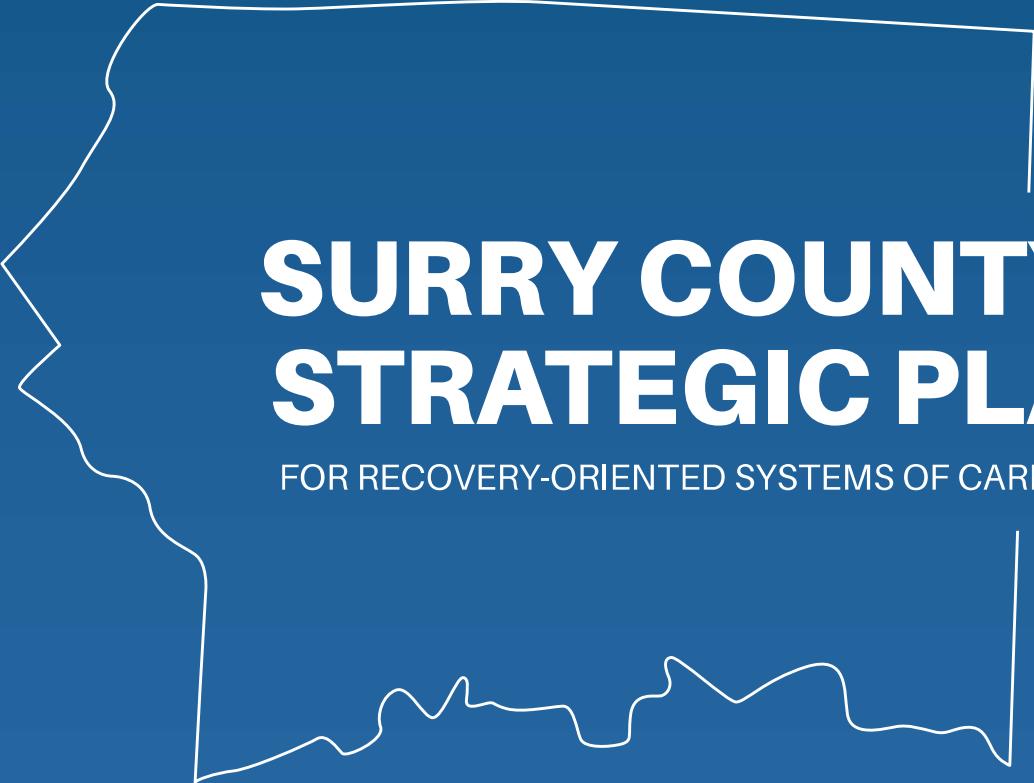




SURRY COUNTY'S STRATEGIC PLAN

FOR RECOVERY-ORIENTED SYSTEMS OF CARE (ROSC)

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Once upon a time, there was a wise man who used to go to the ocean to do his writing.
He had a habit of walking on the beach before he began his work.

One day, as he was walking along the shore, he looked down the beach and saw a human figure moving like a dancer. He smiled to himself at the thought of someone who would dance to the day, and so, he walked faster to catch up.

As he got closer, he noticed that the figure was that of a young man, and that what he was doing was not dancing at all. The young man was reaching down to the shore, picking up small objects, and throwing them into the ocean.

He came closer still and called out "Good morning! May I ask what it is that you are doing?"

The young man paused, looked up, and replied "Throwing starfish into the ocean."

"I must ask, then, why are you throwing starfish into the ocean?"
asked the somewhat startled wise man.

To this, the young man replied, "The sun is up and the tide is going out.
If I don't throw them in, they'll die."

Upon hearing this, the wise man commented, "But, young man, do you not realize that there are miles and miles of beach and there are starfish all along every mile?
You can't possibly make a difference!"

At this, the young man bent down, picked up yet another starfish, and threw it into the ocean.
As it met the water, he said,
"It made a difference for that one."

- Loren Eiseley

American anthropologist, educator, philosopher, and natural science writer

INTRODUCTION

MISSION AND WORK

The Piedmont Triad Regional Council (PTRC) is a voluntary association of local governments—urban and rural—authorized by state law to:

- Make and implement joint regional decisions;
- Provide management, planning, and technical services to local governments;
- Identify and solve short- and long-term problems best addressed at the regional level;
- Bring together local elected officials on a regular basis, giving them an opportunity to form working relationships; and
- Promote regional issues and cooperation among members.

The PTRC is one of 16 regional councils in North Carolina. PTRC is designated by the state to serve as the lead regional organization for the Piedmont Triad region. The Piedmont Triad Regional Workforce Development Board (PTRWDB) is charged with planning and oversight responsibilities for workforce programs and services in the following counties: Caswell, Davie, Forsyth, Rockingham, Surry, Stokes, and Yadkin.

The PTRWDB is certified by the governor of North Carolina and responsible for the following:

- Developing local plans for the use of Workforce Innovation & Opportunity Act (WIOA) funds
- Oversight of the local service delivery system
- Coordinating activities with economic development entities and employers in their local areas

The PTRWDB is represented by members of the local business community. In all, board membership includes individuals representing business and industry, economic development agencies, community-based organizations, education, organized labor, public assistance agencies, and more.

Founded in 2018, the Surry County Office of Substance Abuse Recovery (SCOSAR) is dedicated to building a continuum of care that eliminates impediments for residents who seek treatment and recovery from substance use disorder (SUD). Funded by the Surry County government and multiple grants, SCOSAR's mission is to reduce the impact of substance use on residents, agencies, organizations, and businesses. SCOSAR is managed based on the belief that evidence-based practices and data-driven approaches can help drive positive local policy and community change.

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A special thank you to the Surry County All-Stars Community Prevention Group, Mount Airy City Schools, Surry Friends of Youth, County of Surry, Insight Human Services, Community Impact North Carolina, Surry County School System, Elkin City School System, the United Fund of Surry, C.A.R.E. Consulting Group, and everyone who participated in the focus groups and stakeholder interviews.

BACKGROUND OF FUNDING

This project was supported by Project # IS-20522 awarded by the Appalachian Regional Commission (ARC). ARC is an economic development partnership agency of the federal government and 13 state governments focusing on 423 counties across the Appalachian region. ARC's mission is to innovate, collaborate, and invest to build community capacity and strengthen economic growth in Appalachia to help the region achieve socioeconomic parity with the nation. The Investments Supporting Partnerships in Recovery Ecosystems (INSPIRE) Initiative, through which the award is funded, addresses the substance use

disorder crisis across Appalachia by creating or expanding a recovery ecosystem that leads to workforce entry or re-entry. Successful projects support the posttreatment-employment continuum, which could include investments in health care networks that support SUD recovery professionals, recovery-focused job training programs, and initiatives designed to coordinate, or link, recovery services and training that support the recovery ecosystem, among others.

Through the INSPIRE Initiative, the PTRWDB and SCOSAR conducted a 12-month research-based needs assessment and planning process that addressed the National Academy of Medicine's continuum of care for substance use response efforts (prevention, intervention, treatment, and recovery). The needs assessment process included the collection of local survey and interview data and review of national, state, and local quantitative data that were used to better identify, prioritize, and connect evidence-based practices to interventions that are likely to positively affect the substance use epidemic in Surry County using the Strategic Prevention Framework (SPF) and ROSC frameworks as a planning model.

The INSPIRE planning grant addresses the seven priorities of the INSPIRE Initiative that relate to workforce re-entry and economic impacts.

Demonstration of INSPIRE Priority 1: Training, job placement, and support activities will be focused on in-demand occupations for Surry County in coordination with existing education, training, and job placement providers and employers. Services will be created based on community needs and designed to address the unique needs of citizens facing the consequences of SUD while being integrated into treatment and recovery systems.

Demonstration of INSPIRE Priority 2: Community linkages will be created or expanded to achieve the shared goals of the INSPIRE grant and ROSC. Community partnerships will include but not be limited to workforce development; training providers; mental health, substance use treatment, and recovery services; substance use prevention; businesses; community service organizations; local hospitals; public health; volunteer groups; and criminal justice and corrections.

Demonstration of INSPIRE Priority 3: The Substance Abuse and Mental Health Services Administration's (SAMHSA) 2021 publication *Substance Use Disorders Recovery with a Focus on Employment and Education* will serve as a primary resource for program development and implementation plans. The publication provides evidence-based guidance on program improvement and effectiveness, selection of best practices and programs, and quality improvement and evaluation. These steps will help expand and sustain partnerships and resources.

Demonstration of INSPIRE Priority 4: Based on SAMHSA principles, the current planning grant provides the opportunity to build a workplace recovery toolbox and website resource for employers and SUD treatment providers.

Demonstration of INSPIRE Priority 5: A clear and concise plan for increasing community participation is a key component. Developing and implementing immediate partnerships and coalitions will help the overall project accomplish its goals with higher quality and fidelity. Most importantly, as part of its community collaborations, the project will include individuals who are affected by SUD at all levels: current use, treatment participants, and those in active recovery.

Demonstration of INSPIRE Priority 6: Enhancement of the Surry County "Blueprints" Needs Assessment Process. The current 12-month needs assessment, research, and data analysis process will result in planning documents intended to help create effective and evidence-based community responses to the substance use epidemic in Surry County. The Blueprints Series will be leveraged to support the development of a ROSC system and help focus on and serve as a data analysis framework to address workforce development, employment, and economic development factors.

Demonstration of INSPIRE Priority 7: The Surry County Office of Substance Abuse Recovery has already aligned program activities and data analysis with the North Carolina Opioid Dashboard 2.0. This alignment includes impact measurement, supply tracking, prevention, harm reduction, nonmedical drivers of health, criminal justice, and treatment and recovery supports.

A GUIDE TO SAMHSA'S PREVENTION FRAMEWORK

Best practice involves using a planning framework that uses data to make informed decisions about what types of interventions are best suited to address outcomes and related coordinated systems, services, and supports in a community. SAMHSA's (2019) SPF planning model consists of five phases that connect and create a continuous cycle.

The five phases are:

- **Assessment:** involves the mobilization of key stakeholders and coalition members to lead the data process to define problems in the community.
- **Planning:** involves the development of a strategic plan that includes a logic model and the identification of evidence-based programs, practices, and policies.
- **Implementing:** involves taking action guided by a strategic plan.
- **Evaluation:** involves measuring the impact (and areas for improvement) in the implemented programs, policies, and practices. It also includes reviewing the effectiveness, efficiency and fidelity of implementation in relation to the strategic plan, and standards of practice.
- **Capacity, Cultural Competence, and Sustainability:** involves the mobilization of resources in the community and is particularly crucial for the assessment and planning phases. Cultural competence and sustainability should be a focus of each step in the framework.

