepatitis Surveillance Unit, 2019).

General Demographics

Total Population Size

Mitchell County's population is rural (100%) with a small total population (**Table 1**) and is among the least densely populated counties in the state (NC Office of State Budget and Management, 2000).

Table 1: Total Population Size

ACS 2017-2021 5-year Estimate	Mitchell	North Carolina
Total Population	14,951	10,367,022

(United States Census Bureau, 2023)

Breakdown of Age

Youth (ages 5-17) comprise only 13.7 percent of the population, less than the statewide average (16.4%). Mitchell County is one of the "older" counties in the state with over a quarter (25.6%) of the population over the age of 65 (**Table 2**). The median age in the county is 47 in 2019, 8.3

[1] Technical Note: These 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 health care and lost productivity. Value of statistical life refers to the estimated monetized quality of life lost and assesses underlying impacts on life lost.

years older than the NC median age of 38.7 and slightly older than the WNC Region (46.8) (United States Census Bureau, 2023).

Table 2: Target Population by Age

ACS 2017-2021 5-Year Estimate	Mitchell	North Carolina
Age Group	**% of Pop.**	**% of Pop.**
5 to 14	10.0%	12.5%
15 to 17	3.7%	3.9%
18 and over	81.6%	77.8%
65 and over	24.6%	16.3%

(United States Census Bureau, 2023)

Breakdown of Race/Ethnicity[2]

Mitchell County is predominantly White and has lower-than-statewide-average populations for Black/African American, Hispanic/Latino, and other racial or ethnic groups (**Table 3**).

Table 3: Target Population by Race/ Ethnicity

ACS 2017-2021 5-Year Estimate	Mitchell	North Carolina
Race/Ethnicity	**% of Pop.**	**% of Pop.**
White	94.2%	66.2%
Black or African American	0.3%	21.2%
American Indian/Alaskan Native	0.5%	1.1%
Asian	0.3%	3.0%
Native Hawaiian/other Pacific Islander	0.0%	0.1%
Some Other Race	1.1%	3.6%
2 or more	3.7%	4.8%
Hispanic/Latino	6.0%	9.8%

(United States Census Bureau, 2023)

Percent of Population with Health Insurance Coverage

The uninsured rate (11.3%) and Medicaid coverage rate (19.1%) in Mitchell County are higher than the statewide average (10.7% and 18.1%, respectively). The percentage of residents

[2] Technical Note: These race/ ethnicity categories are as described and currently used by the United States Census Bureau.

receiving coverage through Medicare (27.5%) is significantly higher than the state average (18.5%) while the private insurance coverage rate (62.9%) is lower than the state average (67.2%) (**Table 4**).

Table 4: Insurance Coverage Rates and Sources

ACS 2017-2021 5-year Estimate	Mitchell	North Carolina
% Medicare	27.5%	18.5%
% Medicaid	19.1%	18.1%
% VA	3.1%	2.8%
% Private	62.9%	67.2%
% Uninsured	11.3%	10.7%

(United States Census Bureau, 2023)

Percent of Population Living Below the Federal Poverty Line, and Percent of Population who are Unemployed

Approximately, one in eight residents (13.0%) is living at or below 100 percent of the federal poverty level (**Table 5**), and approximately thirty two percent (32.4%) of county residents are living under 200 percent of the federal poverty level (United States Census Bureau, 2022). Nearly fourteen percent (13.8%) of children under 18 in Mitchell County are living below the federal poverty level, and more than half of all students (52.9%) are eligible for free or reduced lunch (United States Census Bureau, 2022) (Public Schools of North Carolina, 2022).

Table 5: Poverty and Unemployment Rates

	Mitchell	North Carolina
% Income at or below 100% of Federal Poverty Level, ACS 2017-2021[*] 5-year Estimate	13.0%	13.7%
% Unemployed Rate annual unadjusted for 2022[**]*	4.2%	3.7%

[*] (United States Census Bureau, 2023) *and* [**] (North Carolina Department of Commerce, Labor and Economic Analysis Division (LEAD), 2023)

** Unemployment rates during the COVID-19 pandemic may be unstable, meaning that the number can change dramatically from one year to the next, and should be reviewed with caution.*

Table 6: Top 3 Employment Sectors by County

Mitchell
Healthcare & Social Assistance (18.5%)
Retail Trade (13.9%)
Educational Services (13.4%)

(North Carolina Department of Commerce, Labor and Economic Analysis Division (LEAD), 2023)

Incidence and Prevalence of SUD/OUD in Mitchell County

Substance use, including opioid use, has an extremely widespread impact on residents in the county. More than one in ten Mitchell County residents report using opiates or opioids in the past year, and over half of residents (54.0%) say their life has been negatively affected by substance use (**Table 7**).

Table 7: Used Opioids in Past Year and/ or Life Affected by Substance Use

WNC Healthy Impact Community Survey (2021)	Mitchell	WNC Region	United States
% Used Opiates/Opioids in the Past Year, With or Without a Prescription	11.1%	12.5%	N/A
% Life Has Been Negatively Affected by "Substance Abuse" (by Self or Someone Else)*	54.0%	45.8%	35.8%

(WNC Health Network, 2021)

** "Substance abuse" issues include: "alcohol, prescription, and other drugs".*

Key informants noted that, while opioids continue to have a significant presence in the county, methamphetamine is a predominant substance showing up in arrest cases, Department of Social Services (DSS) parental drug tests, and toxicology reports. One informant noted that methamphetamines are "easy to get and actually really cheap." Informants also noted that:

- Fentanyl is "on the rise," and is often laced into other substances. According to one informant, all methamphetamine the local law enforcement agency has tested in the past 8 months is positive for fentanyl. They also said the fentanyl and other illicit opioids coming into the county are coming directly through Asheville, and arriving in the country from China, via Mexico.
- Multiple informants noted that "Poly drug use is the rule, not the exception." One said that "most people are [using an] opioid, methamphetamine or combination." Another informant noted that "one thing you really see is methadone and suboxone, and when those get mixed in with Narcan can have negative side effects. Marijuana mixed in, cocaine or other stronger drugs…it's not uncommon to get a cocktail…that makes the treatment very tricky."
- DSS drug tests of parents also sometimes include positives for benzodiazepines, amphetamines, barbiturates, and THC.
- One informant said young people in the youth group at their church say marijuana is the number one substance that is being used [among young people?] and it's "very strong."
- "Any type of stimulant is what we're seeing people gravitate toward."
- One informant noted an emerging new drug that is starting to show up in the county, called hydrazine, or "tranq dope." They said, "people are overdosing on fentanyl and

people are dying from the tranq dope. One person went out [overdosed] and they Narcan'd…[the person] was breathing. They thought [the person] was just passed out. [They] had mini-strokes …and died. They didn't know."

- This informant also cautioned, "for real, drugs are really bad right now. They're never good, but right now they're a whole layer of worse. In our history, people didn't really overdose from methamphetamine use, except maybe their hearts gave out. Now, if you're using methamphetamine IV and it has fentanyl in it, you're dead. Or if you don't, and people just think that you nod out/fall out/pass out, then you're dying of THAT" (Key Informant Interviews, 2023).

The rate of unintentional overdose deaths per 100,000 residents in North Carolina continues to rise. Mitchell County experienced 40.1 unintentional overdose deaths per 100,000 residents (n=6) from 2020 to 2021. This is higher than the statewide rate (38.5 per 100,000 residents) (**Table 8**).

Table 8: Opioid Overdose Data (2021)

Rate per 100,000 residents and number	**Mitchell**	**NC**
Unintentional Overdose Deaths (2021)*	40.1 (n=6)	38.5 (n= 4,041)
ED visits that received an opioid overdose diagnosis (2022)	106.9 (n=16)	161.3 (n=16,921)
Percent and number	**Mitchell**	**NC**
Illicit Opioid Overdose Deaths (2021)	83.3% (n=5)	78.3 (n=3,166)

(NC DHHS, 2023)

** This metric includes deaths involving all types of opioids: commonly prescribed opioids, heroin, and synthetic narcotics like fentanyl and fentanyl-analogues.*

In 2021, 16.0 percent of Mitchell County residents received dispensed opioid pills. This is significantly higher than the statewide percent (12.9%) (**Table 9**) (NC DHHS, 2023). However, key informants noted that prescription opioids seem to be playing a smaller role in Mitchell County than they once did. One informant noted that "I don't see prescription medication, the abuse of it to the degree that it once was, but yet there's still an issue with it. The pain medication seems to be more among people in their early 30's through 70s or 80s (not teenagers) who are struggling with it at this point" (Key Informant Interviews, 2023)

Table 9: Percent of Residents Receiving Dispensed Opioid Pills by County, 2021

Single Year (2021)	**% Residents Receiving Opioid Pills**
Mitchell	16.0%

North Carolina	12.9%

(NC DHHS, 2023)

Table 10: Substances Contributing to Unintentional Medication and Drug Overdose Deaths

2012-2021 10-year Aggregate	Opioid	Commonly Prescribed Opioid Medications	Fentanyl	Heroin	Meth-amphetamine
Mitchell	27	16	12	4	13
NC	16,180	5,009	10,612	4,063	2,605

(NC DHHS, Injury and Violence Prevention Branch, 2023)
Note: Counts are not mutually exclusive. If the death involved multiple substances, it can be counted on multiple lines.

No quality data on demand for treatment in Mitchell County currently exists. However, proxy measures can begin to estimate the level of demand. These proxy measures could include: opioid-related emergency department (ED) visits (**Table 11**), inpatient hospital data (**Table 12**), 911 calls and the number of annual naloxone administrations by EMS (**Table 13**).

Polysubstance ED visits in the 18-county WNC region[3] are rising and according to recent data analysis, polysubstance misuse ED visits increased by about 5 percent between 2016 and 2020 (Tallman, 2022). This trend is even greater for rural county residents where Polysubstance misuse ED visits increased by approximately 10 percent between 2016 and 2020 (Tallman, 2022). While opioids contribute to the majority of unintentional medication and drug overdose hospitalizations in Mitchell County (**Table 11**), the percent of regional psychostimulant-related ED visits increased overall between 2016-2020 (Tallman, 2022).

In addition to ED visits, there were a total of 17 inpatient substance abuse cases and 48 inpatient psychiatric cases among Mitchell County residents in fiscal year 2019-2020. All the substance abuse and psychiatric cases were treated at Blue Ridge Regional Hospital, Charles A. Cannon, Jr. Memorial Hospital, or Mission Hospital (Asheville) (**Table 12**).

Table 11: Opioid-Related Emergency Department Visits

2016-2021 6-Year Aggregate	Mitchell	North Carolina
ED visits that received an opioid poisoning diagnosis	32	37,873

[3] Technical Note: 18-County region includes Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, and Yancey Counties

Substances contributing to unintentional medication and drug overdose ED visits	Opioid: 32 Prescribed Opioid Medications: 11 Fentanyl: 7 Heroin: 8 Methamphetamine: 10	37,873

(NC DHHS, Injury and Violence Prevention Branch, 2023)

Table 12: Inpatient: Hospital by Patient County of Residence, FY 19-20

Hospital	**Substance Abuse Cases**	**Psychiatric Cases**
Total Number of Cases	17	48
Blue Ridge Regional Hospital *(Mitchell County)*	7	6
Charles A. Cannon, Jr. Memorial Hospital *(Avery County)*	0	7
Mission Hospital *(Buncombe County)*	10	35

(Cecil B Sheps Center, 2022)

Overall, the number of behavioral health-related calls made to 911 has declined since FY 21-22. However, they continue to remain high in FY 22-23. specifically, drug-related calls (59) and overdose/poisoning calls (62) remain similar to, or above, the number of calls made in FY 21-22 (**Table 13**).

Table 13: 911 Call Data by Type, FY 21-22 and 22-23

911 Call Data by Type	**FY 21-22**	**FY 22-23**
Drugs	53	59
Mental Disorder/ Behavior	14	5
Overdose/Poisoning (Ingestion)	65	62
Psychiatric/Abnormal Behavior/ Suicide Attempt	131	99
Suicidal Person/Attempted Suicide	62	32

(Information provided by Stephanie Wiseman, Communications Manager and EMS System Administrator, Mitchell County Central Communications, July 2023)

Naloxone reversal data is known to be frequently undercounted and, as of July 2023, all naloxone administration data (including administration through law enforcement and community-based administration) has been removed from the NC DHHS Opioid and Substance

Use Action Plan Data Dashboard due to this persistent undercounting and difficulties with data collection (information provided by Mary Beth Cox, Epidemiologist, NCDHHS, July 2023). Keeping this known undercounting in mind, according to archived data from the Opioid and Substance Use Action Plan Data Dashboard, there were 0 law enforcement naloxone reversals and 0 community naloxone reversals in 2021 for Mitchell County (NC DHHS, 2023). Mitchell County EMS reported 16 naloxone administrations in 2022, and 15 administrations in the first 7 months of 2023 alone (January through July) (**Table 14**) (Data provided by Bryant Reid, EMS Director, Mitchell Medics, August 2023).

Table 14: EMS Naloxone Administrations

	Mitchell
# EMS naloxone administrations (2022)	16

(Data provided by Bryant Reid, EMS Director, Mitchell Medics, August 2023)

Groups of People in Mitchell County who are most directly affected by substance use

An analysis of populations in the WNC region with the potential to be at higher risk for substance use and related morbidity/mortality found:

- Individuals who are "very low income" and/or identify as American Indian/Alaska Native are statistically more likely to have used opiates/opioids in the past year than other groups.
- These same two populations, as well as adults aged 18-39 years, are also statistically more likely to say their life has been negatively affected by substance use (by themselves or someone else) than other groups in the region.

There were no significant relationships to these outcomes or other related morbidities for other populations such as, men, older adults, Black, and Hispanic residents (WNC Health Network, 2021).

Key informants in Mitchell County said many people across the community are affected, and there are some groups of people who are more affected by challenges related to substance use. These groups include:

- All ages are affected, and several informants noted "it is hitting our young people a whole lot more because it's easier to get into drug use with these new dab pens and vaping."
- Families are affected in several ways. Families in which "addiction has been in the picture for generations" may have children who are raised in homes where substance use is taking place and may be more likely to use substances themselves and/or may be raised by relatives or someone else other than their parents. One informant noted, "[In 2019, elementary school kids]…so many were being raised by grandparents—unbelievably many. I didn't get a sense of what percent—I would guess more than 10 percent were being raised by neither parent because their parents were unavailable due to their

addiction *[Author's note: see Figure 1 for the most recent number data around grandparents raising grandchildren]*…Kids had lost their parents or their older siblings. They seemed not interested, were being raised by their grandparents or were raising themselves because their parents were absent…Of the kids I see now [as a therapist], I'd say a third are being raised by grandparents or another relative that's not their parent. In every case I can think of, it's because of addiction." In other families, "one member will have gotten pulled into [substance use]." This informant connected that type of experience with "middle-class, achievement-oriented families." Children and young people are also affected in unique ways related to stigma associated with substance use. One informant noted, "…people definitely get stereotyped. The kids were not treated well at all because of who their parents were, and they feel like 'what's the point.' I would watch somebody from 9th grade who might have been a hopeful, optimistic kid who over four years got destroyed by people's prejudice toward them. Demographically we are not very diverse, but there are these families who are treated like second-class citizens because they know what your dad did…they just give up and start doing the stuff that people were expecting them to do."

- Two informants said that most people they interact with who use substances are low or very low income.
- People who experience mental health-related issues. One informant said that mental health is probably the largest pre-disposition for substance use in the county.

