

Yancey County Opioid Planning Needs Assessment Report

JULY 2022



Table of Contents

Background and Methodology	4
Summary of Findings	6
Burden of Substance Use Disorder/Opioid Use Disorder in Yancey County	6
General Demographics	7
Total Population Size	7
Breakdown of Age	8
Breakdown of Race/Ethnicity	8
Percent of Population with Health Insurance Coverage.....	9
Percent of Population Living Below the Federal Poverty Line, and Percent of Population who are Unemployed	9
Incidence and Prevalence of Substance Use Disorder/Opioid Use Disorder (SUD/OD)	10
Number of SUD/OD Hospitalizations and/or Emergency Department Visits	11
Special/Vulnerable Groups Within Yancey County	13
Number of Neonatal Abstinence Syndrome (NAS) Occurrences in the Rural Service Area ...	14
Service System: Availability and Access to Existing SUD/OD-Related Prevention, Treatment, Harm Reduction and Recovery Support Services	14
Number and Location of Mental Health Providers	15
Number and Location of Providers with MAT Waivers	16
Number of Syringe Service Programs (SSPs).....	17
What is getting in the way of efforts to address substance use in Yancey County?	17
What’s helping to address substance use in Yancey County?	25
What is already happening to address substance use in Yancey County?	28
What could work to do better?	28
Conclusion	37
Recommendations for Additional/Future Data Collection	37
Appendix A: Yancey County Opioid Needs Assessment Steering Committee.....	38
Appendix B: Methodology	39
Appendix C: Listening Session Summary	41

Appendix D: Key Informant Interview Summary.....	47
Appendix E: Question Guide and Interviewer Script, Listening Session with People in Recovery.....	54
Appendix F: Question Guide and Interview Script, Key Informant Interviews	57
Appendix G: What’s Already Happening in Yancey County to Address Substance Use? ..	59
Appendix H: References.....	67

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Background and Methodology

In 2021, Yancey 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). Yancey County government created a steering committee (Appendix A) to guide the initial needs assessment process with the overall result to create a synthesis of existing data related to substance use (particularly opioid use) in Yancey County. This report serves as that synthesis.

The needs assessment process was co-designed with the steering committee, who identified the overall guiding result. In addition to compiling and synthesizing existing data, the steering committee was also interested to learn more around the following questions:

- What does existing service/resource utilization in Yancey County look like? (Where are people in Yancey County going for various services?) Which existing programs are having the most impact? Why are some services not fully utilized?
- What is already happening in Yancey County to address substance use/misuse across prevention, treatment, recovery, and harm reduction? What resources and services are available to refer/connect people to? What are the gaps?
- Which employers (if any) are working with people around medication for opioid use disorder?

The above questions are not fully addressed through this initial needs assessment, and could be further explored during the planning process itself.

Data to inform the needs assessment was collected by reviewing and compiling data from existing data sets, conducting a listening session with people in recovery, and conducting key informant interviews with other key local partners and individuals. See the full methodology in Appendix B (Methodology).

Given the limited scope of this initial needs assessment, additional engagement of people (particularly people with lived experience) and other partners is strongly recommended throughout the planning phase.

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/OD),” 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 agree with the use of that term.

Note: This report aims to accurately depict the range of views and perceptions that were shared through the needs 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 in Yancey 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 Yancey County. In a 2021 regional key informant survey, 100 percent of respondents in Yancey County said substance “misuse” and mental health were “major problems” in the county—putting both of these issues at the top of the list of all possible health issues (WNC Health Network, 2021). The 2021 Yancey County Community Health Assessment (CHA) report identifies the following groups of people in the county as “most impacted” by issues connected to behavioral health (which includes substance use and mental health):

- Everyone. This issue cuts across the entire community.
- Children
- Middle and high school students
- Elderly
- Unemployed
- Anyone who has experienced trauma

(Yancey County Health Department, 2021)

Residents of Yancey County have experienced and continue to experience enormous social, health, and economic burden due to substance use, particularly due to opioid use and increasingly methamphetamine use (NC DHHS, Injury and Violence Prevention Branch, 2022). In fact, substance use has been named as a community health priority for approximately 13 years (2009, 2013, 2015, 2018, and 2021 Yancey County Community Health Assessments).

Substance use continues to have deleterious and far-ranging effects on the county’s population. When surveyed, 43 percent of Yancey County residents said their lives had been negatively affected by their own or someone else’s substance use, a slight decrease from 2018 (48%) (WNC Health Network, 2021). And while Yancey County residents are slightly less likely to have said that their lives have been negatively affected by their own or someone else’s substance use (43%) than the region (47%), they are much more likely to have reported using opiates/ opioids in the past year (with or without a prescription) (20%) than the region (13%) (WNC Health Network, 2021).

Yancey County also experiences significant medical and statistical life loss costs related to medication and drug fatalities. In 2020 alone, total medical costs related to drug-related deaths in Yancey County was \$66,452 (NCDDHS, Div of Public Health, 2020). The costs associated with total statistical life loss¹ was \$87,502,541 (NCDDHS, Div of Public Health, 2020), and together

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

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 171 residents have been diagnosed with chronic hepatitis C in Yancey County (as of 12/31/ 2019) and the rate of newly reported chronic hepatitis C cases per 100,000 persons was 68.1 in 2019, which was lower than the state rate (190.1) (STD/Hepatitis Surveillance Unit, 2019).

Key informants in law enforcement, behavioral health, and community-based social support services say that substances flow through the community in waves and trends, sometimes from within and sometimes from external sources (for both illegal and prescription drugs). A range of substances contribute to the issue in the county, ranging from methamphetamines to alcohol. There is a long history substance use-related issues in the county, including practices such as targeted overprescribing of opioids and how the vacuum that was created when overprescribing decreased shifted demand for other substances to take their place. Some participants also acknowledged an illegal market for substances used for medication assisted treatment (MAT) like methadone and suboxone (Key Informant Interviews, 2022). Listening session participants shared their perceptions that fentanyl, a synthetic opioid, has become increasingly prevalent, and that it, along with methamphetamines, are “bigger” issues in Yancey County than other types of opioids or other drug classes (Listening Session with People in Recovery, 2022).

Substance use can have wide-ranging impacts on people who use them, their families, and others in the community. Most key informants, particularly those connected to law enforcement agencies, perceived that as many as 90 percent of all legal cases have a connection to substance use. They also perceive that substance use-related cases in the community also impact victims of crimes and family members including children living in unsafe and unsupported environments. Most participants agreed that focusing on arrest and incarceration of individuals who use substances would be unlikely to solve the larger problem (Key Informant Interviews, 2022).

General Demographics

Total Population Size

Yancey 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).

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.

Table 1: Total Population Size

ACS 2016-2020 5-year Estimate	Yancey	North Carolina
Total Population	17,871	10,386,227

(United States Census Bureau, 2022)

Breakdown of Age

Youth (ages 5-17) comprise only 13.6 percent of the population, less than the statewide average (16.4%). Yancey County is one of the “older” counties in the state with 25.7 percent of the population over the age of 65 (Table 2). The median age in the county is 47.6 in 2019, 9 years older than the NC median age of 38.7 and one year older than the WNC Region (46.8) (United States Census Bureau, 2022).

Table 2: Target Population by Age

ACS 2016-2020 5-Year Estimate	Yancey	North Carolina
Age Group	% of Pop.	% of Pop.
5 to 14	10.2%	12.5%
15 to 17	3.4%	3.9%
18 and over	81.6%	77.8%
65 and over	25.7%	16.3%

(United States Census Bureau, 2022)

Breakdown of Race/Ethnicity

Yancey 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 2016-2020 5-Year Estimate	Yancey	North Carolina
Race/Ethnicity	% of Pop.	% of Pop.
White	96.4%	67.6%
Black or African American	0.6%	21.4%
American Indian/Alaskan Native	0.4%	1.2%
Asian	0.1%	3.0%

Native Hawaiian/other Pacific Islander	0.0%	0.1%
Other	0.4%	3.2%
2 or more	2.1%	3.6%
Hispanic/Latino	3.2%	9.5%

(United States Census Bureau, 2022)

Percent of Population with Health Insurance Coverage

The uninsured rate (12.5%) and Medicaid coverage rate (19.2%) in Yancey County are higher than the statewide average (10.7% and 18.6%, respectively). The percentage of residents receiving coverage through Medicare (28.9%) is significantly higher than the state average (18.0%) while the private insurance coverage rate (59.9%) is lower than the state average (67.5%) (Table 4).

Table 4: Insurance Coverage Rates and Sources

ACS 2016-2020 5-year Estimate	Yancey	North Carolina
% Medicaid	19.2%	18.6%
% Medicare	28.9%	18.0%
% VA	3.1%	2.9%
% Private	59.9%	67.5%
% Uninsured	12.5%	10.7%

(United States Census Bureau, 2022)

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

One in seven residents (14.7%) is living at or below 100 percent of the federal poverty level (Table 5), and approximately 41 percent of county residents are living under 200 percent of the federal poverty level (United States Census Bureau, 2022). Nearly twenty two percent (21.6%) of children under 18 in Yancey County are living below the federal poverty level, and more than half of all students (50.4%) are eligible for free or reduced lunch (United States Census Bureau, 2022) (Public Schools of North Carolina, 2021).

Table 5: Poverty and Unemployment Rates

	Yancey	North Carolina
% Income at or below 100% of Federal Poverty Level, ACS 2016-2020* 5-year Estimate	14.7%	14.0%
% Unemployed Rate annual unadjusted***	4.3%	4.8%

* (United States Census Bureau, 2022) and ** (North Carolina Department of Commerce, Labor and Economic Analysis Division (LEAD), 2022)

* Unemployment rates during the COVID-19 pandemic may be unstable and should be reviewed with caution.

Table 6: Top 3 Employment Sectors by County

Yancey
Manufacturing (29.7%)
Retail Trade (16.0%)
Healthcare & Social Assistance (13.0%)

(North Carolina Department of Commerce, Labor and Economic Analysis Division (LEAD), 2022)

Incidence and Prevalence of Substance Use Disorder/Opioid Use Disorder (SUD/OD)

Substance use, including opioid use, has a nearly ubiquitous negative impact on residents in the county. Nearly one in five Yancey County residents report using opiates or opioids in the past year, and approximately 43 percent of residents 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 (2018)	Yancey	WNC Region
% Used Opiates/Opioids in the Past Year, With or Without a Prescription	19.9%	12.5%
% Life Has Been Negatively Affected by “Substance Abuse” (by Self or Someone Else)*	43.2%	45.8%

(WNC Health Network, 2021)

* “Substance abuse” issues include “alcohol, prescription, and other drugs”.

The rate of opioid-related overdose deaths per 100,000 residents in North Carolina is on the rise, however due to small numbers the rate for Yancey County is unstable and has gone from 44.3 (n=8) to 11.1 (n=2) from 2020 to 2021 (Table 8).

Table 8: Opioid Overdose Data (2021)

Rate per 100,000 residents and number	Yancey	NC
Unintentional Overdose Deaths*	11.1 (n=2)	33.4 (n= 3,4993)
Illicit Opioid Overdose Deaths	100 (n=2)	78.2 (n=2,737)
ED visits that received an opioid overdose diagnosis	71.9 (n=13)	149.9 (n=15,720)

(NC DHHS, 2022)

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

Opioid prescribing activity remains high in Yancey County. In 2021, the rate of outpatient opioid pills dispensed per Yancey County resident was 16.6, higher than the statewide rate of 12.9 (Table 9). This is near 30 percent (29%) higher than the statewide rate (NC DHHS, 2022).