A GUIDE TO DEFINING A RECOVERY-ORIENTED SYSTEMS OF CARE MODEL

SAMHSA defines recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." The central focus of the ROSC model is to create an infrastructure or "system of care" with the resources to effectively address the full range of substance use problems in communities (ATTC, n.d.; NAADAC, n.d.).

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

Health: Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non prescribed medications if one has an addiction problem — and for everyone in recovery, making informed, healthy choices that support physical and emotional well-being.

Home: A stable and safe place to live.

Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.

Community: Relationships and social networks that provide support, friendship, love, and hope (SAMHSA, 2022).

DEFINITION OF “RECOVERY-ORIENTED GUIDING PRINCIPLES”:

- **Recovery emerges from hope:** The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.
- **Recovery is person driven:** Self-determination and self-direction are the foundations for recovery as individuals define their life goals and design their unique paths.
- **Recovery occurs via many pathways:** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds, including traumatic experiences that affect and determine their pathways to recovery. Abstinence is the safest approach for those with SUD.
- **Recovery is holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.
- **Recovery is supported by peers and allies:** Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills and social learning, play an invaluable role in recovery.
- **Recovery is supported through relationship and social networks:** An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; offer hope, support, and encouragement; and suggest strategies and resources for change.
- **Recovery is culturally based and influenced:** Culture and cultural background in all its diverse representations, including values, traditions, and beliefs, are keys in determining a person's journey and unique pathway to recovery.
- **Recovery is supported by addressing trauma:** Services and supports should be trauma informed to foster safety (physical and emotional) and trust and promote choice, empowerment, and collaboration.
- **Recovery involves individual, family, and community strengths and responsibility:** Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.
- **Recovery is based on respect:** Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery (SAMHSA, 2022).

DISEASES OF DESPAIR AND NATIONAL CLASS STANDARDS

- In 2017, ARC commissioned the National Opinion Research Center (NORC) at the University of Chicago to investigate “diseases of despair” in Appalachia. At the time, research focused on rising levels of morbidity and mortality from three main causes: alcohol, prescription drug, and illegal drug overdose; suicide; and alcoholic liver disease or cirrhosis of the liver. These have been

referred to as “deaths of despair” or diseases of despair. To determine the percentage of alcohol, prescription drug, and illegal drug overdose deaths attributed to opioids, we used the multiple cause-of-death ICD-10 codes that specify the type of drug causing the overdose.

The following table outlines the rate per 100,000 population for diseases of despair from 2016–2020. Surry County has higher rates of suicide, alcohol liver disease, and overdose than the state rates. The rate of overdose from psychostimulants with abuse potential is 3 times higher in Surry County than the state rate.

TABLE 1: ALCOHOL AND DRUG OVERDOSE		
2016-2020	SURRY COUNTY RATE PER 100,000	STATE RATE PER 100,000
Suicide	22.2	13.9
Alcohol liver disease/cirrhosis	19.5	13.3
Overdose – all alcohol poisonings and drug overdose deaths (prescription and illegal)	27.5	22.2
Opium	Suppressed due to low numbers	
Heroin	5.8	5.5
Other opioids	8.1	4.7
Methadone	Suppressed	0.9
Other synthetic narcotics (includes fentanyl)	13.3	13.2
Other and unspecified narcotics	Suppressed	0.4
Non opioid overdose deaths		
Cocaine	Unreliable	7.5
Benzodiazepines	6.9	4.9
Psychostimulants with abuse potential (includes methamphetamine, prescription stimulants)	9.5	3.0

Source: Centers for Disease Control and Prevention, 2022

This chart shows overdose rates per 100,000 population divided by race in North Carolina from 2010–2019. This counts any overdose from any type of drug. Overdose rates are trending toward an increase among all races but overdoses among American Indians experienced a huge spike since 2017. The overdose rate among African Americans has doubled in this 10-year period. The overdose rate among non-Hispanic White people spiked in 2017 and has decreased since then, but it is still higher than it was 10 years ago.

Figure 1 Equity: Overdose Rates are Increasing in Historically Marginalized Populations

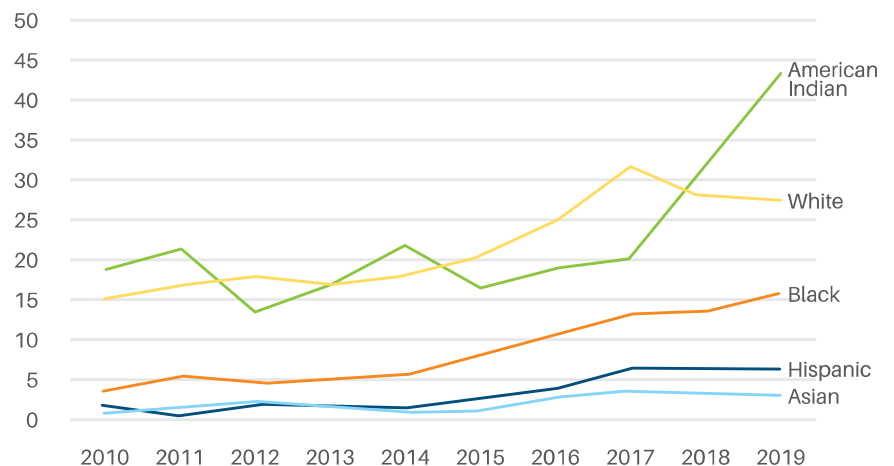


Table 2 shows the change in opioid overdose rates between 2015 and 2020 among each race in Surry County. Black people had the highest increase, from 13.8 to 27.7 per 100,000. However, non-Hispanic White people had the highest opioid overdose rate, increasing from 21.2 in 2015 to 32.0 per 100,000 in 2020.

TABLE 2: OPIOID OVERDOSE BY RACE			
	2015	2020	2020
American Indian and Alaska Native	0.0 (n=0)	0.0 (n=0)	*
Asian	42.7 (n=1)	0.0 (n=0)	DOWN (-100%)
Black	13.8 (n=2)	27.7 (n=4)	UP (+101%)
Hispanic	0.0 (n=0)	5.1 (n=2)	*
White	21.2 (n=66)	32.0 (n=97)	UP (+51%)

Source: North Carolina Department of Health and Human Services (NCDHHS), 2022

WHAT CAN WE LEARN

Diseases of despair have a significant impact on economic development, children’s health and well-being, and social support systems, among other factors. Increased access to treatment services, harm reduction programs, and prevention efforts will increase the community’s capacity to respond to the current crisis and create individual change.

In this assessment, specific attention is given to local health inequalities and the presence of diseases of despair in Surry County. To better address systemic inequalities and the presence of local diseases of despair, planning efforts were centered on using the National Culturally and Linguistically Appropriate Services Standards, 15 action steps published by the U.S. Department of Health

and Human Services that are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a framework to implement culturally and linguistically appropriate services. Adopting these standards as a foundation of the planning process ensures our efforts are built from the ground up and our programs are designed to fit the needs of the whole individual and respond to individual health needs and preferences at a community level.

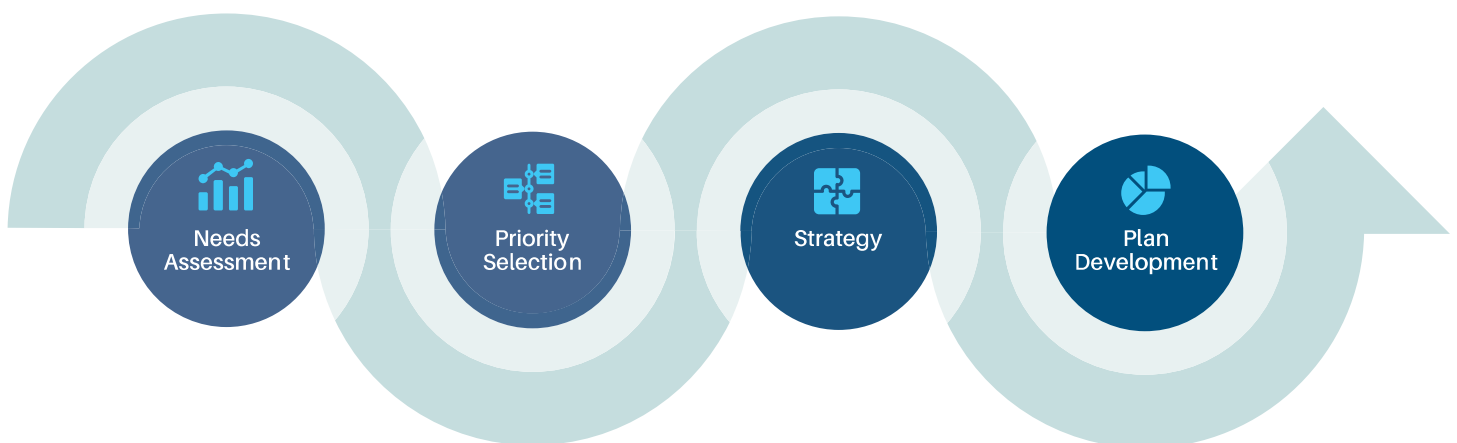
PROTOCOLS FOR PROCESS MEASURES

The ROSC needs assessment was developed in four phases: needs assessment, priority selection, strategy identification, and plan development. Strategic planning consultants Community Advocacy Research & Evaluation Consulting Group, Inc., dba C.A.R.E. Consulting Group (hereafter CARECG), facilitated a planning process designed to engage workgroup members in developing the core elements of the needs assessment. The workgroup met bimonthly and twice in person to provide input, review findings, and shape the plan.

Using the SPF and ROSC models, the workgroup identified indicators or points of interception to strengthen the ability of people in recovery to enter the workforce. These indicator points were selected based on the county's resources, readiness, and capacity to produce positive outcomes at the local, county, and state levels. They also strongly informed the direction and execution of the ARC implementation planning grant.

OUTREACH PLAN

Planning Process



COMMUNITY OVERVIEW

BACKGROUND

A northwest county of North Carolina, Surry County sits south of Virginia and is bordered by Stokes, Yadkin, Wilkes, Forsyth, and Alleghany counties. Spanning 535.42 square miles, this primarily rural area encompasses the Blue Ridge Mountains, foothills, and several rivers (Martin, 2016; Surry County, 2022; Surry County Schools, 2022). Surry County is not as densely populated (134 persons per square mile) as the rest of the state (214.7 persons per square mile; U.S. Census Bureau, 2021). Surry County has four municipalities: Dobson, Elkin, Mount Airy, and Pilot Mountain (Surry County Schools, 2022).

The Saura and Cherokee people were the original inhabitants of the area (Martin, 2016). In the mid-18th century, the first immigrants came from Virginia, followed later by English and German immigrants (Martin, 2016). The county was officially formed in 1771 (Lewis, 2022; Surry County, 2022). Today, the Eastern Band of Cherokee Indians and Occaneechi Band of the Saponi Nation are the closest federally recognized tribes (North Carolina Department of Administration, 2020).