People who work within systems that connect to substance use are also affected:

- Social workers are feeling the strain. One informant said, "DSS social workers are busy, dying, breaking under the load because of the epidemics and the things that go along with individual poverty…they want to help and their hands are tied. The restrictions and the laws are not recovery oriented."
- First responders are also affected. Law enforcement officers "do have fatigue from the amount of stuff we're dealing with [related to substance use]. It's not an upset, it's a fatigue from the constant barrage of work that it creates….I [have] 15 active charges/investigations right now and I'll have more by the end of today." One informant said, "98% of our calls revolve around narcotics use…whether through domestics, property crime. Usually [calls] root back to substance use…not just narcotics, could be alcohol." Emergency medical services (EMS) "has an old-school mindset of bottling it up…we've tried to create a culture here where, 'hey, let's talk about it, let's debrief, it's okay to not be okay,' and we've been successful in that. But that's my big worry is, you get that burnout or people bottling things up, because even thought my people aren't necessarily the ones with addiction, they have a higher risk of it, of turning to it because of the stressful work environment that they live in. When it comes in surges, if they get exposed to it too much, they can become calloused in their ability to empathize/sympathize" (Key Informant Interviews, 2023).

Other existing local efforts have identified groups of people who are most affected by substance use in Mitchell County. Through its Community Engagement Project, Sustaining Essential and

Rural Community Healthcare (SEARCH) has been conducting listening sessions with various groups of people in Mitchell and Yancey Counties about substance use. Themes that SEARCH identified from these listening sessions about who is most affected by substance use include: "All ages. Children, whose parents use; teens, whose parents use and that is all they know; 20's – 40's who have no hope or it is all they have known and they use; older folks who are caring for using relative's children or who are being taken advantage of by use of their homes. People affected by crime associated with substance use" (SEARCH Listening Sessions, 2023).

The 2021 Mitchell Community Health Assessment (CHA) also identifies groups of people who are most impacted by "mental health, substance abuse and domestic violence," including:

- Everyone
- Children
- Teenagers and young adults
- People of color
- Economically disadvantaged individuals and families with complicating factors such as sub-standard housing, no or low-wage employment, health issues, "cultural deprivation"
- Anyone who has experienced trauma (including COVID-19) (Mitchell County Health Department, 2021).

The following data further explores aspects of the current situation related to substance use for children, infants and youth in Mitchell County.

Mitchell County Youth Risk Behavior Survey Data

Mitchell County High School students report significantly less current marijuana use (7.4%) and have offered, sold, or been given drugs on school property less than North Carolina high school students (16.3% and 13.9%) (**Table 15**).

Table 15: Mitchell County Youth Risk Behavior Survey, 2022

Youth Risk Behavior Survey Questions	Middle and High School Students Combined, 2022	High School Students Only, 2022	North Carolina High School Students, 2021
Ever Used Marijuana	11.2%	-	29.1%
Current Marijuana Use	4.9%	7.4%	16.3%
Early Exposure to Marijuana	1.9%	-	5.9%
Ever Used Cocaine	2.2%	-	-
Ever Used Inhalants	3.7%	-	-
Ever Used Methamphetamines	0.7%	-	1.1%
Ever Used Synthetic Marijuana	3.8%	1.6%	-
Used Prescription Drugs without Rx	2.0%	-	15.8%

Offered, Sold or Given Drugs on School Property	4.3%	5.6%	13.9%

(Mitchell County Schools, 2022) and (CDC, 2023)

Number of Neonatal Abstinence Syndrome (NAS) Occurrences in the Rural Service Area

Data from Mission Health (which operates the region's only Level III neonatal intensive care unit) suggests that there has been a 400 percent increase in infants pharmacologically treated for NAS between 2010 and 2014. Toxicology results indicate that 9.5 percent of infants born in the Mission Health system have experienced perinatal substance exposure (Mission Health, 2017). The nearest in-state facility that can adequately treat NAS (Mission Hospital in Asheville) is approximately a 60-minute drive by car from Bakersville, the county seat. Mitchell County's rate of newborn hospitalizations associated with drug withdrawal syndrome is 216 percent higher than the statewide rate (**Table 16**) and has one of the higher newborn hospitalization rates in WNC.

Table 16: Rate per 1,000 Newborn Discharges with Infant Drug Withdrawal Diagnosis

2018-2022 5-year Aggregate	**Discharges with Infant Drug Withdrawal Diagnosis per 1,000 Newborn Discharges**
Mitchell	34.1 (n=21)
WNC	26.2 (n=1,027)
NC	10.8 (n=6,242)

(NCDPH, Injury and Violence Prevention Branch, 2023)

Findings from a Perinatal Survey Assessment found that the recent closure of labor and delivery (2017) at Blue Ridge Regional Hospital has increased the risk for poor birth outcomes for expectant birthing persons and babies in Mitchell and Yancey counties, particularly for those experiencing poverty, substance use disorders, alienation, or isolation (Mountain Community Health Partnership, 2021). Researchers identified poverty and substance use disorders as challenges, as well as the need for increased childcare, United States Department of Housing and Urban Development (HUD) housing, safe houses, and local substance use treatment options (Mountain Community Health Partnership, 2021). One survey participant reflected, "I see an increase in anxiety/depressed moms. New moms that are in treatment for substance use give birth to babies with addiction. Neonatal Abstinence Syndrome is high, not decreasing. These moms don't have resources for mental health issues, children's behavioral issues, toxic stress, or finances (Mountain Community Health Partnership, 2021)."

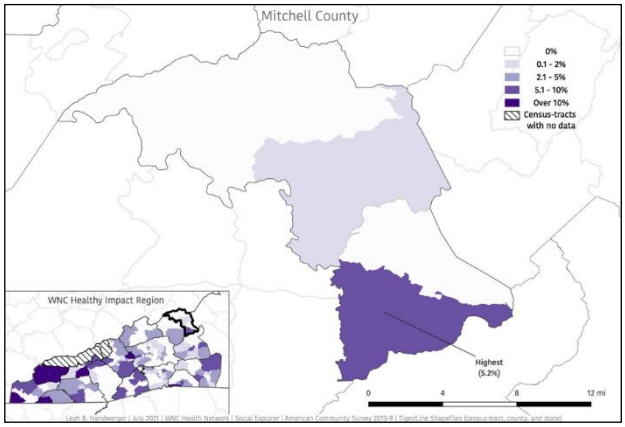
Mitchell County Department of Social Services (DSS) Data

Of all the children in DSS custody in Mitchell County, approximately 73 percent (72.5%) are in custody due to substance use by a parent or caregiver (Block, 2023).

Percent of Households in Mitchell County with Grandparents Raising Grandchildren

Figure 1 represents the percentage of total households in Mitchell County with one or more children under 18 years of age in which a grandparent is responsible for raising grandchildren without a parent present. This percentage is as high as 5.2 percent in the southern part of the county and is one of the higher percentages in the WNC region (American Community Survey, 2021). This data can be used as a proxy for the impact of substance use on families in the county.

Figure 1: Grandparents Raising Grandchildren (ACS, 2019)



Service System: Availability and Access to Existing SUD/OUD-Related Prevention, Treatment, Harm Reduction and Recovery Support Services

The WNC region, including Mitchell County, has a significant shortage of mental health and substance use prevention, treatment, and recovery services that are accessible to all. Mitchell County includes HRSA-designated Health Professional Shortage Areas for both mental health providers and primary care providers (Health Resources and Services Administration, Health Professional Shortage Areas, 2022).

More than 1 in 5 (20.3%) Mitchell County residents are experiencing poor mental health and nearly 12 percent (11.5%) have considered suicide in the past 12 months (**Table 17**). Approximately 22 percent (22.2%) of Mitchell County residents are currently taking medication or receiving treatment for mental health (**Table 17**) and yet 15 percent (15.2%) of Mitchell County residents say there was a time in the past 12 months when they needed mental healthcare or counseling but did not get it (**Table 17**). Although, the percentage of those unable to get care is slightly lower than WNC (18.8%), it represents a gap in access to needed mental health services (**Table 17**). A quarter (26.3%) of Mitchell County residents do not "always/ usually" get the needed social/ emotional support they need, representing another gap in access for mental health (**Table 17**). Despite the gaps in access to care, Mitchell County residents demonstrate individual resilience with 87 percent (87.4%) confident in their ability to manage stress and 82 percent (81.8%) able to stay hopeful in difficult times (**Table 17**).

Table 17: Mental Health & Access to Mental Health Services

WNC Healthy Impact Community Survey (2021)	Mitchell	WNC Region
% >7 Poor Days of Mental Health	20.3%	21.8%
% "Dissatisfied/ Very Dissatisfied" with Life	9.0%	10.2%
% Currently Taking Medication or Receiving Treatment for Mental Health	22.2%	24.8%
% Unable to Obtain Needed Mental Health Services in Past Year	15.2%	18.8%
% Have Considered Suicide in Past Year	11.5%	7.8%
% Typical Day is "Extremely/ Very" Stressful	17.0%	13.3%
% "Always/Usually" Get Needed Social/Emotional Support	73.7%	70.0%
% "Always/ Usually" Have Someone To Rely on for Help or Support if Needed	79.1%	75.7%
% Confident in Ability to Manage Stress	87.4%	86.5%
% Able to Stay Hopeful in Difficult Times	81.8%	84.7%

(WNC Health Network, 2021)

In Mitchell County, the rate of patients receiving buprenorphine (a medication for medication assisted treatment (MAT)/ medication for opioid use disorder (MOUD)) (2.6) (**Table 18**) and the rate of patients served by treatment programs (1,020.6 people per 100,000) (**Table 19**) is significantly higher than the statewide average rates.

Table 18: MAT/MOUD Provision (Patients Receiving Buprenorphine) (2021)

NC DHHS Opioid Action Plan	Mitchell	North Carolina
Rate of patients receiving buprenorphine per 100,000 residents (2021)	2.6 (n=384)	0.5 (n=52,465)

(NC DHHS, 2023)

Table 19: Individuals Served by Treatment Programs (2021)

NC DHHS Opioid Action Plan	Mitchell	North Carolina
Rate of individuals with OUD served by treatment programs*[4] who are uninsured or Medicaid beneficiaries per 100,000 residents (2021)	1020.6 (n=140)	463.7 (n=48,637)

(NC DHHS, 2023)

**County data are based on the county of residence of the individual served by the treatment program, which may not be the same as the county where the treatment program is located.*

Vaya Health Mitchell County Data

Between July and September 2022, Vaya provided mental health services for Mitchell residents –60 adults and 63 children (younger than 18 years of age)—who are enrolled in Medicaid. Vaya also provided SUD services for 27 adults and 1 child enrolled in Medicaid. During that same time period, Vaya also provided mental health services for 30 adults and 1 child in Mitchell County who are not enrolled in Medicaid, and SUD services for 22 adults in Mitchell County who are not enrolled in Medicaid (VAYAHealth, 2023). The majority of service usage was for outpatient services, for people who are enrolled in Medicaid and also for those who are not enrolled in Medicaid. The most frequently used Medicaid services in Mitchell County between July and September 2022 were Outpatient (118), Innovations (38), Assertive Community Treatment Team (15), Intensive In-Home Services (14) and Behavioral Health Long Term Residential (12) (VAYAHealth, 2023). The most frequently used non-Medicaid services in Mitchell County between July and September 2022 were Outpatient (40), Peer Support (11), Community Support (10), and Crisis Services (8) (VAYAHealth, 2023). Regardless of Medicaid status, Mitchell County residents are served by multiple providers (**Table 20**).

Table 20: Providers by Members Served

Medicaid	Non-Medicaid
RHA Health Services - 40	RHA Health Services - 33
A Caring Alternative - 20	Crossroads Treatment Center of Weaverville - 5
October Road - 17	Daymark Recovery Services - 5
Summerland Homes, Inc. - 11	McLeod Addictive Disease Center - 4
Lifesource of North Carolina - 11	October Road - 3

[4] Technical Notes: These person counts are counts of the number of people touching the LME/MCO treatment system with a H0020 service or an opioid diagnosis reported on the NCTracks claim or encounter from an LME/MCO, in a diagnosis field. Records of both paid and denied claims are used from NCTracks and each line represents an unduplicated count (information provided by Mary Beth Cox, Epidemiologist, NCDHHS, July 2023).

Mission Health Community Multispecialty Providers - 10	Meridian Behavioral Health Services - 1
BlueWest Opportunities, Inc. - 8	Summerland Homes, Inc. - 1
North Carolina Outreach Group Homes, LLC - 7	Clay Wilson & Associates - 1
Crossroads Treatment Center of Weaverville - 7	Abound Health - 1
Maxim Healthcare Services - 7	Maxim Healthcare Services - 1

(VAYAHealth, 2023)

Mountain Community Health Partnership (MCHP) Utilization Data

MCHP saw a total of 11,101 patients in 2021, with 714 (6.4%) patients receiving mental health services and 746 (6.7%) patients receiving "substance abuse" services (US Health Resources and Services Administration, Bureau of Primary Health Care, 2023).

Number and Location of Mental Health Providers

The following tables describe the number and location of existing providers with a role to play in providing SUD/OUD services including, but not limited to, psychiatrists, psychologists, licensed clinical social workers specializing in mental healthcare, professional counselors with SUD credentials, and peer support specialists. Practitioners are listed based on the county in which they are registered and may not practice in that county. Overall, there is a notable shortage of most, if not all, types of these providers.

Table 21: Psychiatry and Psychology Professionals

	Mitchell
Psychiatrists	2
Psychologists	1
Psychological Associates	3

(Cecil G. Sheps Center for Health Services Research, 2023)

Table 22: Social Workers Specializing in Mental Health

	Mitchell
Total Licensed Clinical Social Workers (LCSWs)	17
LCSWs who offer addiction services	3

(U.S. Centers for Medicaid and Medicare Services, National Provider Identifier (NPI) Registry, 2022)

Table 23: Licensed Clinical Mental Health Counselors

	Mitchell
Total Active Licensed Clinical Mental Health Counselors*	8

(NC Board of Licensed Professional Counselors, License Verification, 2022)

**At least two of eight counselors are known to be Licensed Clinical Addiction Specialists (information provided by Cassie York, MCHP, August 2023).*

Table 24: Peer Support Specialists

	Mitchell
Total Peer Support Specialists	2

(North Carolina's Certified Peer Support Specialist Program, 2023)

Number and Location of Providers with MAT Waivers

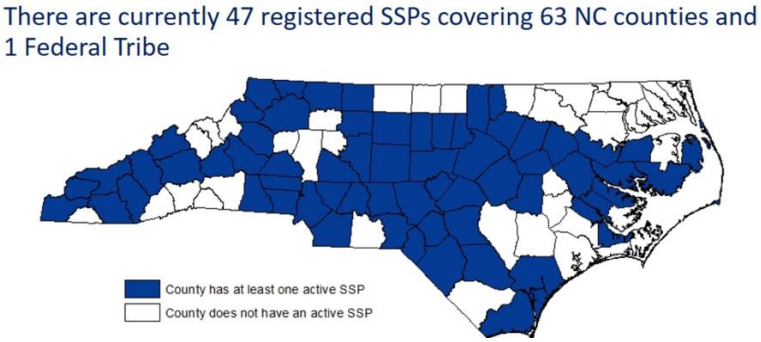
In North Carolina, data is not available by county for the total number of providers who have DATA 2000 waivers and are treating SUD/OUD patients. Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removes the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD) (Substance Abuse and Mental Health Services Administration, 2023).

Despite the lack of current data and changes to requirements, MCHP has several waivered providers practicing solely in Mitchell County (2 Physicians, 1 Physician Assistant and 1 Nurse Practitioner). There might be additional prescribers serving Mitchell County as well (information provided by Cassie York, MCHP, August 2023).

Number of Syringe Service Programs (SSPs)

As of the most recent annual reporting period (2020-2021) Mitchell County and neighboring counties do not have access to any syringe service programs (SSPs) (**Figure 2**).[5] (NCDDHS, Div of Public Health, 2020)

Figure 2: NC Counties with SSPs (NCDHHS, Div of Public Health, 2020)



Key informants identified a number of places and resources people are currently turning to for support around substance use.