Table 9: Rate of Outpatient Opioid Pills Dispensed by County Per North Carolina Resident, 2021

Single Year (2021)	# Opioid Pills Dispensed per Resident
Yancey	16.6
North Carolina	12.9

(NC DHHS, 2022)

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

2011-2020 10-year Aggregate	Opioid	Commonly Prescribed Opioid Medications	Other or Synthetic Narcotics	Heroin	Stimulant	Cocaine
Yancey	30	21	8	3	12	4
NC	13,575	5,020	7,662	3,882	6,103	4,757

(NC DHHS, Injury and Violence Prevention Branch, 2022)

Note: Counts are not mutually exclusive. If the death involved multiple substances, it can be counted on multiple lines.

Number of SUD/OD Hospitalizations and/or Emergency Department Visits

No quality data on demand for treatment in Yancey County currently exists. However, proxy measures available that can begin to estimate level of demand could include: opioid-related emergency department (ED) visits (Table 11); the number of patients receiving buprenorphine (Table 12); the number of individuals served by treatment programs (Table 13), and the number of community-based opioid overdose reversals by EMS staff and community members (Table 14). An important consideration in assessing demand for treatment in rural communities is latent demand—communities that have never had SUD/OD services available at an appreciable level don't recognize it as something they could ask for.

Table 11: Opioid-Related Emergency Department Visits

2016-2020 5-Year Aggregate	Yancey	North Carolina
ED visits that received an opioid overdose diagnosis	26	29,882

2011-2020 10-Year Aggregate	Yancey	North Carolina
SUD/ OUD related hospitalizations	Opioid: 21 Prescribed Opioid Medications: 15 Other Synthetic Narcotics: 3 Stimulant: 2 Cocaine: 1	31,576

(NC DHHS, Injury and Violence Prevention Branch, 2022)

Table 12: MAT Provision (Patients Receiving Buprenorphine) (2021)

NC DHHS Opioid Action Plan	Yancey	North Carolina
Rate of patients receiving buprenorphine per 100,000 residents	1.6 (n=297)	.5 (n=52,468)

(NC DHHS, 2022)

Table 13: Individuals Served by Treatment Programs (2021)

NC DHHS Opioid Action Plan	Yancey	North Carolina
Rate of individuals served by treatment programs per 100,000 residents	691.8 (n=125)	368.5 (n=38,549)

(NC DHHS, 2022)

Table 14: EMS and Community-Based Naloxone Administrations (2021)

	Yancey	North Carolina
# EMS naloxone administrations [§]	29	*
# Community (lay person/ 1 st responder) naloxone reversals	6 [§]	4,152 ^{§§}

[§] (Yancey County EMS, 2021) and ^{§§} (NC DHHS, 2022)

**The state NC DHHS Opioid Action Plan Dashboard no longer provides data on EMS naloxone administrations.*

Special/Vulnerable Groups Within Yancey County

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).

Local data indicates that criminal justice system-involved individuals are at risk for SUD/OD. Substance use, including opioid and methamphetamine use, is high among criminal justice system-involved individuals, 104 of the total offender population (211 as of 5/5/22) or nearly 50 percent (49%) were ordered to obtain a “substance abuse assessment”. The most common offense (n=49) is possession of schedule II-controlled substance (e.g., Methamphetamine, cocaine, fentanyl, Vicodin, oxycodone, and Adderall) (North Carolina Department of Public Safety, 2022).

The Yancey County Drug Treatment Court (DTC) was established in November 2018 (Table 15). Yancey County DTC has served 43 individuals as of May 5th, 2022. There are currently 8 participants, 1 pending referral, and 10 individuals identified as ineligible/ inactive.

Table 15: Yancey County Drug Treatment Court

Clients Served	Yancey
Total Clients Served (as of 5/5/22)	43
Gender	47% Male, 53% Female
Age	Average age at initial screening – 36 years Median age – 34 years Age range – 20-59 years
Outcomes	9 graduates (38%), 14 unsuccessful discharge (58%), 1 transfer (4%)
Average program length to completion	483 days, or approx. 16 months
Average total cost per client	\$2100*

(Yancey County DTC, 2022)

* In 2020 the average cost per year for an individual to be housed by the NC Department of Adult Corrections was \$37,713.

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 is 45 minutes away from Burnsville, the county seat. Yancey County's rate of newborn hospitalizations associated with drug withdrawal syndrome is 284 percent higher than the statewide rate (Table 16) and has one of the higher newborn hospitalization rates in WNC.

Table 16: Newborn Hospitalizations Associated with Drug Withdrawal Syndrome in Yancey County (2015-2019)

2015-2019 5-year Aggregate	County Newborn Hospitalization Rate per 1,000 Live Births
Yancey	41.9
NC	10.9

(North Carolina Healthcare Association, 2020)

Findings from a recent 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 the following challenges, poverty and substance use disorders, noting 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)."

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

The WNC region, including Yancey County, has a significant shortage of mental health and substance use prevention, treatment, and recovery services that are accessible to all. Yancey 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). Nearly 20 percent (19.2%) of Yancey 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). This rate is slightly higher than WNC (18.8%) and represents a significant

gap in access. Additionally, approximately 30 percent of Yancey County residents do not “always/ usually” get the needed social/ emotional support they need, representing another gap in access for mental health (Table 17).

Table 17: Access to Mental Health Services

WNC Healthy Impact Community Survey (2018)	Yancey	WNC Region
% Unable to Obtain Needed Mental Health Services in Past Year	19.2%	18.8%
% “Always/Usually” Get Needed Social/Emotional Support	69.9%	70.0%

(WNC Health Network, 2021)

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/ODU 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. Overall, there is a notable shortage of most, if not all, types of these providers.

Note: Practitioners may not practice in the exact location or county in which they are registered.

Table 18: Psychiatry and Psychology Professionals

	Yancey
Psychiatrists	0
Psychologists	0
Psychological Associates	1

(Cecil G. Sheps Center for Health Services Research, 2022)

Table 19: Social Workers Specializing in Mental Health

	Yancey
Total Licensed Clinical Social Workers (LCSWs)	25
LCSWs who offer addiction services	2

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

Table 20: Professional Counselors with Substance Use Disorder Credentials

	Yancey
Total Active Licensed Professional Counselors (LPCs) [†]	8
LPCs who offer addiction services ^{††}	4

[†] (NC Board of Licensed Professional Counselors, License Verification, 2022) and ^{††} (U.S. Centers for Medicaid and Medicare Services, National Provider Identifier (NPI) Registry, 2022)

Table 21: Peer Support Specialists

	Yancey
Total Peer Support Specialists	4

(North Carolina's Certified Peer Support Specialist Program, 2022)

A total of 1 NHSC-approved site located within Yancey County (Table 22).

Table 22: NHSC Approved Sites

National Health Service Core Approved Sites	Yancey
# NHSC Approved Sites	1

(HRSA, 2022)

Number and Location of Providers with MAT Waivers

There are low numbers of physicians, nurse practitioners, clinical nurse specialists, certified nurse-midwives, certified registered nurse anesthetists, and physician assistants who have a DATA 2000 waiver to provide MAT services and are treating SUD/ODD patients in Yancey County (Table 23). As the table below indicates, there are only three providers (1 Physician, 1 Physician Assistant and 1 Nurse Practitioner) with waivers to provide MAT (buprenorphine).

Table 23: Providers with MAT Waivers (DATA 2000 Waivers)

	Yancey
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Total Providers with Buprenorphine Treatment Waivers¹	3 (1 Physician, 1 Physician Assistant and 1 Nurse Practitioner)
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(Substance Abuse and Mental Health Services Administration, 2022)

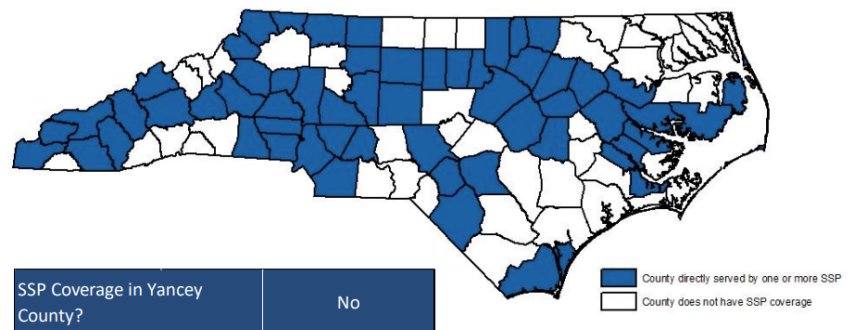
In North Carolina, data is not available by county for the total number of providers who have DATA 2000 waivers to provide MAT services and who are treating SUD/ODU patients. However, in 2019, 154 physicians statewide became newly certified to treat up to 30 patients using MAT, and 34 physicians became newly certified to treat up to 100 patients (Substance Abuse and Mental Health Services Administration, 2022).

Number of Syringe Service Programs (SSPs)

As of the most recent annual reporting period, 2020-2021 Yancey County and neighboring counties do not have access to any syringe service programs (SSPs).²

(NCDDHS, Div of Public Health, 2020)

Counties covered by Syringe Service Programs (SSPs)
Most Recent Year's Annual Reporting Period, 2020-2021



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

Listening session participants and key informants were asked about existing factors and conditions that get in the way of addressing substance use (including opioid use) in Yancey County. Their responses align with, and build on, “hurting” factors that have been identified through previous local conversations and processes. The factors identified here should be incorporated into a community-engaged planning process, and additional partners and community members should be invited to add to this list.

COVID-19. “The physical and mental health of the community has suffered throughout the COVID-19 pandemic. Many people in the county have lost loved ones to COVID-19 or are dealing with their own struggles with the virus. Social isolation has increased. Economic difficulties resulting from the pandemic ranged from lost jobs and reduced hours, to being more stressed at work or frustrated about working from home. Frustration resulting from rising prices,

² 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.

failing businesses, or cost-of-living increases, continues to be a challenge in Yancey County (Yancey County Health Department, 2021, p. 22).”

Overall, listening session participants noted that COVID has increased isolation and led to more return to use for some people, but has been helpful for other people for whom social interaction can be a trigger for substance use (Listening Session with People in Recovery, 2022) and (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021).

Barriers to recruiting and maintaining an adequate SUD workforce. Key informants said the current workforce to address substance use (including opioid use) is inadequate. This is often due to lack of funding to create adequate positions, as well as a lack of qualified professionals to fill positions that do exist. Many roles require advanced degrees, and there are few training programs nearby to grow the community of people with these degrees. Low wages for these positions in rural counties do not entice potential candidates. Key informants noted a multi-faceted burnout crisis among existing members of the substance use workforce. This includes service providers who interact with individuals in crisis in ways they are untrained to address because there is nowhere else for them to go. The field of substance use supports is frequently viewed negatively, and it can be difficult to recruit or retain individuals into what is seen as a struggling field (Key Informant Interviews, 2022). Previous local conversations reinforce the challenges around cultivating an adequate mental health/behavioral health workforce, identifying gaps that exist in efforts to address the mental health provider/workforce shortage, address provider turnover and burnout, recruitment, and compensation. Peer support could be one way to create more access (AMY Wellness Foundation, 2020).

Basic supports and social determinants of health

Lack of appropriate, supportive housing.

“Housing is, I call it a crisis. You cannot find housing. There's people you can get on HUD, but you're so far down on the list or if you're lucky enough to find a place you kind of stuck there and you gotta hope that the good landlord because we've got a lot of families in that situation.”

(Key Informant)

According to the 2019 Yancey Economic Development Plan, the number of renter-occupied housing units has increased over the past decade, but not significantly. Nearly one-third of the County’s housing units are classified as vacant, which is double the statewide average. This is primarily due to a large presence of homes for seasonal, recreational, or occasional use.