OVERVIEW

Surry County is home to 71,904 people according to estimates of the U.S. Census Bureau's 2020 American Community Survey (ACS). Surry County is not as racially and linguistically diverse as North Carolina or the United States. The population trends older, and households are primarily composed of married couples or women without a spouse or partner present. Many do not have 4-year or graduate degrees, and the average annual salary and median household income are less than state and national averages. Income is slightly less equally distributed across the population when compared to state and national distributions (U.S. Census Bureau, 2021).

Overall and in each age group, more people in Surry County live under the poverty level when compared to North Carolina and the United States (U.S. Census Bureau,

2021). Higher than expected rates of food insecurity exist in the overall population and the youth population (under 18 years) in Surry County (Feeding America, 2020).

Regarding access to services and assistance, a high portion of Surry County's population had no health coverage relative to the national rate. Perhaps a promising indicator, the portion of households receiving food assistance or Supplemental Nutrition Assistance Program (SNAP) benefits was greater than state and national rates. This may indicate effective linkages between those needing assistance and services. Connections to food assistance are important because 100% of urban census tracts are considered to have low access to food by the U.S. Department of Agriculture (U.S. Census Bureau, 2021).

Despite below average income, Surry County has less unemployment and limited housing options. More households in Surry County own their homes rather than rent. For those who rent, costs are low. Forty-four percent of all households spend more than 30% of their household income on rent. There has been a large increase in housing-related calls to 211, going from a rate of 154.3 per 100,000 in 2018 to 523.8 per 100,000 in 2021 (NCDHHS, 2021).

Being a rural area, Surry County lacks transportation, a barrier that affects all aspects of health and wellness. In this low-density area with limited walkability, Surry

County residents are very car dependent and have low access to jobs and services. This increases the time, energy, and money needed to meet their basic needs (Center for Neighborhood Technology, 2022). Supporting this finding, Surry County residents spend more on transportation each year and travel more miles annually than other people in the region (Center for Neighborhood Technology, 2022). Additionally, the U.S. census shows most households in Surry County to have one or more vehicles and very few people use public transportation to commute (U.S. Census Bureau, 2021). There is only one public transportation option in Surry County, and it is limited in reach.

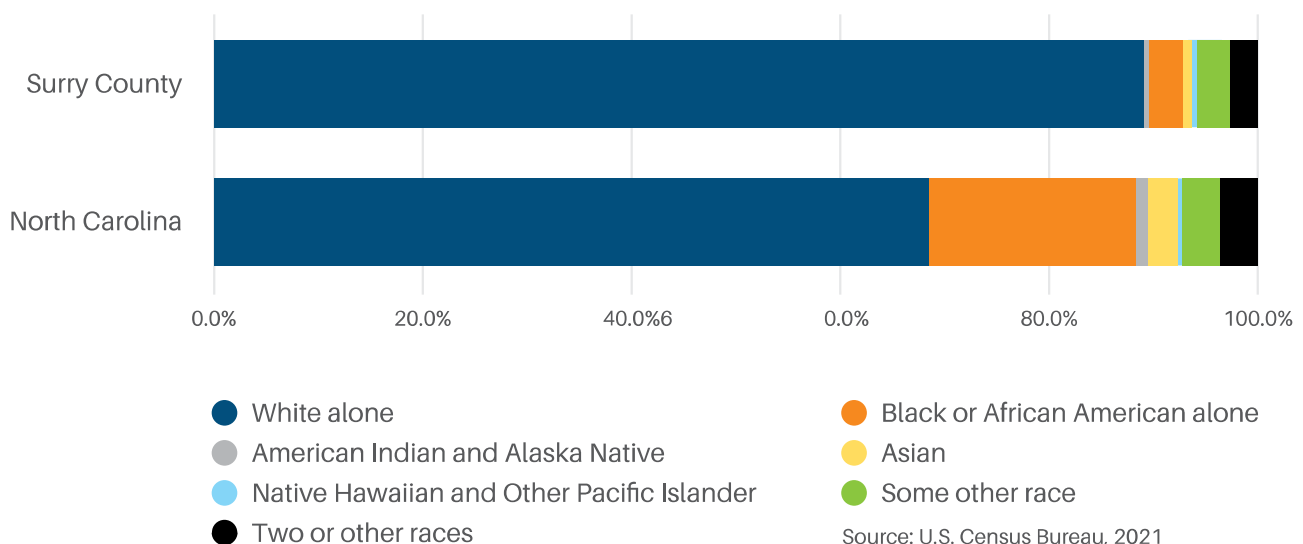
DEMOGRAPHICS

Most of Surry County's population is White alone (89.3%). Black or African American (3.8%), some other race (2.3%), and two or more races (2.3%) represent less than 10% of the population in Surry County, and the remaining groups make up less than 1% of the population each. They are American Indians or Alaska Natives (0.3%), Asians (0.6%), and Native Hawaiian or other Pacific Islanders (0.2%; U.S. Census Bureau, 2021).

Surry County is not as racially diverse as the rest of the state or nation. The Black or African American population comprises 21.4% of the state's population, which is more than 5 times the corresponding population in Surry County. Other groups that are more prevalent statewide are Asian (3%), American Indian or Alaska Native (1.2%), and two or more races (3.6%; U.S. Census Bureau, 2021).

Figure 2

2020 Race Demographics



Most of Surry County's population (89.1%) is not Hispanic or Latino, which is comparable to state and national trends. Ninety percent of people speak only English at home (89.7%), and 9.1% speak Spanish. A small portion of people speak other Indo-European languages (0.6%), Asian and Pacific Islander languages (0.6%), or other languages (0.1%) at home. About 4% of Surry County's population (4.2%) speaks English less than "very well," which follows state trends (4.4%). However, both Surry County and North Carolina have fewer people who speak English less than "very well" than the national rate of 8.2% (U.S. Census Bureau, 2021).



Figure 3

2020 Surry County Languages Spoken at Home

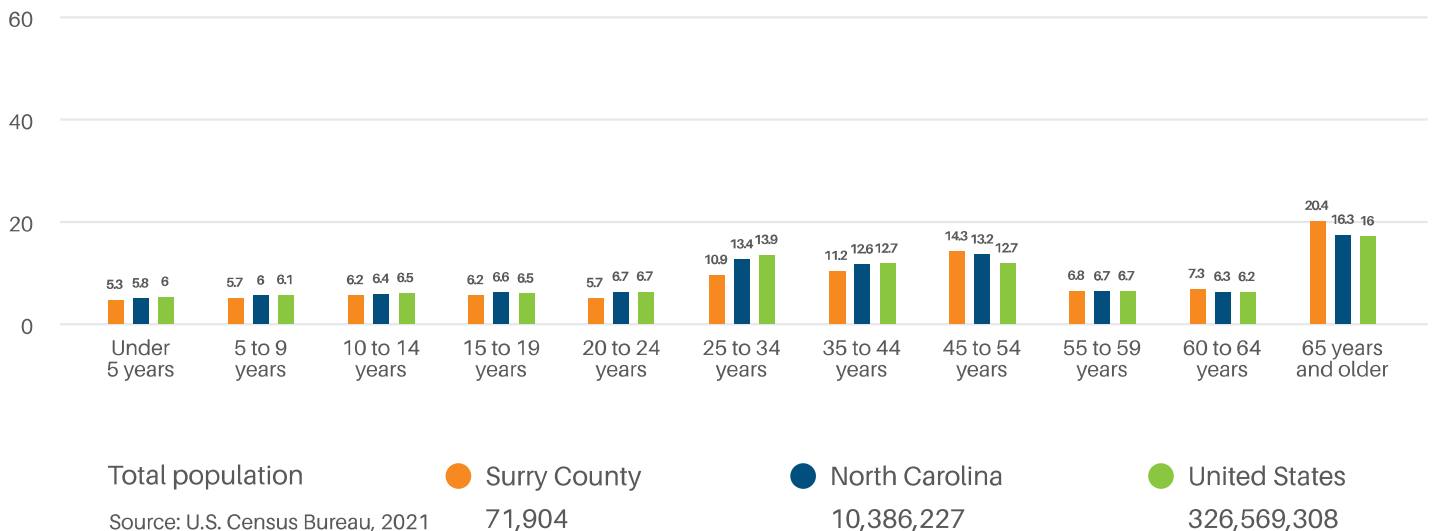
- English only
- Other Indo-European Languages
- Other Languages
- Spanish
- Asian and Pacific Islander Languages

Source: U.S. Census Bureau, 2021

Surry County has a large older adult population. The county has higher portions of 45- to 54-year-olds (14.3%), 60- to 64-year-olds (7.3%), and those 65 years old or older (20.4%) than state and national populations of these age groups. Consequently, the population aged 44 or younger is smaller than expected when compared to state and national percentages (U.S. Census Bureau, 2021).