- Providers who offer substance use services, including RHA (which offers a Substance Abuse Intensive Outpatient Program, or SAIOP) and Mountain Community Health Partnership (MCHP), a regional federally qualified health center that offers Office-Based Outpatient Treatment (OBOT), medication assisted treatment/medication for opioid use disorder (MAT/MOUD), and integrated care services. Some MCHP patients "come here for their basic medical needs, which includes office-based opioid treatment, AND we also have people who come monthly who are very stable and rarely use other services such as peer support specialist support, groups, and one-on-one therapy. If people need more support, they are referred to RHA for SAIOP."
- Blue Ridge Regional Hospital in Spruce Pine, for "mental health help." One informant thought that Emergency Department staff there may offer recommendations for follow-up services, but the details of those recommendations were not known. One informant with a community-based residential program said they have tried to send clients to unspecified local hospitals and "several got turned away because their problem wasn't big enough, or they give them some fluids or a shot and send them on their way."
- Some may be committed, either by their family or seek it on their own.
- There are no detox centers in Mitchell County, but some people may seek help through the existing detox centers in the region, such as the ones in Johnson City, Tennessee, or Monroe or Concord, North Carolina. One informant described the nuances of eligibility to be accepted at a center in Johnson City: "People who are willing can walk into a detox in Tennessee, but they must be transient. Otherwise, Tennessee cannot house them. Could drive to Johnson City…drop people off, they receive 3-5 days medical detox, and then an offer of a long-term place. That has been somewhat popular. A lot of times people in the faith community will take people there and let them medically detox and then transition them into a treatment facility where there's no medication. But it's hard for people to get to that place of [being] willing to take nothing after years…"

[5] Technical Notes: There may be SSPs operating that are not represented on this map; in order to be counted as an active SSP, paperwork must be submitted to the NC Division of Public Health.

- Jail: One informant said, “People will go to jail and get all the substances out of their system, kind of like rehab sometimes. That’s very brief.”
- Private rehab centers “if your family can afford to ship you off somewhere.”
- Local recovery groups, including Celebrate Recovery (a faith-based community recovery group that can provide various forms of support if someone does not have that support through family or other places—“the forever family”).
- Peer supports specialists, who offer support in multiple ways, including through MCHP programs. Forms of support offered there include “one-on-one mentoring, attending meetings with people, walking alongside them where they want to go…sometimes I support them with transportation now and then…sometimes I do motivational interviewing, attempt to link people with our care.”
- Two informants noted that the support available to some people may depend on their or their family’s history. “It really depends on the person and the family they come from. If you don’t have a good background or a good family, then you’re shot in the foot as far as having a support system.” Another said, “A lot of times, [parents who use drugs] have burned so many bridges with their kinships, their willingness to support them is limited based on past negative experiences. We’ll see relatives take the kids but don’t want to let the parent into their life.”
- One informant noted that “no one knows” about the programs/supports that do exist, and that there is “no consistent channel for advertising help programs—no one knows where to go, where to look.”
- One informant wondered whether or not people ARE seeking help ((Key Informant Interviews, 2023).

Through its Community Engagement Project, SEARCH identifies the following themes from its listening sessions around where people are going for help related to substance use: “If they are arrested and go to drug court, they get diverted to a program but it does not last or follow up long enough and they often go back to using. MCHP behavioral counselors and peer counselors probably have the greatest influence. Some say good things about Celebrate Recovery, which is faith-based. It is really hard to get into recovery programs and they are located away from here. Law enforcement and emergency management folks try to get folks into programs but there are few places, many obstacles to admission, and virtually no follow up” (SEARCH Listening Sessions, 2023).

What is getting in the way of efforts to address substance use in Mitchell County?

Key informants described a range of factors and conditions getting in the way of addressing substance use (particularly opioid use) in Mitchell County related to systems and institutions; community perceptions; social determinants of health and other basic needs; and certain initiating factors for substance use.

Systems and Institutions

Lack of local detox and residential treatment facilities. One informant noted that "detox centers are very few and far between," and "to get people detoxed is about impossible." They noted that existing facilities where detox is available do not necessarily include transitional support: "[they keep] them for three days and then [discharge] them…they should have a plan before they leave detox." Another noted several challenges to supporting a residential treatment facility in a small community, including not enough volume in demand to justify the overhead costs, as well as the fact that, "most residential programs are in larger areas, and some people are not used to navigating [those places], that's outside their comfort zone." In addition, one informant noted, "we are horribly under-resourced in terms of child therapists in the county. There are two…and one…is doing day treatment in three counties so she's not able to see any outpatient patients….and there is no one to refer to if a child or teenager is in distress" (Key Informant Interviews, 2023). The 2021 Mitchell Community Health Assessment (CHA) also notes that "lack of local resources, stigma, fear, the increasing numbers of individuals impacted, and the cost of treatment are common barriers to accessing help with mental health, substance abuse, and domestic violence issues" (Mitchell County Health Department, 2021). Other previous local conversations also identified lack of specific, adequate treatment, recovery, and harm reduction supports, including:

- Lack of (and challenges within) treatment and recovery facilities, systems, and resources, including: Lack of a physical rehab facility; [Lack of] Treatment beds; Lack of comprehensive psychiatric services; even counseling options are limited (besides RHA for those with limited insurance); Limited broadband access in many areas resulting in decreased ability to use telemedicine; Lack of an integrated referral network between agencies that support/interact with individuals who have substance use disorders; Medication for OUD is not initiated in the emergency department post overdose; and frequent staff changes (especially with behavioral health counselors in the area).
- Lack of local variety of options
- Lack of harm reduction resources locally (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021)

Barriers to accessing existing treatment and recovery resources. Key informants noted barriers include overall limited treatment and recovery resources and programs, underutilization of existing programs, and the fact that some existing resources (for example, groups) may require interacting with people the person used to use substances with, which could trigger that person to return to use. Other informants noted that some requirements or elements of existing resources may not be a fit for everyone, including the faith-based nature of some local groups and programs, and the fact that some programs do not allow a person to use MAT/MOUD or tobacco. Several participants also noted practical barriers, including that many services are only offered during traditional work hours (9am-5pm), which is not an option for people who work a "regular" workday. Others noted challenges with accessing or using insurance to pay for services

(Key Informant Interviews, 2023). Previous local conversations also identified specific challenges and barriers to accessing treatment, recovery, and harm reduction supports, including:

- Barriers to care (particularly cost), including: Access to care for uninsured and underinsured; High costs of treatment and medication for opioid use disorder, such as Suboxone; Lack of insurance coverage for less drug-based pain treatments; and lack of community resources for treatment for high-acuity
- Inconsistent services at existing local behavioral health providers, as well as limited hours and lack of transportation
- Programs exist but they aren't being utilized
- Lack of communication and follow-up with individuals and families (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021)

Lack of outreach and awareness of existing resources. Two informants noted a general lack of outreach about existing local resources. One said, "There are people out there wanting to help and there are great programs…we are really dropping the ball on outreach and making those programs known." Another noted the need for more awareness among everyone in the community, including "county commissioners, high schoolers, and parents," to acknowledge substance use as an issue locally.

No MAT/MOUD equivalent exists for methamphetamine use disorder. Two informants noted that there is no medication that can help address methamphetamine use disorder in the same way that medications such as buprenorphine, methadone and suboxone can support opioid use disorder. Methamphetamines are generally now perceived as the most prevalent drug type of choice in Mitchell County by most informants, and one wondered, "How do we treat methamphetamine use disorder? And [if you're using methamphetamine laced with fentanyl], do you or don't [you also have an opioid use disorder]?"

Inadequate services and barriers within the court/jail system. Two informants noted that Mitchell County does not have a jail, which in other counties has been a setting in which substance use assessment and referrals to treatment takes place. In other counties (including neighboring Yancey County), programs such as Freedom Life Ministries operate within the jail and provide helpful supports. One informant noted that individuals in Mitchell County who are incarcerated are often sent to McDowell County, where Freedom Life also operates, but "when they come home there's not a continuation of services." One informant noted barriers within the system that get in the way of people in recovery or working toward recovery. These barriers include: "mandating…treatment, attending so many meetings each week, community service, probation appointments, and employment that is a barrier, that is a stigma" (Key Informant Interviews, 2023).

Community Perceptions

Community attitudes and stigma. Although some key informants praised the growing community-wide support for people who use substances, they also acknowledged that negative attitudes and beliefs within the community continue to get in the way of more support. One informant noted these attitudes can be present within faith communities ("not necessarily a practice what you preach thing"), while others pointed to challenges of small-town culture ("in a small town, when your name gets bad, it's hard to make it good again") or generational differences. Some attribute these attitudes to lack of understanding ("I feel a lot of it is related to personal beliefs and ignorance in understanding the actual addiction and underlying problems and what programs actually work and don't work"). Others describe a belief that "the…system actually supports people in recovery instead of creating more barriers…" One informant noted stigma exists specifically related to MAT/MOUD. Another said that "community attitudes and beliefs filter into politics, especially on elected officials…I need to be careful how I approach certain things because of the political beliefs…"). Another noted, "there were critics because they think if you give resources, then the floodgates will open for people from Asheville and Hickory who need help. It's a small percentage, but a lot of [them] have political power or are tied to families with political power who don't necessarily want to see change" (Key Informant Interviews, 2023). Both the Mitchell County Community Health Assessment process and other local conversations of the Mitchell-Yancey Substance Abuse Taskforce (MYSATF) acknowledged the prevalence of stigma toward people with substance use disorder. This stigma can show up in community members, social service & healthcare providers, the criminal justice system, and other agencies, and also in programs that "try to fix the issue without building resilience or addressing the underlying problems that lead to the issue." Lack of standard or non-stigmatizing language contributes to the challenge (WNC Health Network, 2021) and (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021).

Range of viewpoints about needle exchange programs, naloxone and MAT/MOUD. Overall, key informants expressed a wide range of views about specific strategies, including needle (syringe) exchange programs, naloxone distribution, and MAT/MOUD clinics. Informants who support needle exchanges noted the "good results" it has had in other communities. Informants who oppose needle exchange programs describe needle waste as "detrimental to the rest of the community." One informant said others in the community view needle exchanges as enabling substance use: "What they're envisioning is, sadly, a group of people saying, 'yes, shoot up all you want. Here's some needles. Go ahead. Yeah, we'll take care of that trash for you…' That's what they're envisioning, and they don't see any benefits or anything else behind the scenes or any stipulations in there, the program details." Informants who support MAT/MOUD describe experiences (including their own) where medication such as buprenorphine (Subutex) or methadone has been an important part of a person's recovery. One informant said, "I'm an OBOT patient…since January 2018. I'm down to where I take 1mg [of buprenorphine] a day, and that's been the hardest thing I've ever went through in my life is to go below that. But I know the program works. I've seen it work. I've been part of the working part of it." Another informant who opposes MAT/MOUD said, "A lot of people are misusing those drugs [buprenorphine or methadone]—either shooting them up or selling them for what they want. I don't allow those medicines in my facility—I see them as a crutch. There needs to be a stricter

policy around those. Have a plan to be completely off [of suboxone, etc in so many months]...not saying those meds don't work but I could name [very few] people." Finally, one informant noted there are public misperceptions about emergency medical services staff administering naloxone: "Narcan has been advertised to the public as a lifesaver and to 'wake them up.' EMS does not give it to wake people up…we give a much lower dose because we're more focused on managing that airway. If you wake them up, there's increased risk of aspiration, vomitus and combativeness, self-danger, staff danger, bystander danger…I've seen that cause debates on the scene. Some people want us to give them more to wake them up, 'you're not doing your job' " (Key Informant Interviews, 2023).

Social Determinants of Health and Other Basic Needs

Lack of housing, especially transitional housing. Several informants noted there is no transitional housing for people who are re-entering the community after detox, treatment, or incarceration. They noted how critically important having housing support can be for someone who is trying to recover. "If they go home, the odds of using again will go up." One participant also noted there are no homeless shelters in Mitchell County.

Lack of access to transportation. Multiple informants noted transportation as a significant barrier for people, particularly for those who are trying to participate in job training or go to work. They noted the challenges of relying on people in their social networks for transportation, which could expose them to triggers for use. Several informants noted that, while some public transportation options exist in the county (for example, the Pine Line in Spruce Pine and Mitchell Transit service, which requires scheduling ahead of time), on-demand transportation options are limited, particularly in the northern part of the county.

Challenges related to income and employment. Two informants noted that high cost of living (particularly housing costs), paired with low median income and inflation, is "leading people who are in the ruts [to be] kept in the ruts." It also means people "who want to help are having increased strain and feel like they can't as much…it's a vicious thing going on right now."

Limited Internet access. Two informants noted that limited Internet access for some people can make it more challenging to access online services such as telehealth appointments (Key Informant Interviews, 2023).

Initiating Factors

Precipitating factors that can lead to individual substance use. Two informants described precipitating factors for substance use, including unaddressed trauma in children and adults, loss of connection that young people may try to address through social media use, and lack of things for young people to do. One participant noted that adults who work with children and youth may not fully and appropriately respond when a child or young person discloses trauma (particularly sexual trauma) they have experienced, and this does not help (Key Informant Interviews, 2023). Previous conversations also identified a lack of, and need for fun, positive places for youth to hang out, especially teenagers, that create a culture for rich social connection and creative stimulation after school, on the weekends and in the summer. These conversations also identified

a lack of understanding of trauma, how trauma can be the "drive" for substance use, and how to practice trauma-informed approaches among service providers. The increased isolation created during the COVID-19 pandemic, along with "guilt and shame" increased social disconnection, which did not help (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021).

Sources of the substances themselves. One informant noted that if one source of drugs in the community is "cut out," another one comes in. They also said they had heard of multiple situations where a hospice patient was given narcotics, and when they passed, the hospice group did not pick up the remaining narcotics (Key Informant Interviews, 2023).

Other previous and current community conversations have also identified things that are getting in the way of addressing substance use locally. Through its Community Engagement Project, SEARCH identifies the following themes from its listening sessions about things that are getting in the way of addressing substance use in Mitchell and Yancey Counties, including: "stigma; hopelessness; generational poverty and substance use; unrecognized and untreated mental health conditions; lack of local residential services and life-long follow up/support; lack of role models that believe in a positive future for the [person who is using substances]; lack of transportation; and lots of red tape and road-blocks on the part of treatment places" (SEARCH Listening Sessions, 2023).

The 2021 Mitchell Community Health Assessment report affirms some of these factors and also identifies additional "hurting" factors, including:

- A tendency to deal with symptoms of problems rather than actual problems
- Lack of qualified social workers available to courts and schools who can do intense work with families
- Inconsistent providers, especially at RHA
- Decreased childcare availability
- Lack of agency collaboration
- Lack of trauma-informed lens
- Limited acute mental health support
- Not enough Peer Support Specialists (Mitchell County Health Department, 2021)

What's helping to address substance use in Mitchell County?

Key informants identified a range of factors, services and resources that are helping to address substance use in Mitchell County.

Existing local treatment options. While many key informants noted that more treatment options are needed locally, some highlighted existing substance use treatment services and programs as helpful. These include:

- 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.
- RHA Health Services' SAIOP, which one key informant said is effective for those who participate, and noted the RHA staff person who supports that group tries "to make it as easy as possible for them to get started with services. He is extremely supportive of our community and will bend over backwards to help." Other key informants felt hesitant to refer people to RHA because they offer MAT/MOUD.
- Multiple key informants noted the general availability of MAT/MOUD, including buprenorphine, as helpful.
- One informant noted that the North Carolina Controlled Substance Reporting System (CSRS) is helpful because prescribers must log into the database every time they prescribe opioids to check a patient's opioid prescription history.

A visible and vibrant local recovery community. One informant described the visibility of the local recovery community as an important support: "…having faces of victory, people who have overcome [addiction] that will speak out and let people know there's hope. That has been the biggest motivator and biggest mind changer of a whole lot of people is seeing a positive change in people's lives." Another informant noted a local peer support specialist who is "a great resource in the county" and supports participants in a local faith-based residential program. Another informant acknowledged the "we have vibrant peer support…people in recovery in the criminal justice system who have been true advocates for recovery, they have done tremendous work." Other key informants said existing local recovery groups, including Celebrate Recovery and the small number of Alcoholics Anonymous (AA) groups in the county, as being helpful. Celebrate Recovery, in particular, is generally "well-received in our community" (Key Informant Interviews, 2023). Previous conversations also acknowledged the important role that the growing community of peer support specialists play in offering social and practical support for people who are seeking treatment or recovery support (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021).