Both the median value of owner-occupied homes and median rent has increased steadily over recent years. When housing costs outpace wage growth (as has been the case for renter-occupied housing units in Yancey County over the past several years), housing affordability decreases. The percentage of renter-occupied housing units with monthly housing costs exceeding 30% of household income jumped from 24.7% in 2009 to 41.1% in 2016. The declining affordability of rental housing is likely due to an insufficient number of rental options and lower incomes among renters than homeowners on average. Since renting is often the path to home ownership and the

preferred housing choice for relocating residents, increasing affordable rental options in Yancey is crucial to population growth and retention (Yancey County Strategic Economic Development Plan, 2019, p. 40).

There was broad agreement among listening session participants and key informants that lack of access to housing is a significant and critical challenge. Listening session participants repeatedly described the general lack of housing and “places to go” in Yancey County, particularly “halfway” (transitional) housing for people who are re-entering the community after incarceration or treatment programs. Housing is a particularly “crucial” resource because once people have entered recovery, returning to former housing situations or relationships associated with their past substance use can include many triggers for return to use. One key informant said, “It’s hard for people who are going right back into the same situations with family and friends and boyfriends and girlfriends for us. And it’s just like this never-ending cycle.”

One participant described the level of need for supportive housing for people who are preparing to re-enter the community after incarceration: they “are scrambling to put in applications to try and get in anywhere in the state that isn’t going home.” Another participant described the challenges he expects his son will face when he returns to the community from treatment: “when he gets in, he can’t come back home. Where is he going to go? It’s going to be so frustrating for him” (Listening Session with People in Recovery, 2022). Key informants also noted the shortage of affordable housing as a major barrier, as well as stigma against individuals with substance charges on their records. Participants noted that individuals were forced into unsafe and exploitative situations to meet their needs, including living with family members who are currently experiencing active use, exchanging domestic labor and sex for accommodations, and living in abandoned structures without power or water (Key Informant Interviews, 2022).

Lack of alternative transportation options.

“A lot of them lose their driver’s license due to being in drug treatment court. And if we’re expecting them to do all these things, are we setting them up for failure?” (Key Informant)³

Both listening session participants and key informants also identified insufficient transportation options as major challenges. Several participants pointed out that having a driver’s license revoked often creates additional challenges for people and their support systems to get to the places they need to go. “If you don’t have a driver’s license or family member to transport you to probation, to Treatment Accountability for Safer Communities (TASC), to three meetings a week to whatever other appointments you need, AND get a job, AND then take you work...” (Listening Session with People in Recovery, 2022). Key informants also noted that, in a rural area like Yancey County, the lack of resources is exacerbated by the physical distances between them. Revoked licenses related to substance use, lack of public transportation, and exorbitant

³ The Yancey County Probation Parole Officer notes that there is “no aspect of drug treatment court participation that revokes someone’s driver’s license. If you are convicted of a Driving While Impaired, then your license is revoked for a period of time as per NC general statute, but it’s not a punitive measure in any other situation...” (Refro, 2022)

fuel costs were cited as key elements of the transportation crisis (Key Informant Interviews, 2022).

Alternative transportation options, such as public transit, bicycle and pedestrian infrastructure, are limited in the county. The 2019 Yancey County Economic Development Plan notes that sidewalk infrastructure in the County is primarily limited to Burnsville and the surrounding area, and improving bicycle and pedestrian transportation infrastructure is a goal of the 2019 Yancey County Economic Development Plan (Yancey County Strategic Economic Development Plan, 2019). While the Yancey County Transportation Authority (YCTA) provides demand-response transit service to residents, there seems to be limited awareness of its availability and both listening session participants and others note limitations of the service, including physical accessibility of the vans for older adults, challenges with the booking system for people with limited hearing, and the need to request scheduled pick-ups weeks in advance (WNC Health Network, 2021).

Discrimination and other policy- and practice-related barriers to employment.

“Even if I have 4-5 years clean it doesn’t matter because I have to put [a past felony conviction] on the application.” (Listening session participant)

“There should be some sort of redemption.” (Listening session participant)

Listening session participants say that if someone has a history of substance use, it is very hard to find a job in Yancey County due to hiring practices like conducting urine analysis (UA) screening or asking about history of substance use during the hiring process. Employers also “discriminate...if you’ve got tattoos and are trying to start a life for yourself, especially if you’re honest in your recovery. They ask you, have you ever done drugs...and you go yes, they kick you out.” If you have a history of substance use “they will hire you and then when your background check comes in, they’ll let you go.” Participants also said a major related barrier is being required to indicate a felony conviction on employment applications. Many employers will not hire someone with a felony, regardless of the length of time elapsed since the conviction. Having a felony record also makes one ineligible for public food or housing assistance, which can be important supports for some. One participant acknowledged that employers in some industries may have additional motivation to not hire felons because they may need to bond their employees, and insurance companies “won’t bond a felon” (Listening Session with People in Recovery, 2022).

Key informants had less agreement about whether barriers to employment currently exist. They acknowledge that since COVID, employers are desperate enough for labor to overlook factors that would have led an employer to not hire someone in the past. One informant said, “I feel like right now, employers need people so bad they’re willing to overlook some things. [One place] is even inviting people back to work even if you’ve been fired.” In addition, securing employment can lead to ineligibility for certain safety net programs such as Medicaid, food and housing assistance, and other supports. It can take several years employment to lead to upward mobility for individuals who have previously relied on social services.

Previously, participants in the Mitchell-Yancey Substance Abuse Taskforce (MYSATF) had also identified low wages and lack of employment as key challenges that are connected to poverty (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021).

Lack of childcare. Key informants and participants in the Mitchell-Yancey Substance Abuse Taskforce (MYSATF) also identified lack of access to basic supports such as childcare as an important challenge. A 2020 regional convening by AMY Wellness Foundation also found that lack of wraparound supports for families, including childcare, are important gaps (AMY Wellness Foundation, 2020). The 2019 Yancey County Economic Development Plan notes the availability of affordable daycare options is an important support for residents with children, but few options exist in Yancey County besides public preschools (there are only three licensed childcare facilities in the county). These facilities' age requirements limit the number of students they can accept, resulting in a provider gap for infants and toddlers and forcing parents to choose part-time employment, to miss workdays, or to leave the county (Yancey County Strategic Economic Development Plan, 2019, p. 42).

Lack of food security. Key informants and previous local conversations also identified lack of food security as another important basic need that could get in the way to seeking support and resources. One key informant said, “And if your basic needs aren't met, you're not able to do anything else. You're not able to manage your mental health. You're not able to get an education. You're not really even able to be a parent if you're hungry and being abused, you know” (Key Informant Interviews, 2022).

Access to treatment, recovery, and harm reduction supports and resources

“If they have no insurance or they have Medicaid, there are two places to go for detox. And not in our county at all. And two places to go for rehab, short term rehab. And so those places have a huge waitlist. And they're great programs. And if you're in a place where you really need to be in rehab, or you're court mandated to go to rehab. You know, sometimes you can't wait three weeks.”

There is broad consensus across listening session participants and key informants that there are few-to-no nearby treatment and recovery supports for people in Yancey County. One listening session participant described how long-distance treatment options can jeopardize treatment completion: “I’ve spent all my money sending my son here, there and yonder, in-state, out-of-state, nowhere close to send him. If they’re here, at least they have family support (which can be a double-edged sword), but if they are going [far away] for their treatment, they don’t want to stay [in treatment].” Another participant described the long waitlists for treatment programs (regardless of how far away they are)—sometimes up to three weeks (“and by then [the person] might be MIA”) (Listening Session with People in Recovery, 2022).

Key informants also highlighted that important resources such as detox and treatment facilities do not exist in Yancey County, so individuals are sent to the emergency department, to jail, or to Asheville for support, contributing to what participants acknowledged was an overloading of those resources. For resources that do exist, both in Yancey and within a reasonable travel

distance, availability is scarce, so facilities will implement strict intake criteria and maintain long waiting lists, making it very difficult to place individuals (Key Informant Interviews, 2022).

There were different understandings among participants of how many physicians in the area prescribe Suboxone. One participant has found Suboxone to be an important support in their recovery, and there was lots of agreement within the group that Suboxone is effective and for some people “that [taking Suboxone] IS their recovery.” Several participants also said the treatment options are even worse for youth. One participant said services exist in Asheville but “they don’t pick up the phone” and they are full. Another said, “the money [for youth treatment] stops in Asheville and doesn’t come up the mountain” (Listening Session with People in Recovery, 2022).

Previous local conversations 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)
- 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).
- 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 local variety of options
- Lack of harm reduction resources locally
- Lack of communication and follow-up with individuals and families

(Yancey County Health Department, 2021) and (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021)

In 2020, the AMY Wellness Foundation hosted a series of regional convenings to inform its approach to addressing priority health-related issues in the region. The findings from the convenings focused on addressing mental health (which is often closely connected to substance use) included some similar themes around what’s hurting efforts to better address mental health in Avery, Mitchell and Yancey Counties:

- Disconnected services, including logistical barriers and not connecting existing services well.

- Not enough (local) services and providers. It is difficult to find qualified individuals to provide services in rural areas. As a result, there is a lack of providers, including counselors at senior centers, local counselors in general, and family support groups. An overall shortage of providers results in inability to meet caseload and testing needs.
- Limited resources for new services. These include lack of funding for services for all ages, limited insurance/payment sources, lack of space for in-patient treatment, lack of mental health halfway housing, and local access to care.
- Cost of services. Lack of availability and affordability of insurance and lack of affordable care means that access to mental health services is “financially determined.” There is a need to provide more help for individuals with no income. Services should not be based on a for-profit model.

Challenges and barriers within the local criminal justice system

Listening session participants noted a range of barriers specific to and within the criminal justice system.

Cost. Participants named a number of specific costs and bills associated with criminal justice system involvement, such as drug screenings and mandatory appointments. This creates additional financial hardship at a time when “[you’re] trying to pay your electric bill, trying to pay for gas to get you where you gotta to get started...” One participant put it this way: “[It’s a] money racket. They extort you...Every time you see your [probation/parole officer] it’s \$40, every time you do your [urine analysis] it’s \$10.” Another participant felt this system “make[s] it almost impossible” to thrive here.⁴

Lack of supports for incarcerated people in recovery or who use substances, including MAT and recovery groups. Participants discussed the importance of offering MAT to incarcerated people who need it, and how Yancey County jail currently does not offer MAT (“I think they just make you kick it, don't they? Which can be a little dangerous.”) They pointed to Buncombe County, which does allow inmates to continue their MAT regimens. They also identified how inconsistent availability of recovery meetings within the NC prison system in general, paired with frequent inmate transfers between facilities to address staffing and safety concerns of prison administrators, makes it challenging for incarcerated people to work on their recovery and develop networks of support.

No re-entry program in Yancey County. Participants repeatedly highlighted the lack of a re-entry program⁵ in the county and identified successful re-entry models in other parts of the state

⁴ The Yancey County Probation Parole Officer notes: “There are no fees associated with probation for drug screens. I am unaware if local providers charge “by the screen”, but I do know that DSS charges clients for drug screens. The fees associated with probation are court costs and a monthly fee imposed by the court, all payable to the Clerk of Court. We monitor the status of monies paid and report back to the court as necessary. In most cases of a successful drug treatment court case, the court will waive a portion of monies due.” (Refro, 2022)

(but none geographically nearby). Key informants also discussed the lack of re-entry support as a barrier.

Lack of adequate response for involuntary commitment requests. One participant said that if a family wants someone involuntarily committed, “sometimes they get home before you do, and that’s a frustrating thing.” The jail keeps someone just “long enough to dry out” (Listening Session with People in Recovery, 2022).