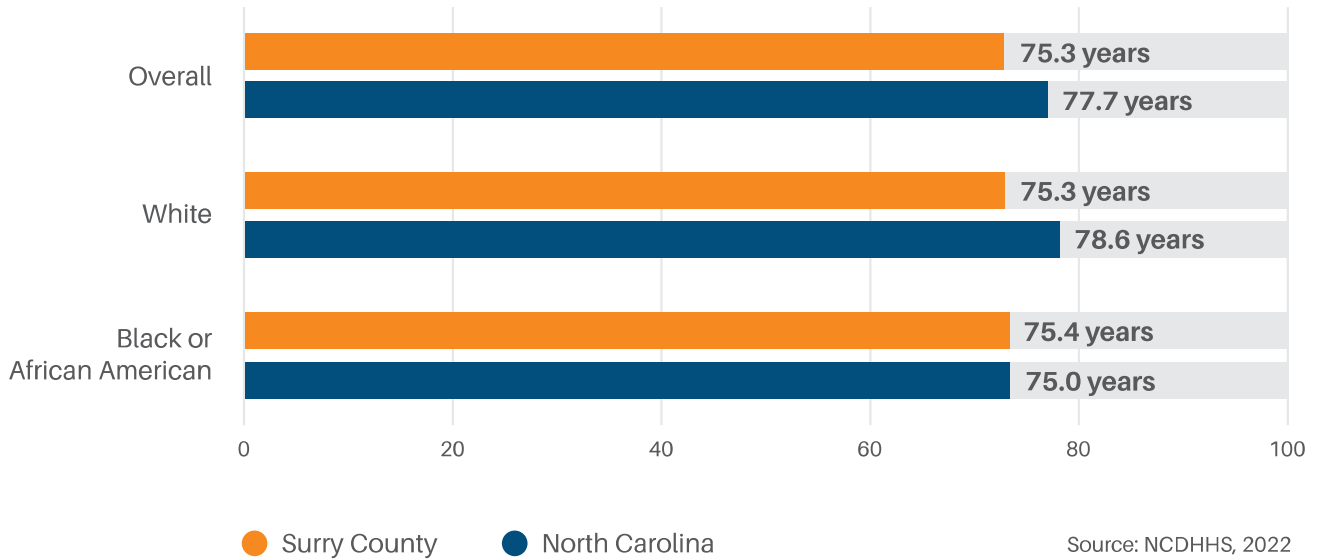
Figure 4

Age Demographics, ACS 5-Year Estimates, 2020, Percentage



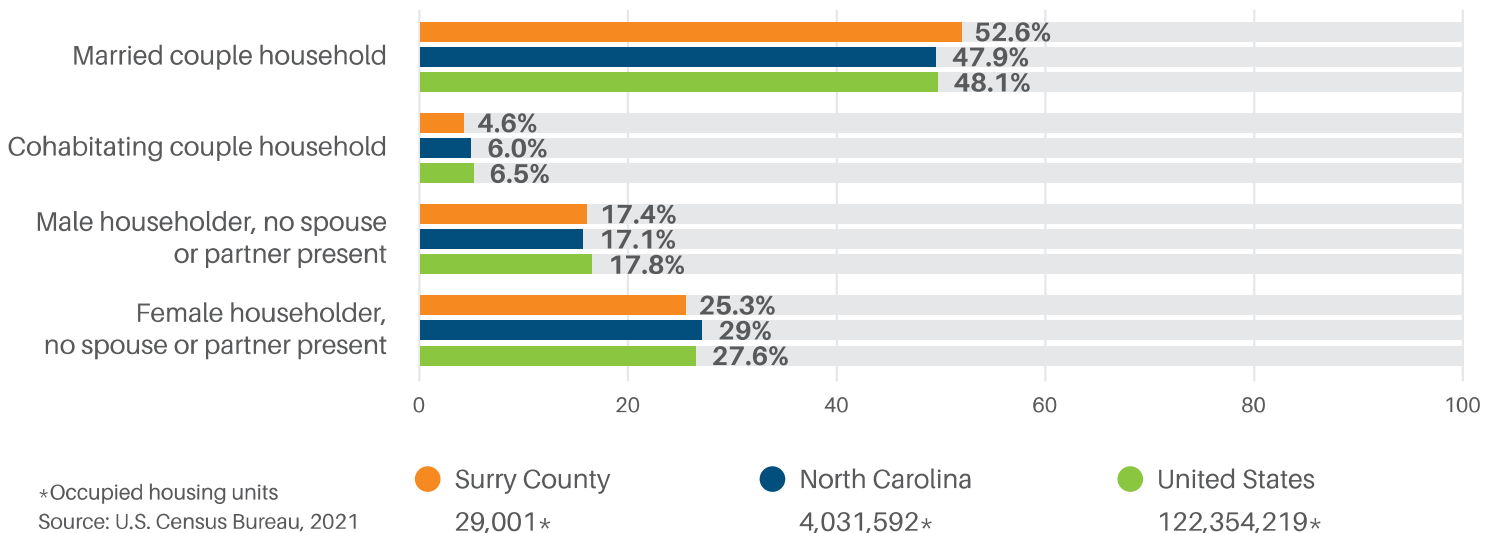
Life expectancy at birth in Surry County is 75.3 years, which is 2.4 years less than the life expectancy for North Carolina's overall population (77.7 years). Statewide, there is a disparity of 3.6 years between the White and Black or African American groups. In comparison, in Surry County, the life expectancy disparity between these two groups is 1.2 months, with the Black or African American group (75.4 years) living longer than the White group (75.3 years; NCDHHS, 2022).

Figure 5 Life Expectancy at Birth, 2018–2020



More than half of Surry County's households (52.6%) are occupied by married couples. The remaining households are occupied by women with no spouse or partner present (25.3%), men with no spouse or partner present (17.4%), and cohabitating couples (4.6%; U.S. Census Bureau, 2021).

Figure 6 Households by Type, ACS 5-Year Estimates, 2020



Almost a quarter (24%) of children live in single-parent households in Surry County. This percentage is slightly lower than rates in North Carolina (27%) and the United States (25%; University of Wisconsin Population Health Institute, 2021).

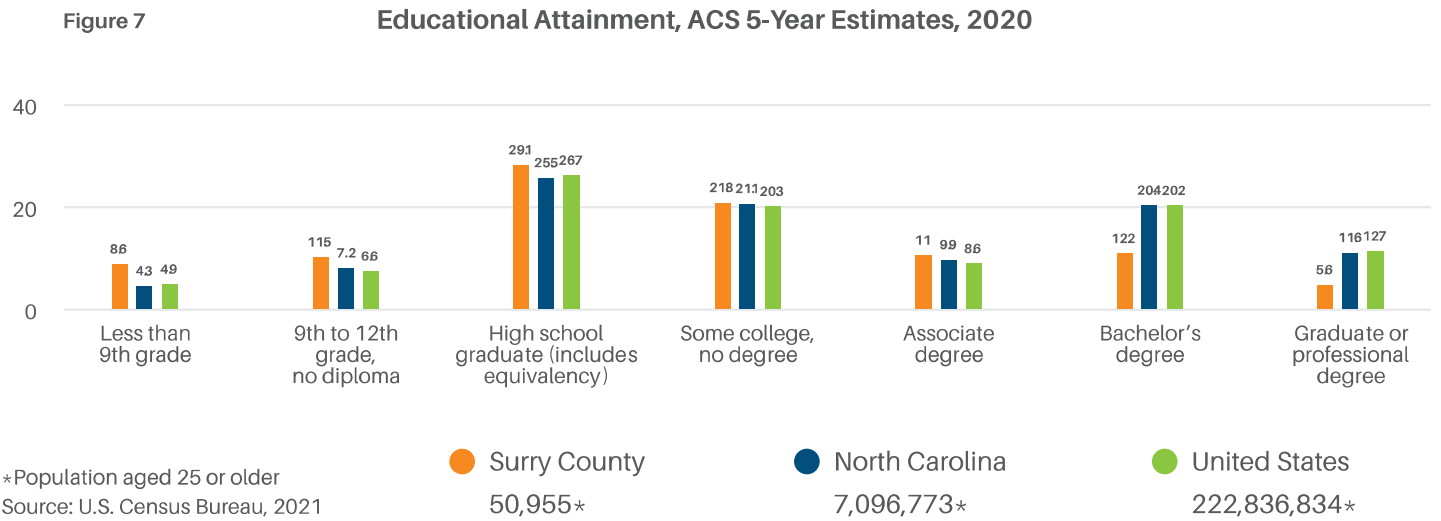
TABLE 3: CHILDREN IN SINGLE-PARENT HOUSEHOLD, 2022 COUNTY HEALTH RANKINGS, 2016–2020	
Surry County	24%
North Carolina	27%
United States	25%

Source: University of Wisconsin Population Health Institute, 2021

Surry County’s population declined in 2020, whereas population growth increased statewide and nationally. In 2020, the annual average population growth of Surry County was -0.3%, reflecting a decline of 210 individuals. North Carolina’s population has grown 1.0% in the same period, and the United States’ annual average growth was 0.6% (JobsEQ, 2021).

EDUCATION

Surry County has lower rates of bachelor’s and graduate or professional degrees (17.8%) in the population than North Carolina or the United States. Twenty percent (20.1%) of Surry County residents have no high school diploma, 29% are high school graduates, 21.8% have some college, and 11% have an associate degree (U.S. Census Bureau, 2021).



Reading proficiency in Surry County (63.2%) is lower than North Carolina (56.8%). Each school district also has low reading proficiency. The high school graduation rate in Surry County (93.8%) is greater than the state (87.6%), although Mount Airy Schools' graduation rate (88.4%) is below the county rate and Elkin City Schools' graduation rate (94.1%) exceeds the state's high school graduation rate (North Carolina Institute of Medicine, 2021).

TABLE 4: EDUCATION, 2019-2020

	READING PROFICIENCY	HIGH SCHOOL GRADUATION RATE
Elkin City Schools	69.1%	94.1%
Mount Airy Schools	47.2%	88.4%
Surry County	63.2%	93.8%
North Carolina	56.8%	87.6%

Source: North Carolina Institute of Medicine, 2021

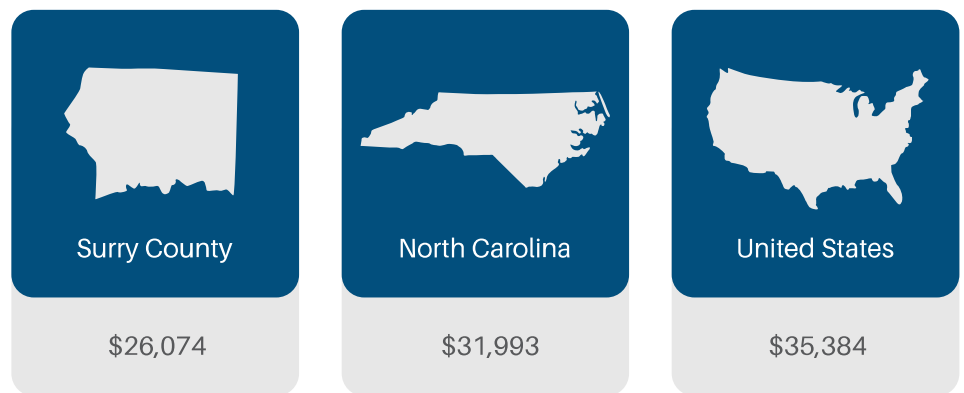
In Surry County, the percentage of youth not in school or working (3.5%) exceeds state (2.7%) and national (2.5%) rates of disconnected youth (JobsEQ, 2021).

INCOME AND EMPLOYMENT

Surry County's median household income is \$44,979, and the annual average salary is \$42,752 (JobsEQ, 2021; U.S. Census Bureau, 2021). The median household income and annual average salary are less than North Carolina and United States averages (U.S. Census Bureau, 2021). The cost of living index value (89.5) and purchasing power (\$47,743) in Surry County are also lower than state and national rates (JobsEQ, 2021).