Other community-based programs, organizations and supports. Never2Scarred, High Country Caregivers, local drug take-back events, Eleanor Health, and a local Boy Scouts of America group were all mentioned as being helpful local programs or resources. SEARCH and the MYSATF were mentioned as having "done a lot of investigating and looking into [the issue]" (Key Informant Interviews, 2023). Previous conversations also identified existing strong collaborative relationships and approaches (such those through MYSATF and agency-community collaboration), as well as additional local supports including parenting classes and support for grandparents raising grandchildren whose lives have been disrupted by substance use, which helps keep youth out of the foster care system, as well as PATH's Home Remedies program and Drug Free Communities grant, local Recovery Court, and harm reduction services (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021). This also includes more community-based education programs in school; other services for youth

substance use; and a collaboration with App State and AmeriCorps which is providing college/career coaches in the high schools (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021).

Growing community awareness and desire to help. Multiple informants noted the growth in overall awareness and shifts in public perceptions about substance use. One informant noted, "Seven or eight years ago, it was like you were a leper if you were an addict. People thought you were choosing to use every time…[they] didn't understand addiction. All the [local awareness events] made a big change in a lot of our older population beginning to understand this isn't a choice." Another informant noted, "This is a neighborly community and people want to help their neighbors." Several participants noted that the local faith community is, in general, very supportive of people who are experiencing substance use addiction (partly demonstrated through Celebrate Recovery) (Key Informant Interviews, 2023). Other previous local conversations identified other positive aspects of local culture (specific to addressing mental health but could likely also apply to addressing substance use) including cultural compassion, friendliness, generosity, resilience, imagination, openness to change, and "small communities [showing] up for monumental change" (AMY Wellness Foundation, 2020). The COVID-19 pandemic has increased awareness and conversation about mental health and substance use issues in communities across the region (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021). Previous conversations also identified the role of strong family and community ties, particularly community networks and support groups, strong faith communities and local faith leaders, and strong family connections (AMY Wellness Foundation, 2020). *Note: this theme emerged around addressing mental health but could likely also apply to addressing substance use.*

Local government leader and agency support. Many key informants described support they perceive among Mitchell County government leadership including commissioners and the county manager. Others described support of local government agencies including the Sheriff's Department, Emergency Services, Department of Social Services, and the Recreation Department. Multiple informants praised local law enforcement, in particular, and said they are "doing what they can" with the tools and resources available to them. Several informants described the supportive role of Mitchell County's recovery court, and also noted that inadequate resources make this program less supportive than it could be (for example, by only doing weekly drug screens rather than daily).

Through its Community Engagement Project, SEARCH identified the following themes from its listening sessions about things that are helping address substance use in Mitchell and Yancey Counties: "Good people in Emergency Services and law enforcement. MCHP, Eleanor Health, MYSATF" (SEARCH Listening Sessions, 2023).

What is already happening to address substance use in Mitchell County?

Despite gaps in prevention, treatment, and recovery services in Mitchell County, federal, state, regional, and local initiatives that address substance use do exist. See **Appendix E** for a partial inventory of other existing SUD/OUD-related services and initiatives covering Mitchell County. This inventory was compiled from existing resources and previous local conversations identified by the steering committee. Please note that "regional" efforts across WNC do not always result in equal distribution of benefit or resources across all counties in the region. For example, some regional initiatives and services are based in Asheville or communities further away--creating accessibility barriers those in Mitchell County seeking treatment or recovery support.

Key informants described several local programs and initiatives in addition to those already described, including:

- School-based programs
- Never2Scarred/Hope House
- Mitchell County Transportation has 8-10 vans that can be scheduled for appointments at the nearest methadone clinic in McDowell County. They use a rideshare model.
- As part of a recent expansion, Mitchell County now has adult recovery court that includes connecting participants to treatment. Mitchell and Yancey Counties have also been awarded funding through Dogwood Health Trust to start a "safe babies court" for ages 0-3.
- Vaya and Project Lazarus have provided naloxone to Mitchell County EMS staff to distribute along with education (Key Informant Interviews, 2023).

SEARCH identified the following places, programs and resources people are turning to for help that were described during its community listening sessions: "If they are arrested and go to drug court they get diverted to a program, but it does not last or follow up long enough and they often go back to using. MCHP behavioral counselors and peer counselors probably have the greatest influence. Some say good things about Celebrate Recovery, which is faith-based. It is really hard to get into recovery programs and they are located away from here. Law enforcement and emergency management folks try to get folks into programs but there are few places, many obstacles to admission, and virtually no follow up" (SEARCH Listening Sessions, 2023).

What could work to do better?

Key informants described a broad range of ideas about what could do better to address substance use in Mitchell County. These add to other ideas and strategies that had previously been identified during local and regional conversations. The ideas described here should be considered alongside what learnings and recommendations from the concurrent community learning process ("Part 2") of this assessment process.

More treatment options and resources designed for Mitchell County. These include local rehabilitation and residential treatment facilities, inpatient and outpatient treatment that are offered at a greater variety of locations and times, and mandated detox and treatment. They also include more mental health providers, including for young people. One informant said these need to be "local programs that actually work HERE…something that's going to work for OUR community" (Key Informant Interviews, 2023). Previous conversations also suggested establishing a long term residential program like Freedom Farm for this area (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021), and strengthening 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. This could also involve cultivating specific mental/behavioral health services, providers, and partnerships. These include community health workers, peer supports, primary care and mental health providers, counselors, mental health clinics, and half-way houses or other residential support for those not eligible for in-patient treatment or released from in-patient treatment. They also include 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 (AMY Wellness Foundation, 2020).

More peer support. Multiple informants said support from peer support specialists, peer recovery groups, and other peer-based resources and mentors are needed. One said peer support is needed in the emergency department, in Department of Social Services (DSS) offices and at the Sheriff's Department. One participant said some form of accountability for people who use substances is also needed.

Support for mothers and children. Two informants noted the need to provide 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 Another noted a program in Rutherford County that allowed mothers in rehab to have their children with them, and that "if Mom was able to have her baby with her, that was a huge motivator for her to attend."

Housing. Multiple informants said housing—including transitional (or "halfway") housing, emergency housing, and long-term housing—is very important. One informant said, "When I got out of prison…housing would have been #1, transportation #2, job #3 [priorities]….If you don't have somewhere to sleep, you're not looking for a job." One informant noted existing infrastructure resources that are not being used, including the old middle school building, and wondered if it could be used for housing or a rehab facility (Key Informant Interviews, 2023). Previous conversations pointed to existing models such as LINC and Oxford houses, particularly for people who are re-entering the community after incarceration (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021).

Transportation. Multiple informants said transportation is also an important gap. One said the need for emergency or on-call transportation is important and should be available outside "regular" work hours: "Addiction [and emergencies don't] stop at quitting time."

Support for other basic needs. These include 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." One informant named the importance of addressing poverty, and another described the need for "redemptive support" that doesn't continue to punish people with past criminal history. One informant said, "Right now I'm ineligible for food or housing assistance with the state, not because of my income, but because of the level of felony that I've been convicted of. It does not matter that I have been sober for almost 13 years, [that] I have guardianship of a child that the state gave me. I'm not eligible for financial support through the foster care system because I'm not eligible to be a foster parent. But I am approved to support [the child] on my own dime. Our system is so broken."

Effective messaging and outreach. Several informants emphasized the need for clear, easy-to-understand information for the community about what addiction is, what strategies work, and how they will help (and not "enable") the "problem." Other informants described the need for more efforts to communicate what resources ARE available (for example, through a resource list) (Key Informant Interviews, 2023). Previous conversations had also identified the need to provide information and raise awareness in communities (specifically around mental health). This includes knowing and developing resources to communicate who is providing services in communities, such as a through a resource guide *(author note: Partners Aligned Toward Health (PATH) maintains a local Substance Abuse and Mental Health Resource Guide that is updated every two years).* Information sharing and dialogue could also happen through community "meet and greets" with local agencies, health and wellness fairs, child/community fairs, and dialogue between providers and the community. Information to normalize mental health and address stigma could happen through public service announcements, social media, and other mass media such as podcasts or short films (AMY Wellness Foundation, 2020).

Greater visibility and support for recovery. Some informants described the need for a broader range of recovery "paths"—for example, more group sessions, including groups that are not faith-based. Two informants said it is important to raise the visibility of recovery in the community to offer hope and connection for people experiencing addiction and their families. One informant noted that 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 and say 'hey, look how these people got sober?" This could all be supported by hosting 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.

Prevention-focused efforts. Several informants described the need to address root causes of the factors that can lead to substance use, as well as possible ways to prevent or address those causes. These include: implementing public health interventions around safe touch, particularly for students and in schools; limiting screen time for young people to reduce overstimulation and

support meaningful engagement and connection. One informant said they don't understand what is leading people (particularly young people) to begin using substances (Key Informant Interviews, 2023). Previous conversations also support this, particularly offering more school-based mental health supports that raise awareness and reduce stigma about mental health, build resilience skills, and provide "honest, reality-based, developmentally appropriate substance use education" in grades K-12. These supports could also include school-based day treatment options (AMY Wellness Foundation, 2020).

Funding. One informant who operates a community-based residential program described visions and plans for the program but said lack of funding is a limitation. Another informant described the general need for financial resources to support efforts.

Other things that are missing. Several informants described other specific things that are missing that would help address substance use in Mitchell County. These include:

- ***Pretrial monitoring services*** (for example electronic monitoring), which would allow people with a substance-related crime to remain in the community to participate in treatment, etc while awaiting a court date, rather than remaining in jail.
- ***Prescription turn-in locations*** that allow anonymity. One informant noted, "with the beliefs around here, they don't want to be associated with [prescription drug misuse] even if they are a user or they're not a user, they don't want to have that image on them" (Key Informant Interviews, 2023).

Themes SEARCH identified from its community listening sessions around things that are missing that could help address substance use in Mitchell and Yancey Counties include: "Early identification of those at risk and effective programs and role models in their lives; local treatment availability; half-way houses here that address relapse and aid in continued recovery with help for getting housing and work and transportation; life-long support systems that are run by peer counselors who provide examples of having really turned around their lives – an alternate future than the past many [people who use substances] have as they only thing they know – the only way they know to live. Deep understanding and empathy and support from the [rest of the] community – ditch the stigma; support second and third chances; celebrate the successes. Help for those caring for the children of [people who use substances] – financial support and an affordable road to adoption. Support an environment for health and recovery of [people who use substances] one family at a time. Support and education for the families of [people who use substances]" (SEARCH Listening Sessions, 2023).

In September 2021, the MYSATF identified the following needs to address substance use in the region. Some of these needs overlap with the ideas described above (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021).

Prevention
Program-specific needs • Catch my Breath (youth vaping program) facilitator for schools • Big Brother Big Sister Program (note: is this currently planned to expand to AMY counties?)

"Positive youth development" resources/initiatives

- 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 with Home Remedies program as well as with Substance Misuse education for youth
- Free programs for kids that support creating protective factors
- safe way for youth to process and develop appropriate coping skills
- More opportunities for youth to connect and develop in-person social skills using the arts, sports, nature, etc. Iceland created a rec center to address their substance misuse issues which met with great success. 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.

"Trauma-informed" training and approaches, including in schools

- More Trauma informed care education for school staff and resiliency training and ACES training, and detailed resources on what to do
- Social-Emotional Learning and Trauma-Informed lens practices in schools
- Also needed is training and support for agencies in moving from being trauma-organized to trauma-transformed (i.e., organizational resilience) so that clients are not re-traumatized as agencies deliver services.

Better understanding of substance misuse in the community

- Improved understanding of current SUD patterns in community
- Start to tell people the truth about addiction and how big of a society problem it is.

More information/education resources

- More community-based programming on substance misuse in schools
- Communication strategy and resource guide on what prevention programs are available (note: see "what already exists")
- Better education for families to create communication on issues around substance misuse (see what's already happening above)
- Education on MAT and MOUD as effective and evidence-based treatment options

Other Needs

- More diversity approaches
- Better collaboration
- Better referral network for already underutilized services
- Expand Medicare and Medicaid

Harm Reduction

Prison-based and re-entry support

- Prison reentry programs/ residence
- MAT in Jail Programs and reentry support with case management and peer support services

- Connect with peer support before release

Post overdose response team

- Develop a post-overdose response team
- Integrated/Collaborative Efforts for a PORT team with EMS/Law Enforcement and FQHC get folks into treatment post overdose

Increase naloxone distribution and information

- Mobile distribution and/or community-based outreach to deliver naloxone or other harm reduction supplies (clean syringes, pipes, supply testing kits)
- Education on Harm Reduction and Naloxone Administration

Other needs

- Drug Court and Law enforcement diversion program
- Social workers embedded with law enforcement
- HIV/Hep C Testing
- Current and immediate past efforts by health care professionals to limit the number of addictive drugs prescribed
- Maintaining people in care despite their chronic disease worsening/they resume use

Treatment

Treatment services for specific populations/needs

- NEED: Treatment services delivered in Spanish
- NEED: Treatment services after 5:00pm and on weekends
- Need youth substance misuse services
- NEED; Treatment services for youth
- Residential treatment that would be acceptable to both faith-based and non-faith-based persons.
- Need: Jail based program
- NEED: treatment for SUD initiating/continuing for people in custody.
- Evidence-based approaches/treatment framework for stimulant (methamphetamine) use

More treatment options and providers (in general)

- Long term residential treatment facility like Freedom Farm in this area
- Eleanor Health integrated services/expansion in our counties (this is not submitted by EH staff)
- Additional treatment providers (diversification of services and providers)
- More Peer support Specialists

Increased collaboration and engagement

- Efforts by MCHP to invite and reach out to the community
- Need stronger collaboration with DSS in both counties by all current efforts/programs

Other needs

- Reach out to people the most in need of services.
- Social workers embedded with law enforcement
- Expand Medicare and Medicaid
- Clear info in the general public about how to access treatment.
- Contingency management interventions

Recovery

Recovery supports for specific populations/needs

- Recovery supports available in Spanish
- Recovery support for youth
- Prison reentry Programs and residential programs like Link

Specific recovery support models/groups

- Resources and collaboration for Recovery support groups like AA NA and Celebrate Recovery
- Smart Recovery, NA, AA, Celebrate, Seek healing.
- SMART Recovery

Education and support for employers of people in treatment/recovery

- Jobs without stigma. Employers who recognize people can change despite prior convictions
- Employer education and support for people on MAT

Other needs

- Recovery housing
- Better community and agency understanding that recovery = prevention
- hand-to-hand link to resources upon release
- MCHP efforts

Conclusion

Substance use, particularly methamphetamine and opioid use, have a significant presence in, and impact on, Mitchell County. County residents experience enormous social, health, and economic burden due to substance use and substance use disorder. While meaningful efforts and initiatives exist in the county to address these challenges, significant opportunities remain to address substance use disorder prevention, harm reduction, treatment and recovery for people in Mitchell County.

The information presented in this summary report should be considered alongside the learnings and recommendations from the concurrent Community Learning Process Around Opioid and Substance Use in Mitchell and Yancey Counties, as well as other local information-gathering work, to support decision making for Mitchell County's opioid settlement funding.