Other factors that “get in the way”

Listening session participants, key informants, and previous local conversations identified additional factors that “get in the way” of addressing substance use in Yancey County. These include:

Lack of resources to “keep out of trouble.” One listening session participant noted a general lack of places to go and things to do, particularly for youth. They noted “boredom is a huge relapse trigger” (Listening Session with People in Recovery, 2022). Previous conversations had also identified a lack of, and need for fun, positive places for youth to hang out, especially teenagers, that creates a culture for rich social connection and creative stimulation after school, on the weekends and in the summer (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021).

Cyclical, generational, and cultural factors. Key informants described generational patterns of using substances to cope with deep trauma embedded in families and communities. They also noted cultural practices around saving and sharing prescription drugs when health care cannot be accessed; using controlled substances together, and reluctance to leave the community to seek resources and treatment (Key Informant Interviews, 2022). Without addressing generational and family trauma, adverse childhood experiences (ACEs) and untreated mental illness, individuals will continue to turn to substances to cope (Key Informant Interviews, 2022) and (AMY Wellness Foundation, 2020).

Stigma. Both the Yancey County Community Health Assessment process and other local conversations of the Mitchell-Yancey Substance Abuse Taskforce acknowledged the prevalence of stigma toward people with substance use disorder. This stigma can show up among community members, social service & healthcare providers, criminal justice system, and other agencies, and 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. Stigma remains a significant challenge to MAT, and also to any other harm reduction initiatives like needle exchanges and safe use zones. Decriminalization seems to be less of a “hot button” issue, but is also not widely discussed or accepted (WNC

⁵ Re-entry programs are designed to help returning citizens successfully “re-enter” society following incarceration, thereby reducing recidivism, improving public safety, and saving money. A primary focus of re-entry programs is often to remove or reduce barriers to help individuals compete for jobs, attain stable housing, support their children and families, and contribute to their communities (U.S. Attorney's Office, Western District of Washington, 2022).

Health Network, 2021) (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021) and (Key Informant Interviews, 2022).

Stigma and misunderstanding of the roots and nature of addiction and substance use can lead to lack of community support, including in some communities such as faith communities (which are important social and cultural groups in the region) (Yancey County Health Department, 2021) and (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021). Stigma can also exist among people who use substances around accessing support and can include shame or guilt. There is a need to reduce stigma (both internal and external) around, and normalize, seeking support for mental health issues. Distrust in agencies and providers, as well as “family pride,” can also get in the way of seeking support (AMY Wellness Foundation, 2020).

Lack of understanding of trauma. This includes a lack of understanding of the impacts of trauma and its role as a common root of addiction or substance use. This also includes a lack of understanding of what it means to be “trauma informed” among direct and peripheral service providers.

Lack of supportive policies. Key informants noted a lag in policy advocacy for harm reduction initiatives like MAT and decriminalization of drug use (Key Informant Interviews, 2022).

Challenges within local collaborative efforts to address substance use. Previous conversations identified challenges to collective efforts, including difficulty bridging racial and ethnic lines in the substance use prevention and recovery efforts, territoriality between agencies, working in silos, and political division. In the closely connected mental health efforts, previous conversations also identified lack of a true “leading organization,” funding to support collaborative efforts, fragmented communication (Yancey County Health Department, 2021), (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021) and (AMY Wellness Foundation, 2020).

What’s helping to address substance use in Yancey County?

Listening session participants and key informants were also asked about existing resources, factors and conditions that help address substance use in Yancey County. Overall, the predominant perspective among listening session participants is that there are very few resources or formal supports in Yancey County to support access to treatment, moving into recovery or maintaining recovery. One participant said it’s “easier to access drugs than access help,” and another said, “It’s easier now, which is sad. I was [using substances] here for 12 years and nobody ever offered me treatment.” However, they (along with key informants and previous conversations) have identified a number of supports that do exist (if even in a limited way), which are described below. The factors identified here should be incorporated into a community-engaged planning process, and additional partners and community members should be invited to add to this list.

Existing recovery communities. Every listening session participant said Celebrate Recovery (CR) was an important support for their recovery. Several CR groups exist in the area, including community-based groups at Higgins Church in Burnsville and Bear Creek Church in Bakersville. These groups offer recovery support and also a sense of belonging for some participants. CR has also recently started offering recovery groups at the Yancey County jail two times per month (one group for women and one for men). Prior to that, other faith-based groups were going into the jail (Listening Session with People in Recovery, 2022).

Key informants also widely acknowledged that recovery communities, and Celebrate Recovery specifically, are instrumental in filling gaps in resources for individuals who use substances and their families. Participants cited the openness of these groups in welcoming individuals at any stage and type of substance use. Participants also noted that these groups also offer certain basic supports such as meals, childcare, informal transportation, and psychosocial support. Additionally, some participants acknowledged the value of interacting on a human level in the home of individuals who use substances - both in terms of creating a supportive pathway to resources, but also in terms of receiving a deep and nuanced education around substance use in the county (Key Informant Interviews, 2022). 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).

Existing medication assisted treatment (MAT). Although listening session participants indicate access to MAT such as Suboxone is limited, most participants acknowledged the value and success of MAT programs. Participants describe what most people in the community don't see - the success stories of individuals who are living fulfilling lives while receiving regular MAT. One key informant said, "They see the people who are shooting it up. But what they don't see is the huge number of people who come once a month and they're teachers and they're business owners, and they are people in our community . . . And these people are able to live life as fully productive members of our society" (Key Informant Interviews, 2022).

Increasing awareness and valuing of addressing "upstream" factors. This includes increasing awareness of mental health as "real," as well as of adverse childhood experiences (ACEs). It also acknowledges overall need for mental health services, and community groups who are providing education about mental health (AMY Wellness Foundation, 2020). "Some agencies and organizations, such as Partners Aligned Toward Health, AMY Regional Library, and Blue Ridge Partnership for Children, are thinking about programming and initiatives that go more upstream and deeper to build resilience" (WNC Health Network, 2021). The COVID-19 pandemic has served to increase 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).

Evolving perceptions and attitudes about substance use-related treatment, recovery, and harm reduction approaches. Most key informants described a steady increase in community acceptance of approaches such as MAT and decriminalization of drug use. Key informants in

law enforcement in particular noted a positive shift in understanding, attitudes, and policies related to individuals who use substances (Key Informant Interviews, 2022).

Evolving agency policies and practices. Key informants in law enforcement in particular felt they have more options in how to address a substance use-related issue than previous “zero tolerance” approaches. They also acknowledged having significant discretion in how to approach lower-level interactions and issues, for example, helping to divert individuals to resources rather than incarceration. Participants also cited increased and improved communication and collaboration, both between law enforcement agencies and departments (for example, the sheriff’s department and probation officers, drug court and local/regional judges), as well as between law enforcement and external service agencies (WNC Health Network, 2021). One key informant said, “I think [response to substance use is improving] because we’ve changed our policies so much from one violation and you’re out, to you need to be using evidence-based practices. You need to be getting a risk assessment with them and focusing on their needs and their triggers.” One listening session participant also said that, in general, involvement of the Yancey County Sheriff’s Office in conversations and efforts such as drug court is appreciated (“that’s a plus for us”) (Listening Session with People in Recovery, 2022).

Information and referrals from criminal justice system staff. One participant described how her probation officer told her about CR and also referred her to TASC, and that her husband was in drug court, who “makes you go to all the meetings.” That was how they learned about the meetings in the area. Drug court also seemed to be, overall, a helpful support.

Other previous community-wide conversations have identified additional factors and conditions that are helping (or could help) address the issue:

Existing collaborative efforts, and a growing willingness to work together. Examples of existing strong collaborative relationships and approaches such as the Mitchell-Yancey Substance Abuse Taskforce (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021), as well as coordinated responses and interagency meetings between the Department of Juvenile Justice, Department of Social Services, mental/behavioral health providers, and law enforcement. One key informant agreed: “I think what is working is the communication between some agencies, I think our partnership with law enforcement, at some, in some levels, is really beneficial because I think that there are a lot of people in law enforcement and with probation, especially, that are seeing the need for mental health to be addressed along with legal issues, addiction, that sort of thing” (Key Informant Interviews, 2022). Faith communities are also taking a stronger stand to support collaborative efforts like those of MYSATF (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021).

Strong family and community ties. Specifically, these include 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 culture of care and willingness to help. This also involves other positive aspects of local culture including cultural compassion, friendliness, generosity, resilience, imagination, openness to change, and “small communities [showing] up for monumental change” (AMY Wellness Foundation, 2020). *Note: this theme emerged around addressing mental health but could likely also apply to addressing substance use.*

Caregiver support. This includes 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 (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021).

Support for youth. This includes more community-based education programs and access to mental health management techniques 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 which help youth transition into college (Yancey County Health Department, 2021) and (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021).

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

Despite gaps in prevention, treatment, and recovery services in Yancey County, federal, state, regional, and local initiatives that address substance use do exist. See Appendix G for a partial inventory of other existing SUD/ODU-related services and initiatives covering Yancey 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 Yancey County seeking treatment or recovery support.

What could work to do better?

Listening session participants and key informants described a broad range of ideas about what could better support those seeking substance use treatment and recovery supports and resources in Yancey County. These add to other ideas and strategies that had previously been identified during local and regional conversations. The ideas described here should be included for consideration in a community-engaged planning process, and additional partners and community members should be engaged in identifying other ideas for what could work.

Get the word out to reduce stigma and promote existing supports. This could include advertising about where to access treatment and recovery supports such as Celebrate Recovery groups in the area (noting that churches in the area that invest funding and have bigger/more

visible signage for their groups have more people at their meetings). This could also include sharing more information about providers nearby who prescribe Suboxone, as well as putting up banners over roads for recovery supports. One participant noted that more recovery group meetings are needed locally (Listening Session with People in Recovery, 2022). 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 maintains a [local 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).

Increase access to community-based treatment, related supports, and coordination. This includes offering residential treatment with “realistic” wait times, as well as increasing access to Suboxone by supporting more providers to prescribe it (Listening Session with People in Recovery, 2022). Key informants also widely called for more dedicated SUD resources like detox, physical and psychological treatment, and resource coordination. They expressed the need for these resources to be targeted to individuals with substance use disorder, as well as flexible enough to provide individualized care for individuals at different stages of substance use disorder, and who use different types of substances (Key Informant Interviews, 2022). The 2019 Yancey County Economic Development Plan proposes expanding hours and services at existing healthcare facilities, including behavioral health (Yancey County Strategic Economic Development Plan, 2019).

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 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 Mountain Community Health Partnership. 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, the Mitchell-Yancey Substance Abuse Taskforce (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).

Offer medication assisted treatment to currently incarcerated people. “In [another county] they let people in [jail] that are on Subutex or Suboxone keep taking it. That would benefit people a lot because that's the only thing I've seen work for people for opioid is Suboxone.”

Shift funding from incarceration to substance use-related supports. One participant said that a huge percentage of the incarcerated population in the state are there for drug-related offenses. They noted there are financial incentives for the for-profit prison system to keep people incarcerated, and “if you’re going to spend \$60,000 per person per year [to keep them in prison], spend it in a way that is going to help them ‘get out’ with a new perspective,” and suggested turning “half the prisons in NC into treatment centers.”⁶

Establish a re-entry program for Yancey County. A re-entry program in Yancey County is “so needed” to help people transition back into the community from jail/prison and meet immediate and basic needs. This is particularly important because the statistics on 30-day overdose rates among people released from prison are “horrific” according to one participant. An effective re-entry program must involve more than just providing housing. One participant noted an effective model at a facility in Gastonia. 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).

Increase access to other transitional supports, particularly housing. This includes support for people who are re-entering the community after incarceration and for people returning from treatment. These supports should include “someplace to be while they are recovering” such as halfway/transitional housing, help connecting to jobs, setting up bank accounts, and other supports. [FIRST at Blue Ridge](#) (in Buncombe County) is a great example of this type of residential treatment program.⁷ Key informants also reiterated the need for housing supports. The 2019 Yancey County Economic Development plan also proposes increasing affordable housing (particularly affordable rental housing) (Yancey County Strategic Economic Development Plan, 2019, p. 40).

