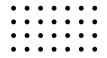# 2025

# Recovery Ecosystem Report

A comprehensive evaluation of resources and gaps plus recommendations for Western North Carolina.

# Table of Contents

Executive

**Summary**

A detailed overview of the entire 12-county region summarizing key findings and next steps.

# Regional Overview

Substance use and the opioid crisis have gripped the nation over the past several years. In 2023 48.5 million individuals aged 12 and older reported having a Substance Use Disorder (SUD) and over 84,000 Americans lost their lives from a drug overdose.*

SUDs are also highly prevalent among individuals with criminal justice involvement. Research indicates that between 58% and 68% of adults in U.S. jails and prisons meet the SUD criteria.**

In the 12 western North Carolina counties covered in this report, eight are rated in the state's highest category of overdose mortality. Two counties are rated "high" with Henderson and Watauga counties rated as "middle." According to 2023 data, Burke and Rutherford counties also have some of the highest overdose death rates in the state with 67.9 and 71.4 per 100,000, respectively.***

In May of 2024, the Fletcher Group was contracted by the Burke County Health Department of North Carolina to complete a scan of the existing recovery ecosystem in Burke and surrounding counties. The goal was to develop collaborative relationships between county leaders so that regional resources can be leveraged and gaps addressed as effectively and efficiently as possible.

*NSDUH, 2024 & CDC, 2025  **Drug Use, Dependence, & Abuse Among State Prisoners & Jail Inmates, 2017  ***NCDHHS

# Regional Overview (continued)

Addressing SUD is challenging, as individuals face a substantial set of barriers associated with prior use such as criminal justice-involvement, daunting socioeconomic conditions, and inadequate access to effective recovery support services. Such challenges are common among those seeking recovery from an SUD in the region under study which consists of 12 counties located amidst the Blue Ridge Mountains in Western North Carolina. Although there are a few small cities in the area, most of the region is extremely rural. The 12-county region covers 5,145 square miles with a total population of 918,000 for an average of 180 people per square mile. In contrast, an urban area has a population density of 2,343 people per square mile. Econonic conditions vary widely with the poverty rates exceeding the national average of 11.1%. Henderson County has one of the lowest poverty rates in the region at 19.7% while Watauga County has one of the highest at 34.5%. The average for the 12-county region is 25.44% (National Institute of Minority Health and Health Disparities).

Economic challenges are also reflected in the region's low employment rates, ranging from a low of 38% in Avery County to a high of 51% in McDowell County. (The national average is 61% of the population being employed.) These economic factors create additional challenges in addressing the health-related social needs that are critical to supporting individuals with a substance use disorder.

Taken together, the 12-county region has limited service resources. For example, the national average for number of mental health professionals per100,000 people is 321.7. Two counties in this study exceed that rate with Watauga at 509.3 per 100,000 and Avery County at 495.1 per 100,000. However, Alexander at 79.4 and Lincoln at 81.4 have less than one-third the average number of mental health professionals in communities across the United States. Additionally, the region has a shortage of medical professionals and treatment programs for individuals with mental health and substance use conditions.

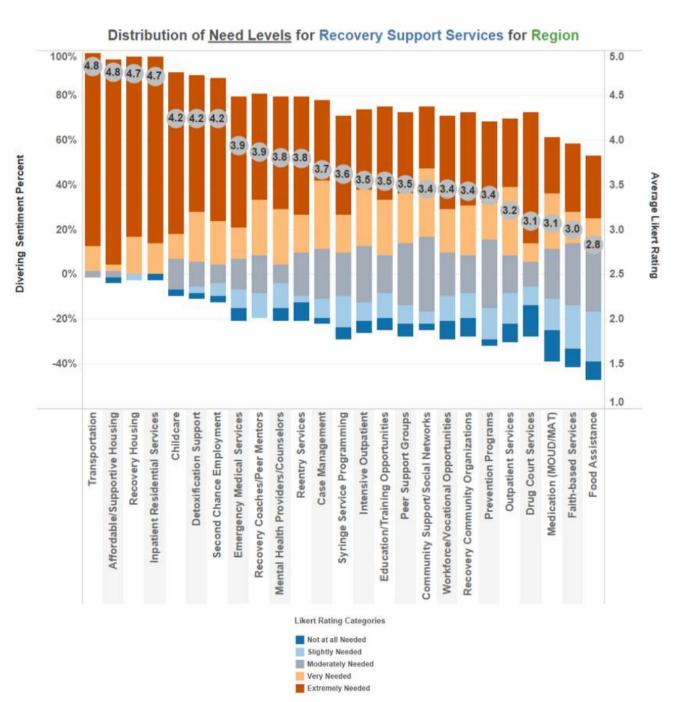* All data above is taken from the U.S. Census unless otherwise noted

# Resources

Although each county in this study is unique, there are many similarities when we look at each community's recovery ecosystem.* As is common in rural areas where resources are limited, the communities come together to provide services to those most in need. It is no different in many Western North Carolina counties where robust community collaboration and partnerships are a strength. Additional regional strengths include access to Medication-Assisted Tratment (MAT) providers, Syringe Service Programs, and community initiatives such as street outreach. The latter includes Post Overdose Response Teams (PORT), Community Paramedicine programs, and diversion programs such as Recovery Courts and Law Enforcement Assisted Diversion (LEAD) programs. Several organizations work throughout the region to provide recovery services, including *Olive Branch Ministries*, *High Country Community Health, Integrated Health of Greater Hickory*, *McLeod Health,* and *RHA Health*. Education and training institutions are also available, such as *Piedmont Community College*, *Catawba Valley Community College*, and *Blue Ridge Community College*, that can be engaged as effective community partners to address the workforce development/educational needs of those in recovery.



* The comprehensive, evidence-based approach that creates a supportive environment for individuals and families to recover from substance use disorder

# Gaps

Based on interviews with regional stakeholders, many counties share similar needs. For example, the top five appearing in the graph below—affordable housing, transportation, inpatient treatment, recovery housing, and childcare—are the same across all 12 counties.

## Distribution of Need Levels for Recovery Support Services for Region



Likert Rating Categories
- Not at all Needed
- Slightly Needed
- Moderately Needed
- Very Needed
- Extremely Needed

# Gaps
## (continued)

In addition, the data reviewed across counties points to the need for recruiting mental health professionals and expanding training/educational programs. A considerable need exists for economic development across the region that focuses on job development and meaningful employment opportunities.

The recovery ecosystem is a broad holistic approach with coordination across a range of community programs, services, and supports. In the western North Carolina region, the geographic changes and limited population density points to the value of collaboration and cooperation within the region to participate in supporting high-capacity programs, such as a recovery center that can house 75 to 100 individuals for six months to a year or longer that reflects best practice in assisting individuals to achieve long-term recovery.

# What's Needed

The word map below is based on data gathered from stakeholder interviews.

**If you could acquire additional recovery support services, what would they be?**

# Barriers

In assessing the needs of the 12 counties in this study, the Fletcher Group also explored some of the challenges and perceived barriers identified by key stakeholders. Not surprisingly, funding was identified as the most significant challenge to establishing sustainable programs and services.

Stigma was also frequently mentioned as a barrier. Stigma often leads to a lack of community support for new programs and services as well as NIMBYism, the "Not In My Back Yard" reaction of some residents to the proposed introduction of a new recovery program or facility.

Logistical challenges such as adequate and accessible transportation, the need for affordable and attainable housing, and expanded employment opportunities all reflect the overarching challenges of health-related social needs. Service capacity can be expressed as a limitation in various ways. "Not enough Medicaid providers," "not enough mental health providers," "staff turnover," and "lack of staff" are a few of the statements captured from key respondents (see figure on following page).

Finally, infrastructure challenges are expected to worsen due to the flooding caused by Hurricane Helene. The significant restoration work that will be required will of course compete for funding.

Furthermore, the flooding's impact will severely challenge the resilience of individual residents which in turn may increase the risks associated with substance use.

# Barriers

(continued)

Stigma Of SUD

No SUD Primary Diagnosis Provider That Has Beds

No Walk In Services

Not Enough Medicaid Providers In The County

Stigma

Low Barrier Homeless Shelter

Lack Of Collaboration

Lack Of Staff Are Big Barriers As Well As Change/Turnover

Not Enough Mental Health Providers

Small Handful Of 12 Step Meetings

Lack Of Potential Workforce

Building Capacity

Constant Turnover

Must Give Three Days Notice For In-Town Travel

Transportation

People Would Choose MAT But It Is Too Expensive

Lack Of Certified Peers

No Crisis Services

Not Enough Staff And Lack Of Facilities To Refer To

Funding

# The Path Forward

The Fletcher Group formed a Western Regional Action Partnership (WRAP) in order to increase collaboration among the counties, develop a shared vision, and establish a plan to maximize community resources. This partnership is made up of the county Opioid Abatement Coordinators. This regional group meets regularly to identify issues and concerns and to define solutions that can be shared across the region to provide recovery support services. WRAP provides the foundation, along with this comprehensive review of needs and current service capacity, to establish an effective regional response to the devastation that substance use is having on residents. The path forward is informed by the recommendations appearing on the following pages.

# Recommendations

## 1. Expand Existing Programs

Continue to fund and expand recovery support services and diversion programs, including initiatives like mobile units that provide medication-assisted treatments. Expand risk reduction programs such as Naloxone distribution and Syringe Service Programs, Post Overdose Response Teams, Community Paramedicine, Recovery Court, and Law Enforcement-Assisted Diversion programs.

## 2. Increase Access to Treatment and Recovery Housing

Increase access to residential treatment and recovery housing options. Withdrawal management and long-term residential treatment are crucial for individuals beginning the recovery process. A "recovery campus," for example, is a comprehensive program that can serve an entire region by providing, through multiple access points, the complete continuum of care needed to address treatment and recovery, access to healthcare, long-term recovery housing, education and training, workforce development, transportation, childcare, and transitional housing such as a "scholar house" where residents are enrolled in higher education.

# Recommendations
(continued)

## 3. Develop Affordable and Attainable Housing

Lack of housing was listed as the highest need in the region with some counties having as high as 50% of renters struggling to pay rent. This need has a huge community impact.

## 4. Develop Fair-Chance Employment

Establish and promote Fair-Chance employment programs that reduce hiring barriers for qualified applicants with criminal records. Examples of Fair-Chance employment practices include delaying background checks until later in the hiring process or assessing records on a case-by-case basis relevant to the job.

Simultaneously engage local colleges to collaborate with recovery programs. Together, they can identify needs and develop innovative education and training programs tailored for individuals in recovery, aligning those programs with regional workforce demands.

Expand "Recovery to Work" programs that bridge the gap between recovery programs, local employers, and individuals seeking employment. The programs can focus on helping individuals develop necessary knowledge and skills while equipping employers to hire and effectively support employees in recovery.

Finally, ensure that training programs remain relevant by collaborating with regional economic development organizations to identify and understand the specific employment needs of emerging businesses and industries.

# Recommendations

(continued)

## 5. Address Recovery Barriers

Address recovery support barriers such as transportation and childcare. Explore strategies to address financial barriers faced by residents in accessing treatment and recovery supportive services. Transportation and childcare were specifically mentioned as a need in the region.

## 6. Increase Mental Health and SUD Services

Increase access to mental health and substance use services. Only three of the 12 counties have the number of mental health professionals needed to meet the national benchmark of 321.7 per 100,000. Numerous key informants noted a region-wide need for more staff and more peer supports. Strategies to increase the number of mental health/substance use treatment providers and peer support specialists can be developed by collaborating with community colleges and the University of North Carolina, by expanding telehealth programs and mobile access teams, and by expanding integrated care programs with hospitals and primary care clinics that treat individuals with co-occurring SUDs and mental health conditions.

# Solution Examples

As stakeholders in the region look for collaborative solutions, two examples of regional projects from other states and a project from North Carolina illustrate the dramatic impact such projects can have.

## The Life Learning Center

The *Life Learning Center* in Covington, Kentucky (Greater Cincinnati) helps people achieve "transformative change" by offering individuals dignity, educational opportunities, and job placement services. It provides ongoing support by acting as a certified recovery community center offering support groups, a fitness center, a dining hall, a computer lab, and a "dignity store" for those seeking long-term recovery. The *Life Learning Center* is currently expanding across the state of Kentucky to bring its model of support and empowerment to other communities in need.

## The Healing Place

*The Healing Place* in Wilmington, North Carolina is an excellent example of counties collaborating to develop impactful recovery ecosystem programming. *The Healing Place* model originated in Louisville, Kentucky before being invited to New Hanover County, North Carolina. Using information from the National Household Survey, *The Healing Place* identified the number of beds needed by surrounding counties and then partnered with those counties to develop sustainable funding.

# Solution Examples (continued)

## Cumberland River RHOAR Center

The Cumberland River RHOAR (Recovery, Hope, Opportunity and Resilience) Center in Middlesboro, Kentucky is a holistic treatment and recovery program combining peer support, therapeutic communities, and medication assisted treatment along with social supports designed to address substance use disorder and the accompanying disparities and gaps between recovery and meaningful, sustainable employment in recovery. Holistic services and peer-based recovery supports are available to all residents. A holistic approach includes Recovery Housing with the option for residents to engage at a higher intensity level of service. As an integration of recovery housing (RH) and clinical outpatient treatment, the program expands on the successful evidence-based Recovery Kentucky model with a social recovery approach to include Medication for Addiction Treatment (MAT). RHOAR establishes a person-centered focus adjusting the intensity of services based on an assessment of the individual's needs and preferences. Notably, the RHOAR model addresses four significant factors of recovery in one place: treatment, education, employment, and social support. In addition, RHOAR integrates RH and MAT while enhancing individualized screening, mentorship, and employment services that help clients launch meaningful careers.

# Conclusion
## For the 12-County Region

## COLLABORATION IS KEY

A comprehensive study was conducted by the Fletcher Group in partnership with the Burke County Health Department and representatives from 12 counties in western North Carolina. Substance use is a significant factor in the region with overdose deaths exceeding the state and national rate in six of the 12 counties. A number of services and programs were identified across the region reflecting the priorities of each county. However, there is a lack of mental health professionals and healthcare providers across the region that limits timely access to services as well as limited services to address withdrawal management, limited long-term recovery residential services, and limited resources to address health related social needs.



The Western Regional Action Partnership established as part of this initiative is positioned to move forward in promoting a comprehensive and coordinated response to assist individuals with substance use disorder. The partnership shares information across county lines and identifies opportunities to combine county resources to facilitate the development of a comprehensive region-wide recovery program addressing prevention, treatment, and recovery. This detailed report provides needed information for leading the path forward.

# About This Report

With funding from the Dogwood Health Trust Foundation in Asheville, the Burke County Health Department contracted the Fletcher Group in May of 2024 to complete a scan of the region's existing recovery ecosystem. The goal was to see if regional resources could be collaboratively leveraged to more effectively address the significant challenges posed by substance and opioid use across the region.

## Main Elements

**RESOURCES**

**GAPS**

**SOLUTIONS**

# About This Report

## (continued)

## The Fletcher Group

The Fletcher Group is a 501c3 not-for-profit founded in 2017 that provides technical assistance to rural communities that need recovery housing and other evidence-based services to combat the ravages of the opioid epidemic. More information can be found at fletchergroup.org.
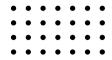
## Counties Surveyed

As requested by the collaborating project sponsor, the examination of the region's recovery ecosystem spanned the following 12 counties in western North Carolina: Alexander, Avery, Burke, Caldwell, Catawba, Cleveland, Henderson, Lincoln, McDowell, Rutherford, Watauga, and Wilkes.

## Methodology

This report describes the methodology used to assess the region's recovery ecosystems as well as county-by-county findings, recommendations, and collaborative efforts that can be applied to support residents in recovery.

## 12

COUNTIES IN WESTERN
NORTH CAROLINA

# Methodology

Evaluating a recovery ecosystem involves the assessment of resources available across the SUD continuum including clinical treatment, healthcare opportunities, safe and affordable housing, social and peer supports, education and training, and meaningful employment.

The recovery ecosystem framework identifies health-related social, physical, and SUD recovery-focused supports in the ecological system (individual, interpersonal, organizational, community, and policy levels) that create environments to minimize barriers and create opportunities where individuals seeking recovery from SUD can flourish.

An assessment of the recovery ecosystem takes into view factors that are greatly impacted by health-related social needs (HRSNs) and that impact substance use disorder and recovery. For this assessment, the recovery ecosystem was defined using the five main areas described on the following pages.

## 5 Main Elements

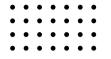| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| SUD TREATMENT SERVICES | CONTINUUM OF SUD SUPPORT | INFRASTRUCTURE AND SOCIAL FACTORS | POLICY AND LEGAL ENVIRONMENT | COORDINATION AND COLLABORATION |

# 5 Main Elements

## 1. SUD Treatment Services

- Short-term detoxification
- Inpatient and Residential Treatment Services
- Outpatient Treatment Services
- Medication for Addiction Treatment (MAT) providers
- Counselors and Mental Health Service Providers

## 2. Continuum of SUD Support

- Recovery Residences/Sober Living Homes
- Peer Support Groups and Mutual Help Groups (AA, NA)
- Recovery Community Organizations
- Recovery Coaches/Peer Mentors
- Syringe Service Programs
- Drug Courts
- Prevention Services
- Reentry Services
- Community Paramedicine Programs

## 3. Infrastructure and Social Factors

- Transportation Accessibility
- Affordable and Supportive Housing (Non-SUD related)
- Employment and Vocational Opportunities
- Educational Opportunities (GED, Adult Ed)
- Post-Secondary Educational Opportunities
- Community Support Networks/Social Associations
- Access to healthcare and social services
- Food Assistance
- Legal Aid

## 4. Policy and Legal Environment

- State and Local Policies Supportive of Recovery
- Legal Deflection and Diversion Programs
- Employer Policies and Fair-Chance Employment Initiatives
- Anti-discrimination laws

## 5. Coordination and Collaboration

- Integrated Case Management Services
- Information sharing platforms
- Community education and outreach initiatives
- Post-overdose Response Teams (PORT)

# How and Why

The 12-county recovery ecosystem assessment was completed by the Fletcher Group team between May of 2024 and February of 2025. The counties were identified by the project sponsor, the Burke County Health Department. The team employed a mixed methods approach including an initial formative assessment of online available county-level data sources, regular meetings with a regional workgroup that included key partners serving the target counties, the conduct of key informant "listening sessions," as well as an assessment survey.

## Formative Online County Assessment

For the formative county assessment, online sources were used to identify and capture the following pre-existing data on the 12 counties:

- Resources within the five major recovery ecosystem elements including SUD treatment services, the continuum of SUD support, infrastructure and social factors, policy and legal environment, and coordination and collaboration
- Secondary county-level data available on demographics, economic data, SUD morbidity, mortality, and associated indicators related to outcomes associated with the recovery ecosystem
- County-level community health assessments (CHAs) and associated community health improvement plans (CHIPS), especially pertaining to those associated with recovery ecosystems (i.e., SUD-related)

# How and Why

(continued)

## Recurring Meetings with the Regional Workgroup

A key part of the assessment was to engage a regional work group comprised of Opioid Settlement Coordinators representing the 12-county area. These coordinators were identified early on as being in the best position to inform and guide the assessment. In addition, they are positioned to carry out recommendations at the conclusion of the assessment process. The purpose of this work group was twofold—to provide direct information and to inform the assessment process.

Outreach was conducted and the Opioid Settlement Coordinators were invited to attend a meeting in Burke County. Information about the assessment was shared at the meeting, and the team began to ask questions that would allow it to gather more information about the recovery ecosystem in the communities. As the team shared data from the formative search of resources identified in each county, the coordinators provided feedback, expressing concern about the general lack of recovery supports, particularly noting the scarcity of inpatient treatment and facilities providing withdrawal management services. Coordinators were engaged in providing a list of organizations and individuals working at the local community level who would be willing to participate in a listening session to provide insights and information on the strengths and challenges experienced at the local level.  Coordinators have been involved throughout the assessment process and have met monthly to review findings and offer feedback to further facilitate the analysis of the region's resources and service gaps.