Appendix A: Mitchell County Opioid Assessment Steering Committee

Allen Cook	Mitchell County Manager
Brandon Pittman	Mitchell County Commissioner
Josh Wise	Celebrate Recovery
Shawn Block	Mitchell County Department of Social Services
Wendy Boone	Mitchell County Department of Social Services
Donald Street	Mitchell County Sheriff
Josh Sparks	Mitchell County Sheriffs Department
John Masters	Mitchell County Sheriffs Department
Ashley Beam	Mitchell County Sheriffs Department
Schell McCall	PATH
Jessica Williams	Hope House
Cassie York	Mountain Community Health Partnership
Meghan Graham	Mountain Community Health Partnership
Lea Jones	Mountain View Correctional Institution
Jessica Farley	Toe River Health District
Bryant Reid	Mitchell Medics, LLC
Glenda Shuffler (Project Coordinator)	Mitchell County Human Resources Director

Appendix B: Methodology

Data to inform this part of Mitchell County's assessment process was collected using the following methods:

Data Review: With input from the steering committee, WNC Health Network (WNCHN), a consultant to the assessment process, reviewed the following data sets:

- A comprehensive set of publicly available secondary data metrics on health, economic, social, and demographic characteristics available at the county level to compare Mitchell County with neighboring counties, as well as with regional- and state-level data. Example data sources include the U.S. Census Bureau, the NC Opioid Dashboard, NC Department of Health and Human Services Injury and Violence Prevention Branch, U.S. Centers for Medicaid and Medicare Services, National Provider Identifier (NPI) Registry, the NC Certified Peer Support Specialist Program (University of North Carolina) and the Substance Abuse and Mental Health Services Administration.
- The WNC Healthy Impact Community Health Survey, a regional primary data collection effort to allow counties in the 16-county WNC Healthy Impact region to collect data on specific health issues of concern and hear from community members about their concerns and priorities related to health. The survey has been conducted every three years since 2012, and is administered by cell phone, landline, and internet to a random sample of adults in the WNC Healthy Impact region to achieve statistically representative samples for each county. This survey was most recently conducted in the spring of 2021. A detailed description of the methodology for this survey is available at https://www.wnchn.org/wnc-data/.
- Data from other existing regional- and state-level assessments and strategic plans identified by the steering committee.

Key Informant Interviews: The steering committee identified 10 key local individuals connected to substance use/opioid use in Mitchell County, whose perspectives need to be reflected in this assessment through participation in a key informant interview. Interview participants included people who work in:

- District court
- Sheriff's Department
- Local healthcare provider (including peer support specialists)
- Department of Social Services
- Youth therapy
- Emergency medical services
- Local recovery group
- Local residential program
- Local advocacy organization

Some participants also have lived experience with substance use. WNCHN conducted the interviews in May and June 2023. The interviews ranged from 30-60 minutes each and were held

by phone or Zoom. The questions asked during the interviews are included in Appendix D. Information from the interviews was analyzed by WNCHN staff for key themes using constant comparative analysis. A summary of findings and themes from the interviews are included as Appendix C (Key Informant Interview Summary) and are also incorporated as appropriate in this report.

Appendix C: Key Informant Interview Summary

This appendix summarizes highlights from ten conversations with people connected to substance use/opioid use in Mitchell County. Interview participants included people who work in:

- District court
- Sheriff's Department
- Local healthcare provider (including peer support specialists)
- Department of Social Services
- Youth therapy
- Emergency medical services
- Local recovery group
- Local residential program
- Local advocacy organization

The information is organized by the questions asked during the interviews. The information from the interviews was analyzed by WNC Health Network staff using constant comparative analysis.

Tell me a bit about substance use (specifically opioid use) in Mitchell County.

Informants described aspects of historical trends in substance use in Mitchell County, which included:

- The height of the prescription opioid "epidemic" (which one informant referred to as the "wrecking ball phase") occurred from the late 1990s through as late as 2018. Around this time, prescription opiates were being prescribed in amounts "that would 100% kill [people] if they took them all at once."
- After this initial phase, several informants said the predominant drug of choice in Mitchell County became methamphetamines. This was due, in part, to "things tightening up around access to opioids" and growth of home methamphetamine labs. Methamphetamines were also being used among "the group of kids who were slowly dropping out of school [between 2013 and 2019]. Alcohol and cannabis were also commonly-used substances among young people.
- One informant noted that "Mitchell [County] was very similar (to Avery County) in terms of unattended deaths with multiple drug toxicity, with methadone mixed in with oxycontin or oxycodone."

Informants also described the current state around substance use in Mitchell County, which includes:

- Currently, methamphetamine is a predominant substance showing up in arrest cases, DSS parental drug tests, and toxicology reports. One informant noted that methamphetamines are "easy to get and actually really cheap." One informant said the methamphetamine

coming into the county is coming directly from the "Shelby/Rutherfordton area," and into the country from Mexico and South America.

- Fentanyl is "on the rise," and is often laced into other substances. According to one informant, all methamphetamine the local law enforcement agency has tested in the past 8 months is positive for fentanyl. They also said the fentanyl and other illicit opioids coming into the county are coming directly through Asheville, and arriving in the country from China, via Mexico.
- Multiple informants noted that "Poly drug use is the rule, not the exception." One said that "most people are [using an] opioid, methamphetamine or combination." Another informant noted that "one thing you really see is methadone and suboxone, and when those get mixed in with Narcan can have negative side effects. Marijuana mixed in, cocaine or other stronger drugs…it's not uncommon to get a cocktail…that makes the treatment very tricky."
- Department of Social Services (DSS) drug tests of parents also sometimes include positives for benzodiazepines, amphetamines, barbiturates, and THC.
- One informant said young people in the youth group at their church say marijuana is the number one substance that is being used [among young people?] and it's "very strong."
- "Any type of stimulant is what we're seeing people gravitate toward."
- One informant noted that "I don't see prescription medication, the abuse of it to the degree that it once was but yet there's still an issue with it. The pain medication seems to be more among people in their early 30's through 70s or 80s (not teenagers) who are struggling with it at this point."
- One informant noted an emerging new drug that is starting to show up in the county, called hydrazine, or "tranq dope." They said, "people are overdosing on fentanyl and people are dying from the tranq dope. One person went out [overdosed] and they Narcan'd…[the person] was breathing. They thought [the person] was just passed out. [They] had mini-strokes …and died. They didn't know."
- This informant also cautioned, "for real, drugs are really bad right now. They're never good, but right now they're a whole layer of worse. In our history, people didn't really overdose from methamphetamine use, except maybe their hearts gave out. Now, if you're using methamphetamine IV and it has fentanyl in it, you're dead. Or if you don't, and people just think that you nod out/fall out/pass out, then you're dying of THAT."

Who is most affected?

Informants said many, many people across the community are affected, and there are some groups of people who are more affected by substance use.

- All ages are affected, and several informants noted "it is hitting our young people a whole lot more because it's easier to get into drug use with these new dab pens and vaping."
- Families are affected in several ways:

    - Families in which "addiction has been in the picture for generations" may have children who are raised in homes where substance use is taking place, may be more likely to use substances themselves and/or may be raised by relatives or other adults other than their parents. One informant noted, "[In 2019, elementary school kids]…so many were being raised by grandparents—unbelievably many. I didn't get a sense of what percent—I would guess more than 10 percent were being raised by neither parent because their parents were unavailable due to their addiction *[Author's note: see Figure 1 for the most recent number data around grandparents raising grandchildren]…*Kids had lost their parents or their older siblings. They seemed not interested, were being raised by their grandparents or were raising themselves because their parents were absent…Of the kids I see now [as a therapist], I'd say a third are being raised by grandparents or another relative that's not their parent. In every case I can think of, it's because of addiction."
    - In other families, "one member will have gotten pulled into [substance use]." This informant connected that type of experience with "middle-class, achievement-oriented families."
- Children and young people are also affected in unique ways related to stigma associated with substance use. One informant noted, "Sometimes these kids are so smart, but education is not valued in these families, or their parents were also smart and got burned by the system and everyone has this skepticism toward school and other institutions. It sucks because these people definitely get stereotyped. The kids were not treated well at all because of who their parents were, and they feel like what's the point. I would watch somebody from 9th grade who might have been a hopeful, optimistic kid who over four years got destroyed by people's prejudice toward them. Demographically we are not very diverse, but there are these families who are treated like second-class citizens because they know what your dad did…they just give up and start doing the stuff that people were expecting them to do."
- People who are "too unwell" for the level of care Mountain Community Health Partnership (MCHP) can provide. "They can't make appointments, don't have transportation, no address to mail them a letter. They come in and out of treatment, homelessness, a number of different factors/barriers."
- People who were prescribed an opiate for an injury or other medical condition and became addicted. One informant said this is less common among younger people.
- People who experience mental health-related issues. One informant said that mental health is probably the largest pre-disposition for substance use in the county.
- Two informants said that most people they interact with who use substances are low or very low income.
- Mitchell County recovery court's goal is to reach "high-risk, high-needs individuals that suffer from addiction and are at high risk of returning to the court (re-offending)…the high criminogenic needs as well as the high substance use in our target population. It's not a first offender program, typically…right now, it's individuals eligible for intermediate punishment under our sentencing grid…Now [recovery court participants

are people who are in recovery from] methamphetamine and people in long-term addiction."

- Social workers are feeling the strain. One informant said, "DSS social workers are busy, dying, breaking under the load because of the epidemics and the things that go along with individual poverty…they want to help and their hands are tied. The restrictions and the laws are not recovery oriented."
- First responders are also affected by the issue:
    - Law enforcement officers "do have fatigue from the amount of stuff we're dealing with [related to substance use]. It's not an upset, it's a fatigue from the constant barrage of work that it creates….I [have] 15 active charges/investigations right now and I'll have more by the end of today." One informant said, "98% of our calls revolve around narcotics use…whether through domestics, property crime. Usually [calls] root back to substance use…not just narcotics, could be alcohol."
    - "We [Mitchell Medics] have been here almost two years in Mitchell County. For the first 14 months of it, we rarely saw any overdoses. Late last fall, in the past six months or so, we have seen a drastic increase in opiate use/misuse/overdose and deaths related."
    - "Feels like it came in batches—we could tell when a bad batch came through. There was one day, we ran three overdoses back to back to back…That really exhausts resources really quickly."
    - "We started seeing 'Lazarus parties' is what they got dubbed…talk about callousing, burning EMS and emergency services out a lot. We would go out there to calls, and they would Narcan and have them back before we got there, and they would refuse [transport] because we couldn't make them go anywhere. And then we'd be out there two or three times back to ack to back and they were just still 'No, I don't want to go.' And so that was really burning [EMS crews] out."
    - Emergency medical services (EMS) "has an old-school mindset of bottling it up…we've tried to create a culture here where, 'hey, let's talk about it, let's debrief, it's okay to not be okay,' and we've been successful in that. But that's my big worry is, you get that burnout or people bottling things up, because even thought my people aren't necessarily the ones with addition, they have a higher risk of it, of turning to it because of the stressful work environment that they live in. When it comes in surges, if they get exposed to it too much, they can become calloused in their ability to empathize/sympathize."

Where are people who use substances going for help?

Informants identified several places and resources people are currently turning to for support around substance use.

- Providers who offer substance use services, including RHA (which offers a Substance Abuse Intensive Outpatient Program, or SAIOP) and MCHP, which offers Office-Based Outpatient Treatment (OBOT), buprenorphine as part of medication assisted

treatment/medication for opioid use disorder (MAT/MOUD), and integrated care services. Some MCHP patients "come here for their basic medical needs, which includes office-based opioid treatment, AND we also have people who come monthly who are very stable and rarely use other services such as peer support specialist support, groups, and one-on-one therapy. If people need more support, they are referred to RHA for IOP."

- Blue Ridge Regional Hospital in Spruce Pine, for "mental health help." One informant thought that Emergency Department staff there may offer recommendations for follow-up services, but the details of those recommendations were not known. One informant with a community-based residential program said they have tried to send clients to unspecified local hospitals and "several got turned away because their problem wasn't big enough, or they give them some fluids or a shot and send them on their way."
- Some may be committed, either by their family or seek it on their own.
- One of the existing detox centers in Johnson City, Monroe or Concord (there are none in Mitchell County). One informant described the nuances of eligibility to be accepted at a center in Johnson City: "People who are willing can walk into a detox in Tennessee, but they must be transient. Otherwise, Tennessee cannot house them. Could drive to Johnson City…drop people off, they receive 3-5 days medical detox, and then an offer of a long-term place. That has been somewhat popular. A lot of times people in the faith community will take people there and let them medically detox and then transition them into a treatment facility where there's no medication. But it's hard for people to get to that place of [being] willing to take nothing after years of…"
- Jail: "People will go to jail and get all the substances out of their system, kind of like rehab sometimes. That's very brief."
- Private rehab centers "if your family can afford to ship you off somewhere."
- Local recovery groups, including Celebrate Recovery (a faith-based community recovery group that can provide various forms of support if someone does not have that support through family or other places—"the forever family").
- Peer supports specialists, who offer support in multiple ways, including through MCHP programs. Forms of support they offer there include "one-on-one mentoring, attending meetings with people, walking alongside them where they want to go…sometimes I support them with transportation now and then…sometimes I do motivational interviewing, attempt to link people with our care."
- Two informants noted that the support available to some people may depend on their or their family's history. "It really depends on the person and the family they come from. If you don't have a good background or a good family, then you're shot in the foot as far as having a support system." Another said, "A lot of times, [parents who use drugs] have burned so many bridges with their kinships, their willingness to support them is limited based on past negative experiences. We'll see relatives take the kids but don't want to let the parent into their life."
- One informant noted that "no one knows" about the programs/supports that do exist, and that there is "no consistent channel for advertising help programs—no one knows where to go, where to look."
- One informant wondered whether or not people ARE seeking help.

What else is currently happening?

- MCHP refers to ADACT because they allow patients to take buprenorphine
- No treatment currently exists for methamphetamine use disorder. "The only [strategy to address it] we have is contingency management and some off-label prescribing stimulants as a transition."
- School-based programs
- Never2Scarred/Hope House
- Celebrate Recovery
- Mitchell County Transportation has 8-10 vans that can be scheduled for doctor's appointments, the methadone clinic (closest one is McDowell County). They use a rideshare model.
- Mitchell and Yancey have been awarded funding through Dogwood Health Trust to start a "safe babies court" for ages 0-3.
- As part of a recent expansion, Mitchell County now has adult recovery court (and also accepts some DWI individuals), but not family drug court. Mitchell shares a coordinator with Avery County, and all of that is run out of the Mediation and Restorative Justice Center based in Watauga County. A requirement of recovery court programs is to have "multi-layer treatment availability…RHA offers IOP…and also intermediate-level treatment as part of being able to run that program."
- Vaya and Project Lazarus have provided the Narcan for EMS staff to give to people who have overdosed but who refuse transport. The Narcan is provided along with education.

What is contributing to progress on this issue?

Key informants identified a range of factors, services and resources that are helping to address substance use in Mitchell County.

Existing local treatment options. While many key informants noted that more treatment options are needed locally, some highlighted existing substance use treatment services and programs as helpful. These include:

- 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.
- RHA Health Services' SAIOP, which one key informant said is effective for those who participate, and noted the RHA staff person who supports that group tries "to make it as easy as possible for them to get started with services. He is extremely supportive of our community and will bend over backwards to help." Other key informants felt hesitant to refer people to RHA because they offer MAT/MOUD.

- Multiple key informants noted the general availability of MOUD/MAT, including buprenorphine, as helpful.
- One informant noted that the North Carolina Controlled Substance Reporting System (CSRS) is helpful because prescribers must log into the database every time they prescribe opioids to check a patient's opioid prescription history.

A visible and vibrant local recovery community. One informant described the visibility of the local recovery community as an important support: "…having faces of victory, people who have overcome [addiction] that will speak out and let people know there's hope. That has been the biggest motivator and biggest mind changer of a whole lot of people is seeing a positive change in people's lives." Another informant noted a local peer support specialist who is "a great resource in the county" and supports participants in a local faith-based residential program. Another informant acknowledged the "we have vibrant peer support…people in recovery in the criminal justice system who have been true advocates for recovery, they have done tremendous work." Other key informants said existing local recovery groups, including Celebrate Recovery and the small number of Alcoholics Anonymous (AA) groups in the county, as being helpful. Celebrate Recovery, in particular, is generally "well-received in our community."