More jobs that are accessible to people who use substances or are in recovery. One participant said what is most needed are more jobs that are accessible to people who use substances or who are in recovery (*Note: the [2019 Yancey County Economic Development Plan](#) may offer opportunities to connect with existing local job creation efforts*).

⁶ The Yancey County Probation Parole Officer notes: “All North Carolina prisons are state run facilities, NC does not have any privatized or “for-profit” prisons. Many years ago, we had a few, but after a less than stellar outcome, NC ceased the practice and took the facilities over. COVID devastated prison operations, and they still have not recovered due to severe staffing issues, but prior to that our NC prisons were doing well with addressing mental health and had pilot programs going in several places. October 2022 - January 2023 will see the re-establishment of a standalone Department of Corrections (DOC and Community Supervision / Probation had previously been banded with many other agencies when the Department of Public Safety was formed several years ago. The transition back into the DOC has allowed the budget and planning for us to better serve the prison population while incarcerated and upon release, as far as mental health and SA services are concerned. I know a huge effort is being made in department planning to address the re-entry shortcomings we’ve suffered previously.” (Refro, 2022)

⁷ The Yancey County Probation Parole Officer notes: “First at Blue Ridge is phenomenal program, and they are very gracious about serving people from Yancey, Madison, and Mitchell counties. We make referrals for the First program all the time, and they are also an approved 90-day transitional program for probation offenders (with bed space designated for our population), with the option for the full-length program upon completion of the 90 days.” (Refro, 2022)

Remove employment barriers related to felony history. In support of people who are seeking employment, in addition to the more general supports described above, many participants said it is critically important to address the barriers for people with felony histories to being hired. These include:

- Working with employers to change applications to address the “check the [felony] box” issue
- Employers be willing to hire felons
- Develop a process to have charges expunged sooner. This idea was broadly supported within the group. One participant said, “That would literally help everyone I know.” Another explained, “You should be able to get a job based on your skill set and how hard you work and your attendance rather than what you did in your past.”

Make more transportation options available, to help people get to recovery meetings, work, probation and parole appointments, and other important needs. Participants offered a wide range of ideas, including installing more sidewalks, implementing a bus system (perhaps similar to the Pine Line in Mitchell County), a rideshare system for people who need it (one participant enthusiastically offered to be a driver, and a [similar system exists](#) in at least one other community in NC), transportation vouchers, and bikes with locks available for community use. Key informants also reiterated the need for transportation supports.

Meet people where they are. This includes offering genuine community support and helping people meet their immediate needs and “get back on their feet,” through financial resources such as vouchers and food pantries.

Supporting people to find a sense of belonging and their reasons or motivation to seek recovery. One participant said, “Got to want it first.” This might involve each person finding their own reason to move into/be in recovery. For some, that might be family and friends, for some it might be faith in God or Jesus. One participant said of faith, “You’re not going to make it on your own.”

Address stigma related to substance use. Listening session participants called for more community-wide conversations that:

- Normalize talking about substance use, along with education about what substance use and addiction are and are not (“it’s not a choice”), and that it’s not a moral issue, it’s the “byproduct” of other issues related to mental health, trauma and adverse childhood experiences;
- Name that certain addictions are not stigmatized (for example, food, sex, and money) in the same way that addiction to certain substances is;
- Communicate that you don’t know just by looking at someone or knowing something about their life or what they do for a living if they are experiencing/have experienced addiction.

These conversations will require “being bold.” One participant noted, “AND it’s hard to be bold here.” Previous conversations (specific to mental health) also highlighted the need for additional

community education and awareness-raising. This includes efforts to “become a trauma-informed community” and to address stigma. Specific strategies to do this include using experts and community agencies and schools to provide information and offering employee trainings on mental health (AMY Wellness Foundation, 2020).

Normalize conversations about substance use. For any strategies to succeed, there need to be more conversations throughout the county about substance use, addiction and recovery, and related topics. These conversations need to be continuous and should involve everyone, including judges, lawyers, county agencies like sheriff’s services, school staff, and churches. One participant praised a panel hosted by the Mitchell Yancey Substance Abuse Taskforce at local churches that aimed to raise awareness among faith communities. The panel “was a great way to mainstream these conversations.”

Invest more resources in mental health care. Both listening session participants and key informants noted the need for more mental health supports and funding for those supports. These are need both to prevent substance use disorder as a response to trauma, and also as a way to help individuals maintain recovery (Key Informant Interviews, 2022). 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).

Create more things to do, particularly for youth. Both listening session participants and key informants also expressed a need for more safe, engaging, substance-free activities. These activities were discussed in the context of youth and prevention, as well as in the context of giving adults in recovery something to distract themselves with. Noting boredom as a potential trigger for initiating or returning to use, listening session participants had many ideas for community resources and activities that could offer entertainment, social connection, an alternative place for youth to be other than at home, and access to positive adult mentoring/modeling. These ideas included a rock wall, sand volleyball courts, hiking trails, paint ball, and basketball courts. One participant suggested “bring[ing] back the D.A.R.E. program.” (Author note: [*Appalachian Youth to Youth*](#) is another locally-implemented youth development and prevention program.)

Create more coordination, communication, and trust-building between stakeholders. Key informants expressed the need for efforts to be more coordinated, and for open, authentic communication to fuel substance use-related interventions. Continued investment in positive relationships between law enforcement and social service agencies was high on the list. Continued improvement of the relationships, understanding, and trust between law enforcement agencies and departments, such as judges, the sheriff’s department, and probation/parole court, were cited as important to ensuring appropriate response and support of individuals who use substances. Also, SUD service providers expressed a need to collaborate more effectively with the medical community.

Finally, more connection between the recovery community and service providers (and even the wider community) was acknowledged as being needed to understand and appropriately support

people who use substances (Key Informant Interviews, 2022). Previous conversations specific to mental health also highlighted the need to fund and provide logistical and structural support for collaboration. This includes funding positions that specifically support community collaboration, partnerships, and community education; and providing funding for meeting and process facilitators, as well as for meeting space, food, and other expenses/logistics. It also involves paying staff at organizations to collaborate and playing more general roles in connecting entities doing similar work to each other (including by sharing attendee lists) (AMY Wellness Foundation, 2020).

Meaningfully engage community in the planning process for the opioid settlement funds.

There is strong interest from participants to know how Yancey County will be meaningfully engaging community members, including people in recovery, in the planning process to decide how the opioid settlement funds will be invested.

Combine efforts and funding with multiple counties. Several participants are interested to see Yancey combine efforts and funding with other nearby counties address certain strategies such as affordable housing.

In September 2021, the Mitchell-Yancey Substance Abuse Taskforce 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). The table below has been adapted slightly to focus on Yancey County.

Prevention
<p>Program-specific needs</p> <ul style="list-style-type: none"> • Catch my Breath (youth vaping program) facilitator for schools • Big Brother Big Sister Program (note: is this currently planned to expand to AMY counties?) <p>“Positive youth development” resources/initiatives</p> <ul style="list-style-type: none"> • 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. <p>“Trauma-informed” training and approaches, including in schools</p>

- 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

Other previous local conversations connected to substance use, mental health, and behavioral health identified other ideas for what could work to better address these issues:

- Engage in legislative advocacy, for example to strengthen the STOP Act (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021) and (AMY Wellness Foundation, 2020)
- Address workforce shortages through workforce training and training/funding local community members to provide both professional and “natural” mental health supports.
- Funding for mental/behavioral health workforce and facilities. Specific workforce needs are: a licensed mental health counselor for each county; community health workers to support at-risk individuals and families; and a local ACT team to support individuals with severe and persistent mental illness. This also includes ensuring workforce members receive adequate benefits and compensation. In addition, other ideas include funding a regional clinic.
- Cultivate a relationship with the National Health Service Corps (NHSC) to promote Yancey County as a destination for NHSC scholarship recipients to complete their required post-graduation service (Yancey County Strategic Economic Development Plan, 2019).
- Engage additional key stakeholders, including hospitals and health departments, schools, teachers, other professionals and community members, and NCCARE360. This engagement could involve focus groups with providers and consumers, as well as providing funding for existing collaborative efforts such as Healthy Yancey, MYSATF, and the Yancey Alliance for Young Children (AMY Wellness Foundation, 2020).
- Establish a Law Enforcement Assisted Diversion program as a partnership between Yancey County Sheriff’s Office, Burnsville Police Department, the Substance Abuse Task Force, and the Yancey County Court System. These programs provide alternatives to incarceration for non-violent offenders and prevent them from building a criminal

record. Contact the NC Harm Reduction Coalition for assistance in developing a program (Yancey County Strategic Economic Development Plan, 2019).

Conclusion

Substance use, particularly methamphetamine and opioid use, have a significant presence in, and impact on, Yancey 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 and persistent gaps persist related to substance use disorder prevention, harm reduction, treatment and recovery services and supports.

Recommendations for Additional/Future Data Collection

Given the limited scope of this initial needs assessment, recommendations for additional future data collection (which could be incorporated in Yancey County's opioid plan as "data development" strategies) include:

- Exploring the following questions from the steering committee:
 - What does existing service/resource utilization in Yancey County look like?
Where are people in Yancey County going for various services? Which existing programs are having the most impact? Why are some services not fully utilized?
 - What are the gaps in services and resources available to refer people to around substance use/misuse prevention, treatment, recovery, and harm reduction?
 - Which employers (if any) are working with people around medication for opioid use disorder?
- Exploring barriers to increasing access to MAT among providers
- Staying connected to other existing data collection efforts, including the SEARCH health care access data project and listening sessions
- Collaborate with local partners, including the Mitchell-Yancey Substance Abuse Task Force, to answer the above questions

Appendix A: Yancey County Opioid Needs Assessment Steering Committee

Lynn Austin	Yancey County Manager
Evan Carroll	Community Paramedic, Yancey County
Shane Hilliard	Yancey County Sheriff
Schell McCall	Executive Director, Partners Aligned Toward Health
Jamie McMahan	Executive Director, Yancey County Economic Development Commission
Brandi Renfro	Chief Probation Parole Officer, Madison County/Yancey County
Jessica Zucchini	Substance Misuse Program Manager, Partners Aligned Toward Health

Appendix B: Methodology

This report summarizes data compiled in support of a local needs assessment process guided by the Yancey County opioid steering committee. The needs assessment process was co-designed with the steering committee, who identified the overall guiding result. In addition to compiling and synthesizing existing data, the steering committee was also interested to learn more around the following questions:

- What does existing service/resource utilization in Yancey County look like? (Where are people in Yancey County going for various services?) Which existing programs are having the most impact? Why are some services not fully utilized?
- What is already happening in Yancey County to address substance use/misuse across prevention, treatment, recovery, and harm reduction? What resources and services are available to refer/connect people to? What are the gaps?
- Which employers (if any) are working with people around medication for opioid use disorder?

The above questions are not fully addressed through this initial needs assessment, and could be further explored during the planning process itself.

Data to inform the needs assessment was collected using the following methods:

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

- A comprehensive set of 32 publicly available secondary data metrics on health, economic, social, and demographic characteristics available at the county level to compare Yancey 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.

Listening Session with People in Recovery: WNCHN facilitated a listening session with six people in recovery who live in or are otherwise connected with Yancey County. Participants were invited through their participation in a local faith-based recovery group. The session focused conversation around participants' experiences and points-of-view about what helps, and hurts related to SUD/OD treatment and recovery supports in Yancey County, as well as their ideas about what could work to better address opioid and other substance use treatment and recovery in Yancey County. The listening session question guide was co-developed with the steering committee. Data from the session was analyzed by WNCHN staff. A summary of key learnings is included in Appendix C (Listening Session Summary), and learnings are also incorporated as appropriate in the analysis narrative.