Figure 8

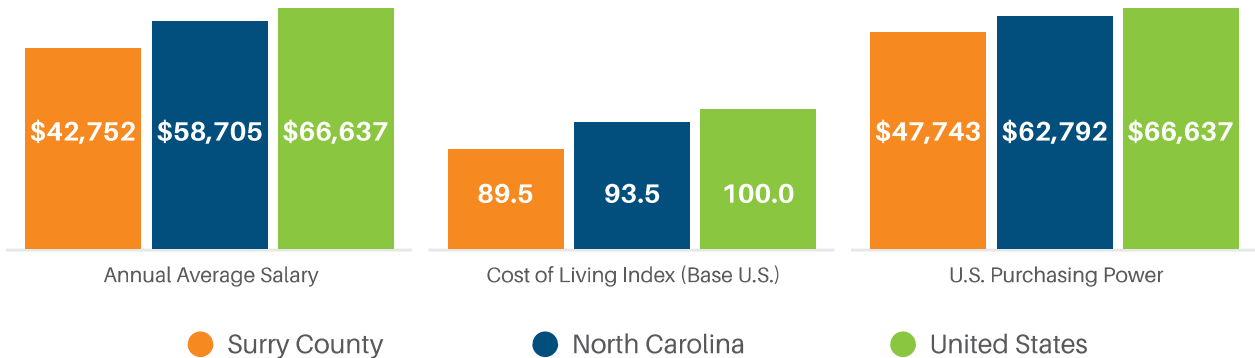
Per Capita Income



Source: JobsEQ, 2021

Figure 9

Cost of Living Information



Source: JobsEQ, 2021

The GINI Index measures how equally income is distributed across the population. As the index approaches 1, the more unequal the distribution of income in the community. A lower score is more favorable. Surry County’s GINI Index is 0.4829. This means Surry County’s income distribution is slightly more unequally distributed that other places in the state (0.4759) and nation (0.4817; U.S. Census Bureau, 2021).

TABLE 5: GINI INDEX OF INCOME INEQUALITY, ACS 5-YEAR ESTIMATES, 2020	
Surry County	0.4829
North Carolina	0.4759
United States	0.4817

Source: U.S. Census Bureau, 2021

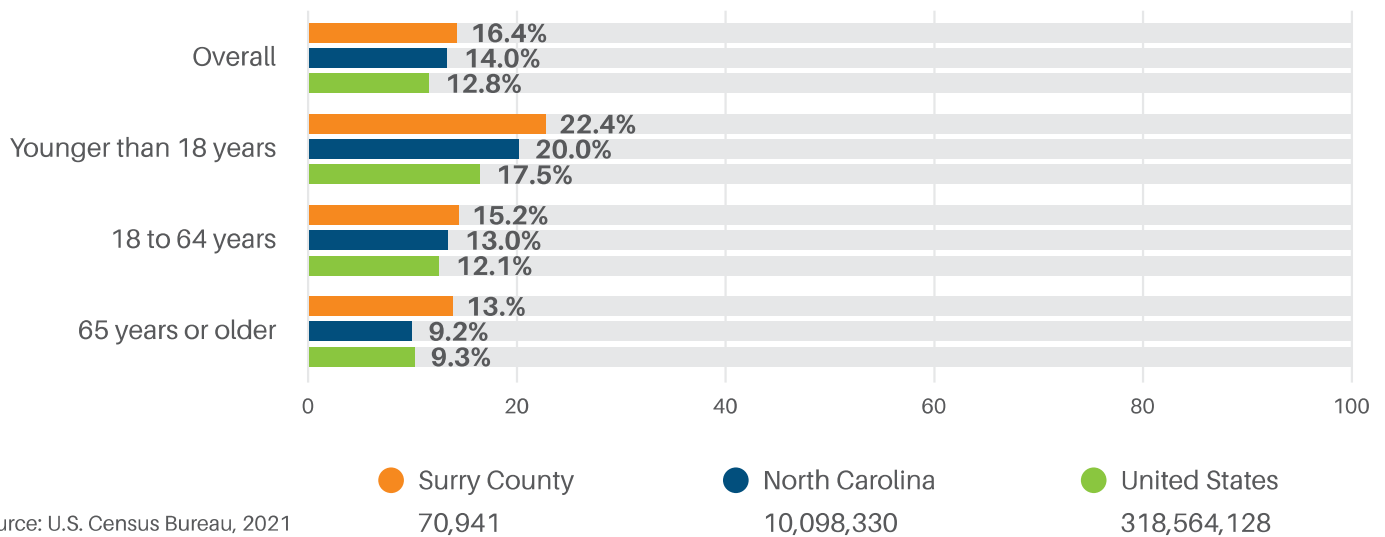
Surry County had a slightly better unemployment rate (4.6%) than state (5.4%) and national (5.4%) rates in 2020 (U.S. Census Bureau, 2021).

Each year, the North Carolina Department of Commerce reviews economic data for all counties, prepares a ranking based on economic well-being, and assigns each county a tier designation. The 40 most distressed counties are ranked as Tier 1, the next 40 as Tier 2, and the next 20 as Tier 3. A *Mount Airy News* article published on December 28, 2022, noted the 2023 rankings were released and Surry County had moved from Tier 2 to Tier 1 for the first time. The article cited County Commissioner Eddie Harris, who noted that this can be positive because it makes the county eligible for more resources for schools and increases eligibility for grant funding. On the other hand, the article noted “extra assistance is not better in the long run than maintaining a healthy income level locally. The county commissioner believes that the solution points to the ongoing need for economic diversity and more workforce-development programs to prepare workers for higher-paying jobs” (Joyce, 2022).

ACCESS TO SERVICES

In Surry County, 16.4% of the population is below the federal poverty level. Regarding each age group, 22.4% of children, 15.2% of adults, and 13.9% of older adults are living below the federal poverty level (U.S. Census Bureau, 2021).

Figure 10 Below the Poverty Level in the Past 12 Months, ACS 5-Year Estimates, 2020



Twelve percent (12.4%) of the Surry County population has no health coverage, which is greater than North Carolina (10.7%) and United States (8.7%) rates (U.S. Census Bureau, 2021).

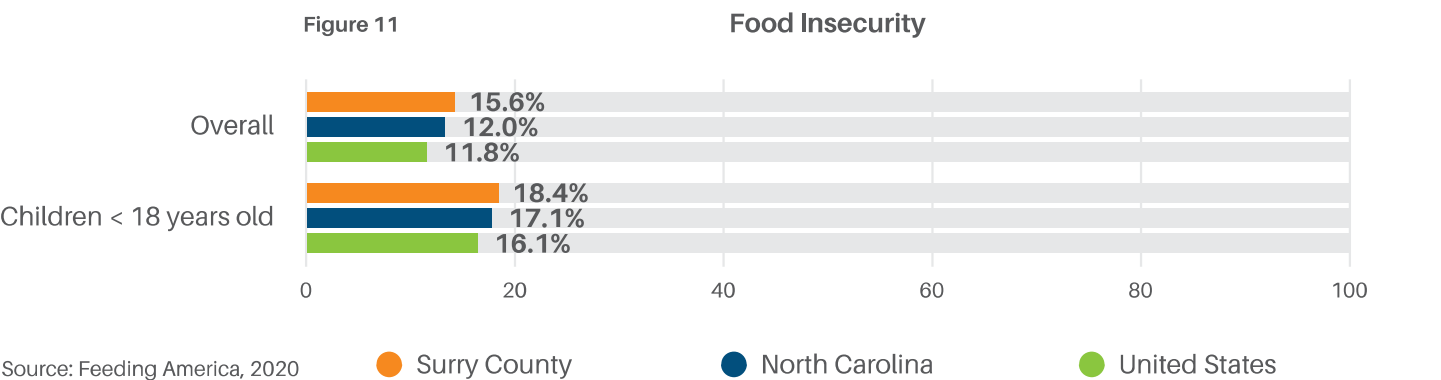
More households in Surry County (16.8%) receive SNAP assistance than North Carolina (12%) and the United States (11.4%; U.S. Census Bureau, 2021).

TABLE 6: PERCENT HOUSEHOLDS RECEIVING FOOD ASSISTANCE OR SNAP, ACS 5-YEAR ESTIMATES, 2020

	OCCUPIED HOUSING UNITS	PERCENT RECEIVING FOOD ASSISTANCE OR SNAP
Surry County	29,001	16.8%
North Carolina	4,031,592	12.0%
United States	122,354,219	11.4%

Source: U.S. Census Bureau, 2021

In Surry County, 15.6% of the population is food insecure, including 18.4% of those aged 18 or younger. Overall and child food insecurity rates in Surry County exceeded state and national rates (Feeding America, 2020).



Among 22 census tracts, six census tracts have been identified by the U.S. Department of Agriculture as low-access tracts. Low access means limited access to affordable and nutritious foods within 0.5 to 1 mile (U.S. Department of Agriculture, 2020).

TABLE 7: SURRY COUNTY FOOD DESERTS			
CENSUS TRACT	URBAN	LOW-ACCESS TRACT (0.5 MILE)	LOW-ACCESS TRACT (1 MILE)
37171930101	No	No	No
37171930102	No	No	No
37171930201	No	No	No
37171930202	No	No	No
37171930301	Yes	Yes	Yes
37171930302	Yes	Yes	Yes
37171930400	Yes	Yes	No
37171930501	Yes	Yes	Yes
37171930502	Yes	Yes	No
37171930600	No	No	No
37171930700	No	No	No
37171930801	No	No	No
37171930802	No	No	No
37171930901	Yes	Yes	Yes
37171930902	No	No	No

TABLE 7: SURRY COUNTY FOOD DESERTS

CENSUS TRACT	URBAN	LOW-ACCESS TRACT (0.5 MILE)	LOW-ACCESS TRACT (1 MILE)
37171931001	No	No	No
37171931002	No	No	No
37171931003	No	No	No
37171931101	No	No	No
37171931102	No	No	No
37171931103	No	No	No
37171931200	No	No	No

Source: U.S. Department of Agriculture, 2020

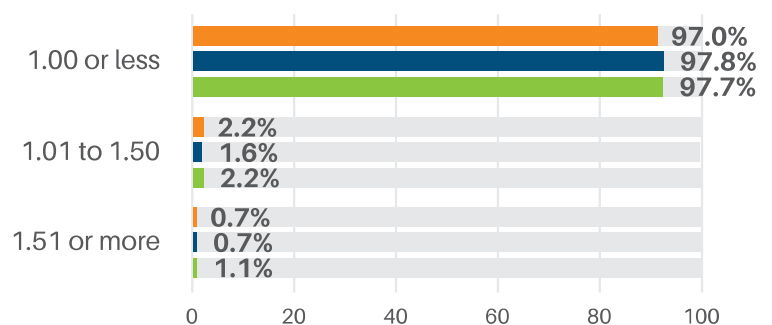
HOUSING AND COMMUTING

More households own their homes in Surry County (72.7%) than in North Carolina (65.7%) or the United States (64.4%). About quarter of Surry County households are renter occupied (27.3%; U.S. Census Bureau, 2021).

Median gross rent in Surry County is \$630, which is below state (\$932) and national (\$1,096) averages (U.S. Census Bureau, 2021).

According to the American Crowding Index, more than 1 person per room is considered crowding and more than 1.5 persons per room is severe crowding in the United States (World Health Organization, 2018). In Surry County, 2.2% of households experience crowding and 0.7% experience severe crowding. This follows state and national trends (U.S. Census Bureau, 2021).

Figure 12
Occupants by Room, ACS 5-Year Estimates, 2020



*Occupied housing units.