# How and Why
## (continued)

## Listening Sessions and Needs Assessment Survey

Through the formative online assessment and recurring meetings with the regional workgroup, a list of key partners in each of the 12 counties was constructed. A total of 50 key partners were identified. (While every effort was made to identify key partners, the data collected may be incomplete and some providers might not have been identified.)

Team members conducted the listening sessions using a semi-structured interview guide and needs assessment survey. Interviews were conducted in person and online throughout the summer of 2024 and into early 2025. Each interview took 30-60 minutes to complete.

A Stakeholder Needs Assessment was developed to assist in systematic collection of data gleaned from the listening sessions.

At the end of September of 2024, Hurricane Helene made landfall and had a tremendous impact on many of the counties in the region that had been engaged by the team. The assessment process was significantly slowed as communities worked to respond to overwhelming loss and tragedy. Interviews paused during that time and restarted in mid-November, continuing into January. This natural disaster will have an ongoing impact on available resources in the recovery ecosystem as well as efforts to expand the quality and capacity of recovery services.

# Our Tools

Research tools play a crucial role in ensuring the success, accuracy, and validity of data collection, analysis, visualization, and reporting.

In keeping with the specific objectives, context, and requirements of this evaluation, the Fletcher Group selected the following three established data sources to help us produce a comprehensive overview of the scope and complexity of substance use in each of the 12 counties evaluated in western North Carolina.

## 3 Important Tools

| FORMATIVE COUNTY ONLINE ASSESSMENT | CDC WONDER DATA | RECOVERY ECOSYSTEM INDEX |
|---|---|---|

# About
# Our Tools

## 1. Formative County Online Assessment

To develop an understanding of the landscape of the counties included in this initiative, county profiles were developed using existing data sources. Data elements included demographics, recovery ecosystem index indicators, an economically distressed community score, county health priority areas, and associated SUD-related initiatives. Data was gathered in June 2024.

Demographic information was obtained from the U.S. Census Bureau (https://data.census.gov/table). The following counties obtained information from the American Community Survey five-year Estimate 2022: Alexander, Avery, Henderson, McDowell, Rutherford, Watauga, and Wilkes. Burke, Caldwell, Catawaba, Cleveland, and Lincoln counties obtained information from the American Community Survey Data 2022.

## 2. CDC Wonder Data

- Drug Overdose Mortality: This is the crude mortality rate per 100,000 age 15-64. Underlying cause-of-death codes: X40-X44, X60-X64, X85, and Y10-Y14. Data source: CDC Wonder (2018-2021).
- Opioid Overdose Mortality: This is the crude mortality rate per 100,000 age 15-64. Underlying cause-of-death codes: X40-X44, X60-X64, X85, and Y10-Y14. Multiple cause-of-death codes: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6.
- Note: There are variations in reporting across states for the ICD-10 codes on contributing causes. Therefore, these estimates should be used with caution. Data source: CDC Wonder (2018-2021).

# About
# Our Tools
(continued)

## 3. Recovery Ecosystem Index (REI)

The Recovery Ecosystem Index (REI) is used to measure the strength of rural county-level recovery ecosystems. It provides data to support community planning, programming, and technical assistance that can be used to strengthen recovery ecosystems throughout rural America.

The index is broken down into three components that impact the strength of a recovery ecosystem: 1) Substance Use Disorder Treatment, 2) Continuum of SUD Support, and 3) Infrastructure and Social.

REI provides a total county-level score ranging from one to five, one being the strongest and five the weakest. For a detailed explanation of REI's methodology, visit https://rsconnect.norc.org/recovery_ecosystem_index/ and click on "Methodology & Data" at the bottom of the page.

## Data Vs. Reality

Occasional discrepancies between REI data and on-the-ground realities underscore the need for a nuanced, community-driven approach that incorporates the voices of those with lived experience. By focusing on the recommendations in this report, counties can strengthen their recovery ecosystems to provide more effective support for residents seeking long-term recovery.

# REI Sub-Domains

The following specific sub-domains of the REI were chosen for review:

- Treatment facilities: The number of substance-use treatment facilities per 10,000 residents. Data source: SAMHSA (N-SSATS Data) (as of May 2023)
- Residential treatment facilities: The number of residential treatment facilities per 10,000 residents. Data Source: SAMHSA (N-SSATS Data) (as of May 2023)
- Rate of NA/SMART meetings in the community: The number of NA or SMART meetings per 100,000 residents. Data source: NA Meeting Search (as of May 2023) SMART Meeting Search  (as of June 2023)
- Mental health providers: The number of mental health providers per 100,000 residents. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers who treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care. Data source: County Health Rankings and Roadmaps (2022, data from CMS, National Provider Identification)
- Social associations: The number of social associations per 10,000 residents. Data Source: County Business Patterns (2020)
- Drug-Free Community Coalition: The value is 1 if there is at least one Drug-Free Communities coalition in the county and 0 if there are no Drug-Free Communities coalitions. Data source: ONDCP Lists of FY 2022 Drug Free Coalition Grant Recipients (as of May 2023)

# Other Information Sources

The following three additional information sources were drawn from to ensure the accuracy and validity of our findings.

## 3 Other Sources

| DISTRESSED COMMUNITY SCORE | COMMUNITY HEALTH PRIORITY AREAS AND PROGRAMS | STAKEHOLDER NEEDS ASSESSMENT |
|---|---|---|

# About Our Sources

## 1. Distressed Community Score

The Distressed Communities Index (DCI) brings attention to the deep disparities in economic well-being that separate U.S. communities. The latest census data is used to sort zip codes, counties, and congressional districts into five quintiles of well-being: *Prosperous*, *Comfortable*, *Mid-tier*, *At-Risk*, and *Distressed*. The index allows for the exploration of disparities within and across cities and states. "Change in business establishments" means the percentage change in the number of businesses established over the past five years. Data source: Census Business Patterns (2017-2021).

## 2. Community Health Priority Areas and Programs

The most recent Community Health Assessments were obtained for each county to determine county health priority areas. Data source: North Carolina Division of Public Health, (https://schs.dph.ncdhhs.gov/units/ldas/cha.htm). If addiction or substance use disorder was identified as a health priority area, we obtained corresponding program information from the Community Health Improvement Plans (CHIPs). Data source: North Carolina Division of Public Health: https://schs.dph.ncdhhs.gov/units/ldas/cha.html.

# About Our Sources
(continued)

## 3. Stakeholder Needs Assessment

The Fletcher Group developed the stakeholder assessment survey to support the systematic assessment of stakeholders supporting recovery ecosystem expansion efforts in the selected counties. The quantitative data sources mentioned above served as a baseline assessment for the evaluation of county-level barriers.

The data sources may have various limitations such as not reflecting true resource availability given the nuances around barriers to care, capacity limitations, etc. that are often present with systems of care. Thus, the key partner listening sessions along with regional workgroup meetings served to validate or expand upon current resources/barriers in each county and capture contextual data not reflected in the quantitative baseline sources.

The survey assessed stakeholders' perceived recovery support service gaps within the ecosystem as well as ecosystem barriers and facilitators. The survey was developed with the support of recovery subject matter experts.

Information was obtained between July 20 of 2024 and March 31 of 2025. A total of 39 individuals were interviewed. Stakeholders included individuals representing organizations that provide direct services (housing, RCOs, hospital/outpatient providers, shelters, etc.), governmental organizations (state/local government), the court system and law enforcement, etc. While every effort was made to identify key partners, the data collected may not be comprehensive and some providers might not have been identified.

# Key Findings

## County by County

## 2025
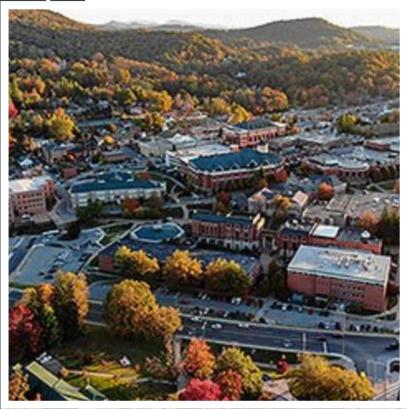
We now turn to a detailed review of each county in the region

# 2025
# Alexander County

A comprehensive evaluation of your resources and gaps plus recommendations.

# Alexander County

Alexander County has a distressed community score of 50.3, indicating *Moderate Risk*. This score considers factors such as poverty rates, percentage of adults not working, and access to healthcare. The county has experienced moderate growth in business establishments (2.8%).

## 31.9
Deaths per 100,000 residents*

## $6.15M
Coming from State Opioid Settlement **

## $678K
Approved for Post-Overdose Response Team and Naloxone distribution***



* From 2021-2023          ** Over 18 years          *** Through June 2025

# Demographics
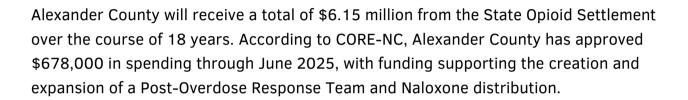
| | Alexander County | North Carolina |
|---|---|---|
| Total Population | 36,505 | 11,046,024 |
| White | 86.1% | 65% |
| Hispanic | 5.1% | 10.4% |
| Median Age | 41.7 | 39.1 |
| Median Household Income | $62,764 | $69,904 |
| Employed Residents | 16,427 (45%) | 61.4% |
| Difficulty affording rent* | 727 households (33% | 615,581 (48%) |

\* According to the North Carolina Housing Coalition County Profiles

## SUD Mortality and Community Response

The drug overdose mortality rate in Alexander County from 2021-2023 was 31.9 deaths per 100,000 residents. This is below the state average of 38.2 deaths per 100,000 individuals.

# Opioid Abatement Funds

Alexander County will receive a total of $6.15 million from the State Opioid Settlement over the course of 18 years. According to CORE-NC, Alexander County has approved $678,000 in spending through June 2025, with funding supporting the creation and expansion of a Post-Overdose Response Team and Naloxone distribution.

## Community Health Assessments/ Community Health Improvement Plans (CHIPs)

The Alexander County Public Health Department has identified the following key community health priorities.

- Mental Health: Addressing the limited access to mental health services is crucial, particularly given the high prevalence of mental health conditions among individuals with SUD.
- Substance Use: Continued efforts in prevention, treatment, and recovery support are essential to combat the ongoing impact of substance use disorders.
- Healthy Living: Promoting healthy lifestyles through initiatives such as physical activity programs, nutrition education, and access to healthy food options.
- Child Care: Ensuring access to quality, affordable childcare for families in the community.
- Elder Care: Providing adequate support and services for the growing elderly population.

# REI Data

## Recovery Ecosystem Index

According to the Recovery Ecosystem Index,* Alexander County has a score of 2.0 on a scale of one to five, indicating positive aspects of the recovery ecosystem as well as room for continued improvement.

| | Alexander County | North Carolina | U.S. Average |
|---|---|---|---|
| SUD Treatment Facilities Per 100,000 | 2.7 | 5.3 | 4.2 |
| Average Distance to Nearest MAT Provider | 4.7 miles | 9.2 miles | 18.4 miles |
| Mental Health Providers Per 100,000** | 79.4 | 315.2 | 340.5 |
| Average Distance to Nearest SSP*** Provider | 10.4 miles | 24.6 miles | 70 miles |
| NA or SMART Recovery Meetings per 100,000 | 5.5 | 6.6 | 6 |

* REI's methodology is described on page 28    ** "Mental health providers" are defined on page 29
*** SSP is an acronym for Syringe Services Program

# Resources

Through research and stakeholder listening sessions, the Fletcher Group has identified a number of resources in Alexander County's recovery ecosystem. Below are a few examples of those resources and some of the services they offer. For the purposes of this report, the resources are listed within the domains of the recovery ecosystem.

## SUD Treatment Services

Residents in Alexander County have good access to MAT services and crisis mental health services. Addiction Recovery Medical Services, located in downtown Taylorsville, provides MAT services as well as outpatient services. RHA Health has a satellite office in Alexander County to help connect residents with mental health crisis services and outpatient support.





> " *I was overwhelmed with emotions. The biggest help for me was connecting with RHA. That gave me a place to go that was safe so that I could unload and find the strength to face tomorrow.* "

# Resources

(continued)

## Continuum of SUD Support

Alexander County has good access to NA and AA meetings, as many churches and community organizations throughout the county host meetings. There are 5.5 meetings per 100,000 residents in the county, indicating an active recovery community.

R.E.C.O.V.E.R.Y University is offered by the Community Paramedic program and offers support to individuals looking to begin a recovery journey, as well as the families of individuals with SUD.

The Post-Overdose Response Team reports that they have assisted 131 individuals with OUD find recovery supports and treatment and recently added a second PORT-specific Community Paramedic.

The PORT team has developed harm reduction vending machines and other resources that have a significant impact on the community.

# Resources

(continued)

## Infrastructure and Social Factors
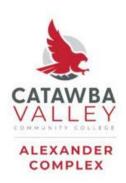
Alexander County has an abundance of organizations that are providing food assistance.

The *957 Mobile Cafe* provides meals five days per week and in 2024 served over 46,800 meals. It's also known for helping individuals access other services.

Alexander County has some workforce development and job training opportunities through the Alexander County Recidivism Reduction Program (RSS) and the Alexander Career Center, which is part of the NC Works network.

The Catawba Valley Community College Alexander Campus offers a number of job training certificates and career opportunities.

# Resources

(continued)

## Coordination and Collaboration

There are a few crucial organizations in Alexander County that assist with collaboration and coordination.

The Bridge Community seeks to connect individuals to services throughout the region.
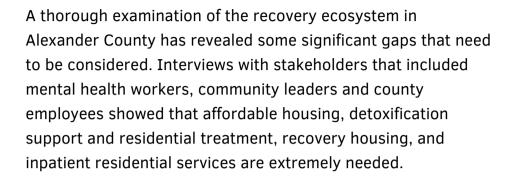
The Alexander County Public Health Department hosts the Substance Use Disorder Prevention Coalition which brings together a number of community stakeholders to share information and discuss potential collaborative solutions.

# Gaps

A thorough examination of the recovery ecosystem in Alexander County has revealed some significant gaps that need to be considered. Interviews with stakeholders that included mental health workers, community leaders and county employees showed that affordable housing, detoxification support and residential treatment, recovery housing, and inpatient residential services are extremely needed.

## Top 10 Most Needed Services

| Service | Rating |
|---|---|
| Affordable Housing | 5 |
| Detoxification Support | 5 |
| Emergency Medical Services | 5 |
| Inpatient Residential Services | 5 |
| Recovery Housing | 5 |
| Re-Entry Services | 5 |
| Second-Chance Employment | 5 |
| Transportation | 5 |
| Workforce/Vocational Opportunities | 5 |
| Case Management | 4.5 |

# Other Gaps

## Accessible Healthcare

There is a lack of accessible healthcare services in Alexander County. The nearest hospital with emergency services is located in Hickory, about a 35 minute drive away from Taylorsville. Access to mental health service providers is a concern, as there are only 79.4 providers per 100,000 residents, as compared to the national average of 321.7 providers per 100,000 residents.
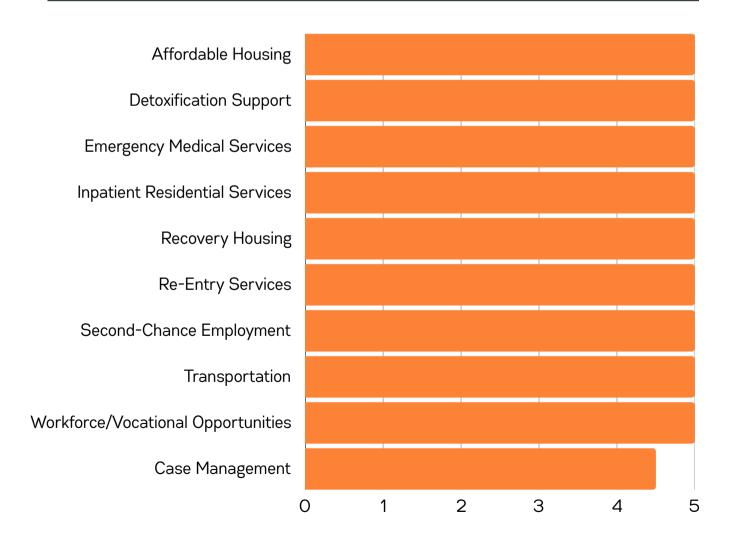
## Homelessness

A community stakeholder shared that over 40 youth in the local high schools are considered homeless. There are no support services available for individuals who are experiencing homelessness, and stakeholders shared that there is a need for shelter and support.

> *When I came back to Alexander County following my release from jail, there wasn't anywhere to go. I needed a navigator or someone to help me find my way forward.*

*Strengths and Gaps*

# At a Glance

## STRENGTHS ▼

- Excellent access to MAT services
- Strong community outreach and support from the PORT Team
- SUD-specific Community Paramedicine programs
- Substance Abuse Prevention Coalition offers opportunities for community collaboration

## GAPS ▼

- Lack of recovery housing and affordable and supportive Housing
- Lack of easiliy accessible healthcare
- Lack of residential treatment services
- Lack of a recovery court or diversion programs

# Recommendations

## For Alexander County

## Develop Affordable/Supportive Housing

Individuals new to recovery need safe and supportive housing to help them develop and sustain their long-term recovery.

## Develop Peer Support and Job Training

Some recovery programs struggle to find peer support specialists/recovery coaches who can help people find meaningful employment. Workforce development programs in partnership with local chambers of commerce and economic development boards could help develop a skilled workforce, thereby drawing more employers to the area.

## Develop a Recovery Court or Diversion Programming

The development of a Recovery Court oR Diversion Program has shown to be beneficial to individuals who are justice-impacted and navigating recovery.

# Conclusion

## COLLABORATION IS KEY
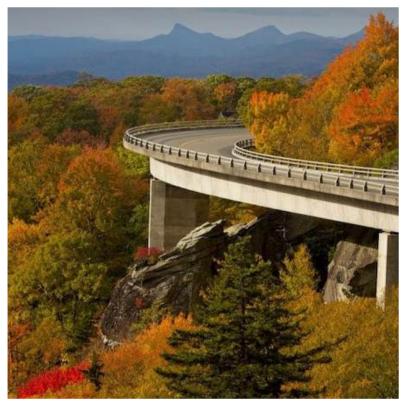
Collaborative efforts are necessary to develop an impactful and effective recovery ecosystems. Community leaders in Alexander County need to continue to grow the conversation and include stakeholders from a number of domains in order to leverage opportunities for increased housing and workforce development.

## KEY OBJECTIVES

1. Continue to focus on community stakeholder development
2. Create and fund housing opportunities to meet the growing demand
3. Partner with local organizations to increase peer supports
4. Develop a recovery court and increase law enforcement diversion and deflection programs

# 2025
# Avery County

A comprehensive evaluation of your resources and gaps plus recommendations.

# Avery County

The distressed community score of Avery County is 61, which indicates *At-Risk Status*. Factors include a high poverty rate (36%) and high rate of adults not working (40.8%). Growth in business establishments is 3.2%, compared to 3.5% nationally.



## 21.3
Deaths per 100,000 residents*

## $3.21M
Coming from State Opioid Settlement **

## $280K
Approved to spend on recovery support programs and services***



* From 2021-2023          ** From 2022 to 2038          *** See details on page 51

# Demographics

| | Avery County | North Carolina |
|---|---|---|
| Total Population | 17,679 | 11,046,024 |
| White | 87.5% | 65% |
| Hispanic | 5.1% | 10.4% |
| Median Age | 46.5 | 39.1 |
| Median Household Income | $53,513 | $69,904 |
| Employed Residents | 6,698 (38%) | 61.4% |
| Difficulty affording rent* | 422 households (39%) | 615,581 (48%) |

\* According to the North Carolina Housing Coalition County Profiles

## SUD Mortality and Community Response

The drug overdose mortality rate for Avery County is 21.3 per 100k, compared to a national average of 36.8.