Key Informant Interviews: In addition to people in recovery, the steering committee identified additional key local individuals whose perspectives should be reflected in the needs assessment, including healthcare and behavioral health providers, as well as local criminal justice and law enforcement staff. Some of these key informants also have lived experience with substance use. WNCHN conducted key informant interviews with five of these partners. Information from the interviews was analyzed for key themes around what is helping and hurting efforts to address substance use (including opioid use) in Yancey County, particularly related to the SUD/OD workforce, supports for people with lived experience of substance use who are seeking work, and within the local criminal justice system. The interviews also explored what is missing that could work to do better around substance use in Yancey County. Key findings from the interviews are included as Appendix D (Key Informant Interview Summary) and are also incorporated as appropriate in this report.

Given the limited scope of this initial needs assessment, additional engagement of people (particularly people with lived experience) and other partners is strongly recommended throughout the planning phase.

Appendix C: Listening Session Summary

Summary from Yancey County Listening Session with People in Recovery

Overall takeaways

- Listening session participants had a number of questions about the opioid settlement planning process, how the funds might be used, and what kinds of strategies and substances might be able to be addressed with the funds.
- They noted that fentanyl (a synthetic opioid) is a major issue in the county, and also noted that methamphetamines are “just as bad, if not worse” of an issue than opioids in Yancey County.

What is helping related to opioid and other substance use treatment and recovery in Yancey County?

Related questions asked:

- *What about your community is SUPPORTIVE of your recovery? What HELPS you stay on your path of recovery?*
- *Thinking about a time when you wanted to access treatment or move into recovery, what made it EASY to access these supports?*

The predominant perspective among participants is that there are very few resources or formal supports in Yancey County to support access to treatment, moving into recovery or maintaining recovery. One participant said it’s “easier to access drugs than access help,” and another said, “It’s easier now, which is sad. I was [using substances] here for 12 years and nobody ever offered me treatment.” The few supports they described were:

Celebrate Recovery. Every participant said Celebrate Recovery (CR) was an important support for their recovery. Several CR groups exist in the area, including community-based groups at Higgins Church in Burnsville and Bear Creek Church in Spruce Pine. These groups offer recovery support and also a sense of belonging for some participants. CR has also recently started offering recovery groups at the Yancey County jail two times per month (one group for women and one for men). Prior to that, other faith-based groups were going into the jail. One participant with recovery experience in a different state in the Pacific Northwest said the jail in their community offered recovery (Narcotics Anonymous, NA) group there as well.

Information and referrals from criminal justice system staff. One participant described how her probation officer told her about CR and also referred her to TASC, and that her husband was in drug court, who “makes you go to all the meetings.” That was how they learned about the meetings in the area. Drug court also seemed to be, overall, a helpful support.

Involvement of the Sheriff’s Office in community conversations. One participant said that, in general, involvement of the Yancey County Sheriff’s Office in conversations and efforts such as drug court is appreciated (“that’s a plus for us”).

What is hurting?

Related questions asked:

- *What things in your community GET IN THE WAY of successful recovery? What HURTS your efforts to stay on a path of recovery?*
- *Now, still thinking about a time when you wanted to access treatment or move into recovery, what made it DIFFICULT to access these supports?*

Overall, participants noted there were “a lot of variables” that can get in the way of recovery, and that COVID has increased isolation and led to more return to use for some people but has been helpful for other people for whom social interaction can be a trigger for substance use. Specific factors or things that get in the way of accessing treatment or recovery include:

Lack of treatment. There was broad consensus across participants that there are no nearby treatment options for people in Yancey County. One participant described how far-away treatment options can jeopardize treatment completion: “I’ve spent all my \$ sending my son here, there and yonder, in-state, out-of-state, nowhere close to send him. If they’re here, at least they have family support (which can be a double-edged sword), but if they are going [far away] for their treatment, they don’t want to stay [in treatment].” Another participant described the long waitlists for treatment programs (regardless of how far away they are)—sometimes up to three weeks (“and by then [the person] might be MIA”). There were different understandings among participants of how many physicians in the area prescribe Suboxone. One participant has found Suboxone to be an important support in their recovery, and there was lots of agreement within the group that Suboxone is effective and for some people “that [taking Suboxone] IS their recovery.” Several participants also said the treatment options are even worse for youth. One participant said supposedly services exist in Asheville but “they don’t pick up the phone” and they are full. Another said, “the money [for youth treatment] stops in Asheville and doesn’t come up the mountain.”

Lack of appropriate, supportive housing. Participants repeatedly described the general lack of housing and “places to go” in Yancey County, particularly “halfway” (transitional) housing for people who are re-entering the community after incarceration or treatment programs. Housing is a particularly “crucial” resource because once people have entered recovery, returning to former housing situations can include many triggers for return to use. One participant described the level of need for supportive housing for people who are preparing to re-enter the community after incarceration: they “are scrambling to put in applications to try and get in anywhere in the state that isn’t going home.” Another participant described the challenges he expects his son will face when he returns to the community from treatment: “when he gets in, he can’t come back home. Where is he going to go? It’s going to be so frustrating for him.”

Lack of alternative transportation options. Several participants pointed out that having a driver’s license revoked often creates additional challenges for people and their support systems

to get to the places they need to go. “If you don't have a driver's license or family member to transport you to probation, to TASC, to three meetings a week to whatever other appointments you need, AND get a job, AND then take you work...”

Discrimination and other policy- and practice-related barriers to employment. Participants say it is very hard to find a job in Yancey County if one has a history of substance use due to hiring practices like conducting urine analysis (UA) screening or asking about history of substance use during the hiring process. Employers also “discriminate...if you’ve got tattoos and are trying to start a life for yourself, especially if you’re honest in your recovery. They ask you, have you ever done drugs...and you go yes, they kick you out.” If you have a history of substance use “they will hire you and then when your background check comes in, they’ll let you go.” Participants also said a major related barrier is being required to indicate a felony record on employment applications. Many employers will not hire someone with a felony, regardless of the length of time elapsed since the conviction. One participant said, “even if I have 4-5 years clean it doesn’t matter because I have to put it on the application.” Another participant agreed there should be “some sort of redemption.” Having a felony record also makes one ineligible for public food or housing assistance, which can be important supports for some. One participant acknowledged that employers in some industries may have additional motivation to not hire felons because they may need to bond their employees, and insurance companies “won’t bond a felon.”

Lack of resources to “keep out of trouble.” One participant noted a general lack of places to go and things to do, particularly for youth. They noted “boredom is a huge relapse trigger.”

Criminal justice system: Participants also noted a range of barriers specific to/within the criminal justice system.

Cost. Participants named a number of specific costs and bills associated with criminal justice system involvement, such as drug screenings and mandatory appointments. This creates additional financial hardship at a time when “[you’re] trying to pay your electric bill, trying to pay for gas to get you where you gotta to get started...” One participant put it this way: “[It’s a money racket. They extort you...Every time you see your [probation/parole officer] it’s \$40, every time you do your [urine analysis] it’s \$10.” Another participant felt this system “make[s] it almost impossible” to thrive here.

Lack of supports for incarcerated people in recovery or who use substances, including MAT and recovery groups. Participants discussed the importance of offering MAT to incarcerated people who need it, and how Yancey County jail currently does not offer MAT (“I think they just make you kick it, don't they? Which can be a little dangerous.”) They pointed to Buncombe County, which does allow inmates to continue their MAT regimens. They also identified how inconsistent availability of recovery meetings within the NC prison system in general, paired with frequent inmate transfers between facilities to address staffing and safety concerns of prison administrators, makes it challenging for incarcerated people to work on their recovery and develop networks of support.

No re-entry program in Yancey County. Participants highlighted again and again the lack of a re-entry program in the county and identified successful re-entry models in other parts of the state (but none geographically nearby).

Lack of adequate response for involuntary commitment requests. One participant said that if a family wants someone involuntarily committed, “sometimes they get home before you do, and that’s a frustrating thing.” The jail keeps someone just “long enough to dry out.”

What could work to better address opioid and other substance use treatment and recovery in Yancey County?

Related questions asked:

- *What do you think would work to do better to support people to move from active use into treatment and/or recovery?*
- *What do you think would work to do better to support people in maintaining recovery in Yancey County?*
- *What ideas do you have about what could help address negative perceptions, judgments, or stigmas?*

Get the word out about existing supports. This could include advertising about where to access treatment and recovery supports such as Celebrate Recovery groups in the area (noting that churches in the area that invest funding and have bigger/more visible signage for their groups have more people at their meetings). This could also include sharing more information about providers nearby who prescribe Suboxone, as well as putting up banners over roads for recovery supports.

Increase access to community-based treatment and related supports. This includes offering residential treatment with “realistic” wait times, as well as increasing access to Suboxone by supporting more providers to prescribe it.

Offer medication assisted treatment to currently incarcerated people. “In [another county] they let people in [jail] that are on Subutex or Suboxone keep taking it. That would benefit people a lot because that’s the only thing I’ve seen work for people for opioid is Suboxone.”

“Turn half the prisons in NC into treatment centers.” One participant said that a huge percentage of the incarcerated population in the state are there for drug-related offenses. They noted there are financial incentives for the for-profit prison system to keep people incarcerated, and “if you’re going to spend \$60,000 per person per year [to keep them in prison], spend it in a way that is going to help them ‘get out’ with a new perspective.”

Establish a re-entry program for Yancey County. A re-entry program in Yancey County is “so needed” to help people transition back into the community from jail/prison and meet immediate and basic needs. This is particularly important because the statistics on 30-day overdose rates among people released from prison are “horrific” according to one participant. An

effective re-entry program must involve more than just providing housing. One participant noted an effective model at a facility in Gastonia.

Increase access to other transitional supports. This includes support for people who are re-entering the community after incarceration and for people returning from treatment. These supports should include “someplace to be while they are recovering” such as halfway/transitional housing, help connecting to jobs, setting up bank accounts, and other supports. [FIRST at Blue Ridge](#) (in Buncombe County) is a great example of this type of residential treatment program.

“Meetings and jobs.” One participant said what is most needed are more recovery meetings and jobs that are accessible to people who use substances or who are in recovery.

Remove employment barriers related to felony history. In support of people who are seeking employment, in addition to the more general supports described above, many participants said it is critically important to address the barriers for people with felony histories to being hired. These include:

- Working with employers to change applications to address the “check the [felony] box” issue
- Employers be willing to hire felons
- Develop a process to have charges expunged sooner. This idea was broadly supported within the group. One participant said, “That would literally help everyone I know.” Another explained, “You should be able to get a job based on your skill set and how hard you work and your attendance rather than what you did in your past.”

Make more transportation options available, to help people get to recovery meetings, work, probation and parole appointments, and other important needs. Participants offered a wide range of ideas, including installing more sidewalks, implementing a bus system (perhaps similar to the Pine Line in Mitchell County), an Uber-type rideshare system for people who need it (one participant enthusiastically offered to be a driver), transportation vouchers, and bikes with locks available for community use.

Meet people where they are. This includes offering genuine community support and helping people meet their immediate needs and “get back on their feet,” through financial resources such as vouchers and food pantries.

Supporting people to find a sense of belonging and their reasons or motivation to seek recovery. One participant said, “Got to want it first.” This might involve each person finding their own reason to move into/be in recovery. For some, that might be family and friends, for some it might be faith in God or Jesus. One participant said of faith, “You’re not going to make it on your own.”