Growing community awareness and desire to help. Multiple informants noted the growth in overall awareness and shifts in public perceptions about substance use. One informant noted, "Seven or eight years ago, it was like you were a leper if you were an addict. People thought you were choosing to use every time…[they] didn't understand addiction. All the [local awareness events] made a big change in a lot of our older population beginning to understand this isn't a choice." Another informant noted, "This is a neighborly community and people want to help their neighbors." Several participants noted that the local faith community is, in general, very supportive of people who are experiencing substance use addiction (partly demonstrated through Celebrate Recovery).

Other community-based programs, organizations and supports. Never2Scarred, High Country Caregivers, local drug take-back events, Eleanor Health, and a local Boy Scouts of America group were all mentioned as being helpful local programs or resources. SEARCH and the MYSATF were mentioned as having "done a lot of investigating and looking into [the issue]."

Local government leader and agency support. Many key informants described support they perceive among Mitchell County government leadership including commissioners and the county manager. Others described support of local government agencies including the Sheriff's Department, Emergency Services, Department of Social Services, and the Recreation Department. Multiple informants praised local law enforcement, in particular, and said they are "doing what they can" with the tools and resources available to them. Several informants described the supportive role of Mitchell County's recovery court, and also noted that inadequate resources make this program less supportive than it could be (for example, by only doing weekly drug screens rather than daily).

What is getting in the way of progress?

Key informants described a range of factors and conditions getting in the way of addressing substance use (particularly opioid use) in Mitchell County.

Community attitudes and stigma. Although some key informants praised the growing community-wide support for people who use substances, they also acknowledged negative attitudes and beliefs within the community continue to get in the way of more support. One informant noted these attitudes can be present within faith communities ("not necessarily a practice what you preach thing"), while others pointed to challenges of small town culture ("in a small town, when your name gets bad, it's hard to make it good again") or generational differences. Some attribute these attitudes to lack of understanding ("I feel a lot of it is related to personal beliefs and ignorance in understanding the actual addiction and underlying problems and what programs actually work and don't work"). Others describe a belief that "the…system actually supports people in recovery instead of creating more barriers…" One informant noted stigma exists specifically related to MAT/MOUD. Another said that "community attitudes and beliefs filter into politics, especially on elected officials…I need to be careful how I approach certain things because of the political beliefs…"). Another noted, "there were critics because they think if you give resources, then the floodgates will open for people from Asheville and Hickory who need help. It's a small percentage, but a lot of [them] have political power or are tied to families with political power who don't necessarily want to see change."

Lack of local detox and residential treatment facilities. One informant noted that "detox centers are very few and far between," and "to get people detoxed is about impossible." They noted that existing facilities where detox is available don't necessarily include transitional support: "[they keep] them for three days and then [discharge] them…they should have a plan before they leave detox." Another noted several challenges to supporting a residential treatment facility in a small community, including not enough volume in demand to justify the overhead costs, as well as the fact that "most residential programs are in larger areas, and some people are not used to navigating [those places], that's outside their comfort zone."

Barriers to accessing existing treatment and recovery resources. These barriers include overall limited treatment and recovery resources and programs, underutilization of existing programs, and the fact that some existing resources (for example, groups) may require interacting with people the person used to use substances with, which could trigger that person to return to use. Other informants noted that some requirements or elements of existing resources may not be a fit for everyone, including the faith-based nature of some local groups and programs, and the fact that some programs do not allow a person to use MAT/MOUD or tobacco. Several participants also noted practical barriers, including that many services are only offered during traditional work hours (9am-5pm), which is not an option for people who work a "regular" workday. Others noted challenges with accessing or using insurance to pay for services.

Inadequate services in the court/jail system. Two informants noted that Mitchell County does not have a jail, which in other counties has been a setting in which substance use assessment and

referrals to treatment takes place. In other counties (including neighboring Yancey County), programs such as Freedom Life Ministries operate within the jail and provide helpful supports. One informant noted that individuals in Mitchell County who are incarcerated are often sent to McDowell County, where Freedom Life also operates, but "when they come home there's not a continuation of services."

Lack of housing, especially transitional housing. Several informants noted there is no transitional housing for people who are re-entering the community after detox, treatment, or incarceration. They noted how critically important having housing support can be for someone who is trying to recover. "If they go home, the odds of using again will go up." One participant also noted there are no homeless shelters in Mitchell County.

Lack of access to transportation. Multiple informants noted transportation as a significant barrier for people, particularly for those who are trying to participate in job training or go to work. They noted the challenges of relying on people in their social networks for transportation, which could expose them to triggers for use. Several informants noted that, while some public transportation options exist in the county (for example, the Pine Line in Spruce Pine or Mitchell Transit service which is scheduled ahead of time), on-demand transportation options are limited, particularly in the northern part of the county.

Limited Internet access. Two informants noted that limited Internet access for some people can make it more challenging to access online services such as telehealth appointments.

Challenges related to income and employment. Two informants noted that high cost of living (particularly housing costs), paired with low median income and inflation, is "leading people who are in the ruts [to be] kept in the ruts." It also means people "who want to help are having increased strain and feel like they can't as much…it's a vicious thing going on right now."

Lack of outreach and awareness of existing resources. Two informants noted a general lack of outreach about existing local resources. One said, "There are people out there wanting to help and there are great programs…we are really dropping the ball on outreach and making those programs known." Another noted the need for more awareness among everyone in the community, including "county commissioners, high schoolers, and parents," to acknowledge substance use as an issue locally.

Range of viewpoints about needle exchange programs, naloxone and MAT/MOUD. Overall, informants expressed a wide range of views about specific strategies, particularly needle exchange programs, naloxone distribution, and MAT/MOUD clinics. Informants who support needle exchanges noted the "good results" it has had in other communities. Informants who oppose needle exchanges describe needle waste as "detrimental to the rest of the community." One informant said others in the community view needle exchanges as enabling substance use: "What they're envisioning is, sadly, a group of people saying, 'yes, shoot up all you want. Here's some needles. Go ahead. Yeah, we'll take care of that trash for you…' That's what they're envisioning, and they don't see any benefits or anything else behind the scenes or any stipulations in there, the program details." Informants who support MAT/MOUD describe experiences (including their own) where medication such as buprenorphine (Subutex) or methadone has been an important part of a person's recovery. One informant said, "I'm an

OBOT patient…since January 2018. I'm down to where I take 1mg [of buprenorphine] a day, and that's been the hardest thing I've ever went through in my life is to go below that. But I know the program works. I've seen it work. I've been part of the working part of it." Informants who oppose MAT/MOUD say these medications are then selling it for others to use and using the money to buy other substances like methamphetamines or another opiate. One informant said, "A lot of people are misusing those drugs [buprenorphine or methadone]—either shooting them up or selling them for what they want. I don't allow those medicines in my facility—I see them as a crutch. There needs to be a stricter policy around those. Have a plan to be completely off [of suboxone, etc in so many months] instead of continuously upping the drug or it being okay to fail a drug test. That is a hindering problem. Not saying those meds don't work but I could name [very few] people." Finally, one informant noted there are public misperceptions about emergency medical services staff administering naloxone: Narcan has been advertised to the public as a lifesaver and to "wake them up". EMS does not give it to wake people up…We give a much lower dose because we're more focused on managing that airway. If you wake them up, there's increased risk of aspiration, vomitus and combativeness, self-danger, staff danger, bystander danger…I've seen that cause debates on the scene. Some people want us to give them more to wake them up, 'you're not doing your job.' "

No MAT/MOUD equivalent exists for methamphetamine use disorder. Two informants noted that there is no medication that can help address methamphetamine use disorder in the same way that medications such as buprenorphine, methadone and suboxone can support opioid use disorder. Methamphetamines are generally now perceived as the most prevalent drug type of choice in Mitchell County by most informants, and one wondered, "How do we treat methamphetamine use disorder? And [if you're using methamphetamine laced with fentanyl], do you or don't [you also have an opioid use disorder]?"

Precipitating factors that can lead to individual substance use. Two informants described precipitating factors for substance use, including unaddressed trauma in children and adults, loss of connection that young people may try to address through social media use, and lack of things for young people to do. One participant noted that adults who work with children and youth may not fully and appropriately respond when a child or young person discloses trauma (particularly sexual trauma) they have experienced, and this does not help.

Sources of the substances themselves. One informant noted that if one source of drugs in the community is "cut out," another one comes in. They also said they had heard of multiple situations where a hospice patient was given narcotics, and when they passed, the hospice group did not pick up the remaining narcotics.

Other:

- ***Systemic barriers***. One informant noted barriers within the system that get in the way of people in recovery or working toward recovery. These barriers include: "mandating…treatment, attending so many meetings each week, community service, probation appointments, and employment….that is a barrier, that is a stigma."

- ***Lack of child therapists***. One informant noted "we are horribly under-resourced in terms of child therapists in the county. There are two of us, and one of us is doing day treatment

in three counties so she's not able to see any outpatient patients….and there is no one to refer to if a child or teenager is in distress."

What's missing in Mitchell County that would help address substance use, including opioid use, in the community? What are the major gaps?

Informants described a range of ideas and strategies that could do better to address substance use.

More treatment options and resources designed for Mitchell County. These include local rehabilitation and residential treatment facilities, inpatient and outpatient treatment that are offered at a greater variety of locations and times, and mandated detox and treatment. They also include more mental health providers, including for young people. One informant said these need to be "local programs that actually work HERE…something that's going to work for OUR community."

More peer support. Multiple informants said support from peer support specialists, peer recovery groups, and other peer-based resources and mentors are needed. One said peer support is needed in the emergency department, in Department of Social Services (DSS) offices and at the Sheriff's Department. One participant said some form of accountability for people who use substances is also needed.

Support for mothers and children. Two informants noted the need to provide 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. Another noted a program in Rutherford County that allowed mothers in rehab to have their children with them, and that "if Mom was able to have her baby with her, that was a huge motivator for her to attend."

Housing. Multiple informants said housing—including transitional (or "halfway") housing, emergency housing, and long-term housing—is very important. One informant said, "When I got out of prison…housing would have been #1, transportation #2, job #3 [priorities]….If you don't have somewhere to sleep, you're not looking for a job." One informant noted existing infrastructure resources that are not being used, including the old middle school building, and wondered if it could be used for housing or a rehab facility.

Transportation. Multiple informants said transportation is also an important gap. One said the need for emergency or on-call transportation is important and should be available outside "regular" work hours: "Addiction [and emergencies don't] stop at quitting time."

Support for other basic needs. These include 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." One informant named the importance of addressing poverty, and another described the need for "redemptive support" that doesn't continue to punish people with past criminal history. One informant said, "Right now I'm ineligible for food or housing assistance with the state, not because of my income, but because of the level of felony that I've

been convicted of. It does not matter that I have been sober for almost 13 years, [that] I have guardianship of a child that the state gave me. I'm not eligible for financial support through the foster care system because I'm not eligible to be a foster parent. But I am approved to support [the child] on my own dime. Our system is so broken."

Effective messaging and outreach. Several informants emphasized the need for clear, easy-to-understand information for the community about what addiction is, what strategies work, and how they will help (and not "enable") the "problem." Other informants described the need for more efforts to communicate what resources ARE available (for example, through a resource list).

Greater visibility and support for recovery. Some informants described the need for a broader range of recovery "paths"—for example, more group sessions, including groups that are not faith-based. Two informants said it is important to raise the visibility of recovery in the community to offer hope and connection for people experiencing addiction and their families. One informant noted that 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 and say 'hey, look how these people got sober?" This could all be supported by hosting 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.

Prevention-focused efforts. Several informants described the need to address root causes of the factors that can lead to substance use, as well as possible ways to prevent or address those causes. These include: implementing public health interventions around safe touch, particularly for students and in schools; limiting screen time for young people to reduce overstimulation and support meaningful engagement and connection. One informant said they don't understand what is leading people (particularly young people) to begin using substances.

Funding. One informant who operates a community-based residential program described visions and plans for the program but said lack of funding is a limitation. Another informant described the general need for financial resources to support efforts.

Other things that are missing. Several informants described other things that are missing that would help address substance use in Mitchell County. These include:

- ***Pretrial monitoring services*** (for example electronic monitoring), which would allow people with a substance-related crime to remain in the community to participate in treatment, etc while awaiting a court date, rather than remaining in jail.
- ***Prescription turn-in locations*** that allow anonymity. One informant noted, "with the beliefs around here, they don't want to be associated with [prescription drug misuse] even if they are a user or they're not a user, they don't want to have that image on them."

Who else has a role to play in addressing substance use, particularly opioid use, in Mitchell County?

Several informants described how they see their organization/agency's role in addressing the issue:

- Law enforcement's available tool to support efforts is diversion through enforcement of existing laws "to try to at least get them into the system…because the courts have a whole lot more tools than we do [as far as assessment and referral to treatment]. It's not street-level successes for us. I have never seen someone I've dealt with who has pulled themselves out. It has always been a result of them going through the court system and having some responsibility placed upon them in order to maintain a free person."
- Emergency medical services "are considered the interventionists, the reactions to a certain event. I do not think our roles/responsibilities have to stop there—we can be a mediator of information (handouts, a resource list of what's going on. We are developing a community paramedicine program—they can go do SU follow-ups, help with Narcan distribution. We can play a bigger role, and our team would definitely be open to that."

Informants also noted a range of organizations, agencies, groups, and others in the community who have a role to play in addressing substance use locally.

- Healthcare, including:
    - Hospital
    - RHA
    - First responder groups
    - Therapists and counselors
    - Dr's offices (where a lot of prescriptions are coming from)
    - Pharmacies: have information that could be helpful, of course distribution of Narcan when meds are picked up, anonymous dropbox location…that would be a trusted location for dropoff
        - Walmart pharmacy
        - Ingles
        - CVS behind McDonald's
        - Roan Mtn Pharmacy (Bakersville)
        - Pharmacy below the hospital
- Whole judicial system (falls with us)
- The school system, including the school board and school system—prepare kids for a life outside of the school system, when they need to be part of the functioning world; offer prevention support
- Local churches needs to step up
- Nonprofits: MYSATF and SEARCH, the info they have and also the networks they have to get information out there.
- Hospice groups
- Local government and County officials

        - Law enforcement (grass roots/frontline impact)
        - DSS
        - Health Department
    - The whole community
    - Mitchell County Recovery Ministries (Celebrate Recovery and Never2Scarred).
    - The Mitchell County Steering Committee can help gauge community response to specific strategy ideas
    - People who use drugs

Appendix D: Question Guide and Interview Script, Key Informant Interviews

Script: My name is _____, and I work with WNC Health Network, a regional nonprofit that is supporting opioid planning efforts in Mitchell County. We are supporting an assessment process sponsored by Mitchell County government to inform planning for how the county's opioid settlement funding will be used. This assessment process will look at existing data about substance use in Mitchell County, and will also gather additional information from key informants like you to better understand what is helping and what is hurting efforts to address substance use prevention, treatment, recovery, and harm reduction locally. This process is funded by Dogwood Health Trust and is being guided by a steering committee of local government and community organization staff. There are also plans for a broader, parallel community engagement effort to invite people from across the county who have direct experiences around substance use and opioid use to share their stories and help make sense of what those stories mean for planning efforts.

The information from this interview will be combined into a summary with information from other similar interviews and included in an assessment report. This report will help partners and decision makers in Mitchell County better understand this issue and select strategies to improve how we address substance use prevention, treatment and recovery. It may also be shared with the state and also with other local, regional, and statewide organizations and agencies.

I won't share your name or title in any notes or summaries from our conversation. However, I may identify the sector you work in [*name the sector, e.g., law enforcement, etc*] to the extent it helps clarify the unique perspectives you will share.

By participating in this interview, which should take less than an hour, you are consenting to the information you share being used in the way I just described. Do you have any questions?

Today I'm interested in hearing your specific, unique perspective in your current role as _____. Let's get started!