Data is insufficient to determine the opioid overdose mortality rate for Avery County.

# Opioid Abatement Funds

Avery County will receive a total of $3,211,705 in opioid settlement funding between 2022 and 2038. A total of $280,215 has been approved to spend through July 2025. This funding is being utilized for collaborative strategic planning, increasing MAT services, supporting recovery support services, Naloxone distribution, a PORT team, and re-entry services.

## Community Health Assessments/ Community Health Improvement Plans (CHIPs)

Avery County has established the following priorities through their community health assessment processes:
1. Mental health
2. Substance abuse
3. Food and nutrition

# REI Data
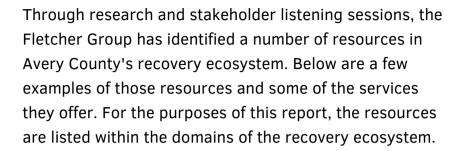
## Recovery Ecosystem Index

Avery County has a Recovery Ecosystem Index score of 1.0 which indicates a strong recovery ecosystem, although the on-the-ground experience of residents as expressed in listening sessions and interviews paints a different picture. The full impact of Hurricane Helene is also yet to be determined.

| | Avery County | North Carolina | U.S. Average |
|---|---|---|---|
| SUD Treatment Facilities Per 100,000 | 11.3 | 5.3 | 4.2 |
| Average Distance to Nearest MAT Provider | 6.6 miles | 9.2 miles | 18.4 miles |
| Mental Health Providers Per 100,000** | 495.1 | 315.2 | 340.5 |
| Average Distance to Nearest SSP***Provider | 28.6 miles | 24.6 miles | 70 miles |
| NA or SMART Recovery Meetings per 100,000 | 0 | 6.6 | 6.0 |

\* REI's methodology is described on page 28   \*\* "Mental health providers" are defined on page 29
\*\*\* SSP is an acronym for Syringe Services Program

# Resources

Through research and stakeholder listening sessions, the Fletcher Group has identified a number of resources in Avery County's recovery ecosystem. Below are a few examples of those resources and some of the services they offer. For the purposes of this report, the resources are listed within the domains of the recovery ecosystem.

## SUD Treatment Services

Avery County is working with *High Country Community Healthcare* to provide Medication for Opioid Treatment (MOUD) within an integrated primary care setting. *Daymark Recovery Center* provides clinical services, but stakeholders report that accessing services can be challenging.



## Continuum of SUD Support

*Freedom Life Ministries* is actively engaged in growing the county's continuum of SUD support, particularly to assist men who are re-entering society following incarceration. It's also developing new recovery housing with a grand opening planned for the fall of 2026. The county's *Post-Overdose Response Team* has added a specific peer support specialist to work alongside Community Paramedics to provide aftercare. The *Mediation and Restorative Justice Center* provides mobile outreach and peer support throughout the county.

# Resources

(continued)

## Infrastructure and Social Factors

Avery County's rural and community-oriented culture may contribute to the county's high per-capita number of social associations (18.5 per 10,000 compared to 10.6 per 10,000 nationally).

*Feeding Avery Familes* and *Reaching Avery Ministries* provide food assistance, although the lack of accessible transportation limits its reach.
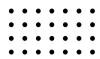
*Mayland Community College* offers a number of degrees and certificates to promote workforce development. The school's community-minded spirit is embodied in its recent  donation of land for construction of new Freedom Life Ministries recovery housing center.

# Resources

(continued)

## Policy and Legal Environment

Avery County partners with the *Mediation and Restorative Justice Center* in Boone to provide a recovery court. According to stakeholders, local law enforcement supports the new re-entry services that are being developed.

## Coordination and Collaboration
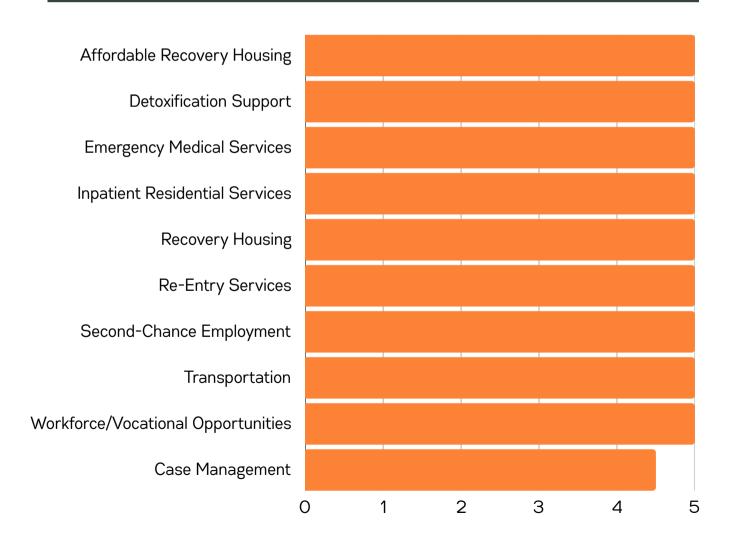
Founded in 2018, the *Drug Crisis Roundtable* continues to work hand-in-hand with community leaders and organizations. Close connections with neighboring counties allow Avery County residents to access a variety of regional services. That spirit of collaborative leadership is evident, as well, in the fact that all county officials have been trained to administer Naloxone.

# Gaps

Avery County is struggling to meet the needs of people in recovery, particularly after the flooding that occurred in the fall of 2024. One stakeholder described the county's recovery ecosystem resources as "slim to none." A caseworker said, "Every component of the recovery ecosystem, even the local food bank, is in trouble." A volunteer firefighter said overdose rates have exploded since Hurricane Helene, requiring him to keep on hand twice the Naloxone as before.

## Top 10 Most Needed Services

| Service | Rating |
|---|---|
| Affordable Recovery Housing | 5 |
| Detoxification Support | 5 |
| Emergency Medical Services | 5 |
| Inpatient Residential Services | 5 |
| Recovery Housing | 5 |
| Re-Entry Services | 5 |
| Second-Chance Employment | 5 |
| Transportation | 5 |
| Workforce/Vocational Opportunities | 5 |
| Case Management | 4.5 |

# Other Gaps

## Lack of Housing

Little recovery housing is available, particularly for women. One stakeholder said she wasn't allowed to come home from prison because there was no transitional housing. Another said there's no domestic violence shelter for women.

## Stigma

All the stakeholders identified stigma as a major barrier for those in recovery.

## Few Mutual Support Meetings

Stakeholders said there's only one NA meeting in the county each week and even it's largely unattended because so many in recovery have started reusing since the storms.

## Little or No Public Transportation

Limited transportation is a major barrier in rural areas.

## Lack of 28- Day Rehab Services

Residential treatment services are lacking but, so too, are medical services with the nearest drug rehab services over two hours away. Numerous organizations are understaffed and struggling with funding. One stakeholder claimed there are no male peer support personnel working in the county.

*Strengths and Gaps*

# At a Glance

## STRENGTHS ▼

- Excellent access to MAT services
- Strong community outreach and support from the PORT Team
- SUD-specific Community Paramedicine programs
- Substance Abuse Prevention Coalition offers opportunities for community collaboration

## GAPS ▼

- Lack of recovery housing and affordable and supportive Housing
- Lack of easiliy accessible healthcare
- Lack of residential treatment services
- Lack of a recovery court or diversion programs

# Recommendations
## For Avery County

### Collaborate

Continue to build and strengthen local collaboration efforts while developing regional partnerships with organizations that can provide valuable recovery resources.

### Education to Reduce Stigma

Collaborate with stakeholders to begin having community-wide conversations about substance use disorder and the negative effects of stigma.

### Develop Affordable/Supportive Housing for Those in Recovery

Individuals new to recovery need safe and supportive housing to help them develop and sustain their long-term recovery. This can be either long-term recovery housing or permanent supportive housing.

### Recruitment of Recovery Support Specialists

Develop workforce development programs that include the training and empowering of local residents with lived experience.

# Conclusion

## FILL THE GAPS

Avery County faces significant challenges in its recovery ecosystem, as evidenced by its distressed community score and the lived experiences of its residents. While the county demonstrates strengths in collaborative efforts, infrastructure, and some SUD treatment services, substantial gaps remain, particularly in housing, stigma reduction, mutual support access, transportation, and the availability of recovery support professionals. The devastating impact of Hurricane Helene in October 2024 has exacerbated these existing vulnerabilities, leading to a reported surge in overdoses and increased strain on already limited resources.

Avery County should prioritize collaborative solutions, focusing on increasing access to affordable and supportive housing, implementing targeted educational initiatives to combat stigma, expanding mutual support meetings, improving transportation options, and investing in the recruitment and training of recovery support specialists. Regional collaboration is also essential to address the critical lack of residential treatment options.

The discrepancy between the REI data and the on-the-ground reality underscores the need for a nuanced, community-driven approach that incorporates the voices of those with lived experience. By focusing on these recommendations, Avery County can strengthen its recovery ecosystem and provide more effective support for its residents in their journey towards recovery.

# 2025
# Burke County

A comprehensive evaluation of your resources and gaps plus recommendations.

# Burke County

The distressed community score of Burke County is 64.4 which indicates *At-Risk Status*. This puts it 65th out of 100 counties in North Carolina. Factors contributing to this score are a poverty rate of 17% (national poverty rate is 12.5%) with 24.7% of adults not working. The change in business establishments was an increase of 3.60% compared to 3.5% nationally but there was a 5.1% decrease in the number of jobs during the five-year period of 2017-2021.



## 60.7
Deaths per 100,000 residents*

## $25.2M
Coming from State Opioid Settlement **

## $450K
Approved to fund a variety of public safety initiatives***



* CDC Wonder data spanning 2018-2021          ** From 2022 to 2038          *** Details on page 64

# Demographics

| | Burke County | North Carolina |
|---|---|---|
| Total Population | 87,881 | 11,046,024 |
| White | 80% | 65% |
| Hispanic | 7% | 10.4% |
| Median Age | 46.8 | 39.1 |
| Median Household Income | $62,267 | $69,904 |
| Employed Residents | 39,643 (45%) | 61.4% |
| Difficulty affording rent* | 3,019 households (40%) | 615,581 (48%) |

* According to the North Carolina Housing Coalition County Profiles

## SUD Prevalence and Overdose

The drug overdose morality rate for Burke County from CDC Wonder data spanning 2018-2021 is 60.7 per 100,000 which exceeds the national rate of 36.8 by 65%. The opioid overdose mortality rate of 48.6 per 100,000 is almost twice that of the national rate of 27.3.

# Opioid Abatement Funds

Burke County will receive a total of $25,237,511 in opioid settlement funds from 2022 through 2038. Since 2022, Burke County has approved $450,000 in spending to hire a coordinator to oversee opioid abatement funds, fund an Overdose Fatality Review/Public Health Safety Team, develop a Peers Partnering for Excellence program, and purchase of Naloxone for distribution.

## Community Health Assessments/ Community Health Improvement Plans (CHIPs)

Burke County has identified the following key community health priorities.

- Mental Health: According to the 2022 Burke Co Community Health Assessment, "Mental health has continued to be a health outcome of concern and the COVID-19 pandemic only exacerbated this issue. Poor mental health affects everyone at some point, but for those who cannot or do not have access to available resources, the struggle can seem unbearable."
- Substance Use Disorder: According to *Healthy Communities NC*, Burke County had the second highest rate of drug overdose deaths in the state from 2012 to 2019.
- Obesity with Risk Factors: According to Healthy Communities NC, one in five children and more than one in three adults were affected by obesity in Burke County. Obesity can lead to diseases like Type 2 Diabetes and high blood pressure.

# REI Data

## Recovery Ecosystem Index

According to the Recovery Ecosystem Index,* Burke County has a score of 2.0 on a scale of one to five, indicating positive aspects of the recovery ecosystem as well as room for continued improvement.

| | Burke County | North Carolina | U.S. Average |
|---|---|---|---|
| SUD Treatment Facilities Per 100,000 | 6.8 | 5.3 | 4.2 |
| Average Distance to Nearest MAT Provider | 5.4 miles | 9.2 miles | 18.4 miles |
| Mental Health Providers Per 100,000** | 318.6 | 315.2 | 340.5 |
| Average Distance to Nearest SSP*** Provider | 14.4 miles | 24.6 miles | 70 miles |
| NA or SMART Recovery Meetings per 100,000 | 8.0 | 6.6 | 6 |

* REI's methodology is described on page 28   ** "Mental health providers" are defined on page 29
*** SSP is an acronym for Syringe Services Program

# Resources

Through research and stakeholder listening sessions, the Fletcher Group has identified a number of resources in Burke County's recovery ecosystem. Below are a few examples of those resources and some of the services they offer. For the purposes of this report, the resources are listed within the domains of the recovery ecosystem.

## SUD Treatment Services

Burke County has several organizations that provide SUD treatment, mental health services, and Medication for Addiction Treatment (MAT). *Burke Recovery/Flynn House* provides inpatient treatment for men, peer recovery support, behavioral health outpatient services, prevention services in schools, and case management. *High-Country Community Health* provides healthcare, MAT services, peer support, case management, and street outreach. *Catawba Valley Healthcare* offers complete outpatient therapy, psychiatric medication management, primary care and case management services in their Valdese Office. As a part of their street outreach programming, *Olive Branch Ministries* provides mobile MAT services to the more isolated parts of the county.



> " *I was an IV meth user for many years. I was homeless, jobless, and hopeless until I was ordered into the Burke County Recovery Court. The program and team members helped save my life by believing in me and pushing me towards recovery.* "

# Resources

## (continued)

## Continuum of SUD Support

There are several SUD Support programs in Burke County that provide support for individuals, including an above average (according to the REI) number of mutual aid meetings such as AA, NA, and Smart Recovery. The *Hope Center at BUCM* provides a number of supportive and educational services including peer support meetings, case management, advocacy training, and on-site services such as shower, laundry, salon, and computer lab. *Olive Branch Ministries and High Community Health both offer street outreach services with SSP and Peer Support programing. Burke Recovery provides prevention programming in the schools. Olive Branch Ministries also provides a peer support specialist for Community Paramedicine Program.* The *Burke County Government* provides funding for the Burke County Recovery Court and Community Paramedicine Program. *Catawba Valley Healthcare* offers re-entry programming (assistance with the screening process, facilitating groups within the jail, and helping coordinate aftercare/discharge planning) with the aid of a clinician, a post-sentencing diversion case manager, and a re-entry specialist. In addition to their re-entry team, CVBH provides clinical support for incarcerated residents who are participating in the MAT program.

# Resources

(continued)

## Infrastructure and Social Factors

Piedmont Community College provides short-term industry-specific training and diploma and degree programs. The college could be a valuable partner in developing workforce training for individuals in recovery and helping employers adopt more recovery-ready employment practices and policies.

# Resources

(continued)

## Coordination and Collaboration

Burke County has two good examples of coordination and collaboration.

The *Burke Substance Abuse Network* is comprised of organizations and agencies that work together to identify gaps in services and develop strategic plans that will help reduce substance abuse in Burke County.

An *Overdose Fatality Review/Public Health Safety Team* (OFR/PHST) has been formed but is on hold for the moment. Its purpose is to prevent overdose deaths by reviewing overdose fatality data, identifying system gaps, and implementing strategically-coordinated, community- specific preventions and interventions.
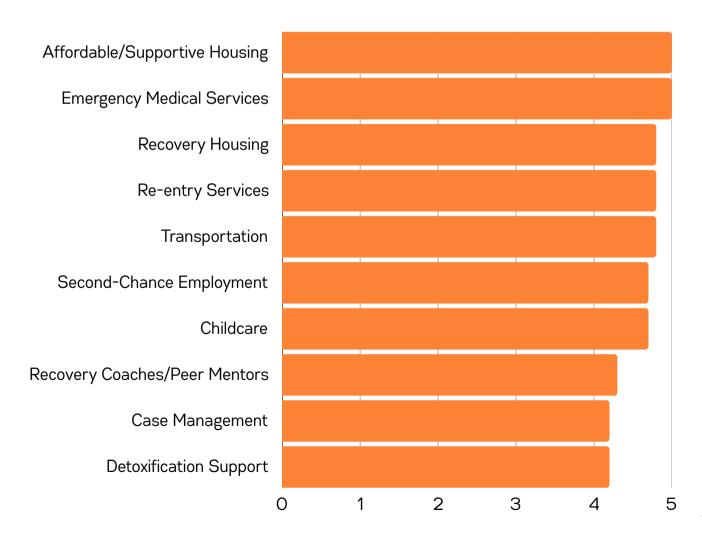
# Gaps

Although Burke County has several recovery ecosystem strengths, it also faces numerous challenges. Though it has an average number of SUD and mental health treatment providers and recovery supports, the county's overdose rate is 65% higher than the national average, indicating a disconnect between service providers and those needing the services. Only 45% of county residents are employed, compared to 61.4% for the state as a whole. The county also saw a 5.1% decrease in jobs over the past year. Based on data collected during listening sessions, stakeholders identified the following recovery ecosystem gaps.

## Top 10 Most Needed Services



| Service | Value |
|---|---|
| Affordable/Supportive Housing | 5 |
| Emergency Medical Services | 5 |
| Recovery Housing | 4.8 |
| Re-entry Services | 4.8 |
| Transportation | 4.8 |
| Second-Chance Employment | 4.7 |
| Childcare | 4.7 |
| Recovery Coaches/Peer Mentors | 4.3 |
| Case Management | 4.2 |
| Detoxification Support | 4.2 |

*Strengths and Gaps*

# At a Glance

## STRENGTHS ▼

- Medication for Addiction Treatment (MAT) providers
- Peer Recovery support
- Street Outreach Services/SSP Programming
- Recovery Court
- County Paramedicine Program
- Post-Secondary Education Opportunities
- County Coordination and Collaboration

## GAPS ▼

- Lack of Accessible Mental Health and SUD Treatment Providers
- Lack of Residential Treatment Services
- Lack of Detox and Crisis Services
- Lack of Long-term Recovery Housing/Affordable and Supportive Housing
- Lack of Diverse Treatment Options
- Lack of Fair-Chance Employment Opportunities
- High Overdose Mortality Rate

# Recommendations
## For Burke County

### Increase Access to Diverse Treatment Options

Residential treatment and detox are crucial for individuals beginning the recovery process. Burke County has the second highest overdose mortality rate in the state. This statistic shows the need for an increase in treatment and recovery supports. The idea of a recovery campus where the entire continuum of care can be provided with multiple access points depending on the individual's needs could meet many of the recovery support needs in Burke County. This could be a regional initiative to better serve Burke County residents as well as those in the surrounding counties.

### Develop Fair-Chance Employment with Local Businesses

Helping local employers understand how to support individuals in recovery would better meet the workforce needs of an area with an aging population and lack of available workers.

### Develop Affordable Housing for Individuals in Recovery

Individuals new to recovery need safe and supportive housing to help them develop and sustain their long-term recovery.

# Recommendations
## (continued)

## Continue to Evaluate and Address the High Overdose Mortality Rate

Burke County has some excellent harm reduction and prevention programming, but the high overdose fatality rate indicates a need for even more work, especially in rural areas where a lack of transportation hinders the ability of residents to access services.

The county should continue to evaluate overdose deaths and develop strategies to address the problem. Continuation of the Overdose Fatality Review/Public Health Safety Team will will be instrumental to that effort.

## Increase Accessibility of Treatment/Recovery Services

Increasing accessibility to treatment/recovery services will help to decrease the overdose mortality rate. Possible strategies are adding a PORT program or increasing staffing for the Community Paramedicine Program. There is currently one EMT and one peer to cover ALL of Burke County with no staff specifically dedicated to SUD. Another strategy would be the addition of Peer Support Specialists in the Emergency room to act as Peer Navigators to assist individuals in finding the appropriate treatment/recovery services.

# Conclusion

## FILL THE GAPS

The data gathered on the Burke County Recovery Ecosystem has its limitations and served as an initial foundation for discussions with stakeholders providing grassroots services. The Fletcher Group discovered a strong recovery community in the county, with significant efforts already underway. However, gaps remain in ensuring that individuals with substance use disorders receive the necessary support across the full spectrum of care. Addressing these gaps is essential to helping Burke County residents achieve long-term recovery and become productive members of their families, workplaces, and the broader community.