Address stigma related to substance use. Participants again called for more community-wide conversations that:

- Normalize talking about substance use, along with education about what substance use and addiction are and are not (“it’s not a choice”), and that it’s not a moral issue, it’s the

“byproduct” of other issues related to mental health, trauma and adverse childhood experiences;

- Name that certain addictions are not stigmatized (for example, food, sex, and money) in the same way that addiction to certain substances is;
- Communicate that you don’t know just by looking at someone or knowing something about their life or what they do for a living if they are experiencing/have experienced addiction.

These conversations will require “being bold.” One participant noted, “AND it’s hard to be bold here.”

Normalize conversations about substance use. For any strategies to succeed, there need to be more conversations throughout the county about substance use, addiction and recovery, and related topics. These conversations need to be continuous and should everyone, including judges, lawyers, county agencies like sheriff’s services, school staff, and churches. One participant praised a panel hosted by the Mitchell Yancey Substance Abuse Taskforce at local churches that aimed to raise awareness among faith communities. The panel “was a great way to mainstream these conversations.”

Invest more resources in mental health care. Several participants noted the need for more funding for mental health supports, and that “the first things that get dropped are funding for older adults, youth, people with mental health issues.”

Create more things to do, particularly for youth. Noting boredom as a potential trigger for initiating or returning to use, participants had many ideas for community resources and activities that could offer entertainment, social connection, an alternative place for youth to be other than at home, and access to positive adult mentoring/modeling. These ideas included a rock wall, sand volleyball courts, hiking trails, paint ball, and basketball courts. *One participant suggested “bring[ing] back the D.A.R.E. program.” (Researchers note: The original D.A.R.E. curriculum was found through multiple studies to result in no meaningful difference in youth substance use; the program has since adopted a new curriculum that evidence seems to indicate may be more effective)*

Meaningfully engage community in the planning process for the opioid settlement funds. There is strong interest from participants to know how Yancey County meaningfully engaging community members, including people in recovery, in the planning process to decide how the opioid settlement funds will be invested.

Combine efforts and funding with multiple counties. Several participants are interested to see Yancey combine efforts and funding with other nearby counties address certain strategies such as affordable housing.

Appendix D: Key Informant Interview Summary

Summary from Yancey County Key Informant Interviews

Stakeholder roles/sectors interviewed included: Law Enforcement, SUD Provider, Resource Coordinator, Peer Support Specialist

Describe the Issue of Substance Use Disorder in Yancey County

Cyclical/Generational Nature of Substance Use (Disorder)

The most cogent perspective among participants is that substance use disorder in Yancey County is vast, entrenched, and cyclical in nature. Participants noted that entire generations have passed down using substances as a way to cope with deep trauma embedded in families and communities. Adding to this dynamic is the fact that participants noted a clear cultural impulse to save and share prescription drugs when they cannot access care, to use controlled substances together, and to be reluctant to leave the community to seek resources and treatment. Participants also noted the effects of substance use on individuals that contribute to perpetuating the cycle, such as the loss of interest or focus on anything other than substances, and the cyclical relationship between substance use and mental health.

Illustrative Quotes

“The issue is generational; families use to cope with whatever trauma they’re dealing with”

“The culture [in the area] is to stay [near home], so going somewhere else for treatment is not even a possibility.”

Substance Use and Legal Involvement

Most participants noted the connection between substance use and interacting with the legal system. Participants perceived that most crime had a substance use component, such as individuals committing theft to procure substances. Multiple participants estimated those overlap as high as 90% of all legal cases having a substance use component. Participants also acknowledged that beyond legal implications, substance use-related cases had wider collateral damage, including victims of crimes but also family members including children living in unsafe and unsupported environments. Most participants agreed that focusing on arrest and incarceration of individuals who use substances would be unlikely to solve the larger problem.

Illustrative Quotes

“Minor cases like driving on a revoked license can uncover a meth addiction through baseline drug screening.”

Facets of Substance Use

Participants noted that both prescription and illicit substances flow through the community in waves and trends, sometimes from within and sometimes from external sources. Participants indicated that different types of controlled and widely available substances - from meth to alcohol - were contributing to the issue in the county. Participants noted the lengthy history of substance use issues in the community, with some pointing specifically to the fact that the activities of the “opioid epidemic” such as targeted overprescribing are in the past, but the vacuum they created when they ceased opened up the doors for other substances to take their place. Participants also acknowledged the illegal market for MAT substances like methadone and suboxone.

Illustrative quotes:

“There's a large number of people who are left over from the opiate epidemic. And it's so funny that they said we have an opioid epidemic and it's like 10 years past the real epidemic.”

What is Contributing to Progress in Yancey County?

Related questions asked:

- *How are you addressing the issue in your role?*
- *Perspectives on Harm Reduction?*

MAT

There were a range of perspectives about MAT among participants. Participants acknowledged that different sectors of the community see different facets of the administration and use of MAT, including both how MAT can sometimes be abused and also how it supports some people in long-term recovery. Many participants acknowledge that stigma remains a significant challenge to MAT, and also to any other harm reduction initiatives that other regions are exploring, like decriminalization, needle exchanges, and safe use zones. Most participants described a slight increase in community acceptance of MAT and decriminalization.

Illustrative Quotes:

“They see the people who are shooting it up. But what they don't see is the huge number of people who come once a month and they’re teachers and they’re business owners, and they are people in our community . . . And these people are able to live life as fully productive members of our society.”

Evolving Policy

Participants in law enforcement in particular noted a positive shift in understanding, attitudes, and policies related to individuals who use substances. Participants felt they had more options in how to address a substance use-related issue than previous “zero tolerance” approaches. Participants acknowledged having significant discretion in how to approach lower-level interactions and issues. This was acknowledged as helping to divert individuals to resources rather than incarceration. Participants also cited increased and improved communication and

collaboration, both between law enforcement agencies and departments (i.e., sheriff's department and probation officers, drug court and local/regional judges), as well as between law enforcement and external service agencies.

Illustrative quotes

"I think [response to substance use is improving] because we've changed our policies so much from one violation and you're out, to you need to be using evidence-based practices. You need to be getting a risk assessment with them and focusing on their needs and their triggers."

"I think what is working is the communication between some agencies, I think our partnership with law enforcement, at some, in some levels, is really beneficial because I think that there are a lot of people in law enforcement and with probation, especially, that are seeing the need for mental health to be addressed along with legal issues, addiction, that sort of thing."

Recovery Community/Leveraging Lived Experience

Participants widely acknowledged that recovery communities, and Celebrate Recovery specifically, were instrumental in filling gaps in resources for people who use substances and their families. Participants cited the openness of these groups in welcoming individuals at any stage and type of substance use. Participants also noted that these groups also provided for some social determinants of health related to substance use, including meals, childcare, informal transportation, and psychosocial support. Additionally, some participants acknowledged the value of interacting on a human level in the home of individuals who use substances - both in terms of creating a supportive pathway to resources, but also in terms of receiving a deep and nuanced education around substance use in the county.

Illustrative Quotes

"Celebrate Recovery that a lot of the churches are doing has been very helpful. You don't have to fit a certain mold. There's childcare there's a meal provided it meets some basic needs. And so that has been the most successful:

"I think showing people what change can look like is really helpful. And I think seeing people in the community doing that is how people say Oh, I didn't think I could change."

What is Getting in the Way of Progress in Yancey County?

Related questions asked:

- *What is hindering the SUD workforce?*

Lack of Direct SUD Resources

Participants discussed a lack of SUD resources, including detox, treatment, and re-entry support. Some of these resources do not exist in Yancey County, like detox facilities, and so individuals are being sent to the ER, to jail, or to Asheville for support, contributing to what participants acknowledged was an overloading of those resources as well. For resources that do exist, both in

Yancey and within a reasonable travel distance, availability is scarce, so facilities will implement strict intake criteria and maintain long waiting lists, making it very difficult to place individuals.

Illustrative Quotes

“If they have no insurance or they have Medicaid, there are two places to go for detox. And not in our county at all. And two places to go for rehab, short term rehab. And so those places have a huge waitlist. And they're great programs. And if you're in a place where you really need to be in rehab, or you're court mandated to go to rehab. You know, sometimes you can't wait three weeks.”

Lack of Social Determinants Support

Participants also noted a serious shortage of supports for the social determinants of health related to substance use, including employment, housing, childcare, and psychosocial support.

Participants also noted a lag in policy advocacy for harm reduction initiatives like MAT and decriminalization.

Transportation and housing emerged as the two biggest threats to resource access. In a rural area like Yancey County, the lack of resources is exacerbated by the physical distances between them. Revoked licenses related to substance use, lack of public transportation, and exorbitant fuel costs were cited as key elements of the transportation crisis. A shortage of affordable housing was identified as a major barrier, as well as stigma against individuals with substance charges on their records. Participants noted that individuals were forced into unsafe and exploitative situations to meet their needs, including living with family members who are currently experiencing active use, exchanging domestic labor and sex for accommodations, and living in abandoned structures without power or water.

Lack of childcare was cited as a major barrier to accessing and persisting in treatment and recovery activities.

There was a decided split on whether employment was a barrier at present, with participants acknowledge that since COVID, employers are desperate enough for labor to overlook factors that would have been deal breakers before. There is also the challenge that employment can lead to becoming ineligible for critical services like Medicaid, food and housing assistance, and other supports. It can take several years for going to work to contribute to upward mobility for individuals who have previously relied on social services.

Illustrative Quotes

“A lot of them lose their driver's license due to being in drug treatment court. And if we're expecting them to do all these things, are we setting them up for failure?”*

“Housing is, I call it a crisis. You cannot find housing. There's people you can get on HUD, but you're so far down on the list or if you're lucky enough to find a place you kind of stuck there and you gotta hope that the good landlord because we've got a lot of families in that situation.”

“I feel like right now, employers need people so bad they’re willing to overlook some things. [One place] is even inviting people back to work even if you’ve been fired.”

**Note: participant feedback clarified that drug court participants do not automatically lose their driver’s license solely as a result of participating in drug court. A DWI charge that results in drug court participation will involve license surrender.*

Barriers to recruiting and keeping adequate SUD workforce

Contributing to the lack of services is the understaffing of the SUD workforce. Participants acknowledged that this is not necessarily always available roles that go unfilled, but roles that don’t even exist in local agencies because of lack of funding as well as a lack of qualified professionals to fill them. Many roles require advanced degrees, and there are few programs nearby. Wages are also a major barrier to enticing individuals to work in SUD in rural counties. Participants also noted a multi-faceted crisis of burnout. This included service providers who interact with individuals in crisis in ways they are untrained to address because there is nowhere else for them to go. It also included the acknowledgment that discussion of the SUD field is very negative, and it’s difficult to recruit or retain individuals to what is seen as a struggling field.

Illustrative Quotes

“A lot of jobs on the mental health side of things require certain licenses and certain things like that. We don't have that many programs in this area, this part of the country to get those degrees to get those licenses. the more we expand, the more clients that could take on you know what I mean?”

Psychosocial Determinants

Participants again cited the cyclical/generational nature of the substance use “crisis” in the area as a barrier. Without addressing generational and family trauma, they say individuals will continue to turn to substances to cope. Also, without housing and re-entry resources, individuals returning from rehab or jail are forced back into the same environments and relationships that were associated with their past substance use. Participants also noted the immense mental and emotional hurdles of admitting the need for help, seeking out support, and persisting in the face of stigma, disconnection, and continued poverty, hunger, and homelessness.

Illustrative Quotes

“And if your basic needs aren't met, you're not able to do anything else. You're not able to manage your mental health. You're not able to get an education. You're not really even able to be a parent if you're hungry and being abused, you know.”

“It's hard for people who are going right back into the same situations with family and friends and boyfriends and girlfriends for us. And it's just like this never-ending cycle.”

What’s missing that could help address opioid and other substance use treatment and recovery in Yancey County?