1) Tell me a bit about substance (specifically opioid) use in Mitchell County.

a. Who is most affected?
b. For folks who use substances, who or where are they going for help? These might be services offered by a clinic or other organization, their kin or neighbors, friends, or someone/somewhere else.
c. Prompt if needed for prevention, harm reduction, treatment, recovery
d. [FOR PROVIDERS] What does utilization of existing substance use services and resources look like? What do you see as far as engagement, completion, challenges/barriers people face to completing a program, reasons for entering treatment (e.g., court-ordered, etc), etc?
e. [FOR CRIMINAL JUSTICE and PROVIDERS] What are you and your staff experiencing as you engage with people who use substances in the community?
f. [FOR SOCIAL SERVICES STAFF] How are families in Mitchell County affected?

g. Why are you/your organization/agency involved with efforts to address it?

2) What is <u>contributing</u> to progress on this issue within your (role, organization, sector)? Think about things that touch on any point in the spectrum from prevention, harm reduction (which reduces the negative consequences associated with drug use), treatment, and recovery.

a. Existing services and resources
b. Political and cultural factors
c. Community attitudes or opinions
d. Other

3) What is getting in the way of progress on this issue within your (sector, organization, role)? Again, think about things that touch on any point in the spectrum from prevention, harm reduction (which reduces the negative consequences associated with drug use), treatment, and recovery.

a. Existing services and resources
b. Political and cultural factors
c. Community attitudes or opinions
d. Other

4) What's missing in Mitchell County that would help address substance use, including opioid use, in the community? What are the major gaps?

a. Gaps in services and resources?
b. What could work to do better?
c. You've named [X,Y,Z] as things that could work to do better around this issue. Which of these are the MOST important to address?

5) What do you see as your/your agency's/organization's role (if any) in addressing substance use, particularly opioid use, in your county?

6) *[IF TIME]* Who else has a role to play in addressing this issue in Mitchell County?

Closing: Thank you so much for your time. If you are interested, I am happy to share a summary of the key findings from these interviews with you—they should be available within a couple months. If you have any questions or anything else you'd like to add to our conversation after today, feel free to contact me by email.

Appendix E: What's Already Happening in Mitchell County to Address Substance Use?

This appendix includes several lists of existing initiatives, services, and resources to support substance use prevention, harm reduction, treatment, and recovery in Mitchell County.

2021 Mitchell County Community Health Assessment

"Current Actions" listed in the 2021 Mitchell County Community Health Assessment to address "mental health, substance abuse and domestic violence:"

- MYSATF
- Blue Ridge Partnership for Children, especially their focus on children 5 and under
- Faith-based outreach efforts
- Drug education in schools
- SafePlace programs, including Safe Dates curriculum in schools
- PATH: Home Remedies, Drug Free Communities grant, STOP grant
- NC Opioid Settlement funding
- Appalachian Youth to Youth
- Celebrate Recovery at Bear Creek Baptist Church
- NC Cooperative Extension
- Local medical clinics with multi-disciplinary approach
- YMCA Healthy Living programs
- New initiatives can make a small scale difference but long-term commitments need to be made in order to make a bigger impact.

Other existing local initiatives previously described include:

- PATH, Home Remedies and other programs
- Drug Free Communities grant funding
- Drug Treatment Court (MRJC Collaborative w/ Justice System)
- Harm reduction services (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021)

PATH Substance Abuse and Mental Health Resource Guide

The PATH Substance Abuse and Mental Health Resource Guide includes an extensive compendium of existing services and supports available to Mitchell and Yancey Counties, including behavioral health urgent care/crisis hotlines; substance use services (counseling, treatment, diversion services); peer support/support groups; mental health services (counseling/therapy and treatment); youth and adolescent services (counseling/therapy and treatment); alternative and complimentary treatments; Spanish-speaking/bilingual service

providers; and other resources (legal aid, advocacy, financial, transportation, web). This resource was last updated in 2021 and is available on the PATH website: https://pathwnc.org/.

Mitchell-Yancey Substance Abuse Task Force

The following list was generated during a meeting of the Mitchell-Yancey Substance Abuse Task Force and requested by the AMY Wellness Foundation.

What is <u>already happening</u> in support of the MYSATF mission? *(Adapted to be Mitchell-specific)*
(Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021)

Prevention

Youth-focused prevention education and awareness-raising

- Education and resources (including SU education in all middle-high school classes AND community education). This includes Appalachian Youth to Youth and Cougar Fit Club afterschool programming
- Red Ribbon Week - SU awareness/drug prevention activities and speakers at Mitchell and Yancey middle and high schools
- "Catch My Breath" vaping education for schools and other partners
- White House Drug Policy Grant – Drug Free Communities grant to address prevention of substance misuse among youth

Resources and support for parents and families

- Happening: Parent education classes to build secure/attached relationships between caregivers and children - low attendance
- Also happening re: parent education through Cooperative Extension portal - Circle of Security classes to build secure attachment. Attendance is building.
- 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
- Happening: Empowering Youth and Families Program (being provided through Cooperative Extension) – building communication skills and substance misuse education for middle school youth and their families. Need more involvement in the program.

Drug Diversion Prevention and Take-Back Initiatives

- Lock Your Meds campaign & medication lock boxes
- 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
- Summer Food Program - Task Force provides free medication lockboxes, safe medication disposal packets and other materials to families through this initiative

Public/community-focused education and awareness-raising

• Home Remedies: Community Options Addressing Pain and Stress – initiative presenting strategies and resources to reduce opioid use for pain relief through complementary health practices. Online learning portal. • 2021 Substance Abuse and Mental Health Resource Guide - contains valuable substance use and mental health resources located within Mitchell and Yancey counties as well as regional resources for services that are not available within the two counties. • Mitchell County Communities Talk Town Hall on Vaping and Underage Drinking • "Sticker Shock" Campaign
Harm Reduction
• Naloxone kit distribution • Safe needle disposal initiative • 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
Treatment
• Education and resources • Outpatient MH / Primary Care / Collaborative Care/ Behavioral Health/ SUD/ School based out-patient for Mitchell/ Peer support for people with SUD/ Integrated Behavioral Health (MH/SUD) (MCHP) • RHA Recovery/Treatment Services (Mobile Crises, Therapy, Med management, SAIOP, Crises linkage to services, mental health services, outpatient and enhanced services, peer support) • Project CARA (MAHEC)MAT (Hot Springs) • Happening: virtual care integrated psych/MSUD care via Eleanor Health • Happening: MCHP-Spruce Pine and BRMC- Yancey MOUD
Recovery
• Celebrate Recovery at Bear Creek Baptist and Higgins Memorial UMC • Hope 4 Mitchell County through First Baptist Spruce Pine • MY Community Cares Summit and Recovery Celebration • AA

2020 Mental Health AMY Wellness Foundation Regional Convening

The following list was generated by participants in a regional convening event focused on mental health and hosted by the AMY Wellness Foundation in 2020. Participants identified things that are already happening in Avery, Mitchell, and Yancey Counties to address mental health (AMY Wellness Foundation, 2020). *Note: This list is not intended to be a comprehensive directory of services and resources.*

What Is Happening?	Who Is Doing It?
Age & Stage of Life Specific Support	
Cougar Fit Club & Appalachian Youth-to-Youth (youth mentoring, coping skills, resiliency)	MYSATF & PATH
College/career counseling	Mayland Community College
Peer support	MAHEC
Academic & disability assistance	Mayland Community College
Circle of Parents - parent support groups offering resources to support children's optimal development	Blue Ridge Partnership for Children
Mental health services	Mitchell and Yancey Juvenile Crime Prevention Councils
Mental health screening for pre-schools/ developmental screenings/ parent training and parent support for enrolled children	Head Start/ ICS
Clinical services for children and adolescents	A Caring Alternative; School Based Therapy; Day Treatment Services
Support to families of children with special needs – birth to 18	Parent to Parent Family Support Network of the High Country
Age and stage and other parenting supports	Blue Ridge Partnership and other agencies (Cooperative Extension, RHA, etc.)
Triple P	MAHEC
Work Force Development/Education	MAHEC
Home Remedies - Community Options for Addressing Pain and Stress (without substances or stigma)	Mitchell Yancey Substance Abuse Task Force (MYSATF) & Partners Aligned Toward Health (PATH)
Second Wind: A peer-support group mentored by loving adults for those who have aged out of foster care	Under One Sky
Addressing social isolation and loneliness	Mitchell County Senior Center
Senior Transportation	MY Neighbors
School-Based Services and Supports	
School based therapy and child day treatment	A Caring Alternative, Mountain Community Health Partnership
School mental health counselors	School system
School based health care	CRHI/Health-e-Schools, Yancey Health Department
Connecting People to Resources	
Transportation to mental health counseling, therapy sessions, in our county and as far away as Asheville, Boone, or neighboring counties	Mitchell County Transportation

Educating the community on available mental health resources and advocating for more resources	MYSATF & PATH
Substance Abuse and Mental Health Resource Guide	PATH
Referrals and assistance	AAA
Connecting to resources	MY Neighbors, 211, NCCARE360
Connecting People to Information	
Substance use education in all middle/high school classes	MYSATF & PATH
Community education	MYSATF & PATH
Adverse Childhood Experiences (ACEs) trainings and follow-up	Blue Ridge Partnership for Children
One on one, individualized support from staff for families who have a child with a disability, emotional/behavioral concerns, significant health issues and families who have had the death of a child	Parent to Parent Family Support Network-High Country
System to "match" families one-on-one for emotional support and information	Parent to Parent Family Support Network-High Country
Building Community & Community Conversations	
Healthy Yancey and Mitchell Yancey Substance Abuse Task Force	PATH
Sizzlin' Summer Series (building community connections)	PATH
Friendsgiving: An annual feast for the Under One Sky family of current participants and alumni	Under One Sky
Jr. Journey Camp: A year-long program for youth in foster care to provide a mentoring community of support (for youth ages 7-11)	Under One Sky
Journey Camp: A year-long program for youth in foster care to create a mentoring community of support (for youth 11-17)	Under One Sky
Addressing stigma of mental health and substance use with community/professionals (OPEN, Community Town Halls/conversations, etc.)	MYSATF & PATH
Work-together days	Dig In!
Experiential Programs/Activities for Youth	
"The Grandfather Challenge" hiking program for at-risk youth	The Jason Project, Inc./ "The Grandfather Challenge"
Rites of Passage: A year-long program to honor and guide older youth in foster care as	Under One Sky

they begin their transition to adulthood (youth ages 15-17)	
"Appalachian Trailblazers" hiking program for at-risk youth.	The Jason Project, Inc./ "The Grandfather Challenge"
Junior Journey Experience, for youth in foster care ages 7-12	Under One Sky Village Foundation
Journey Experience, for youth in foster care ages 13-17	Under One Sky Village Foundation
Cougar Fit Club & Appalachian Youth-to-Youth (youth mentoring, coping skills, resiliency)	MYSATF & PATH
Youth gardening programs	Dig In!
Mountain Challenge (Yancey)	Cooperative Extension
Training and Advocacy on Adverse Childhood Experiences (ACEs) & Resiliency	
Trauma Resiliency Training	Crossnore School & Children's Home
Adverse Childhood Experiences and Resiliency advocacy work	PATH
Cougar Fit Club & Appalachian Youth-to-Youth (youth mentoring, coping skills, resiliency)	MYSATF & PATH
Cougar Fit Club (youth mentoring, coping skills, resiliency)	MYSATF & PATH
Trauma and Resilience Training for organizations and collaborations	Crossnore School & Children's Home
Health-e-Schools school-based telehealth program	The Center for Rural Health Innovation
Project CARA/Trauma Training	MAHEC/Mission (Spruce Pine)
Clinical Services	
Collaborative Care	MAHEC
Supportive Counseling Services for Students	Mayland Community College
Outpatient Clinical Services	Crossnore School & Children's Home
Telepsychiatry	MAHEC
Medication Management (Child and Adolescent Certified Psychiatrist	Crossnore School & Children's Home
Complex Care Management	Vaya Health MCO
Inpatient Behavioral Health services 10 beds 18-64 years	Charles A. Cannon Jr Memorial Hospital
Crisis services for internal Emergency Dept and ARHS physician offices	Charles A. Cannon Jr Memorial Hospital
Outpatient Behavioral Health services, child - geriatric	Charles A. Cannon Jr Memorial Hospital

Outpatient behavioral health	Appalachian Regional Behavioral Health
Inpatient behavioral health	Appalachian Regional Behavioral Health
Crisis triage for ARHS (ED and physician offices)	Appalachian Regional Behavioral Health
MAT	Hot Springs
Outpatient MH / Primary Care / Collaborative Care/ Behavioral Health/ SUD/ School based out-patient for Mitchell/ Peer support for people with SUD/ Integrated Behavioral Health (MH/SUD)	Mountain Community Health Partnership (MCHP)
Psychological Services	ACAPS
Mobile Crises, Therapy, Med management, SAIOP, Crises linkage to services, mental health services, outpatient and enhanced services, peer support	RHA
Individual/ Family outpatient	Numerous LPC/LCWS in private practice
Accepts people with mental health challenges	Blue Ridge Regional Hospital
Funding/Grants	
People in Need grant program	Community Foundation of WNC
Yancey Fund grant program	Community Foundation of WNC
Fund for Mitchell County grant program	Community Foundation of WNC
Mental Health Field of Interest funds	Community Foundation of WNC
AMY grants for mental health issues	AMY
Collaborative Community Groups/Coalitions	
Mitchell Yancey Substance Abuse Task Force	Toe River Health District and PATH
Yancey Alliance for Young Children (YAY Children!)	Blue Ridge Partnership for Children
New collective impact project with a focus on parenting support and education (in development/design phase)	Blue Ridge Partnership for Children
Juvenile Crime Prevention Council (JCPC)	County/ State
Healthy Yancey	PATH
Summer food collaborations/garden share collaboration	TRACTOR Food and Farms, Reconciliation House, PATH, Dig In!
Care Management and In-Home Services	
Pregnancy Care Management/CC4C (Referrals)	Toe River Health District
Blue Ridge Healthy Families - intensive home visiting services with families of infants, offering protective factors to prevent abuse & neglect	Blue Ridge Partnership for Children

Intercept (Child and Family In-Home Services)	Youth Villages
Harm Reduction	
Harm Reduction through safe needle disposal sites, medication drop boxes, distribution of free NARCAN, distribution of free medication lock boxes, distribution of free safe medication disposal systems and sharps containers	MYSATF & PATH
Support Groups	
Celebrate Recovery	Bear Creek Baptist Church, Higgins Memorial United Methodist Church
AA	AA
Other Wraparound Supports and Supports to Meet Basic Needs	
Gardening education	Dig In!
Food access	Reconciliation House
Domestic violence shelter/Human trafficking	Our Voice, Oasis

Mitchell County Parks & Recreation Department Activities

The Mitchell Opioid Steering Committee was interested to know what activities are offered through the Mitchell County Parks & Recreation Department in support of offering Mitchell County residents alternative activities to substance use. Activities currently offered are:

- 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 - 6rh Grade)
- Summer Camps (Shuffler, 2023)

Appendix F: Mountain View Correctional Institution Referral List

The following list includes resources that Mountain View Correctional Institution refers people to who are re-entering the community, across a range of "life areas" including "sobriety," housing, transportation, employment, and others.

This list was provided by Lea Jones (Mountain View Correctional Institution) on March 22, 2023.