# 2025
# Caldwell County

A comprehensive evaluation of your resources and gaps plus recommendations.

# Caldwell County

Caldwell County has a distressed community score of 57, indicating *Moderate Risk*. This score considers factors such as poverty rates, percentage of adults not working, and access to healthcare. Growth in business establishments in the county is 2.1%, compared to the national average of 3.5%.



## 53.2

Deaths per 100,000 residents*

## $15.4M

Coming from State Opioid Settlement **

## $530K

Approved to spend on PORT, Naloxone, and increased MAT access



* From 2021-2023          ** Over 18 years          *** Through June 2025

# Demographics

| | Caldwell County | North Carolina |
|---|---|---|
| Total Population | 80,492 | 11,046,024 |
| White | 85.2% | 65% |
| Hispanic | 7% | 10.4% |
| Black | 6% | 22% |
| Median Age | 45.7 | 39.1 |
| Median Household Income | $51,592 | $69,904 |
| Employed Residents | 33,197 (41%) | 61.4% |
| Difficulty affording rent* | 2,783 households (38%) | (615,581) 48% |

* According to the North Carolina Housing Coalition County Profiles

## SUD Mortality and Community Response

Caldwell County's drug overdose mortality rate (53.2 per 100,000 population) and opioid overdose mortality rate (43.1 per 100,000 population) are both significantly higher than the national averages of 36.8 and 27.3, respectively. This highlights the urgent need for effective interventions.

# Opioid Abatement Funds

Caldwell County is receiving $15.41 million dollars from the state opioid settlement over the course of 18 years. According to CORE-NC, Caldwell County has approved spending $530,709 with funding supporting the establishment of a Post-Overdose Response Team, Naloxone distribution, and increased access to MAT.

## Community Health Assessments

Caldwell County has identified three main community health priorities:
- Substance abuse
- Mental health
- Transportation

# REI Data

## Recovery Ecosystem Index
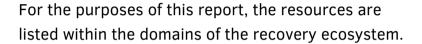
According to the Recovery Ecosystem Index,* Caldwell County has a score of 2.0 on a scale of one to five, indicating positive aspects of the recovery ecosystem as well as room for continued improvement.

|  | Caldwell County | North Carolina | U.S. Average |
| --- | --- | --- | --- |
| SUD Treatment Facilities Per 100,000 | 5.0 | 5.3 | 4.2 |
| Average Distance to Nearest MAT Provider | 5 miles | 9.2 miles | 18.4 miles |
| Mental Health Providers Per 100,000 | 109.3 | 315.2 | 340.5 |
| Average Distance to Nearest SSP* Provider | 18.6 miles | 24.6 miles | 70 miles |
| NA or SMART Recovery Meetings per 100,000 | 2.5 | 6.6 | 6 |

* REI's methodology is described on page 28   ** "Mental health providers" are defined on page 29
*** SSP is an acronym for Syringe Services Program

# Resources

Through research and stakeholder listening sessions, the Fletcher Group has identified a number of resources in Caldwell County's recovery ecosystem. Below are a few examples of those resources and some of the services they offer.

For the purposes of this report, the resources are listed within the domains of the recovery ecosystem.

## SUD Treatment Services
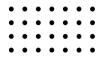
Caldwell County has increasing access to SUD Treatment services. *RHA Health Services* of Asheville provides crisis mental health and stabilization and has a large regional network so that individuals can be referred to accessible services. Through a partnership between Caldwell County and *Integrated Care of Greater Hickory*, MAT services and a variety of recovery services are available in Lenoir. *Jonas Hill* offers inpatient psychiatric services in a 27-bed facility located on the campus of UNC Caldwell Memorial Hospital.

# Resources

(continued)

## Continuum of SUD Support

Caldwell County enjoys a variety of recovery support services.

*Caldwell RESTART,* a division of Caldwell County's Emergency Medical Services, supports individuals who are starting or pursuing recovery. It offers a variety of services and referrals through peer supports and serves as a hub for recovery resources throughout the county.

The *Caldwell House* is a well-established recovery housing entity in Caldwell County that serves up to 24 men.

# Resources

(continued)

## Infrastructure and Social Factors
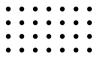
Caldwell Community College provides a number of educational opportunities that target individuals who want to grow their skills in the workforce. Partnerships with Caldwell Community College have the potential to greatly benefit the recovery community in the region.

There are also a large number of food banks in Caldwell County that work to provide food stability to county residents.

# Resources

(continued)

## Coordination and Collaboration

*Hope for Caldwell* is a coalition of local leaders who are dedicated to addressing substance use through education, prevention, and support systems.

The PORT program also assists with connecting organizations around community needs.

# Gaps
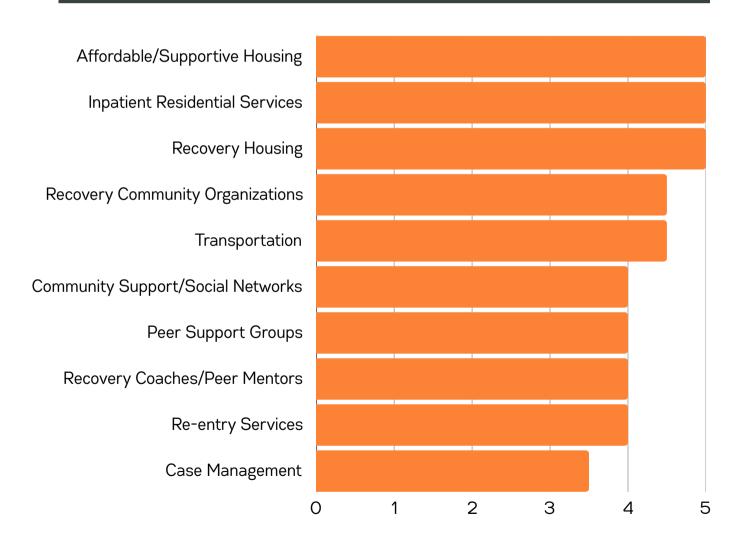
A thorough examination of Caldwell county's recovery ecosystem has revealed significant gaps, including a lower-than-average number of mental health providers,* a low number of treatment facilities per capita, and a below-average number of NA and SMART Recovery meetings.** Elevated drug and opioid overdose mortality rates are a major concern.

## Top 10 Most Needed Services

| Service | Value |
|---|---|
| Affordable/Supportive Housing | 5 |
| Inpatient Residential Services | 5 |
| Recovery Housing | 5 |
| Recovery Community Organizations | 4.5 |
| Transportation | 4.5 |
| Community Support/Social Networks | 4 |
| Peer Support Groups | 4 |
| Recovery Coaches/Peer Mentors | 4 |
| Re-entry Services | 4 |
| Case Management | 3.5 |

* 90.7 per 100,000 compared to 322 per 100,000 nationally
** 2.5 per 100,000 compared to 4.0 per 100,000 nationally

# Other Gaps

## Affordable Housing

In interviews with the Fletcher Group, stakeholders in Caldwell County identified affordable and supportive housing as a major gap in the county's recovery ecosystem.

## Primary Care Physicians

Caldwell County lacks sufficient primary care physicians to meet the population need.

## Clinical SUD Treatment Services

Stakeholders identified gaps in the recovery ecosystem relating to mental healthcare, detoxification support, inpatient and outpatient services, and long-term treatment facilities.

## Legal and Policy Factors

Caldwell County does not have a LEAD program or a Recovery Court.

> *The recovery community has really gone downhill here in the past few years. It's hard to find meetings that have many people participating.*

*Strengths and Gaps*

# At a Glance

## STRENGTHS ▼

- Caldwell RESTART offers a variety of recovery support services
- Partnerships with a number of providers have increased access to treatment services
- Good access to MAT/SSP providers
- Strong PORT/community paramedicine programming

## GAPS ▼

- Lack of treatment options
- Lack of enough recovery housing
- Lack of mental health service providers
- Lack of active recovery community
- Lack of Recovery Court
- Lack of recovery support groups

# Recommendations
## For Caldwell County

## Address High Overdose Rates

Implement evidence-based strategies to reduce overdose deaths, including increased access to naloxone, harm reduction services, and targeted outreach.

## Increase Access to Mental Health Services

Prioritize increasing the number of mental health providers and improving access to integrated care for individuals with co-occurring SUDs and mental health conditions.

## Expand Recovery Support Services

Support the expansion of peer-led recovery support groups and other recovery-oriented services. Create pathways for individuals in recovery to train as Peer Recovery Support Specialists.

# Recommendations
## (continued)

### Strengthen Collaboration Among Existing Programs

Enhance communication and coordination among RESTART, Jonas Hill, RHA Health Services, HOPE, and other relevant organizations.

### Address Transportation Barriers

Since transportation is a community health priority, develop strategies to address transportation challenges for individuals accessing treatment and recovery support.

### Create Housing Opportunities

Recovery housing and affordable housing opportunities are needed for individuals to continue to succeed as they move throughout the continuum of care.

### Create An Adult Recovery Court

The development of a Recovery Court would be beneficial to individuals who are justice-involved and navigating recovery.

# Conclusion
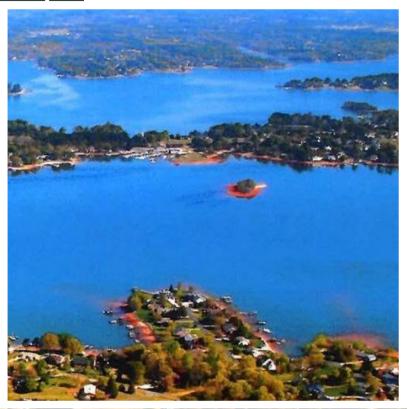
## FILL THE GAPS

Caldwell County faces a serious SUD crisis as evidenced by high overdose mortality rates. While the county has some important resources, including a focus on residential treatment and active community initiatives, critical gaps remain in terms of access to mental health services, diverse treatment options, and recovery support. Addressing those gaps through evidence-based strategies, increased collaboration, and a focus on community health priorities is crucial for building a more effective recovery ecosystem and improving the health and well-being of Caldwell County residents.

# 2025

# Catawba County

A comprehensive evaluation of your resources and gaps plus recommendations.

# Catawba County

Catawba County has a distressed community score of 28.55, indicating a *Comfortable Status* and ranking it 26th out of 100 North Carolina counties. Factors include a 13% poverty rate (compared to 12.5% nationally) with 21.4% of adults not working. The growth in business establishments is 2.10% compared to 3.5% nationally.



## 42.1
Deaths per 100,000 residents*

## $25M
Coming from State Opioid Settlement **

## $808K
Approved to fund a variety of public safety initiatives***



* From CDC Wonder data 2018-2021      ** From 2022 through 2038      *** See details on page 93

# Demographics

| | Catawba County | North Carolina |
|---|---|---|
| Total Population | 163,462 | 11,046,024 |
| White | 71.7% | 65% |
| Hispanic | 11% | 10.4% |
| Median Age | 46.8 | 39.1 |
| Median Household Income | $62,981 | $69,904 |
| Employed Residents | 71,780 (44%) | 61.4% |
| Difficulty affording rent* | 6,292 (39%) | (615,581) 48% |

* According to the North Carolina Housing Coalition County Profiles

## SUD Prevalence and Overdose

The drug overdose morality rate for Catawba County from CDC Wonder data spanning 2018-2021 is 42.1 per 100,000 compared to the national rate of 36.8. The opioid overdose mortality rate is 35.8 per 100,000 compared to the national rate of 27.3.

# Opioid Abatement Funds

Catawba County will receive a total of $25,026,193 in opioid settlement funding from 2022 through 2038. Through June 2025, Catawba County has approved the spending of $807,506 for the hiring of an Opioid/Substance Use Disorder Coordinator, MAT distribution in detention centers, a Community Paramedicine/PORT program, and early invervention programming.

## Community Health Assessments/ Community Health Improvement Plans (CHIPs)

Catawba County has identified the following key community health priorities:
- Access to Healthy Food: From 2016 to 2021, 43.55% of total deaths were diet-related, such as heart disease, stroke, cancer, and diabetes.
- Brain Health: Indicators for this priority are child abuse and neglect, percentage of adults spending 14 or more days per month experiencing poor mental health (16.5%), emergency department visits related to suicidal ideation, and deaths caused by drug overdose. (The rate of deaths related to drug overdose increased by 104% from 2015 to 2022.)
- Safe, Engaging, and Active Spaces: Indicators included individuals with access to spaces where disconnected youth can enjoy physical activities and a sense of connectioin with the community.

# REI Data

## Recovery Ecosystem Index
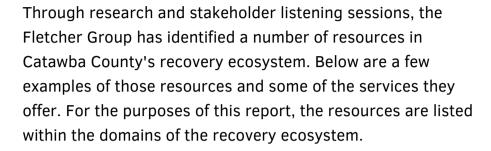
According to the Recovery Ecosystem Index,* Catawba County has a score of 2.0 on a scale of one to five, indicating that a number of recovery resources are currently available but more are needed.

| | Catawba County | North Carolina | U.S. Average |
|---|---|---|---|
| SUD Treatment Facilities Per 100,000 | 5.0 | 5.3 | 4.2 |
| Average Distance to Nearest MAT Provider | 6.2 miles | 9.2 miles | 18.4 miles |
| Mental Health Providers Per 100,000** | 264.3 | 315.2 | 340.5 |
| Average Distance to Nearest SSP*** Provider | 8.4 miles | 24.6 miles | 70 miles |
| NA or SMART Recovery Meetings per 100,000 | 13 | 6.6 | 6 |

* REI's methodology is described on page 28   ** "Mental health providers" are defined on page 29
*** SSP is an acronym for Syringe Services Program

# Resources

Through research and stakeholder listening sessions, the Fletcher Group has identified a number of resources in Catawba County's recovery ecosystem. Below are a few examples of those resources and some of the services they offer. For the purposes of this report, the resources are listed within the domains of the recovery ecosystem.

## SUD Treatment Services

There are a number of behavioral healthcare providers supplying mental health and SUD sevices. *Catawba Valley Healthcare* offers complete outpatient therapy, psychiatric medication management, and primary care and case management services from their Hickory Office. *The Cognitive Connection* offers wrap-around services including primary care, family counseling, and behavioral health/SUD counseling. Additional behavioral health services are provided by *McLeod*, *New Season*, *Kintegra*, and *Elenor Health*.

" *Peer support doing street outreach has been a tremendous addition to our recovery supports.* "

" *There is a strong recovery community with lots of support from the community.* "

# Resources

(continued)

## Continuum of SUD Support

According to the REI, there are almost twice as many mutual aid groups per capita compared to state and national averages.

*Exodus Homes*, *Safe Harbor Rescue Mission*, and *ICGH* provide recovery housing and peer support services with *ICGH* also offering case management services.

A number of organizations, such as ALFA and Cognitive Connection, provide SSP and peer support services through their street outreach programs. The Hickory Police Department provides a community navigator who provides assistance to the unhoused population and works with CVBH to administer the LEAD program.

Catawba Valley Healthcare has peer support specialists embedded throughout all of their services and in their two transitional living homes which are a part of their reentry services.

# Resources

(continued)

## Infrastructure and Social Factors

There are some organizations that provide transportation in the area, but service is limited.

*Catawba Valley Community College*, located in Hickory, provides numerous diploma and degree programs. Its *Workforce Developmment Innovation Center* oprovides educational assistance to local businesses, including specialized programs serving the construction, furniture, and hospitality industries.



## Coordination and Collaboration
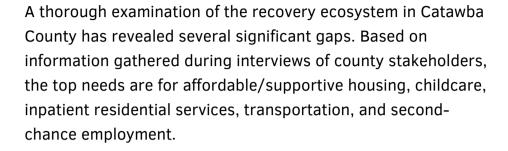
Catawba County is using opioid abatement funds to develop a PORT Program that will provide supportive services such as peer support and transportation to individuals who have recently overdosed.

The *Catawba Alliance for Recovery* is a strong organization formed to bring community and service providers together with the goal of providing more consistent and higher-quality services for those who are seeking recovery or already in recovery. It also provides education and outreach to help reduce stigma.

# Gaps

A thorough examination of the recovery ecosystem in Catawba County has revealed several significant gaps. Based on information gathered during interviews of county stakeholders, the top needs are for affordable/supportive housing, childcare, inpatient residential services, transportation, and second-chance employment.

## Top 10 Most Needed Services

| Service | Value |
|---|---|
| Affordable Supportive Housing | 5 |
| Childcare | 5 |
| Inpatient Residential Services | 5 |
| Transportation | 4.5 |
| Second-Chance Employment | 4.3 |
| Detoxification Support | 4 |
| Recovery Coaches/Peer Mentors | 4 |
| Recovery Housing | 4 |
| Mental Health Providers/Counselors | 3.8 |
| Prevention Programs | 3.8 |

# Other Gaps

## Lack of Residential Treatment and Detox Services

Organizations have to refer and transport individuals out of county for these services.

## Low Percentage of Employed Individuals

The percentage of employed individuals in Catawba County is 44% compared to an average of 61% across the state, indicating a gap in workforce development programming and/or a shortage of fair-chance employers.

> " *We need more available services for people with Substance Use Disorder.* "

*Strengths and Gaps*

# At a Glance

## STRENGTHS ▼

- High numbers of Mutual Aid/Recovery meetings
- Access to MAT (Medication for Addiction Treatment) providers
- Access to street outreach and SSP providers
- Recovery Court and beginning of PORT programming
- Access to post-secondary/workforce training programs
- Strong coordination and collaboration among recovery community
- Strong Jail MAT and LEAD programs

## GAPS ▼

- Lack of Long-Term Recovery Housing/Affordable and Supportive Housing
- Shortage of Inpatient Residential Services
- Insufficient Recovery Infrastructure supports such as transportation and childcare
- Lack of Second Chance Employment

# Recommendations
## For Catawba County
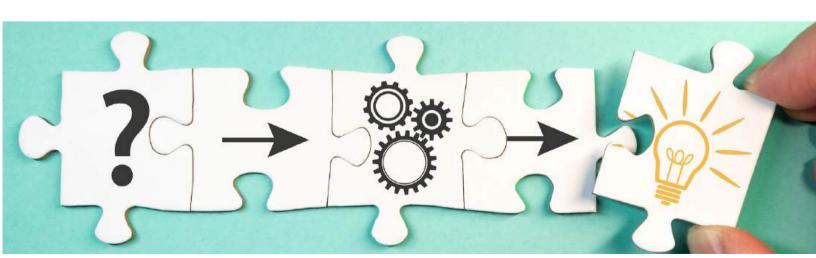
## Increase Access to Diverse Treatment Options

Residential treatment and detox are crucial for individuals beginning the recovery process. The idea of a recovery campus where the entire continuum of care can be provided with multiple access points, depending on the individual's needs, could meet many of the recovery support needs in Catawba County. This could be a regional initiative to better serve Catawba County residents as well as those in the surrounding counties.

## Develop Affordable Housing Options for Those in Recovery

Individuals new to recovery need safe and supportive housing to help them develop and sustain their long-term recovery.

# Recommendations
## (continued)

## Address Economic Barriers

Explore strategies to address the financial barriers faced by residents in accessing treatment and recovery resources. Transportation and childcare were specifically noted as needed in the county.

## Continue to Strengthen Coordination Between Existing Resources

Continue to enhance the collaboration and communication between agencies and organizations in the recovery ecosystem. Using a Situation Table or other collaborative tool for staffing cases across agencies could help streamline available support services and better serve individuals who otherwise might fall through the cracks.

## Provide Culturally Diverse Services

The county's large Hispanic population requires culturally-diverse treatment, recovery, and outreach programming.

# Conclusion
## For Catawba County

### FILL THE GAPS

Catawba County benefits from having more resources for individuals suffering from substance use disorder than many of other counties in the region.