Source: U.S. Census Bureau, 2021

● Surry County 29,001*
 ● North Carolina 4,031,592*
 ● United States 122,354,219*

Households that spend 30% or more of their income on housing costs are considered to have housing cost burdens according to the Department of Housing and Urban Development's (HUD) definition of affordable housing. In North Carolina, 46.8% of households spend 30% or more of their income on rent, and 49.1% of households nationally spend 30% or more of their income on rent (U.S. Census Bureau, 2021).

TABLE 8: GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME

	SURRY COUNTY	NORTH CAROLINA	UNITED STATES
	N = 6,693*	N = 1,261,780*	N = 40,484,226*
30.0%–34.9%	9.7%	8.9%	9.1%
35% or more	34.3%	37.9%	40.0%

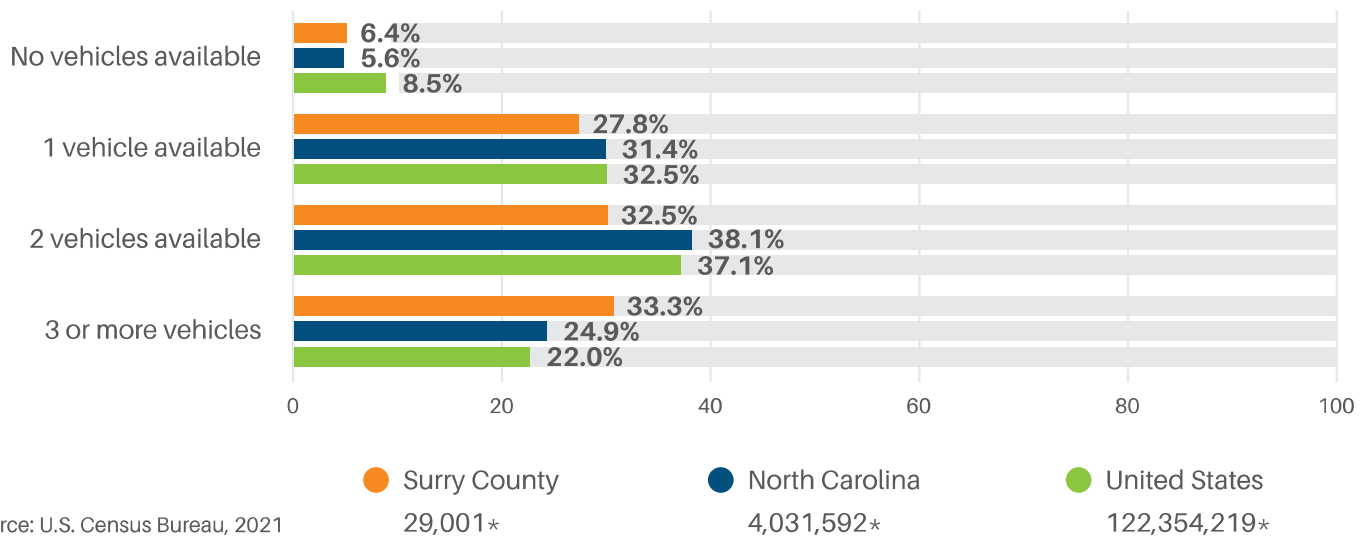
*Housing units paying rent (excluding units where values cannot be computed)

Source: U.S. Census Bureau, 2021

Most households (93.6%) in Surry County have one or more vehicles available, whereas 6.4% of households have no vehicles available. This is more than North Carolina and national rates, which are 5.6% and 8.5%, respectively, regarding no available vehicles (U.S. Census Bureau, 2021).

Figure 13

Vehicles Available per Household, ACS 5-Year Estimates, 2020



Source: U.S. Census Bureau, 2021

The mean commute time in Surry County is 26.2 minutes, which is comparable to national commute time (26.9 minutes) and slightly exceeds North Carolina's overall commute time (24.9 minutes). A small portion of the community in Surry County commutes via public transportation (0.2%). This is far smaller than the proportion of people who commute in the state (1.0%) and nation (4.6%; JobsEQ, 2021).

TABLE 9: COMMUTE

	SURRY COUNTY	NORTH CAROLINA	UNITED STATES
Mean commute time (minutes)	26.2	24.9	26.9
Commute via public transportation	0.2%	1.0%	4.6%

Source: JobsEQ, 2021

The average transportation costs in Surry County (\$14,058) are greater than regional costs (\$13,532), but less than national costs (\$15,685; Center for Neighborhood Technology, 2022). Job access (1.8), transit performance (0.2), and compact neighborhood (3.1) scores show that Surry County has very low access to jobs, the population is car dependent with limited access to public transportation, and the area is low density with limited walkability. No neighborhoods in Surry County are efficient, meaning they are not compact and close to jobs and services, do not have a variety of transportation choices, and do not allow people to spend less time, energy, and money on transportation (Center for Neighborhood Technology, 2022).

TABLE 10: HOUSEHOLD HOUSING AND TRANSPORTATION COSTS

	SURRY COUNTY	NORTH CAROLINA	UNITED STATES
Average housing as percentage of income	26%	32%	18%
Average transportation as percentage of income	32%	39%	25%
Annual transportation cost	\$14,058	\$13,532	\$15,685
Annual household vehicle miles traveled	22,084	21,479	23,448

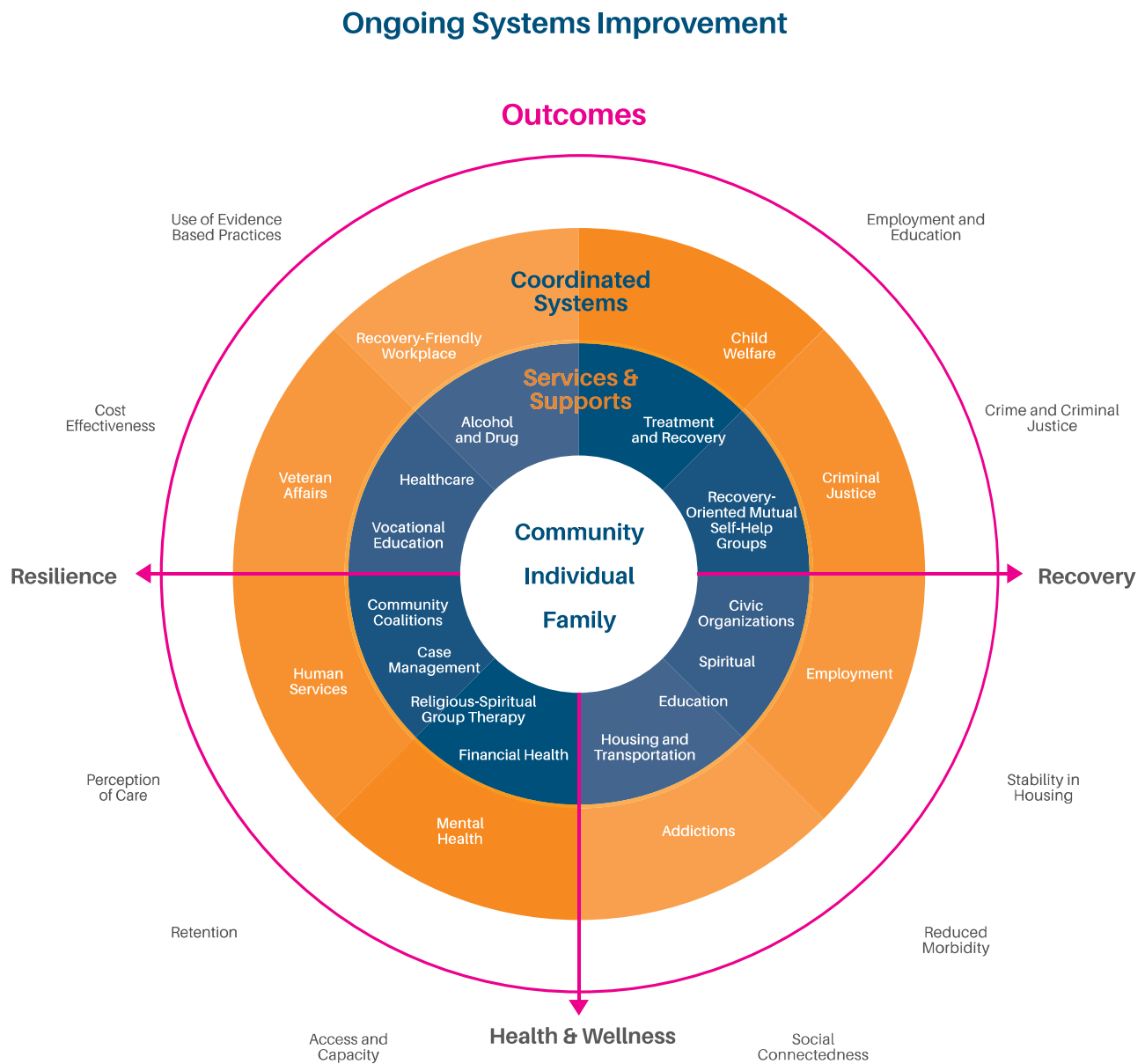
Source: Center for Neighborhood Technology, 2022

TABLE 11: TRANSPORTATION BURDEN

	SCORE
Job access	1.8
All-transit performance score	0.2
Compact neighborhoods	3.1
Location-efficient neighborhoods	0%