Life Area	Service Provider	Accept Sex Offenders?	Agency Web Site	Address	City	Zip	Contact Phone
Behavior	Community Corrections - Bakersville	YES	www.doc.state.nc.us/dcc	807 Bear Creek Road	Bakersville	28705	828-688-5971
	First At Blue Ridge	NO	www.firstinc.org	32 Knox Road	Ridgecrest	28770	828-669-0011
	Homeward Bound	NO	http://www.homewardboundwnc.org/	218 Patton Avenue	Asheville	28801	828-258-1695
	Mary Benson House	NO	www.arpnc.org	450 Montford Ave	Asheville	28801	828-252-5280
	NC TASC Services - Asheville	YES	www.drugfreenc.org	370 N. Louisiana Avenue	Asheville	28806	866-900-1960
	SWIMs Healing Place	YES	www.swimnetworkinc.com	403 Atlantic Avenue	Rocky Mount	27801	252-972-7946
Education	Carolina Trucking Company	YES	www.carolinatruckingacademy.com	3720 S. Wilmington Street	Raleigh	27603	919-329-0632
	Mayland Community College	YES	www.mayland.edu	200 Mayland Drive	Spruce Pine	28777	828-765-7351
	NC Works Career Center	YES	www.ncworks.gov	200 Maryland Drive	Spruce Pine	28777	828-766-1195
	Vocational Rehabilitation - Boone Unit	YES	www.dvr.dhhs.state.nc.us	245 Winklers Creek Road	Boone	28607	828-265-5396
Employability	DMV - Burnsville	YES	www.ncdot.gov/dmv	116 W. Main Street	Burnsville	28714	828-682-9619
	DMV - Spruce Pine	YES	www.ncdot.gov/dmv	138 Highland Avenue	Spruce Pine	28777	828-766-7649
	First At Blue Ridge	NO	www.firstinc.org	32 Knox Road	Ridgecrest	28770	828-669-0011
	GED Office - NC Community College Syst	YES	www.nccommunitycolleges.edu	5016 MSC	Raleigh	27699	919-807-7139
	Mitchell County Clerk of Court	YES	www.nccourts.org	328 Long View Drive	Bakersville	28705	828-688-5100
	NC Vital Records Office	YES	www.vitalrecords.nc.gov/vitalrecords	225 N. McDowell Street	Raleigh	27603	919-733-3526
	Social Security - Asheville	YES	www.ssa.gov	800 Center Park Drive	Asheville	28805	866-572-8361
	SWIMs Healing Place	YES	www.swimnetworkinc.com	403 Atlantic Avenue	Rocky Mount	27801	252-972-7946
	Vocational Rehabilitation - Boone Unit	YES	www.dvr.dhhs.state.nc.us	245 Winklers Creek Road	Boone	28607	828-265-5396
	Housing Authority - Spruce Pine	NO	www.hud.gov	11 Fairground Street	Spruce Pine	28777	828-765-9182
	Mitchell County DSS	YES	www.ncdhhs.gov/dss	347 Long View Drive	Bakersville	28705	828-688-2175
	Social Security - Asheville	YES	www.ssa.gov	800 Center Park Drive	Asheville	28805	866-572-8361
	United Way of Mitchell County	YES	www.unitedwayofmitchellcounty.org	31 Cross Street, Suite 210	Spruce Pine	28777	828-765-7724
	Veterans Affairs - Regional Office	YES	www.va.gov	251 N. Main Street	Winston Salem	27155	800-827-1000
	Veterans Services - Bakersville Office	YES	www.doa.nc.gov/vets	130 Forest Service Drive	Bakersville	28705	828-688-2200
	Vocational Rehabilitation - Boone Unit	YES	www.dvr.dhhs.state.nc.us	245 Winklers Creek Road	Boone	28607	828-265-5396
Housing	High Country Council of Governments	NO	www.regiond.org	468 New Market Blvd	Boone	28607	828-265-5434
	Social Security - Asheville	YES	www.ssa.gov	800 Center Park Drive	Asheville	28805	866-572-8361
	SWIMs Healing Place	YES	www.swimnetworkinc.com	403 Atlantic Avenue	Rocky Mount	27801	252-972-7946
	Veterans Affairs - Regional Office	YES	www.va.gov	251 N. Main Street	Winston Salem	27155	800-827-1000
	Veterans Services - Bakersville Office	YES	www.doa.nc.gov/vets	130 Forest Service Drive	Bakersville	28705	828-688-2200
	Vocational Rehabilitation - Boone Unit	YES	www.dvr.dhhs.state.nc.us	245 Winklers Creek Road	Boone	28607	828-265-5396
	WAMY Community Action, Inc.	YES	www.wamycommunityaction.org	225 Birch Street, Suite 2	Boone	28607	828-264-2421

Legal	High Country Council of Governments	NO	www.regiond.org	468 New Market Blvd	Boone	28607	828-265-5434
	Mitchell County DSS	YES	www.ncdhhs.gov/dss	347 Long View Drive	Bakersville	28705	828-688-2175
	Social Security - Asheville	YES	www.ssa.gov	800 Center Park Drive	Asheville	28805	866-572-8361
	SWIMs Healing Place	YES	www.swimnetworkinc.com	403 Atlantic Avenue	Rocky Mount	27801	252-972-7946
	United Way of Mitchell County	YES	www.unitedwayofmitchellcounty.org	31 Cross Street, Suite 210	Spruce Pine	28777	828-765-7724
	Veterans Affairs - Regional Office	YES	www.va.gov	251 N. Main Street	Winston Salem	27155	800-827-1000
	Veterans Services - Bakersville Office	YES	www.doa.nc.gov/vets	130 Forest Service Drive	Bakersville	28705	828-688-2200
	Vocational Rehabilitation - Boone Unit	YES	www.dvr.dhhs.state.nc.us	245 Winklers Creek Road	Boone	28607	828-265-5396
	WAMY Community Action, Inc.	YES	www.wamycommunityaction.org	225 Birch Street, Suite 2	Boone	28607	828-264-2421
Life Skills	First At Blue Ridge	NO	www.firstinc.org	32 Knox Road	Ridgecrest	28770	828-669-0011
	Homeward Bound	NO	http://www.homewardboundwnc.org/	218 Patton Avenue	Asheville	28801	828-258-1695
	Mary Benson House	NO	www.arpnc.org	450 Montford Ave	Asheville	28801	828-252-5280
	SWIMs Healing Place	YES	www.swimnetworkinc.com	403 Atlantic Avenue	Rocky Mount	27801	252-972-7946
	United Way of Mitchell County	YES	www.unitedwayofmitchellcounty.org	31 Cross Street, Suite 210	Spruce Pine	28777	828-765-7724
	WAMY Community Action, Inc.	YES	www.wamycommunityaction.org	225 Birch Street, Suite 2	Boone	28607	828-264-2421
Mental Health	Homeward Bound	NO	http://www.homewardboundwnc.org/	218 Patton Avenue	Asheville	28801	828-258-1695
	NC TASC Services - Asheville	YES	www.drugfreenc.org	370 N. Louisiana Avenue	Asheville	28806	866-900-1960
	Veterans Affairs - Regional Office	YES	www.va.gov	251 N. Main Street	Winston Salem	27155	800-827-1000
	Veterans Services - Bakersville Office	YES	www.doa.nc.gov/vets	130 Forest Service Drive	Bakersville	28705	828-688-2200
	Vocational Rehabilitation - Boone Unit	YES	www.dvr.dhhs.state.nc.us	245 Winklers Creek Road	Boone	28607	828-265-5396
	Western Highlands Network - LME	YES	www.westernhighlands.org	356 Biltmore Avenue	Asheville	28801	828-225-2800
Physical-Medical	First At Blue Ridge	NO	www.firstinc.org	32 Knox Road	Ridgecrest	28770	828-669-0011
	High Country Council of Governments	NO	www.regiond.org	468 New Market Blvd	Boone	28607	828-265-5434
	Mary Benson House	NO	www.arpnc.org	450 Montford Ave	Asheville	28801	828-252-5280
	Mitchell County DSS	YES	www.ncdhhs.gov/dss	347 Long View Drive	Bakersville	28705	828-688-2175
	Mitchell County Health Department	YES	www.trhd.dst.nc.us	130 Forest Service Drive	Bakersville	28705	828-688-2371
	Social Security - Asheville	YES	www.ssa.gov	800 Center Park Drive	Asheville	28805	866-572-8361
	Veterans Affairs - Regional Office	YES	www.va.gov	251 N. Main Street	Winston Salem	27155	800-827-1000
	Veterans Services - Bakersville Office	YES	www.doa.nc.gov/vets	130 Forest Service Drive	Bakersville	28705	828-688-2200
	Vocational Rehabilitation - Boone Unit	YES	www.dvr.dhhs.state.nc.us	245 Winklers Creek Road	Boone	28607	828-265-5396
Sobriety	First At Blue Ridge	NO	www.firstinc.org	32 Knox Road	Ridgecrest	28770	828-669-0011
	Mary Benson House	NO	www.arpnc.org	450 Montford Ave	Asheville	28801	828-252-5280
	NC TASC Services - Asheville	YES	www.drugfreenc.org	370 N. Louisiana Avenue	Asheville	28806	866-900-1960
	North Carolina Harm Reduction Coalition	YES	http://www.nchrc.org	1005 Slater Road, Suite 330	Durham	27709	336-543-8050
	Vocational Rehabilitation - Boone Unit	YES	www.dvr.dhhs.state.nc.us	245 Winklers Creek Road	Boone	28607	828-265-5396
	Western Highlands Network - LME	YES	www.westernhighlands.org	356 Biltmore Avenue	Asheville	28801	828-225-2800

Transportation	First At Blue Ridge	NO	www.firstinc.org	32 Knox Road	Ridgecrest	28770	828-669-0011
	Mary Benson House	NO	www.arpnc.org	450 Montford Ave	Asheville	28801	828-252-5280
	Mitchell County DSS	YES	www.ncdhhs.gov/dss	347 Long View Drive	Bakersville	28705	828-688-2175
	Mitchell County Transportation Authority	YES	www.mitchellcounty.org/departments/transportation	Suite 1	Bakersville	28705	828-688-2139
	SWIMs Healing Place	YES	www.swimnetworkinc.com	403 Atlantic Avenue	Rocky Mount	27801	252-972-7946

Appendix G: References

American Community Survey. (2021). *2015-2019.*

AMY Wellness Foundation. (2020). *Regional Convenings Summary Report.* Retrieved July 15, 2022, from https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:b6220856-1bad-4298-b6a3-2f4614d12950#pageNum=1

Block, S. (2023, May 11). Personal correspondence.

CDC. (2023). *North Carolina, High School Youth Risk Behavior Survey, 2021*. Retrieved from https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=NC

Cecil B Sheps Center. (2022). *North Carolina Hospital Discharge Data, 2020 Fiscal Year: Inpatient*. Retrieved from https://www.shepscenter.unc.edu/data/nc-hospital-discharge-data/descriptive-statistics/

Cecil G. Sheps Center for Health Services Research. (2023). *North Carolina Health Professions Data System*. Retrieved from Program on Health Workforce Research and Policy: https://nchealthworkforce.unc.edu/interactive/supply/

Dogwood Health Trust. (2021). Saving Lives from Substance Misuse: Funding Opportunity for Opioid Planning. Retrieved July 15, 2022, from https://dogwoodhealthtrust.org/wp-content/uploads/2022/01/DHT-Opioid-RFP1-5-22.pdf

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

HRSA. (2022). *Health Resources and Services Administration, Data By Geography (Yancey, NC).* Retrieved from Health Resources and Services Administration: https://data.hrsa.gov/geo

(2023, June). Key Informant Interviews. (o. b. WNC Health Network, Interviewer)

Mission Health. (2017). *Care Process Model: Perinatal Substance Exposure (PSE) in Newborns.* Retrieved April 30, 2019, from https://missionhealth.org/wp-content/uploads/2018/04/Perinatal-Substance-Exposure-CPM.pdf

Mitchell County Health Department. (2021). Mitchell County Community Health Assessment.

Mitchell County Schools. (2022). *Mitchell County Youth Risk behavior Survey Response Summary.*

Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation. (2021). *Summary Report: Addressing Substance Use/Misuse in the AMY Region.* Retrieved July 15, 2022, from https://acrobat.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Aab36c48e-ad5a-411a-a16b-0da3ce078d63#pageNum=1

Mountain Community Health Partnership. (2021). *Mitchell and Yancey Counties Perinatal Assessment.*

NC Board of Licensed Professional Counselors, License Verification. (2022). Retrieved from NC Board of Licensed Professional Counselors: https://portal.ncblpc.org/verification/search.aspx

NC DHHS. (2023). *NC Opioid Action Plan Dashboard.* Retrieved from https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/opioid-action-plan-data-dashboard

NC DHHS, Epidemiology, Communicable Disease, Hepatitis C. (2016). Retrieved from NC DHHS: https://epi.publichealth.nc.gov/cd/hepatitis/Region1and2_HepCAssessment102016.pdf

NC DHHS, Injury and Violence Prevention Branch. (2023). *County-Level Poisoning Tables*. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm

NC Office of State Budget and Management. (2000). Retrieved from Census 2000 County/ State Densities/ Areas: https://www.osbm.nc.gov/facts-figures/population-demographics/nc-census-data/census-2000-countystate-densitiesareas

NCDDHS, Div of Public Health. (2020). *County Overdose Slides.* Retrieved from https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/StatewideOverdoseSurveillanceReports/CountyOverdoseDeathSlides/yanceycountyoverdosedeathslides.pdf

NCDDHS, Div of Public Health. (2023). *County Overdose Slides.* Retrieved from https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/StatewideOverdoseSurveillanceReports/CountyOverdoseDeathSlides/yanceycountyoverdosedeathslides.pdf

NCDPH, Injury and Violence Prevention Branch. (2023). *Live Births 2016-2020.* Retrieved from NC DHHS: https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm

North Carolina Department of Commerce, Labor and Economic Analysis Division (LEAD). (2023). Retrieved from North Carolina Department of Commerce: http://d4.nccommerce.com/

North Carolina Department of Public Safety. (2022). *Offense and Sanction Data for Current Supervised Population (Yancey).* Unpublished.

North Carolina's Certified Peer Support Specialist Program. (2023). *North Carolina's Certified Peer Support Specialist Program.* Retrieved from North Carolina's Certified Peer Support Specialist Program: https://pss.unc.edu/data

Public Schools of North Carolina. (2022). Retrieved from Child Nutrition: https://childnutrition.ncpublicschools.gov/information-resources/eligibility/data-reports/data-reports

(2023). SEARCH Listening Sessions. (SEARCH, Interviewer)

Shuffler, G. (2023, April 13). Personal communication.

STD/Hepatitis Surveillance Unit, D. o. (2019). *2019 North Carolina Hepatitis B/C Surveillance Report.* Retrieved from HIV/STD/Hepatitis Surveillance Unit, Division of Public Health, North Carolina Department of Health and Human Services: https://epi.dph.ncdhhs.gov/cd/stds/figures/hep19rpt.pdf

Substance Abuse and Mental Health Services Administration. (2023). Retrieved from Buprenorphine Practitioner Locator: https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator

Tallman, E. (2022). *Substance Misuse in WNC: Single and Polysubstance ED Visits.*

U.S. Attorney's Office, Western District of Washington. (2022, July 15). *Reentry program*. Retrieved from https://www.justice.gov/usao-wdwa/reentry-program

U.S. Centers for Medicaid and Medicare Services, National Provider Identifier (NPI) Registry. (2022). Retrieved from U.S. Centers for Medicaid and Medicare Services: https://npiregistry.cms.hhs.gov/

United States Census Bureau. (2022). Retrieved from https://data.census.gov/

United States Census Bureau. (2023). Retrieved from https://data.census.gov/

US Health Resources and Services Administration, Bureau of Primary Health Care. (2023). *Health Center Data*. Retrieved from https://data.hrsa.gov/tools/data-reporting/program-data?grantNum=H80CS24141

VAYAHealth. (2023). *Mitchell County Dashboard.*

WNC Health Network. (2021). *Online Key Informant Survey.* Unpublished.

WNC Health Network. (2021). *WNC Healthy Impact Community Health Survey*. Retrieved from https://www.wnchn.org/wnc-data/regional-data/

Yancey County EMS. (2021). *Yancey County EMS Dispatch, Calls for Overdose, 1/1/21-12/31/21*.