By addressing gaps in its recovery ecosystem, the county will be better able to provide the complete continuum of care—from detox to meaningful employment—that individuals need for long-term recovery.

# 2025

# Cleveland County

A comprehensive evaluation of your resources and gaps plus recommendations.

# Cleveland County

Cleveland County's distressed community score of 74.2 indicates *At-Risk Status* and ranks it 74th out of 100 North Carolina counties. Contributing factors include a 13.2% poverty rate (compared to 12.5% nationally), a 26.9% rate of adults not working (compared to 20.9% nationally), and a smaller increase in jobs (1.8% compared to 3.7% nationally). The county did, however, record a higher-than-average increase in new business establishments (5.9% compared to 4.9% nationally).

## 29
Deaths per 100,000 residents*

## $13.5M
Coming from State Opioid Settlement **

## $990K
Approved for Post-Overdose Response Team and Naloxone distribution***

* From CDC Wonder data 2018-2021   ** From 2022 through 2038         *** See details on page 107

# Demographics

| | Cleveland County | North Carolina |
|---|---|---|
| Total Population | 100,670 | 11,046,024 |
| White | 70.80% | 65% |
| Hispanic | 4.7% | 10.4% |
| Median Age | 41.1 | 39.1 |
| Median Household Income | $51,470 | $69,904 |
| Employed Residents | 39,976 (40%) | 61.4% |
| Difficulty affording rent* | 4,699 (50%) | (615,581) 48% |

* According to the North Carolina Housing Coalition County Profiles

## SUD Prevalence and Overdose

The drug overdose morality rate for Cleveland County from CDC Wonder data spanning 2018-2021 is 29 per100,000 compared to the national rate of 36.8. The opioid overdose mortality rate is 18.5 per100,000 compared to the national rate of 27.3.

# Opioid Abatement Funds

Cleveland County will receive a total of $13,522,265 in opioid settlement funds from 2022 through 2038. To date the county has approved an estimated $990,000 to fund a strategic planning initiative, a recovery court, a Post Overdose Response Team, Naloxone distribution, expanded access to MAT, a new opioid settlement coordinator position at the county health department, a new peer support-based community navigation program called Recovery Connect Cleveland County, and the issuance of recovery-based professional licenses. With the exception of MAT and the issuance of professional licenses, the county will continue to fund all the above efforts through July of 2025.

## Community Health Assessments/ Community Health Improvement Plans (CHIPs)

Cleveland County has identified two health priorities based on the 2023 Cleveland County Community Health Assessment: teen births and drug overdose deaths. Those priorities are supported not only through the work of the Cleveland County Health Department but also through the *Teen Pregnancy Prevention Coalition* and the *Drug-Free Cleveland County Coalition.*

# REI Data

## Recovery Ecosystem Index
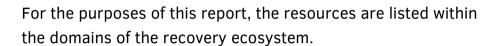
According to the Recovery Ecosystem Index,* Cleveland County has a score of 3.0 on a scale from one to five, indicating there are some recovery resources available but more are needed.

|  | Cleveland County | North Carolina | U.S. Average |
|---|---|---|---|
| SUD Treatment Facilities Per 100,000 | 7.0 | 5.3 | 4.2 |
| Average Distance to Nearest MAT Provider | 6.3 miles | 9.2 miles | 18.4 miles |
| Mental Health Providers Per 100,000** | 155 | 315.2 | 340.5 |
| Average Distance to Nearest SSP*** Provider | 9.9 miles | 24.6 miles | 70 miles |
| NA or SMART Recovery Meetings per 100,000 | 2.0 | 6.6 | 6.0 |

* REI's methodology is described on page 28   ** "Mental health providers" are defined on page 29
*** SSP is an acronym for Syringe Services Program

# Resources

Through research and stakeholder listening sessions, the Fletcher Group has identified a number of resources in Cleveland County's recovery ecosystem. Below are a few examples of those resources and some of the services they offer.

For the purposes of this report, the resources are listed within the domains of the recovery ecosystem.

## SUD Treatment Services

*Phoenix Counseling* has a 16-bed inpatient treatment/crisis center that provides detox and treatment for SUD. It also offers outpatient services for mental health and SUD treatment, including MAT and a mobile crisis unit.

*Integrated Care of Greater Hickory* (ICGH) provides behavioral health services for mental health and SUD treatment including Medication for Addiction Treatment (MAT).

The Cleveland County Health Department provides behavioral health services but they are limited in scope.

# Resources

(continued)

## Continuum of SUD Support

*Recovery Connect* provides a community navigator to help bridge the gap between individuals and critical services. *Integrated Care of Greater Hickory* provides recovery housing and peer support services and both *Cleveland County Rescue Mission* and *Crossroads Rescue Mission* are faith-based, peer-led recovery homes that provide workforce training. *Olive Branch Ministries* and *Points of Hope* provide street outreach with Syringe Service Programming (SSP) and peer support. *Points of Hope* also provides classes for locally incarcerated individuals and offers community education classes designed to reduce stigma. *Cedric Dean Homes* provides residential re-entry services for justice-involved individuals. *Cleveland County's Drug-Free Coalition* drives prevention efforts with school-based programming, prevention messaging, and safe storage/safe disposal. The *Board of County Commissioners* has approved the use of opioid abatement funds to launch a recovery court that will provide SUD recovery supports for justice-impacted individuals.

# Resources

(continued)

## Infrastructure and Social Factors

Cleveland County has seen a higher-than-average increase in new business establishments which could bode well for an increase in the number of recovery-friendly and fair-chance employers.

*Western Carolina Industries* works with employers in Cleveland County to help them develop recovery-friendly policies and supports.



> " A girl still in high school was kicked out of her mother's home due to the mother's substance use. Social services couldn't help because she was over 18 and local shelters couldn't help because she had no ID. She was literally sleeping on a random stranger's couch. We found her in distress and our community navigators began to work with her. There were lots of barriers and brick walls. Eventually we learned that the girl had been the victim of sexual abuse. We reached out to Cleveland County's Abuse Prevention Council and they agreed to take her into their shelter. We got lucky.

# Resources

(continued)

## Coordination and Collaboration

Cleveland County has good community collaboration through the Cleveland County Drug Free Coalition and Post Overdose Response Team (PORT).
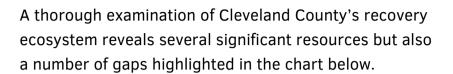
> "
>
> Two individuals, one female and one male, both struggling with substance use disorders and co-occurring mental health challenges, made remarkable progress after accessing recovery housing, evidence-based treatment, MAT, and trauma-informed care in Cleveland County. They've been able to enroll in adult high school classes at the local community college and, upon completion, will earn their high school diplomas and be able to  enroll in community college. Both began their recovery journey in through the county's detox program. Since then, they've received comprehensive, wrap-around services and support from multiple agencies within the county, demonstrating the effectiveness of coordinated care in fostering recovery and long-term success.
>
> "

# Gaps

A thorough examination of Cleveland County's recovery ecosystem reveals several significant resources but also a number of gaps highlighted in the chart below.

## Top 10 Most Needed Services

| Service | Value |
|---|---|
| Affordable Supportive Housing | 5 |
| Childcare | 5 |
| Inpatient Residental Services | 5 |
| Transportation | 5 |
| Case Management | 4 |
| Detoxification Support | 4 |
| Intensive Outpatient | 4 |
| Medication (MOUD/MAT) | 4 |
| Outpatient Services | 4 |
| Recovery Coaches/Peer Mentors | 4 |

# Other Gaps

## Shortage of Mental Healthcare Providers

Cleveland County has only 155 mental healthcare providers per 100,000 compared to 315 per 100,000 statewide. This often causes facilities to have long waiting lists and/or refuse to take new patients.

## Lower Median Income

Cleveland County also has a lower median income compared to national and state averages which can create financial barriers to accessing treatment and recovery support services.

> *County stakeholders emphasized that a lack of providers, providers not accepting new patients, a lack of health insurance, and the cost of healthcare services were barriers to individuals improving their personal health status. It was also mentioned that there was a lack of behavioral health professionals, ranging from peer-support specialists to clinicians.*

# Other Gaps (continued)

## Shortage of Affordable Housing

There is a lack of affordable housing with 50% of residents who rent their homes stating that they struggle to pay their rent.

## Shortage of Mutual Aid Meetings

Having a small number of mutual aid meetings (AA/NA/SMART) can also negatively impact a person's ability to develop a sense of community and build the kind of support network that's needed for long-term recovery.

> *One of our biggest issues is housing. Many people who struggle with substance use and mental health also have criminal backgrounds and financial struggles, making it hard for them to find independent housing. The next best option is usually a recovery home or transitional housing. With very few recovery homes in the area, getting placed in a home can also be an issue. We rappreciate all the programs and services in our community, but we want to set our participants up for success and we see the most success when they have some autonomy and a comfortable place to live.*

# Testimonial

> An 18-year-old girl in high school was in urgent need of multiple services. Efforts were made to connect her with shelter services so she wouldn't have to sleep on the street or stay with strangers. Unfortunately, because she was 18 and had no active case, she had aged out of receiving assistance from social services. She was eligible for food stamps, but no immediate housing options were available. On the day she sought help, she was found pacing outside social services. When asked if she had tried the cold weather shelter, she said she had been kicked out for yelling at a man who was in her bed and refusing to leave. She was allegedly removed from the shelter for using profanity in front of children. As a result, both she and the man were asked to leave. The only other shelter in the county was closed for intake. When we arrived, staff told her to return the next day during intake hours and bring identification, but she had no ID, no birth certificate, no social security card, and no money. Significant persistent barriers prevented her from accessing a safe, sheltered environment. She didn't meet the criteria for inpatient hospitalization, further limiting her options. Unfortunately, cases like this are all too common in Cleveland County. Many individuals are unable to receive the help they need due to systemic barriers that prevent access to essential services.

*Strengths and Gaps*

# At a Glance

## STRENGTHS ▼

- Access to MAT Services
- Access to street outreach/SSP Programming
- Strong Drug Free Coalition and Community Collaboration
- Strong Recovery Court and PORT programs
- Higher than average increase in new business establishments

## GAPS ▼

- Low median household income
- High number of households struggling with rent
- Lack of recovery infrastructure such as transportation and childcare
- Lack of inpatient treatment and detox services
- Low number of mutual aid recovery meetings

# Recommendations
## For Cleveland County

### More Diverse Treatment Options

Residential treatment and detox are crucial for individuals beginning the recovery process. Cleveland County has one of the higher overdose mortality rates in the state. This statistic shows the need for an increase in treatment and recovery supports. The idea of a recovery campus where the entire continuum of care can be provided with multiple access points depending on the individual's needs could meet many of the recovery support needs in Cleveland County. This could be a regional initiative to better serve Cleveland County residents as well as those in surrounding counties.

### More Mental Health Providers

Prioritize increasing the number of mental health providers and improving access to integrated care for individuals with co-occurring SUDs and mental health conditions.

### Address Economic Barriers

Explore strategies to address the financial barriers faced by residents in accessing treatment and recovery support services. Transportation was specifically noted as a need in the county.

# Recommendations
(continued)

## Develop Affordable Housing

A lack of affordable housing was listed as the highest need in the county and with 50% of renters in the county struggling to pay rent, this need has a huge impact on the community as a whole.

## Monitor Overdose Trends

With the counties increase in overdose mortality rates, the development of a Overdose Fatality Review Team would help to identify overdose trends and system gaps to help develop community specific responses for prevention and intervention.

## Develop a Workforce Training Program

Workforce training programs empower individuals in recovery by helping them prepare for and secure meaningful employment. Such programs also help address workforce needs within the local business community.

# Conclusion
## For Cleveland County

### FILL THE GAPS

Cleveland County benefits from the kind of strong community collaboration that often develops in counties that struggle economically. Cleveland County also home to a number of effective recovery initiatives that provide needed support to individuals with SUD.

It's essential, however, for the county to address existing gaps in treatment facilities and affordable housing while reducing the impact that lower median incomes can have on long-term recovery.

Adequately addressing those challenges will help the county strengthen its recovery ecosystem while developing a productive workforce and healthy community.

# 2025

# Henderson County

A comprehensive evaluation of your resources and gaps plus recommendations.

# Henderson County

Henderson County's distressed community score of 10.59 is coded as *Prosperous* and ranks 13th out of 100 North Carolina counties. Factors include a poverty rate of 11.4% (lower than the national rate of 12.5%), a 19.1% rate of adults not working (compared to 20.9% nationally), a higher-than-average increase in new jobs (8.4 percent compared to 3.7 nationally), and a high increase in new business establishments (8.5% compared to 4.9% nationally).



**36.2**

Deaths per 100,000 residents*

**$16.7M**

Coming from State Opioid Settlement **

**$1.7M**

Approved for a variety of programs and intiatives to address SUD issues***



* From CDC Wonder data 2018-2021   ** From 2022 through 2038        *** See details on page 124

# Demographics

| | Henderson County | North Carolina |
| --- | --- | --- |
| Total Population | 118,106 | 11,046,024 |
| White | 82.2% | 65% |
| Hispanic | 10.6% | 10.4% |
| Median Age | 41.7 | 39.1 |
| Median Household Income | $63,552 | $69,904 |
| Employed Residents | 54,518 (46%) | 61.4% |
| Difficulty affording rent* | 5,611 households (48%) | 615,581 (48%) |

\* According to the North Carolina Housing Coalition County Profiles

## SUD Mortality and Community Response

The drug overdose mortality rate for Henderson County from CDC Wonder data spanning 2018-2021 is 36.2 per 100,000 compared to the national rate of 36.8. The opioid overdose mortality rate is 30.3 per 100,000 compared to the national rate of 27.3.

# Opioid Abatement Funds

Henderson County will receive a total of $16,681,693 in opioid settlement funds from 2022 to 2038. A total of $1,669,361 has been approved to be spent by the summer of 2025. The funding will cover costs of an Opioid Abatement Funding Coordinator, Re-entry Services, Peer Support Specialists, and an Adult Recovery Court. Funds will also go toward covering treatment and recovery housing costs for program participants, and toward programs and services targeting prevention and intervention.

## Community Health Assessments/ Community Health Improvement Plans (CHIPs)

The Henderson County Community Health Priorities for 2022-2024 are:
- Mental Health: Community health is integral to family health and employee performance. Poor mental health can also lead to poor physical health as people lose interest in physical activity and other ways of caring for oneself.
- Substance Use: As stated in the 2021 Henderson County Community Health Assessment, approximately 42% of adults stated that their life has been negatively affected by their own or another's Substance Use Disorder.
- Physical Activity and Nutrition: Lack of exercise and poor nutrition can lead to chronic diseases such as heart disease, Type 2 Diabetes, hypertension, and cancer.
- Safe, Affordable Housing: According to the NC Housing Coalition, 48% of renters are "cost-burdened," meaning they spend over 30% of their income on housing. That's one of the highest rates in the region.
- Interpersonal Violence: Individuals subjected to domestic violence, sexual assault, and child abuse experience not only physical pain. They also suffer mental distress and reduced quality of life.

# REI Data

## Recovery Ecosystem Index
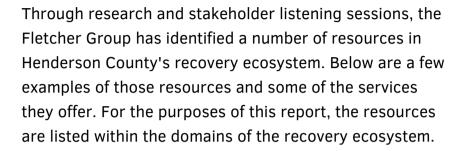
According to the Recovery Ecosystem Index,* Henderson County has an REI score of 3.0 on a scale of one to five, indicating several positive aspects as well as room for continued improvement.

| | Henderson County | North Carolina | U.S. Average |
|---|---|---|---|
| SUD Treatment Facilities Per 100,000 | 3.4 | 5.3 | 4.2 |
| Average Distance to Nearest MAT Provider | 5.9 miles | 9.2 miles | 18.4 miles |
| Mental Health Providers Per 100,000** | 269.2 | 315.2 | 340.5 |
| Average Distance to Nearest SSP*** Provider | 15.5 miles | 24.6 miles | 70 miles |
| NA or SMART Recovery Meetings per 100,000 | 5.2 | 6.6 | 6.0 |

* REI's methodology is described on page 28   ** "Mental health providers" are defined on page 29
*** SSP is an acronym for Syringe Services Program

# Resources

Through research and stakeholder listening sessions, the Fletcher Group has identified a number of resources in Henderson County's recovery ecosystem. Below are a few examples of those resources and some of the services they offer. For the purposes of this report, the resources are listed within the domains of the recovery ecosystem.

## SUD Treatment Services

Henderson County has mental health and SUD outpatient providers such as *The Free Clinics* that provide short-term clinical services, healthcare, and case management support for individuals in need. *Pardee/UNC Health* provides residential short-term crisis stabilization and medical detoxication through their PATHS program. *Advent Health* provides inpatient and outpatient services to treat both mental health and substance use disorders. There are also a number of Medication for Addiction Treatment (MAT) providers such as the FQHC (Blue Ridge Health), The Free Clinics, Pardee UNC Health, and Premier Treatment Services.

# Resources

(continued)

## Continuum of SUD Support

Henderson County has a strong SUD Support community featuring a number of good support programs to help individuals in recovery.

*Love and Respect*, for example, is a Recovery Community Organization that recognizes the many different recovery pathways an individual may take in keeping with the unique cultural, social, and personal factors that make up each person's lived experience. The RCO provides peer support groups, community education, re-entry assistance services, and street outreach.

The *Hope Coalition* provides education and stigma reduction programming in addition to supporting various recovery groups and school-based prevention programs.

*Back On Track Ministries* sponsors a social enterprise thrift store to help fund the recovery services it provides.

# Resources

(continued)

## Effective Diversion Programming

Henderson County's *Adult Recovery Court* provides structured diversion programming for justice-involved individuals with a co-occuring SUD. Incarcerated individuals are assigned a peer with whom a detailed re-entry plan is created to help connect them to needed recovery supports upon release.

> "
>
> *The Recovery Court had participants in our program that volunteered their Saturday to go down to Chimney Rock to help with the disaster relief efforts. Chimney Rock was destroyed by Hurricane Helene and they really needed help. Our participants took time to help clean up trash and restore the buildings that got destroyed by the water. Some participants were also sharing their own food and supplies with people in the community.*
>
> "

# Resources

(continued)

## Infrastructure and Social Factors

*Blue Ridge Community College* provides adult education programs such as adult high school and high school equivalency diplomas as well as college preparatory classes. It also offers a large number of short-term programs that can help prepare individuals for the workforce. The county's 8.4% increase in new jobs and 8.5% increase in new businesses should make it easier for recovery-friendly businesses to hire individuals in recovery who have participated in high-quality workforce development programs.

## Coordination and Collaboration

Henderson County benefits from a drug-free coalition that helps build community support for recovery-supportive programs. Participants in those programs are known to find attractive employment opportunities as well as recovery support services in nearby Buncombe County.
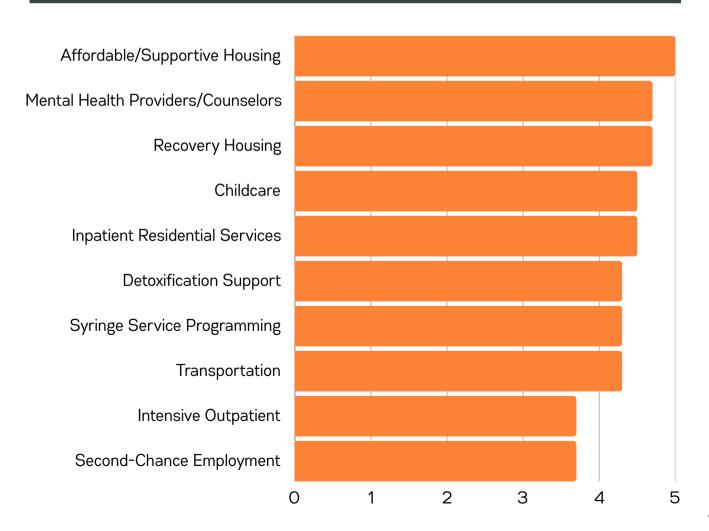
**Average Median Household Income**
Individuals not facing economic hardship are often better able to obtain treatment services and maneuver through the maze of supportive services.