Source: Center for Neighborhood Technology, 2022

CONCEPTUAL FRAMEWORK OF A ROSC MODEL

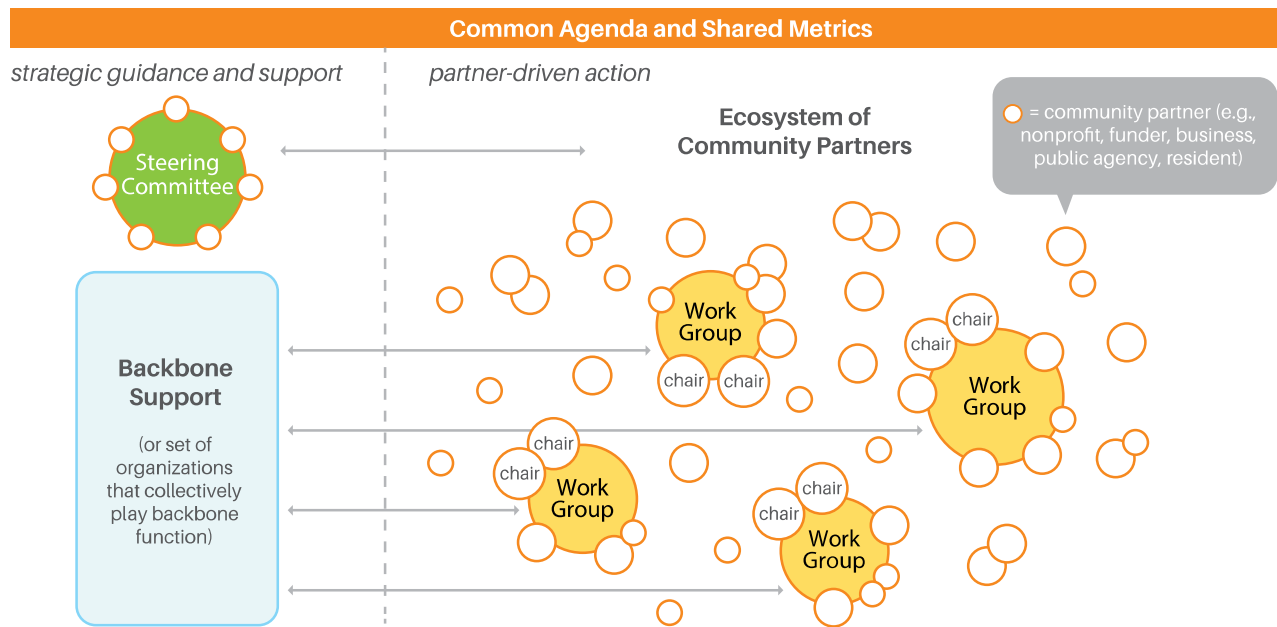


Source: Bartlett and Clarkson, 2010

The central focus of a ROSC is to create an infrastructure or “system of care” with the resources to effectively address the full range of substance use problems in communities. The specialty SUD field provides the full continuum of care (prevention, early intervention, treatment, continuing care, and recovery) in partnership with other disciplines, such as mental health and primary care, in a ROSC. This community-level work goes by different names and associated models—including collaborative action, community mobilization, and comprehensive initiatives. One version of this approach is known as “collective impact”, which refers to the commitment of a group of individuals from different sectors to a common agenda for solving a specific social problem at scale.

Taking a collective impact approach requires moving away from the traditional, more isolated ways that service organizations attempt to solve problems and engages multiple players in working together to solve complex social problems. The process can take a long time and requires significant resources to sustain — resources from partners making new investments and changing their practices, as well as from supporting the underlying backbone infrastructure. In collaborative action, it is vitally important to include multiple organizations or sectors — business, nonprofit, government, and philanthropy. However, it is equally important to engage the community, which is a critical factor in the long-term success of collective impact initiatives.

A Broad Set of Partners Work to Achieve the Common Vision, Supported by a Backbone and Steering Committee



RECOVERY-ORIENTED INTERVENTIONS ARE SHAPED AROUND MANY FACTORS. THEY ARE UNIQUE TO EACH PERSON AND DEPENDENT ON THEIR STAGE OF RECOVERY.

This section outlines different aspects of recovery and the contributing and consequential factors of substance use and opioid use disorders in Surry County to establish effective intervention and prevention outcomes. The ROSC assessment mirrors a coordinated network of community-based services and support that is person centered and builds on the strengths and resilience of individuals, families, and communities to improve health, wellness, and quality of life, along with ongoing systems improvement. Each service, support, and coordinated system is defined; existing data are summarized; and data gaps, capacity in the community, and evidence-based programs and possibilities that will support each resource are identified.

SERVICES AND SUPPORTS (NEEDS ASSESSMENT)

ALCOHOL AND DRUGS

Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries. The harmful use of alcohol causes a high burden of disease and has significant social and economic consequences (World Health Organization, 2022). Drugs are defined as articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease and intended to affect the structure or any function of the body of people or animals (U.S. Food and Drug Administration, 2016).

Consequences

Emergency department visits are limited to unintentional and undetermined intent cases only and overdose codes of drugs and medicaments with dependence potential. In Surry County, the rate of drug overdose emergency department visits per 100,000 residents exceeded the state rate from 2018 to 2020. Overdose death rates are also underreported. Many overdoses and deaths are not reported in emergency room data if the patient never arrives (SCOSAR, 2022). In 2018, 2019, and 2021, more drug overdose deaths per 100,000 residents occurred in Surry County than North Carolina. This includes fatal overdoses of all types of drugs and all intents. More than 90% of these deaths are unintentional (NCDHHS, 2022). In Surry County, illicit opioids such as heroin accounted for 58% of all overdose deaths in 2021. This is lower than the state rate of 78% (NCDHHS, 2022).

TABLE 12: DRUG OVERDOSE EMERGENCY DEPARTMENT VISITS PER 100,000 RESIDENTS

Source: NCDHHS, 2021

	2018	2019	2020	2021
Surry County	244.6	202.0	181.1	190.1
North Carolina	115.6	115.9	142.5	149.9

TABLE 13: DRUG OVERDOSE DEATHS PER 100,000 RESIDENTS

Source: NCDHHS, 2022

	2018	2019	2020	2021
Surry County	38.9	25.1	27.9	43.2
North Carolina	22.2	22.4	31.5	36.2

TABLE 14: PERCENT OF OVERDOSE DEATHS INVOLVING ILLICIT OPIOIDS

Source: NCDHHS, 2022

	2018	2019	2020	2021
Surry County	57.1%	66.7%	70%	58.1%
North Carolina	64.5%	68.7%	76%	78.4%

Consumption Rates

The National Household Survey on Drug Use and Health (NSDUH) is conducted annually by SAMHSA. It provides nationally representative data on the use of tobacco, alcohol, and illicit drugs; SUD; receipt of substance use treatment; mental health issues; and the use of mental health services in the civilian, noninstitutionalized population aged 12 or older in the United States. SAMHSA releases regional reports for a range of years. Figures 14 to 22 show data from the Partners for Behavioral Health Management (PBHM) region (which includes Surry County) and North Carolina.

Regarding past-month and past-year substance use, PBHM regional rates are lower than the state rates, except for past-month prescription pain reliever misuse among people aged 26 or older and past-year methamphetamine use for people aged 18 or older and 26 or older, all of which are slightly higher than state rates. When it comes to perceived risk of harm, PBHM youth have a slightly lower sense of perceived risk of binge drinking than the state rate (44% and 45%, respectively).

NSDUH Substance Use Indicators from 2018-2020, Percent

● PBHM ● State

Figure 14
Past-Month Alcohol Use

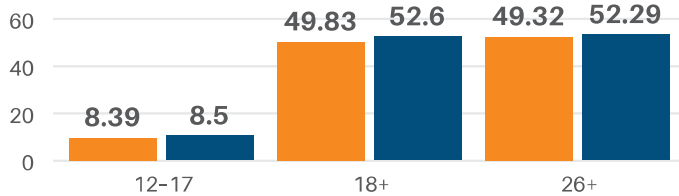


Figure 15
Past-Month Binge Alcohol Use*

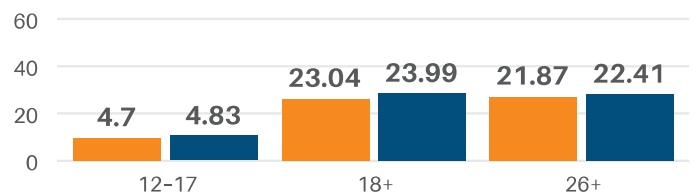


Figure 16
Past-Month Marijuana Use

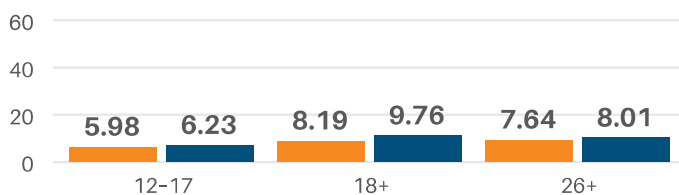


Figure 17
Past-Month Prescription Pain Reliever Misuse

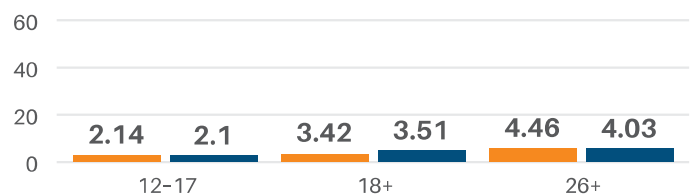


Figure 18
Past-Month Illicit Drug Use, not Including Marijuana

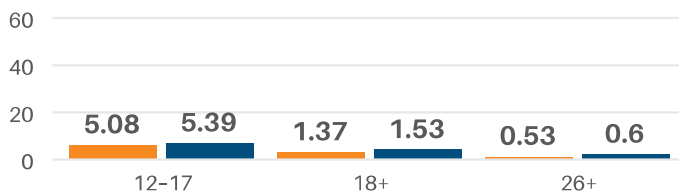


Figure 19
Past-Year Cocaine Use

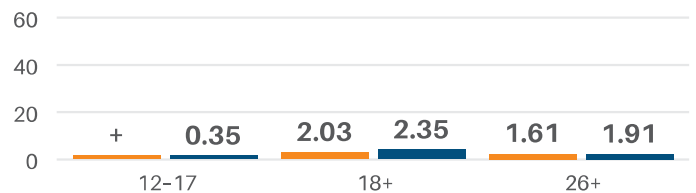
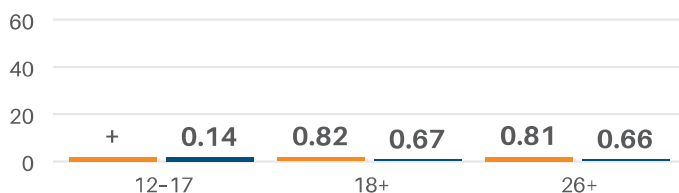


Figure 20
Past-Year Methamphetamine Use



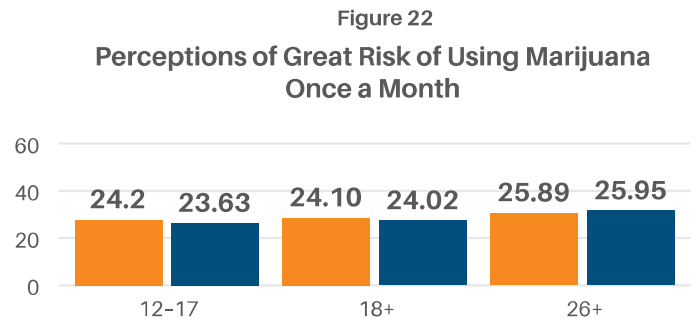
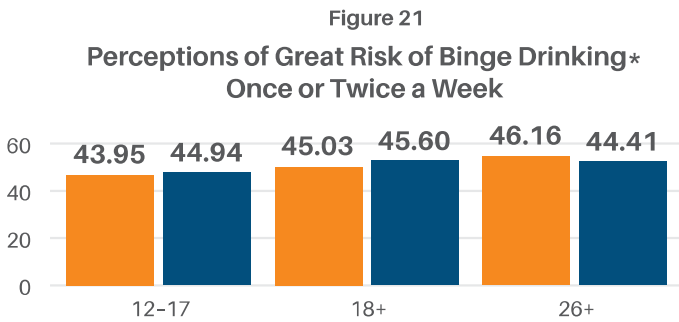
Source: SAMHSA, 2020

*SAMHSA defines binge drinking as five drinks for men or four drinks for women in one sitting (within a couple of hours of each other).