Related questions asked:

- *Are you aware of things that have worked elsewhere?*
- *Who else has a role to play?*

More Dedicated SUD Resources

Participants widely called for more dedicated SUD resources like detox, physical and psychological treatment, and resource coordination. They expressed the need for these resources to be targeted to individuals who use substances, as well as flexible enough to provide individualized care for individuals at different stages of SUD, and who use different types of substances.

Illustrative Quotes

“You can't lump everybody into one category, say, okay, all three of y'all use this substance. And so, all three of y'all probably need to go do this. I mean, that's just, you know, has to be individualized. And having somebody that can dedicate the time to sit down and talk with these people one on one and figure out a plan. This is gonna be the best thing that suits you as an individual, you know, and sometimes it may be nothing more than okay, you know, we're going to refer you to someone”

More social and psychosocial supports

Participants reiterated the need for housing, transportation and childcare. They also expressed a need for more mental health and emotional support services, both to preempt substance use as a response to trauma, and as a way to help individuals maintain recovery.

Participants also expressed a need for safer, engaging, substance free activities. These activities were discussed in the context of youth and prevention, as well as in the context of giving adults in recovery something to distract themselves with.

Illustrative Quotes

“There needs to be more treatment resources for mental health, more attention to co-occurring disorders, inpatient treatments and transitional housing programs.”

More Coordination and Communication Between Stakeholders

Participants expressed the need for efforts to be more coordinated, and for open, authentic communication to fuel substance use interventions. Continued investment in positive relationships between law enforcement and social service agencies was high on the list. Continued improvement of the relationships, understanding, and trust between law enforcement agencies and departments, such as judges, the sheriff's department, and probation/parole court, were cited as important to ensuring appropriate response and support of individuals who use substances. Also, SUD service providers expressed a need to collaborate more effectively with the medical community. Finally, more connection between the substance use/recovery community and service providers (and even the wider community) was acknowledged as being needed to understand and appropriately support those who use substances.

Illustrative Quotes

“I would love for us to be able, when people are struggling, to offer them support instead of legal consequences. I would love for that to be an option.”

“Others who have a role to play include the medical community definitely. mental health. I think law enforcement. I think school, the community in general, churches and other businesses. I think the world is on fire, and people are just trying to survive. But I think the more everybody's individually fighting for their own right to survive, we're kind of missing the big picture. And I think that's really what happens is people are isolating, and they're in trouble and they're isolating. And the more the community can work together, the more we can see what's going on.”

“Learning about the issue and addressing it happens best in the home. There's a power that comes from being on someone's couch and in the midst of their life. sharing that moment with them, knowing that there's nothing really to hide.”

Appendix E: Question Guide and Interviewer Script, Listening Session with People in Recovery

Introduction (10 min total)

Welcome! Thank you for taking the time to join our discussion today. My name is _____ and I will be guiding us through our conversation today. (*NOTE: Introduce your assistant moderator/notetaker or have them introduce themselves*).

I'm going to take about 10 minutes to give you some background on this project and how our listening session will work today before we jump into our discussion.

We are with WNC Health Network, a nonprofit organization serving western North Carolina. We are helping Yancey County government with a needs assessment process to inform how the county will use its [opioid settlement](#) funding. This needs assessment and planning process is funded by Dogwood Health Trust and is being guided by a steering committee of local government and community organization staff.

The purpose of this listening session today is to learn from you as someone in recovery about your perspectives on what is helping or hurting efforts to access treatment or recovery and maintain recovery in Yancey County. This session will also help us understand your thoughts on what would work to do better in each of these areas. If you have experiences related to seeking work or being in jail or on probation or parole while wanting or needing substance use treatment or recovery help, you may also be asked to talk about those experiences if you choose. You will NOT be asked to share any personal health information.

Any information you share will not be connected with your name or any other personal identifying information. The information you share today will be included in a needs assessment and strategic plan for Yancey County. It may also be used in the future by Yancey County government, other organizations or groups in the community, and/or WNC Health Network to inform local or regional projects and strategies on substance use.

Taking part in this discussion is voluntary. You do not have to take part if you do not want to. If any questions make you feel uncomfortable, you do not have to answer them. You may leave the group at any time for any reason. You were asked to sign a consent form telling us you understand all of this and still want to take part in this discussion. Please make sure [notetaker] gets your signed consent form before you leave.

Our conversation is going to take up to an hour and a half. We have a set of questions that we will be asking you, and we appreciate you helping us stay on topic so we can get through everything!

We will take notes during the discussion, as well as audio record the session just to help fill in what we miss with our notes. We won't share the recording with anyone, and your comments are anonymous. This means that we will not include any names or other identifying information about you in any reports or information we share.

You probably already have some agreements or guidelines as a Celebrate Recovery group, and I invite you to keep those in mind for our conversation today. I'd also like to offer a few more guidelines and invitations for today:

- Please do not share any information that you hear from others during this session outside of this space. This means you will not share a story or experience that identifies someone else by name or shares identifying details about them. This also means you will do your best to join from a quiet space where others will not overhear the conversation.
- I invite you to choose how much and what you share in this conversation. Please share at whatever level and only what you feel comfortable sharing. As I mentioned, you can choose to not respond to any of the questions I ask, and you can leave at any time.
- This conversation may bring up difficult emotions or experiences. I invite you to take care of yourself and stop or take breaks if you need. Feel free to communicate with me or one of my colleagues directly if you need or want to. If I sense that the conversation is becoming unsafe in some way, I will intervene.
- There are no wrong answers in our discussion today. Please respectfully share your point of view even if it is different from others in the group - one of our goals is that we hear a diverse range of perspectives, but also learn where there are areas of agreement.

Are there any other group agreements you would like in place for our conversation today?

Do you have any questions before we begin?

Let's get started!

1. Let's go around and have each of you tell me your name, and one thing you are looking forward to this summer.
2. Now I'll open the next questions up for whomever wants to share. In thinking about your current recovery – what about your community is SUPPORTIVE of your recovery? What HELPS you stay on your path of recovery?
3. Still thinking about your current recovery – now tell me what things in your community GET IN THE WAY of successful recovery? What HURTS your efforts to stay on a path of recovery?
4. Now I'm going to ask some questions about accessing treatment or moving into recovery. Thinking of a time when you wanted to access treatment or move into recovery, what made it EASY to access these supports?
5. Now, still thinking about a time when you wanted to access treatment or move into recovery, what made it DIFFICULT to access these supports?

6. Now, I'm going to ask you some questions about what you think would work better for this community to address these issues. What do you think would work to do better to support people to move from active use into treatment and/or recovery?
7. What do you think would work to do better to support people in maintaining recovery in Yancey County?
8. What would work to do better to better support people who use substances or are in recovery who are seeking work?
9. What would work to do better to support people who use substances or are in recovery and are in jail, or on probation or parole?
10. [Closing Question] This is our final question today and comes from concerns we've heard from people in recovery in nearby counties, and also from support professionals, that there can be negative judgments or perceptions of people who use substances. Sometimes these negative perceptions are called "stigmas," and they can sometimes show up in the community, in health care or treatment settings, and in other places. We want to hear more about this from you. What ideas do you have about what could help to address these negative perceptions, judgments, or stigmas?

[Conclusion] Thank you again for taking the time today to share your experiences and expertise with us! If you have any questions after today, you can reach us at [*share contact information*]. I hope you have a wonderful rest of your day!

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

Script: My name is _____, and I work on a team with WNC Health Network, a regional nonprofit that is supporting opioid planning efforts in Yancey County. We are supporting Yancey County government in a needs assessment process to inform planning for how the county's [opioid settlement](#) funding will be used. This needs assessment process will look at existing data about substance use in Yancey County and will also gather additional information from key informants like you, and people in recovery, 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.

The information from this interview will be used to help partners and decision makers in Yancey County better understand this issue and select strategies to improve how we address substance use prevention, treatment and recovery. This information will also be included in a needs assessment report and strategic plan that will be reported to the state as part of Yancey County's Memorandum of Understanding to receive opioid settlement funds.

While I won't share your name or title in any notes or summaries from our conversation, I may identify the sector you work in [*name the sector, e.g., law enforcement, etc.*] to the extent it helps clarify the unique experiences and 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 Yancey County and why you are involved with efforts to address it.**
 - a. [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.)?
 - b. [FOR PROVIDERS]** How are folks finding community? What are their sources of belonging?
 - c. [FOR CRIMINAL JUSTICE and PROVIDERS]** What are you and your staff experiencing as you engage with people who use substances in the community?
 - d. [FOR SOCIAL SERVICES STAFF]** How are families in Yancey County affected?
- 2. What is contributing to progress on this issue within your (role, organization, sector)?** These could be services, resources, political and cultural factors, community attitudes or opinions, etc. 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. ***[FOR CRIMINAL JUSTICE]:*** *What are you seeing/experiencing within the criminal justice system (such as jail, drug court, probation and parole programs, etc.) that is helping/supporting addressing the issue?*
3. **What is getting in the way of progress on this issue within your (sector, organization, role)?** These could be services, resources, political and cultural factors, community attitudes or opinions, etc. 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. ***[FOR CRIMINAL JUSTICE and PROVIDERS]:*** *What challenges do you see/experience within the [healthcare/behavioral health/criminal justice] system (jail, drug court, probation, and parole programs, etc.) around supporting people who use substances, connecting them to resources, etc.?*
4. ***[FOR PROVIDERS ONLY]*** **What (if anything) is getting in the way of an adequate SUD/ODU workforce in Yancey County?** What are the key challenges or issues related to ensuring a skilled, effective SUD/ODU workforce?
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. **You may or may not have information for this question, and that's okay. 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.
7. **What's missing in Yancey County that would help address substance use, including opioid use, in the community? What are the major gaps?**
8. ***[IF TIME]*** **Who else has a role to play in addressing this issue in Yancey 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 G: What’s Already Happening in Yancey 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 Yancey County.

“Current Actions” listed in the 2021 Yancey County Community Health Assessment (adapted list):

- PATH (STOP grant, Drug Free Communities grant)
- MYSATF, Home Remedies Program, Community Ambassador Real Equality program
- Empowering Youth and Families programs (for middle school families)
- Mountain Challenge
- Health Rocks! curriculum in middle school classrooms
- MCHP Behavioral Health team
- Healthy Yancey
- Reconciliation House
- Mobile Crisis Unit
- Blue Ridge Partnership for Children
- New Yancey Community Paramedic Program
- Opioid Settlement Planning

Other existing local initiatives from (Mitchell-Yancey Substance Abuse Task Force and AMY Wellness Foundation, 2021):

- PATH, Home Remedies and other programs
- Drug Free Communities grant funding
- Drug Treatment Court (MRJC Collaborative w/ Justice System)
- Harm reduction services

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 BH Urgent care/crisis hotlines; substance use services (counseling, treatment, diversion services); peer support/support groups; MH 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 at: <https://pathwnc.org/wp-content/uploads/2021/11/2021-SA-MH-Resource-Guide-FINAL.pdf>

What is already happening in support of the MYSATF mission? *(Adapted to be Yancey-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.
- “Sticker Shock” Campaign

Harm Reduction
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Celebrate Recovery at Bear Creek Baptist and Higgins Memorial UMC • MY Community Cares Summit and Recovery Celebration • AA

WHAT'S ALREADY HAPPENING IN AVERY, MITCHELL, AND YANCEY COUNTIES TO ADDRESS MENTAL HEALTH?

Updated list from 2020 AMY Wellness Foundation Regional Convening report (AMY Wellness Foundation, 2020)

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	Yancey 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 they begin their transition to adulthood (youth ages 15-17)	Under One Sky
"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
Inter-agency meetings—every 3 months	?
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
Project Lifesaver	Yancey County Sheriff's Department
Domestic violence shelter/Human trafficking	Our Voice, Oasis

Appendix H: References

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