# Gaps

Gaps facing Henderson County include a shortage of mental healthcare providers (269 per 100,000 compared to 315 per 100,000 statewide) that can cause long waiting lines with some never receiving services at all. An inadequate number of mutual aid meetings (AA/NA/SMART) can impede an individual's ability to develop the support network and sense of community needed for recovery. A shortage of residential treatment and detox services can cause residents to seek services outside the county and a lack of affordable housing, including long-term recovery housing, is another major challenge.

## Top 10 Most Needed Services

| Service | Value |
|---|---|
| Affordable/Supportive Housing | 5.0 |
| Mental Health Providers/Counselors | 4.7 |
| Recovery Housing | 4.7 |
| Childcare | 4.5 |
| Inpatient Residential Services | 4.5 |
| Detoxification Support | 4.3 |
| Syringe Service Programming | 4.3 |
| Transportation | 4.3 |
| Intensive Outpatient | 3.7 |
| Second-Chance Employment | 3.7 |

*Strengths and Gaps*

# At a Glance

## STRENGTHS ▼

- Strong recovery support programs
- Strong Recovery Court and PORT programs
- Strong collaboration amongst community recovery programs
- Access to MAT providers
- Access to workforce and post-secondary education opportunities

## GAPS ▼

- Lack of a Community Paramedicine Program
- Limited access to mental health and SUD treatment providers
- Lack of long-term recovery housing/Affordable and Supportive Housing
- Lack of SSP and street outreach providers

# Recommendations

## For Henderson County

### More Residential Treatment & Recovery Housing Options

Residential treatment and detox are crucial for individuals beginning the recovery process. The idea of a recovery campus where the entire continuum of care can be provided with multiple access points depending on the individual's needs could meet many of the treatment and recovery support needs (recovery housing, workforce development, transportation) in Henderson County. This could be a regional initiative to better serve Henderson County residents as well as those in the surrounding counties.

### More Mental Healthcare Providers

Increase the number of mental healthcare providers and improve access to integrated care for individuals with co-occurring SUDs and mental health conditions.

### More Affordable Housing

With 50% of renters in the county struggling to pay rent, a lack of affordable housing was listed as the county's greatest need.

# Recommendations
## (continued)

### Fair-Chance Employment With Local Businesses

Helping local employers better understand how to support individuals in recovery would help meet the workforce needs of an area with an aging population and a lack of available workers.

### Address Economic Barriers Affecting Service Access

Explore strategies to address the financial barriers residents face in accessing treatment and recovery supportive services. The pervasive need for affordable transportation and childcare were specifically mentioned.

# Conclusion
## For Henderson County

**FILL THE GAPS**

Henderson County benefits from a decrease in overdose mortality rates, a strong recovery community, effective recovery programing, and a number of effective recovery initiatives that support people with SUD.

But to ensure a productive workforce and healthy community, Henderson County needs to further strengthen its recovery ecosystem by addressing key gaps in treatment facilities and affordable housing.

# 2025
# Lincoln County

A comprehensive evaluation of your resources and gaps plus recommendations.

# Lincoln County

Lincoln County's distressed community score is 8.04, indicating a rating of *Prosperous* and ranking it ninth out of 100 North Carolina counties. Factors include a poverty rate of 9.3% (compared to 12.5% nationally), a 19.5% rate of adults not working (20.9% nationally), an impressive 15.3% increase in jobs (3.7% nationally), and an 11.2% increase in business establishments (compared to 3.5% nationally).



## 37.8
Deaths per 100,000 residents*

## $11.2M
Coming from State Opioid Settlement **

## $2.4M
Approved to continue PORT and recovery court programs.***



* From CDC Wonder data 2018-2021   ** From 2022 through 2038        *** See details on page 138

# Demographics

| | Lincoln County | North Carolina |
|---|---|---|
| Total Population | 93,095 | 11,046,024 |
| White | 80.5% | 65% |
| Hispanic | 8.1% | 10.4% |
| Median Age | 44.3 | 39.1 |
| Median Household Income | $79,003 | $69,904 |
| Employed Residents | 41,445 (45%) | 61.4% |
| Difficulty affording rent* | 2,899 households (42%) | 615,581 (48%) |

* According to the North Carolina Housing Coalition County Profiles

## SUD Prevalence and Overdose

The drug overdose morality rate for Lincoln County from CDC Wonder data spanning 2018-2021 is 37.8 per 100,000, compared to the national rate of 36.8. The opioid overdose mortality rate is 29.8 per 100,000 compared to the national rate of 27.3.

# Opioid Abatement Funds

Lincoln County is set to receive a total of $11,190,800 in opioid settlement funds from 2022 to 2038. Of this amount, $2.4 million has been approved for use between April 2023 and June 30, 2027, to support the establishment and continuation of the Post Overdose Response Team (PORT) Program and the Community-Centered Court/Recovery Court Program.

## Community Health Assessments/ Community Health Improvement Plans (CHIPs)

The Lincoln County Public Health Department has identified the following priorities.

- Access to Care: Lincoln County had lower population-to-provider ratios for each category (i.e., primary care physicians, dentists, and mental health providers) compared to neighboring counties and the state in general. Strategies include the expansion of services at the Adult Health Clinic and community education regarding 988 Suicide and Crisis Lifeline services.
- Health Behaviors: The Lincoln County Community Health Assessment showed a need to reduce tobacco use, decrease sugar-sweetened beverage consumption, and increase physical activity. The primary strategy is to provide community education regarding the dangers of tobacco and sugar as well as how to make healthy choices.
- Substance Use: According to a 2022 Lincoln County Community Health Opinion Survey, drug use was the number one problem affecting quality of life. Strategies to address SUD in Lincoln County include the development of a recovery court, a PORT program, and Naloxone distribution services.

# REI Data

## Recovery Ecosystem Index

According to the Recovery Ecosystem Index,* Lincoln County has a score of 2.0 on a scale from one to five, indicating there are some recovery resources available but more are needed.

|  | Lincoln County | North Carolina | U.S. Average |
| --- | --- | --- | --- |
| SUD Treatment Facilities Per 100,000 | 3.4 | 5.3 | 4.2 |
| Average Distance to Nearest MAT Provider | 6.9 miles | 9.2 miles | 18.4 miles |
| Mental Health Providers Per 100,000** | 81.6 | 315.2 | 340.5 |
| Average Distance to Nearest SSP*** Provider | 11.5 miles | 24.6 miles | 70 miles |
| NA or SMART Recovery Meetings per 100,000 | 4.5 | 6.6 | 6.0 |

* REI's methodology is described on page 28   ** "Mental health providers" are defined on page 29
*** SSP is an acronym for Syringe Services Program

# Resources

Through research and stakeholder listening sessions, the Fletcher Group has identified a number of resources in Lincoln County's recovery ecosystem. Below are a few examples of those resources and some of the services they offer. For the purposes of this report, the resources are listed within the domains of the recovery ecosystem.

## SUD Treatment Services

Lincoln County has several mental health and SUD treatment providers, such as *Integrated Care of Greater Hickory* which provides medicated-assisted and outpatient SUD treatment.

Another is *Phoenix Counseling* which provides 24x7 mobile crisis management services as well as stabilization, intervention, and prevention activities plus mental health and SUD outpatient services.

*I've seen the difference Lincoln County Treatment Court and ICGH can make, helping individuals gain sobriety, find jobs, complete their GEDs, and enroll in college.*

# Resources

(continued)

## Continuum of SUD Support

The *Lincoln County Recovery Court* has had good success and has helped strengthen relationships between legal system and community outreach organizations.

*Integrated Care of Greater Hickory* offers wrap-around services such as peer support, harm reduction, and case management.

*Catawba Valley Healthcare* offers re-entry services at the Lincoln County Detention Center, providing support through a dedicated three-person team consisting of a clinician, a post-sentencing diversion case manager, and a re-entry specialist. The team works closely with individuals during their incarceration to support their needs and help them successfully prepare for re-entry into the community.

In addition, Lincoln County is in the process of establishing a *PORT Program* using some of its opioid abatement funds.

NORTH CAROLINA JUDICIAL BRANCH

ICGH

POST-OVERDOSE RESPONSE TEAMS (PORT)

CATAWBA VALLEY HEALTHCARE

# Resources

(continued)

## Infrastructure and Social Factors

Lincoln Country has a high median income which can contribute to a greater overall supply of accessible resources.

## Policy and Legal Environment
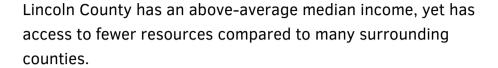
Stakeholders in Lincoln County expressed a belief that the leadership of the county government supports the growth of an effective recovery ecosystem.

## Coordination and Collaboration

*Lincoln County Drug Prevention and Recovery Coalition* sponsors education regarding SUD and prevention programming at local schools and community events. The coalition also works to promote productive collaboration between recovery treatment providers.

# Gaps

Lincoln County has an above-average median income, yet has access to fewer resources compared to many surrounding counties.

## Shortage of Mental Healthcare Providers

Although Lincoln County has several organizations providing assistance to those with a Substance Use Disorder, there is a significant shortage of mental healthcare providers. According to the Recovery Ecosystem Index, there are only 82 mental health providers per 100,000 residents, compared to 315 per 100,000 statewide. This often causes providers to put patients on long waiting lists or, in many cases, never accept them as patients at all.

## Other Gaps

Other gaps include a shortage of affordable housing and recovery housing; a lack of residential treatment options; and education to address stigma.

> *One gap we have is when individuals are ready to move out of our housing model and move forward, there are no rentals available that they can afford. They often have to move out of county. There are also a lot individuals with methampehtamine use who cannot get housing due to funding only being available for opioid or alcohol use.*

# Gaps

A thorough examination of the recovery ecosystem in Lincoln County has revealed some significant gaps that appear in the chart below in order of severity.

## Most Needed Services



| Service | Value |
|---|---|
| Affordable/Supportive Housing | 5 |
| Case Management | 5 |
| Childcare | 5 |
| Faith-Based Services | 5 |
| Mental Health Providers/Counselors | 5 |
| Recovery Coaches/Peer Mentors | 5 |
| Recovery Community Organizations | 5 |
| Re-entry Services | 5 |
| Syringe Service Programming | 5 |
| Second-Chance Employment | 5 |

*Strengths and Gaps*

# At a Glance

## STRENGTHS ▼

- Higher than average median household income
- Access to MAT Providers
- Some strong SUD Treatment and behavorial health providers
- Mobile Crisis Intervention services
- Strong Recovery Court and PORT Programs

## GAPS ▼

- Lack of Inpatient Treatment and detox services
- Lack of a Community Paramedicine Program
- Lack of long-term recovery housing/Affordable and Supportive Housing
- Lack of SSP and street outreach providers
- Lack of Case Management Services
- Lack of recovery infrastructure supports such as transportation and childcare

# Recommendations
## For Lincoln County

## More Diverse Treatment Options

Residential treatment and detox services are crucial for individuals beginning the recovery process. The idea of a recovery campus where the entire continuum of care can be provided with multiple access points depending on the individual's needs could meet many of the recovery support needs in Lincoln County. This could be a regional initiative to better serve Lincoln County residents as well as those in surrounding counties.

## Fair-Chance Employment With Local Businesses

A second-chance employment program would help local employers better understand how to support individuals in recovery. It would also help meet the workforce needs of an area where businesses activity is rapidly growing.

## Affordable Housing for Individuals in Recovery

Individuals new to recovery need safe, supportive housing to help them develop and sustain their long-term recovery.

# Recommendations
## (continued)

## More Mental Healthcare Providers

Lincoln County has only a quarter of the mental health providers per capita compared to the rest of the state. Increasing that number would greatly improve access to integrated care for individuals with co-occurring SUDs and mental health conditions.

## Better Transportation

Individuals with SUD need help in overcoming severe transportation challenges. Mobile units would allow services to be taken out into the county.

> *One of the biggest benefits I have witnessed is how Lincoln County Treatment Court and ICGH have assisted four individuals with a year or more of sobriety to get jobs, get enrolled in college, complete their GED test, and obtain licenses. One female was brought through treatment oourt, sober living with ICGH and then passed all her GED tests and enrolled in college. One male came through, transitioned out of sober living after 90 days, got a job, and obtained his license. The last female stayed at home, got her license back. and is taking peer support classes this month.*

# Conclusion
## For Lincoln County

Lincoln County has put a priority on addressing the SUD problems in the county and has developed good programming in doing so. While this progress is encouraging, the county still faces significant challenges in addressing substance use, particularly shortages of transitional housing, inpatient treatment, and detox services and the fact that a large segment of the population is uninsured.



## MORE TO BE DONE

The problem is that much still needs to be done. Lincoln County needs to continue to focus on developing strategies for increasing necessary services for individuals to sustain long-term recovery. Although the county has the highest median income among the 12 counties in the study, it has access to fewer resources than most of the others.

# 2025

# McDowell County

A comprehensive evaluation of your resources and gaps plus recommendations.

# McDowell County

## INTRODUCTION

McDowell County has a distressed community score of 48.6, indicating a *Mid-Tier Risk*. The change in business establishments is 9.3%, compared to 3.5% nationally, indicating substantial opportunities for workforce development programing.



## 45.6
Deaths per 100,000 residents*

## $7.1M
Coming from State Opioid Settlement **

## $424K
Approved for a variety of services and community initiatives***



* From 2021-2023          ** Over 18 years          *** See details on page 152

# Demographics

| | McDowel County | North Carolina |
|---|---|---|
| Total Population | 44.629 | 11,046,024 |
| White | 86.7% | 65% |
| Hispanic | 6% | 10.4% |
| Median Age | 44.3 | 39.1 |
| Median Household Income | $53.532 | $69,904 |
| Employed Residents | 50.7% | 61.4% |
| Difficulty affording rent* | 1,394 households (56%) | 615,581 (48%) |

* According to the North Carolina Housing Coalition County Profiles

## SUD Mortality and Community Response

McDowell County's drug overdose mortality rate (45.6 per 100,000 population) and opioid overdose mortality rate (34.2 per 100,000 population) are both higher than the national averages of 36.8 and 27.3, respectively. This underscores the need for effective interventions.

# Opioid Abatement Funds

McDowell County will receive $7.09 million in opioid abatement funds over 18 years. According to CORE-NC, McDowell County has approved $424,386 in spending through June of 2024. Key spending areas include Recovery Support Services ($177,849) and Early Intervention ($77,151). As a result, there will be more funding for justice-involved individuals, overdose response, Naloxone distribution, and critical follow-up care for those who overdose.

## Community Health Priorities

McDowell County has identified the following community health needs as its top priorities.
1. Lack of health insurance
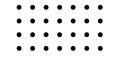2. Unintentional injuries
3. Obesity

# REI Data
## Recovery Ecosystem Index

According to the Recovery Ecosystem Index,* McDowell County has a score of 2.0 on a scale of one to five, indicating that a number of recovery resources are currently available but more are needed.

| | McDowell County | North Carolina | U.S. Average |
|---|---|---|---|
| SUD Treatment Facilities Per 100,000 | 9.o | 5.3 | 4.2 |
| Average Distance to Nearest MAT Provider | 5.9 miles | 9.2 miles | 18.4 miles |
| Mental Health Providers Per 100,000** | 203.3 | 315.2 | 340.5 |
| Average Distance to Nearest SSP*** Provider | 10.4 miles | 24.6 miles | 70 miles |
| NA or SMART Recovery Meetings per 100,000 | 5.5 | 6.6 | 6 |

* REI's methodology is described on page 28   ** "Mental health providers" are defined on page 29
*** SSP is an acronym for Syringe Services Program

# Resources

Through research and stakeholder listening sessions, the Fletcher Group has identified a number of resources in McDowell County's recovery ecosystem. Below are a few examples of those resources and some of the services they offer.

For the purposes of this report, the resources are listed within the domains of the recovery ecosystem.

## SUD Treatment Services

McDowell County has a number of outpatient treatment providers that provide clinical treatment services in the county.
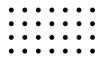
*McLeod Centers for Wellbeing* has an office in Marion, the county seat, that provide MAT options and ASAM 2.1 outpatient services. It supports a large regional network that helps connect individuals with residential services, although the services are not in McDowell County.

*RHA Health Services* has an office in Marion that offers behavioral health and substance use treatments.

# Resources

(continued)

## Continuum of SUD Support

McDowell County possesses a number of organizations that are doing significant work to grow recovery support services.

*Freedom Life Ministries* offers a number of  reentry support services, including case management, support groups, transportation support, and housing.

*McDowell Impact* provides peer support services that partner with organizations throughout the county, as well as a drop-in Recovery Community Organization.

*McDowell Mission* works to reduce stigma and educate community members on harm reduction and recovery supports.

The county has utilized opioid settlement funds to start a *Post-Overdose Response Team* that supports the work of the community paramedic and offers critical services to individuals who experience overdose.

# Resources

(continued)

## Infrastructure and Social Factors

Numerous organizations in McDowell County work to impact infrastructure and social factors. For example, McDowell County has a high number of social associations that can contribute to an individual's recovery capital.

As noted previously, *Freedom Life Ministries* has developed a volunteer transportation program that has provided significant support to individuals in rural McDowell County.

*FaithHealthNC* is a statewide network with a branch in McDowell County. It is organized by Atrium Health with the aim of connecting individuals with supportive services provided by faith communities.

*McDowell Community Technical College* provides workforce development and job training programs to support individuals in recovery, helping them benefit from the county's above-average business growth rate of 9.3%.

# Resources

(continued)

## Legal and Policy
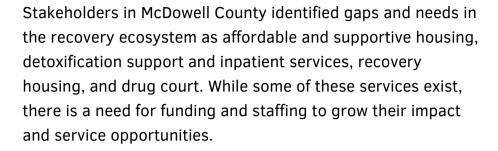
McDowell County has put significant effort into increasing Naloxone distribution through law enforcement and county employees. They are also working to increase Naloxone access for the general public.

## Coordination and Collaboration
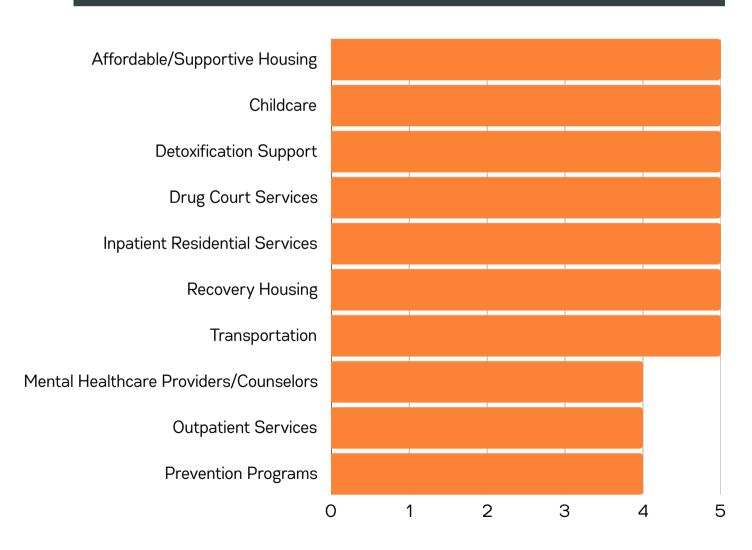
McDowell County has a very active and engaged re-entry council that's contributing significantly to the county's recovery ecosystem. The team is divided into seven workgroups to address the barriers individuals face when re-entering society after incarceration for substance use.

Fletcher Group staff interviewed stakeholders in McDowell County to better understand the day-to-day experience of local residents. Stakeholders identified the county's strengths as food assistance, faith-based services, re-entry services, and access to Medication for Addiction Treatment (MAT).

# Gaps

Stakeholders in McDowell County identified gaps and needs in the recovery ecosystem as affordable and supportive housing, detoxification support and inpatient services, recovery housing, and drug court. While some of these services exist, there is a need for funding and staffing to grow their impact and service opportunities.

## Top 10 Most Needed Services

| Service | Value |
|---|---|
| Affordable/Supportive Housing | 5 |
| Childcare | 5 |
| Detoxification Support | 5 |
| Drug Court Services | 5 |
| Inpatient Residential Services | 5 |
| Recovery Housing | 5 |
| Transportation | 5 |
| Mental Healthcare Providers/Counselors | 4 |
| Outpatient Services | 4 |
| Prevention Programs | 4 |

# Other Gaps

## Mental Health Providers

McDowell County has a lower rate of mental health providers (201.3 per 100k) compared to the national average (321.7 per 100k). This gap is concerning, especially given the high overdose rates.

## Treatment Facilities

McDowell County is lacking inpatient residential treatment and detox services.

## Lack of a Drug-Free Community Coalition

The absence of a dedicated drug-free community coalition hinders coordinated community-wide prevention and intervention efforts.

## Lack of a Recovery Court

A Recovery Court in McDowell County could be very impactful when supporting individuals who are justice-involved.

*Strengths and Gaps*

# At a Glance

## STRENGTHS ▼

- Access to MAT services
- A number of local organizations provide numerous impactful recovery support services, including reentry services and an RCO
- Community collaboration is a strength through a strong reentry council
- High levels of business growth indicates workforce development opportunities

## GAPS ▼

- Existing recovery housing and affordable and supportive housing cannot meet the needs of the community
- Lack of a recovery court that serves the county
- Insufficient mental health service providers for the population needs
- Lack of residential treatment options

# Recommendations

## For McDowell County

### Address High Overdose Rates

Implement evidence-based strategies to reduce overdose deaths, including expanded access to naloxone, harm reduction services, and targeted outreach to high-risk individuals.

### Increase Access to Mental Healthcare Services

Prioritize increasing the number of mental health providers and improving access to integrated care for individuals with co-occurring SUDs and mental health conditions.

### Expand Recovery Support Services

Support the expansion of peer-led recovery support groups and other recovery-oriented services, such as recovery coaching and peer support specialists.

### Form a Drug-Free Community Coalition

Creating a formal coalition would facilitate collaboration among stakeholders, improve resource allocation, and enhance community-wide prevention and intervention efforts.

# Recommendations
(continued)

## Develop Comprehensive SUD Programs

Implement specific, evidence-based SUD treatment and prevention programs tailored to the needs of the community including residential treatment and detox support,

## Create Additional Housing Options

Recovery housing should continue to be a top priority to provide greater stability and support for individuals with SUD.

## Leverage Positive Economic Trends

Explore how the positive change in business establishments can be leveraged to support recovery efforts, such as through workforce development programs for individuals in recovery.

# Conclusion
## For McDowell County



## COLLABORATION IS KEY

McDowell County's efforts to develop a thriving recovery ecosystem are marked by both promise and significant hurdles.

Positive attributes include engaged community stakeholders and a strong foundation of recovery support services.

The need for recovery housing and more treatment options, however, cannot be overstated, as evidenced by the county's high rates of overdose mortality.

Moving forward, McDowell County needs to take a more proactive and collaborative approach by not only strengthening existing partnerships but by forging entirely new alliances that can grow the county's recovery ecosystem.

Investments in prevention and early intervention strategies will be crucial to that effort.

By prioritizing the development of a comprehensive and accessible continuum of care, McDowell County can create a more resilient and supportive environment for individuals seeking long-term recovery and the families that depend on them.

# 2025

# Rutherford County

A comprehensive evaluation of your resources and gaps plus recommendations.

# Rutherford County

The distressed community score of Rutherford County is 87.8, indicating *Distressed Status* and ranking it 84th out of 100 North Carolina counties. Factors include a high poverty rate of (18.4% compared to 12.5% nationally), a high rate of adults not working (29.4% compared to 20.9 nationally), a decrease in new jobs (-0.9% compared to +3.7 nationally), and a miniscule increase in new business establishments (.4% compared to 4.9% nationally).



## 48.5
Deaths per 100,000 residents*

## $11.2M
Coming from State Opioid Settlement **

## $1.1M
Approved for a range of new programs to address SUD and OUD***



* From CDC Wonder data 2018-2021    ** From 2022 through 2038      *** See details on page 167

# Demographics

| | Rutherford County | North Carolina |
|---|---|---|
| Total Population | 64,680 | 11,046,024 |
| White | 81.9% | 65% |
| Hispanic | 5% | 10.4% |
| Median Age | 45 | 39.1 |
| Median Household Income | $50,512 | $69,904 |
| Employed Residents | 41% | 61.4% |
| Difficulty affording rent* | 2,542 households (45%) | 615,581 (48%) |

\* According to the North Carolina Housing Coalition County Profiles

## SUD Mortality and Community Response

The drug overdose morality rate for Rutherford County from CDC Wonder data spanning 2018-2021 is 48.5 per 100,000, compared to the national rate of 36.8 per 100,000. The opioid overdose mortality rate is 37.4 per 100,000 compared to the national rate of 27.3 per 100,000.

# Opioid Abatement Funds

Rutherford County will receive a total of $11,216,252 in opioid settlement funds between 2022 and 2038. A total of $1,113,705 has been approved to spend between 2024 and June 30, 2026 on collaborative strategic planning to provide oversight of the opioid abatement funds; peer support specialists to help expand capacity of the Community Healing, Recovery, and Thriving Center; development of a pilot program to provide family-centered treatment for families involved with social services; and expansion of inpatient services, intensive outpatient services, and case management services for individuals with OUD.

## Community Health Assessments/ Community Health Improvement Plans (CHIPs)

The Rutherford County Community Health Assessment identified the following heath priorities.

1. Food Insecurity: In 2021, 24.4% faced food insecurity (compared to 19% in western North Carolina) and only 4.5% consume five or more servings of fruits/vegetables per day.
2. Diabetes: 17.9% suffer compared to 11.8% statewide.
3. Obesity: The Healthy People 2030 goal is 36.0%. Rutherford County's rate is 48.2%. (The rate is 31.3% for North Carolina and 34.0% for the U.S.)
4. Heart Disease: The Healthy People 2030 goal is 27.7% or lower. Rutherford County's rate in 2021 was 37.9%, similar to that of the region, state, and nation.
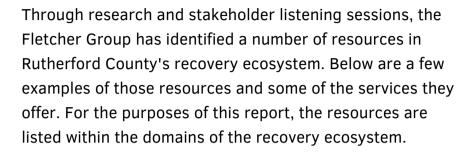
# REI Data

## Recovery Ecosystem Index

According to the Recovery Ecosystem Index,* Rutherford County has a score of 2.0 on a scale of one to five, indicating that a number of recovery resources are currently available but more are needed.

| | Rutherford County | North Carolina | U.S. Average |
|---|---|---|---|
| SUD Treatment Facilities Per 100,000 | 3.1 | 5.3 | 4.2 |
| Average Distance to Nearest MAT Provider | 6.1 miles | 9.2 miles | 18.4 miles |
| Mental Health Providers Per 100,000** | 184.7 | 315.2 | 340.5 |
| Average Distance to Nearest SSP*** Provider | 12.5 miles | 24.6 miles | 70 miles |
| NA or SMART Recovery Meetings per 100,000 | 4.6 | 6.6 | 6 |

* REI's methodology is described on page 28   ** "Mental health providers" are defined on page 29
*** SSP is an acronym for Syringe Services Program

# Resources

Through research and stakeholder listening sessions, the Fletcher Group has identified a number of resources in Rutherford County's recovery ecosystem. Below are a few examples of those resources and some of the services they offer. For the purposes of this report, the resources are listed within the domains of the recovery ecosystem.

## SUD Treatment Services

SUD treatment providers include *Preferred Choice Healthcare* which provides individual and family-centered treatments, mental health counseling, and outpatient SUD services, including intensive outpatient.

*Blue Ridge Hope* provides a variety of mental health and youth programming.

*Integrated Care of Greater Hickory* provides outpatient SUD treatment.

*United Way of Rutherford County* offers free mobile MAT for uninsured and underinsured residents.
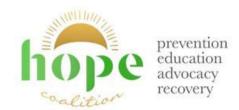
# Resources

(continued)

## Continuum of SUD Support

*United Way of Rutherford County* provides many recovery support services for individuals with SUD such as peer support services and neonatal and family recovery services. Their Mobile Harm Reduction Team provides SSP programming throughout the county. They can also assist financially with transitional housing and work clothing for individuals in recovery or newly released from incarceration.

The *Community Healing, Recovery, and Thriving Center* is a Recovery Community Organization operated by the *United Way of Rutherford County* that provides a drop in/peer living room space for individuals. Services there include social activities, peer support services, support groups. and case management.

The *Hope Coalition* is also another Recovery Community Organization offering a "peer living room" peer support services and recovery meetings.

# Resources

(continued)

## Infrastructure and Social Factors

To help bridge the gap between employers and individuals in recovery, *United Way of Rutherford County* provides onsite employment coaches and other wellness supports.

The *North Carolina Workforce Development Coalition* helps businesses become recovery-friendly workplaces so that those in recovery have a better chance of acquiring gainful employment.



United Way
of Rutherford County



WCI
Leadership
For Employers

" A gentleman resident of a new sober living home was able to use a relatively new local transit service to go to his new job at a local factory where he's building up the assets needed to buy his own vehicle. "

# Resources

(continued)
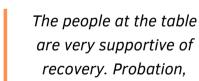
## Coordination and Collaboration

The *Allied Comprehensive Recovery Network* helps consolidate resources to serve those in need.

The *We C.A.R.E Rutherford County Opioid Crisis Alliance* and the *Prevention Coalition for Success* collaborate with numerous community members and organizations in the hope of ending the opioid epidemic by preventing illicit substance use.







> " The people at the table are very supportive of recovery. Probation, police, county government, jail, and college are all very supportive "
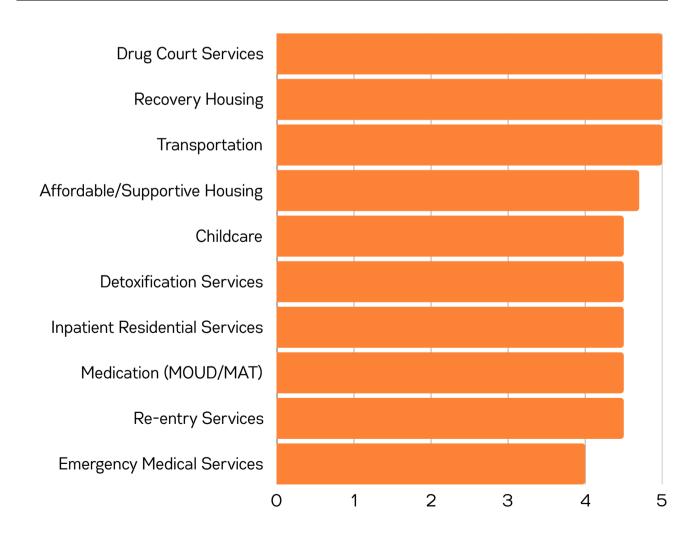
# Gaps

Rutherford County has some excellent organizations that provide strong recovery support services, but there are still significant service gaps, including a shortage of mental health providers that can severely impede those seeking long-term recovery. A lack of detox and residential treatment services forces many individuals to leave the county to get the services they need. In addition, the county's low median income and high poverty rate make it harder for individuals to get the help they need.

## Top 10 Most Needed Services



| Service | Rating |
|---|---|
| Drug Court Services | 5 |
| Recovery Housing | 5 |
| Transportation | 5 |
| Affordable/Supportive Housing | ~4.7 |
| Childcare | ~4.5 |
| Detoxification Services | ~4.5 |
| Inpatient Residential Services | ~4.5 |
| Medication (MOUD/MAT) | ~4.5 |
| Re-entry Services | ~4.5 |
| Emergency Medical Services | 4 |

*Strengths and Gaps*

# At a Glance

## STRENGTHS ▼

- Strong supportive recovery services
- Workforce development and second chance employment program services
- Access to street outreach/SSP programming
- Strong collaboration between recovery organizations
- Strong collaboration between government agencies and recovery programming
- Access to PORT program
- Good access to employment opportunities

## GAPS ▼

- Lack of a Recovery Court
- Lack of Inpatient Treatment and detox services
- Lack of a Community Paramedicine Program
- Lack of long-term recovery housing/Affordable and Supportive Housing
- Lack of recovery infrastructure supports such as transportation and childcare
- Lack of Reentry Programming

# Recommendations
## For Rutherford County

## More Treatment Options

Residential treatment and detox are crucial for individuals beginning the recovery process. A recovery campus where the complete continuum of care is provided would meet many of the recovery support needs both in Rutherford County and surrounding counties.

## Accessible Transportation

Individuals with SUD face many transportation challenges. This could be partially addressed by mobile units that take services to rural residents.

## Affordable Recovery Housing

Individuals new to recovery need safe and supportive housing to help them develop and sustain long-term recovery.

> *Western North Carolina has low wages, but very high property values and cost of living which leads to a workforce shortage. Until housing costs and wages come closer together, this won't change.*

# Recommendations

## (continued)

### Peer Support and Job Training

Some recovery programs struggle to find peer support specialists/recovery coaches who can help people find meaningful employment. Workforce development programs in partnership with local chambers of commerce and economic development boards could help develop a skilled workforce, thereby drawing more employers to the area. A region-wide partnership could help create employment pipelines by coordinating the work of recovery programs with workforce training programs, career-building services, and employers.

### More Mental Health Providers

More mental health providers would help provide the integrated care individuals with co-occurring SUDs and mental health conditions need.

### Recovery Courts and PORT Programs

Recovery courts and PORT programs have been proven to be effective in decreasing overdose fatality rates and recidivism and can likely be financed with opioid abatement funds.

> *Many times I have individuals looking to me for various types of assistance (primarily rent-based) and organizations that may have funding allocated for that service are often out of funds for those specific services.*

# Conclusion
## For Rutherford County



## MORE IS NEEDED

Rutherford County has some very strong recovery programs and coalitions, but those organizations are hard-pressed to provide everything that is needed. The low median income, high poverty rate, and high housing costs continue to pose significant challenges for individuals seeking to overcome an SUD.

Rutherford County needs to continue developing effective programs that can help its residents achieve the kind of long-term recovery that can restore lives, reunite families, and invigorate local communities and economies.

# 2025
# Watauga County

A comprehensive evaluation of your resources and gaps plus recommendations.

# Watauga County

Watauga County has a relatively low distressed community score of 33.1, indicating a *Comfortable Status* and ranking it 36th out of 100 North Carolina counties.

The county's change in business establishments (3.4%) is close to the national average of 3.5%.



## 18.5
Deaths per 100,000 residents*

## $5.7M
Coming from State Opioid Settlement **

## $412K
Approved for Naloxone distribution, substance use care, and peer support***



* From CDC Wonder data 2018-2021   ** From 2022 through 2038     *** See details on page 181

# Demographics

| | Watauga County | North Carolina |
|---|---|---|
| Total Population | 54,540 | 11,046,024 |
| White | 92.3% | 65% |
| Hispanic | 4.0% | 10.4% |
| Median Age | 32.1 | 39.1 |
| Median Household Income | $50,034 | $69,904 |
| Employed Residents | 48% | 61.4% |
| Difficulty affording rent* | 4,713 households (65%) | 615,581 (48%) |

\* According to the North Carolina Housing Coalition County Profiles

## SUD Mortality

The drug overdose mortality rate in Watauga County (18.5 per 100,000 population) is significantly less than both the state and national average.

# Opioid Abatement Funds

Watauga County will receive $5.6 million in opioid settlement funds from 2022 to 2038. A total of $412,294 has been approved for investment in Naloxone distribution, postpartum substance use care, and efforts to provide more peer support.

## Community Health Priorities

Watauga County has identified the following three major community health priorities.
1. Mental and Behavioral Health: Depression, anxiety, emotional wellbeing, suicide prevention, and support/intervention for those with mental illness.
2. Family and Social Support: Increased community and social supports in places where people live, learn, work, play and pray.
3. Housing: Issues related to housing can impact community members in a variety of ways, including impacting long-term health outcomes.
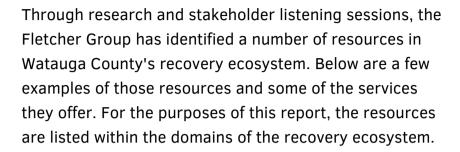
# REI Data

## Recovery Ecosystem Index

According to the Recovery Ecosystem Index,* Watauga County has a score of 2.0 on a scale of one to five, indicating that a number of recovery resources are currently available but more are needed.

| | Watauga County | North Carolina | U.S. Average |
|---|---|---|---|
| SUD Treatment Facilities Per 100,000 | 7.3 | 5.3 | 4.2 |
| Average Distance to Nearest MAT Provider | 10.2 miles | 9.2 miles | 18.4 miles |
| Mental Health Providers Per 100,000** | 508.3 | 315.2 | 340.5 |
| Average Distance to Nearest SSP*** Provider | 28.8 miles | 24.6 miles | 70 miles |
| NA or SMART Recovery Meetings per 100,000 | 7.3 | 6.6 | 6.0 |

* REI's methodology is described on page 28   ** "Mental health providers" are defined on page 29
*** SSP is an acronym for Syringe Services Program

# Resources

Through research and stakeholder listening sessions, the Fletcher Group has identified a number of resources in Watauga County's recovery ecosystem. Below are a few examples of those resources and some of the services they offer. For the purposes of this report, the resources are listed within the domains of the recovery ecosystem.

## SUD Treatment Services

Quanititative data shows that Watauga County enjoys much better access to mental healthcare providers than other counties, likely resulting in a greater availability of resources to address co-occuring mental health conditions.

*McLeod Addictive Disease Center* and *Daymark Recovery Center* provide clinical treatment options for SUD, including outpatient treatment and counseling services.
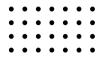
*High Country Community Health* is the local FQHC. It conducts extensive street outreach including Hepatitus C testing and treatment and support of Medication for Addiction Treatment (MAT).

# Resources

(continued)

## Continuum of SUD Support

Data shows that Watauga County residents enjoy sufficient access to NA and other peer support meetings.

In addition, *Homestead Recovery Center,* an active Recovery Community Organization (RCO) in Watauga County, offers peer support and recovery housing through its *Homeplace* recovery center.

*Freedom Farm Ministries* provides long-term housing and non-medical treatments.

# Resources

(continued)

## Infrastructure and Social Factors

Watauga County is the home of *Appalachian State University* and a branch of *Caldwell Community College and Technical Institute.* Both are able to partner with recovery organizations to provide educational and job training opportunities.

*Homestead Recovery* offers assistance with transportation and case management.

# Resources

(continued)

## Legal and Policy

*Homestead Recovery Center* offers a Law Enforcement-Assisted Diversion (LEAD) program and oversees the Recovery Court for Watauga and Avery Counties.

## Coordination and Collaboration

Two Watauga County organization are well-known for helping address the key social determinants that impact SUDs.

The *Community Mental Health Project* is a multi-stakeholder coalition concerned with mental health and addiction.

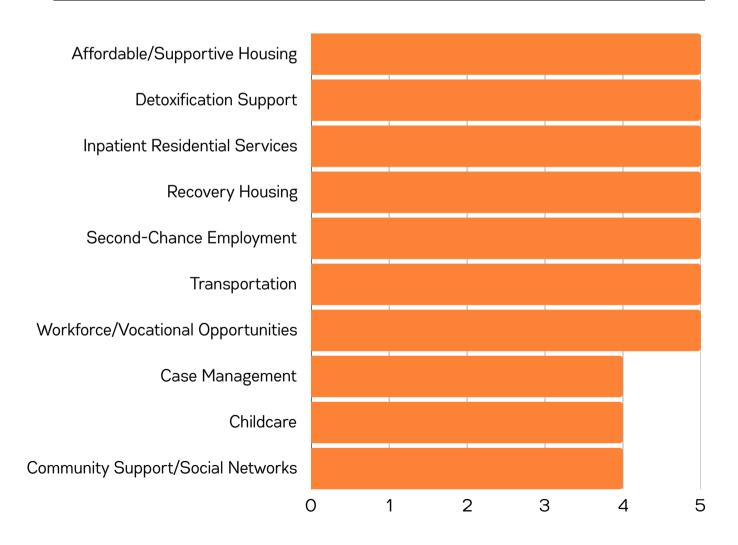The *Watauga Housing Council* focuses on housing stability.

# Gaps

Stakeholders identified key gaps in the recovery ecosystem as detox and residential treatment, recovery housing, and peer support for individuals and employers. Stakeholders also believe the community is not suppprtive of additional recovery support services, so stigma remains a major barrier. Stakeholders also shared that grant funding is available for some work they do, but long-term sustainable funding is challenging. Recent shifts in grant funding are also causing them to adjust staff and program priorities.

## Top 10 Most Needed Services

| Service | Value |
|---|---|
| Affordable/Supportive Housing | 5 |
| Detoxification Support | 5 |
| Inpatient Residential Services | 5 |
| Recovery Housing | 5 |
| Second-Chance Employment | 5 |
| Transportation | 5 |
| Workforce/Vocational Opportunities | 5 |
| Case Management | 4 |
| Childcare | 4 |
| Community Support/Social Networks | 4 |

*Strengths and Gaps*

# At a Glance

## STRENGTHS ▼

- Active RCO and recovery support providers
- Recovery court that crosses county lines and offers regional support.
- Excellent outreach and behavioral health support through various providers
- Collaborative efforts focusing on housing and the social determinants of health

## GAPS ▼

- Lack of residential treatment services
- Lack of sufficient affordable/supportive housing and recovery housing
- Lack of transportation options in rural areas

# Recommendations

## For Watauga County

### More Treatment Options

Residential treatment and detox are crucial for individuals beginning the recovery process. This could be a regional initiative to better serve a larger number of individuals.

### More Collaboration

Enhance collaboration and communication organizations in the recovery ecosystem. A Situation Table, or other collaborative tool for staffing cases across agencies, may provide connections and make sure that individuals do not fall through the cracks.

### Formation of a Drug-Free Community Coalition

Creating a formal coalition would facilitate collaboration among stakeholders, improve resource allocation, and enhance community-wide prevention and intervention efforts.

# Recommendations
(continued)

## Address Economic Barriers

Explore strategies to address the financial barriers faced by residents in accessing treatment and recovery support services, such as sliding scale fees or financial assistance programs. Transportation and affordable childcare were specifically noted as needed in the county to help address economic barriers.

## Monitor Overdose Trends

While current overdose rates are lower than national averages, continued monitoring is essential to identify any emerging trends or increases.

# Conclusion
## For Watauga County

In its approach to community health and SUD recovery, Watauga County's strengths include a lower drug overdose mortality rate than state and national averages, substantial opioid settlement funds, and a high concentration of mental health providers. It also benefits from several organizations that provide key support services, including treatment, recovery housing, peer support, and help with transportation.

The county nevertheless faces a variety of serious challenges, including a shortage of residential treatment and detox services, the absence of a drug-free community coalition, a lower median household income, and stigma surrounding recovery support services.

To improve the health and well-being of its residents, Watauga County should focus on increasing access to diverse treatment options, strengthening coordination between existing initiatives, forming a drug-free community coalition, addressing economic barriers, and continuing to closely monitor overdose trends.

# 2025
# Wilkes County

A comprehensive evaluation of your resources and gaps plus recommendations.

# Wilkes County

Wilkes County has a distressed community score of 88.6, indicating a *Distressed Status* and ranking it 78th out of 100 North Carolina counties. The county's 3% decrease in business establishments does not yet fully reflect the impact of Hurricane Helene. Economic challenges, such as those faced in Wilkes County, can unfortunately contribute to a higher prevalence of Substance Use Disorders.



## 45.7
Deaths per 100,000 residents*

## $24.1M
Coming from State Opioid Settlement **

## $529K
Approved to increase MAT Accessibility and Recovery Support Services***



* From CDC Wonder data 2018-2021   ** From 2022 through 2038      *** See details on page 195

# Demographics

| | Wilkes County | North Carolina |
|---|---|---|
| Total Population | 65,784 | 11,046,024 |
| White | 86.9% | 65% |
| Hispanic | 7.0% | 10.4% |
| Median Age | 46 | 39.1 |
| Median Household Income | $50,438 | $69,904 |
| Employed Residents | 43% | 61.4% |
| Difficulty affording rent* | 2,471 households (44%) | 615,581 (48%) |

\* According to the North Carolina Housing Coalition County Profiles

## SUD Mortality and Community Response

The drug overdose mortality rate in Wilkes County (47.5 per 100,000 population) is significantly higher than the national averages of 36.8 and the state average of 38.2.

# Opioid Abatement Funds

Wilkes County will receive a total of $24.1 million from the state opioid settlement over the course of 18 years. According to CORE-NC, Wilkes County has invested significant funding to increase recovery support services and opportunities. Wilkes County is also making investments to increase the availability of Medication for Addiction Treatment (MAT).

## Community Health Priorities

Wilkes County has identified the following key health priorities.
1. Obesity and Chronic Disease
2. Mental Health and Substance Use Disorder
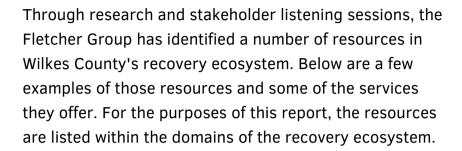3. Access to Care
4. Tobacco and Smoking

# REI Data

## Recovery Ecosystem Index

According to the Recovery Ecosystem Index,* Wilkes County has a score of 2.0 on a scale of one to five, indicating that a number of recovery resources are currently available but more are needed.

| | Wilkes County | North Carolina | U.S. Average |
|---|---|---|---|
| SUD Treatment Facilities Per 100,000 | 6.0 | 5.3 | 4.2 |
| Average Distance to Nearest MAT Provider | 11.5 miles | 9.2 miles | 18.4 miles |
| Mental Health Providers Per 100,000** | 238.7 | 315.2 | 340.5 |
| Average Distance to Nearest SSP*** Provider | 14.8 miles | 24.6 miles | 70 miles |
| NA or SMART Recovery Meetings per 100,000 | 7.6 | 6.6 | 6 |

* REI's methodology is described on page 28   ** "Mental health providers" are defined on page 29
*** SSP is an acronym for Syringe Services Program

# Resources

Through research and stakeholder listening sessions, the Fletcher Group has identified a number of resources in Wilkes County's recovery ecosystem. Below are a few examples of those resources and some of the services they offer. For the purposes of this report, the resources are listed within the domains of the recovery ecosystem.

## SUD Treatment Services

Wilkes County has a number of SUD treatment providers who support individuals with clinical services and MAT opportunities.

*Daymark Recovery Services* and *Synergy Recovery* provide outpatient treatment and counseling services.

*Stepping Stone* of Wilkes, *Mountain Health Solutions*, and the *Wilkes EMS* support individuals who need MAT options.
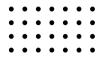
# Resources

(continued)

## Continuum of SUD Support

Wilkes County has a number of non-profit organizations that are working to make recovery support services more accessible. Organizations like *Project Lazarus* and *Wilkes Recovery Revolution* are finding innovative ways to impact the community.

*Project Lazarus* offers a number of groups and meetings while focusing on overdose prevention.

*Wilkes Recovery Revolution* is an award-winning RCO that's currently developing residential treatment to compliment the numerous support services it offers.

Stakeholders believe the county is in favor of supporting additional recovery support services with the work of *Wilkes Recovery Revolution* and *Project Lazarus* serving as exemplary models.

# Resources

(continued)

## Infrastructure and Social Factors

Wilkes County is working to find ways to care for the homeless. Numerous shelter options can be found in the county.

The faith community plays a role in this work, as *Crossfire United Methodist Church* hosts the *Catherine H. Barber Memorial Homeless Shelter*.

*FaithHealthNC*, through Atrium Health, provides community health navigators in Wilkes County to assist those who need access to medical services.

There are also numerous clinics in the county that offer free or reduced healthcare to individuals who are uninsured or underinsured.

In addition, *Wilkes Community College* offers a number of educational and workforce training opportunities that can benefit people in recovery.

# Resources

(continued)

## Legal and Policy

Wilkes County shares a regional Recovery Court with Watauga County.

## Coordination and Collaboration

The *Health Foundation of Wilkes County* plays an important role in coordinating and empowering community response. The assistance it lends to local nonprofits has a significant impact in helping residents in recovery.
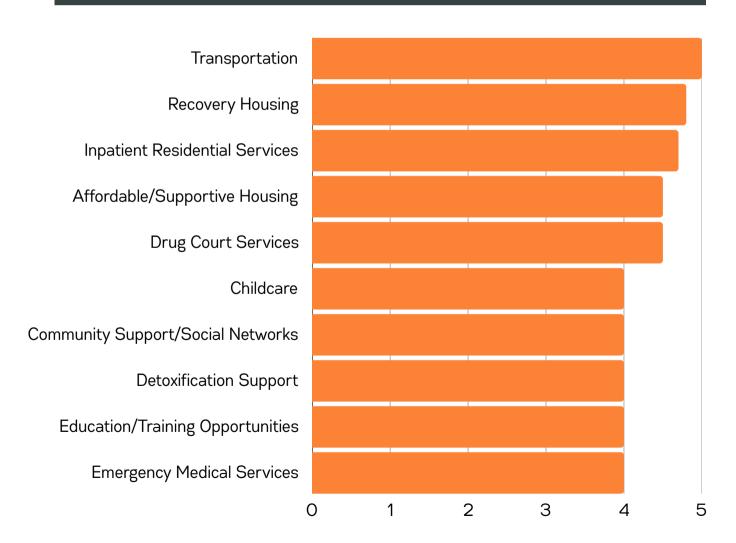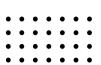
# Gaps

Gaps in the Wilkes County recovery ecosystem include transportation, recovery housing, and affordable and supportive housing. Stakeholders also listed the need for an inpatient detox and 28-day residential treatment as well as a Behavioral Health Urgent Care (BHUC) facility.

## Top 10 Most Needed Services

| Service | Value |
|---|---|
| Transportation | 5 |
| Recovery Housing | 4.8 |
| Inpatient Residential Services | 4.7 |
| Affordable/Supportive Housing | 4.5 |
| Drug Court Services | 4.5 |
| Childcare | 4 |
| Community Support/Social Networks | 4 |
| Detoxification Support | 4 |
| Education/Training Opportunities | 4 |
| Emergency Medical Services | 4 |

# Other Gaps

## High Overdose Mortality Rates

The elevated drug and opioid overdose mortality rates are a critical concern.

## Shortage of Mental Health Providers

The low number of mental health providers compared to the national average represents a service gap that can limit access to care for individuals in recovery.

## Distressed Community Status

The high distressed community score and negative change in business establishments reflect socioeconomic challenges that can exacerbate SUD issues.

*Strengths and Gaps*

# At a Glance

## STRENGTHS ▼

- Access to MAT services
- An award-winning RCO and a number of non-profits who provide recovery support services
- An active recovery community with adequate recovery support meetings
- Excellent opportunities for community collaboration and support for nonprofits who are doing meaningful recovery work

## GAPS ▼

- Lack of mental health service providers
- Limited access to residential treatment facilities
- Transportation services are limited in rural areas
- The distressed community score indicates economic challenges that impact SUD

# Recommendations

## For Wilkes County

### Address High Overdose Rates

Implement evidence-based strategies to reduce overdose deaths, including increased access to naloxone, harm reduction services, and targeted outreach. A detox or inpatient facility could have significant impact in helping to address the overdose numbers.

### Create More Housing Opportunities

Develop numerous housing options, including recovery housing, affordable and supportive housing, and workforce development housing.

### Increase Access to Mental Healthcare Services

Prioritize increasing the number of mental health providers and improving access to integrated care for individuals with co-occurring SUDs and mental health conditions.

# Recommendations
## (continued)

## Expand Recovery Support Services

Support the expansion of peer-led recovery support groups and other recovery-oriented services.

## Expand Community Collaboration

Utilizing a system like a Situation Table or other collaborative tool for staffing cases across agencies could help in streamlining support services and better serving individuals who might fall through the cracks.

## Address Socioeconomic Factors

Work to mitigate the impact of poverty, unemployment, and other socioeconomic factors contributing to SUDs. Continue to support the workforce development work taking place in the region.

# Conclusion
## For Wilkes County

## FILL THE GAPS

Wilkes County faces a serious SUD crisis, as evidenced by high overdose mortality rates and significant socioeconomic challenges.

While the county has some strengths, including access to treatment facilities and a drug-free coalition, critical gaps exist in mental health services, recovery support, and targeted programming.

Addressing these gaps through evidence-based strategies, increased collaboration, and a focus on socioeconomic factors is crucial for building a more effective recovery ecosystem and saving lives in Wilkes County.

# Testimonials

## In Their Own Words

We had a gentleman removed from a violent homeless encampment in another county and placed into recovery housing. When we first met him he was hunched over, walked with a large stick for balance and protection, had untreated HIV, burned all bridges with family, and when his belongings were searched we pulled two shopping bags full of needles and other paraphernalia out to be disposed of.

When he first came to the house he slept on the floor because it was more comfortable to him. He had been sleeping outside for over a year. Our peer supports continued to work with him, meeting him where he was at while giving him grace and space as well as support and substance use treatment.

He moved to a bed a few months later and began standing a little taller and making eye contact. He got connected to medical care for his HIV and other medical conditions that had been neglected for many years and started working on the broken relationships with his family.

He stayed with us in housing for a little over a year ,maintaining his abstinence the entire time. He made such amends with his family that his sister asked him to move in with her and we created his exit and after care plan. He's still doing well today.

# Testimonials

## *In Their Own Words*

There was a young mother in our program who was unhoused and using IV meth and fentanyl. She had an open DSS case and a long history of DSS involvement and trauma.

She was in jail when she was accepted into our program and was drug-free when entering court. But a couple of months in, she experienced a relapse. She struggled for a few weeks and then really began to spiral. Finally, she agreed to enter an inpatient treatment.

Upon release, she completed an intense Substance Abuse Intensive Outpatient Program. While in SAIOP, she reconnected with her children and her partner, who was also in recovery. However, they still didn't have stable housing and had to temporarily live with another family.

Through everything, including a new pregnancy, she remained drug-free and excelled in her treatment. Eventually her family was able to find their own home, but when the hurricane came a tree fell and put a hole in their roof. They worked with resources such as FEMA, BRCHS, and HOP to get the home repaired. Through all of this, she continued to do great with her recovery.

She's now been drug-free for almost a year. She and her partner got married and DSS has closed its investigation into her family. The baby is due soon and the whole family is doing extremely well.

# Testimonials

## *In Their Own Words*

For many months I thought my life was absolutely pointless. I felt alone, lost, and confused. The world had thrown me a curveball and I didn't know how to live without my children.

I went through this for about six months on my own with no support and no one giving me any hope.

One day during my MAT appointment my counselor asked if I would like someone to reach out to me through their peer support program. I was so lost that I said yes and it was the best decision I ever made.

With the help of my peer support worker, my stress and anxious feelings began to ease.

That program helped me learn how to deal with bad situations and has helped me stay clean.

In the past, I would have turned to drugs, but I now have hope and a willful heart and mind to improve myself.

I still have a tough road ahead of me, but I now have the emotional and other support I need to stay the course. I thank God every day for the people who have helped me.

# Testimonials

## *In Their Own Words*

MJ had used drugs intravenously for 14 years when she was diagnosed with HEP C. Not long after that, she lost her house as well as custody of her children and the car she was living in was stolen while she was taking a shower at a rest area.

No detox or treatment services were available in nearby counties so she went to Daymark in Monroe/Charlotte for seven days and spent 90 days in treatment outside of the area before she entered recovery housing at Anchor in Monroe for eight months.

The recovery housing helped her to learn how to live without substances. She then worked to regain custody of her kids and, as a consequence, moved back home.
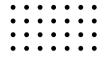
MJ contacted Olive Branch, which had previously assisted her when she had HEP C, and told them she needed help.

Olive Branch helped her find training as a PSS and she began working as a peer in December of 2023. MJ now works for both Olive Branch and the Burke County Paramedicine Program.

She is certified PRSS and recently received her phlebotomy certificate.

# Appendix

| | Population | Median Age | Median Household Income | % of Residents that are Employed | % of Households that have Difficulty Affording Rent | Overdose Mortality Rate per 100k | Distressed Community Score |
|---|---|---|---|---|---|---|---|
| North Carolina | 11,046,024 | 39.1 | $69.904 | 61.4% | 48% | 38.2 | |
| Alexander Co | 36,505 | 41.7 | $62,764 | 45% | 33% | 31.9 | 50.3/Moderate Tier |
| Avery | | | | | | | |
| Burke | 87,881 | 46.8 | $62,267 | 45% | 40% | 60.7 | 64.4/ At-Risk Tier |
| Caldwell | 80,492 | 45.7 | $51,592 | 41% | 38% | 53.2 | 57/Moderate Tier |
| Catawba | 163,462 | 41.7 | $62,981 | 44% | 39% | 42.1 | 28.55/Comfortable Tier |
| Cleveland | 100,670 | 41.1 | $51,470 | 40% | 50% | 29.0 | 74.2/At-Risk Tier |
| Henderson | 118,106 | 41.7 | $63,552 | 46% | 48% | 36.2 | 10.59/Prosperous Tier |
| Lincoln | 93,095 | 44.3 | $79,003 | 45% | 42% | 37.8 | 8.4/Prosperous Tier |
| McDowell | 44,629 | 44.3 | $53,532 | 61.4% | 56% | 45.6 | 48.6/Mid-Tier risk |
| Rutherford | 64,680 | 45.3 | $50,512 | 41% | 45% | 48.5 | 87.8/Distressed Tier |
| Watauga | 54,540 | 32.1 | $50,034 | 48% | 65% | 18.5 | 33.1/Comfortable Tier |
| Wilkes | 65,784 | 46 | | 43% | 44% | 47.5 | 88.6/Disstressed Tier |

| | SUD Treatment Facilities per 100k | Average Distance to Nearest MAT Provider | Mental Health Providers per 100k | Average Distance to Nearest SSP Provider | NA/AA/Smart Recovery Meetings | |
|---|---|---|---|---|---|---|
| North Carolina | 5.3 | 9.2 miles | 315.2 | 24.6 miles | 6.6 | |
| Alexander Co | 2.7 | 4.7 miles | 79.4 | 10.4 miles | 5.5 | |
| Avery | | | | | | |
| Burke | 6.8 | 5.4 miles | 318.6 | 14.4 miles | 8.0 | |
| Caldwell | 5.0 | 5 miles | 109.3 | 18.6 miles | 2.5 | |
| Catawba | 5.0 | 6.2 miles | 264.3 | 8.4 miles | 13 | |
| Cleveland | 7.0 | 6.3 miles | 155 | 9.9 miles | 2.0 | |
| Henderson | 3.4 | 5.9 miles | 269.2 | 15.5 | 5.2 | |
| Lincoln | 3.4 | 6.9 miles | 81.6 | 11.5 miles | 4.5 | |
| McDowell | 9.0 | 5.9 miles | 203.3 | 10.4 miles | 5.5 | |
| Rutherford | 3.1 | 6.1 miles | 184.7 | 12.5 miles | 4.6 | |
| Watauga | 7.3 | 10.2 miles | 508.3 | 28.8 miles | 7.3 | |
| Wilkes | 6.0 | 11.5 miles | 238.7 | 14.8 miles | 7.6 | |

**Fletcher Group**

BUILDING RECOVERY ECOSYSTEMS

The Fletcher Group is a 501c3 not-for-profit created to help people move from the disease of addiction and the devastation of homelessness to lives of hope, dignity, and fulfillment.

PROJECT LEADS

## MATT JOHNSON & KRISTIN TIEDEMAN

Matt and Kristin work with grassroots organizations in rural communities to develop and sustain recovery housing and associated support services.

### FOR MORE INFORMATION

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