+Low precision, no estimate recorded

NSDUH Substance Use Indicators from 2018-2020, Percent

● PBHM ● State



Source: SAMHSA, 2020

*SAMHSA defines binge drinking as five drinks for men or four drinks for women in one sitting (within a couple of hours of each other)

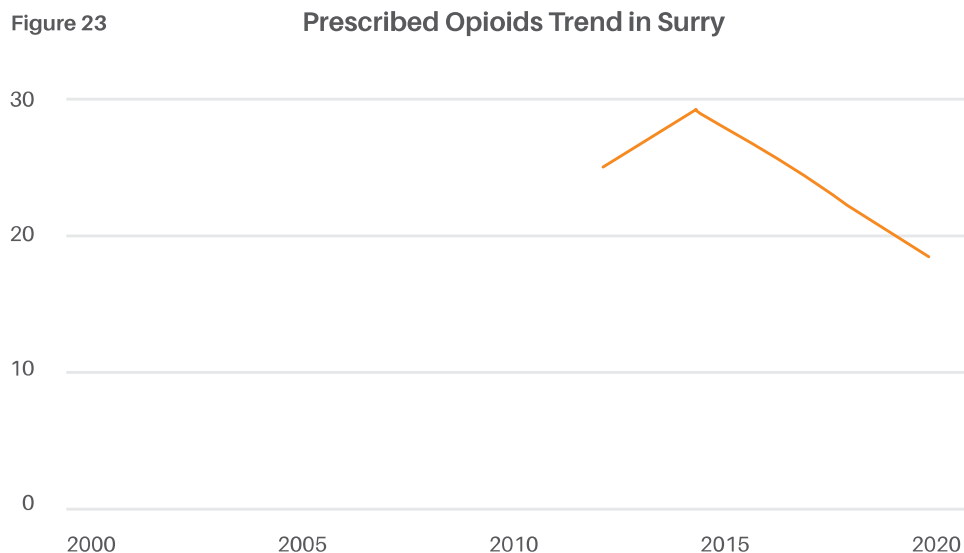
Access

The NCDHHS compared rates of opioid prescriptions in Surry County in 2021 to North Carolina as a whole. It found that 16% of Surry County residents received an opioid prescription in 2021, compared to 13% of residents statewide. Surry County opioid prescription rates have been declining steadily since 2015, but they have remained higher than the state rate (NCDHHS, 2021).

TABLE 15: DRUG OVERDOSE DEATHS PER 100,000 RESIDENTS

	2018	2019	2020	2021
Surry County	21.8%	19.8%	17.2%	16.4%
North Carolina	16.6%	15.3%	13.7%	12.9%

Source: NCDHHS, 2021



Source: NCDHHS, 2021

One way to limit access to prescription drugs for potential misuse is to safely dispose of them. Surry County has several safe medication drug drop boxes throughout the community where people can dispose of medications that have expired or are no longer needed. See [PTRC Surry County Opioid Response Team Asset Map - Google My Maps](#).

Marijuana is currently illegal in North Carolina. In 2020, a task force convened by Gov. Roy Cooper to study racial inequities in the criminal justice system recommended that the state decriminalize marijuana possession. Under current law, possession remains a Class 1 misdemeanor, subject to up to 45 days of imprisonment and a \$200 fine. In the 2022 session, the North Carolina Senate passed a medical marijuana bill (SB 711), but it did not proceed in the House of Representatives (State of North Carolina, 2022).

In North Carolina, liquor can only be sold in Alcoholic Beverage Control Commission-owned stores. There are three such stores in Surry County. However, mixed beverage permits (typically bars and restaurants), both on premise (license to sell alcohol that is consumed on premises) and off premise (alcohol that is purchased and consumed elsewhere), are present throughout the county. As of December 19, 2022, there are 158 locations with at least one active permit to sell alcohol in Surry County (North Carolina Alcoholic Beverage Control Commission, n.d.). [Surry County Alcohol Outlet Map](#)

For current substance use rates, the only data available are regional data from NSDUH. There is nothing available at the county level or locally. Surveys are time and resource intensive, and this is often a barrier for community agencies that would like to conduct a more thorough assessment of their community.

TABLE 16: PREVENTION EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Too Good for Drugs	Skills development is at the core of Too Good for Drugs, a universal K-12 prevention education program designed to mitigate risk factors and enhance protective factors related to alcohol, tobacco, and other drug use.	The Mendez Foundation
Strengthening Families Program	The Strengthening Families Program is an evidence-based family skills training program for high-risk and general-population families that is recognized both nationally and internationally.	Dr. Karol Kumpfer
Teen Mental Health First Aid	Teen Mental Health First Aid teaches teens in Grades 10–12, or ages 15–18, how to identify, understand, and respond to signs of mental health and substance use challenges in their friends and peers.	National Council for Mental Wellbeing
Adult Mental Health First Aid	Mental Health First Aid for adults teaches people how to recognize signs of mental health or substance use challenges in adults aged 18 or older, offer and provide initial help, and guide a person toward appropriate care if necessary.	National Council for Mental Wellbeing
Project ALERT	Project ALERT is a classroom-based substance abuse prevention program for seventh and eighth graders designed to reduce the experimental and continued use of drugs. Through comprehensive lessons, this program aims to caution students against drug use, cultivate new nonuse attitudes and beliefs, and equip teens with the skills and strategies they can use to resist drugs.	Phyllis Ellickson and RAND researchers

TABLE 16: PREVENTION EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
QPR Institute	QPR Institute's goal is to save lives and reduce suicidal behaviors by providing innovative, practical, and proven suicide prevention training. QPR believes that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know.	Paul Quinett
Catch My Breath	CATCH My Breath's peer-led teaching approach empowers students with the knowledge and skills needed to make informed decisions about e-cigarettes and resist social pressures to vape. This is the only evidence-based youth nicotine vaping prevention program for Grades 5 – 12 that has been proven to substantially reduce students' likelihood of vaping.	Dr Steven H. Kelder
Dover Youth 2 Youth	Dover Youth to Youth is an after-school drug-prevention program and is open to students in sixth – 12th grade.	Dover, NH Police Department
Adolescent SBIRT	NORC at the University of Chicago launched the Adolescent SBIRT Project to encourage the adoption of adolescent SBIRT by social work, nursing, and other practitioners; increase the number of practitioners trained to deliver adolescent SBIRT; and support the implementation of adolescent SBIRT throughout communities.	NORC – University of Chicago
Prime for Life	Prime For Life provides a judgment-free way of understanding how alcohol- and drug-related problems develop, what we can do to prevent them, and why sometimes we need help.	Prevention Research Institute
Drug-Free Communities	The Drug-Free Communities Support Program is the nation's leading effort to mobilize communities to prevent youth substance use.	Office of National Drug Control Policy, in collaboration with the Centers for Disease Control
Active Parenting	Active parenting is a technique that is based on psychological principles that promote positive interactions between a parent and child.	Alfred Adler and Rudolf Dreikurs
Familias Unidas	This family-based program for Hispanic families conducted in Spanish. It is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning. The intervention is delivered primarily through multiparent groups, which aim to develop effective parenting skills, and family visits, during which parents apply skills while interacting with their adolescent.	Drs. Hilda Pantin and Guillermo Prado

TABLE 16: PREVENTION EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Life Skills Training	This school-based program aims to prevent alcohol, tobacco, and marijuana use and violence by targeting major social and psychological factors that promote the initiation of substance use and other risky behaviors.	Gilbert J. Botvin
Positive Action	Positive Action is a systematic educational program that promotes an intrinsic interest in learning and encourages cooperation among students. It works by teaching and reinforcing the intuitive philosophy that people feel good when they engage in positive actions.	Carol Gerber Allred
Strengthening Families Program	This is a family skills training program is designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children aged 3–16. SFP features three life skills courses delivered in 14 weekly, 2-hour sessions.	Dr. Karol L. Kumpfer
Support for Students Exposed to Trauma	This is a school-based group intervention for students who have been exposed to traumatic events designed to teach cognitive and behavioral skills, such as social problem solving, psychoeducation, and relaxation.	RAND Corporation
Triple P: Positive Parenting Program	This intervention is for parents of children aged 0–12 that aims to prevent problems before they arise and create family environments that encourage a child's healthy development.	Matt Sanders
Too Good for Drugs & Violence	This school-based, universal substance abuse prevention program is designed to teach students skills and attitudes that enhance well-being and reduce the use of alcohol and drugs.	The Mendez Foundation

TABLE 17: INTERVENTION EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Naloxone Usage	Many health departments in North Carolina offer naloxone to curb overdoses. North Carolina's standing order authorizes any practicing pharmacist in the state to write a prescription for naloxone upon request.	Dr. Jack Fishman and Dr. Mozes Lewenstein
Fentanyl Test Strips	Fentanyl test strips are shown to reduce overdose deaths in the United States.	BTNX, Inc.

TABLE 17: INTERVENTION EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Syringe Service Programs	Community-based prevention programs provide services including linkage to SUD treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases. Syringe service programs protect the public and first responders by facilitating the safe disposal of used needles and syringes. Providing testing, counseling, and sterile injection supplies also helps prevent outbreaks of other diseases.	Jon Stuen-Parker
Cognitive Behavioral Interventions	Cognitive behavioral therapy teaches people how to recognize problematic thoughts, feelings, and behaviors that could lead to substance use.	Aaron Beck

TABLE 18: TREATMENT AND RECOVERY EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Medication-Assisted Treatment	Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of SUD.	Medications used in MAT are approved by the U.S. Food and Drug Administration.
A Second Chance	This method exists as an alternative to conviction. North Carolina General Statute 90-96 gives courts the option to place individuals accused of a drug offense on probation, without finding them guilty. Under the terms of this probation, the individual has 150 days from the date of referral to complete North Carolina’s Drug Education School program. Upon successful completion of the 15-hour program, the court may dismiss the charge without conviction.	The North Carolina Drug Education School Program
Motivational Interviewing	Motivational interviewing is a goal-directed substance use disorder intervention that stems from person-centered counseling and focuses on the collaboration between provider and client. It is a respectful counseling style that raises awareness of a client’s internal discrepancies about substance use, focuses on helping clients resolve their ambivalence about substance use disorder treatment, and can promote their motivation to change. The current practice is based on the primary principles of eliciting change talk and strengthening the client’s commitment to change.	William Miller and Stephen Rollnick

TABLE 18: TREATMENT AND RECOVERY EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Solution-Focused Therapy	Solution-focused therapy, also known as solution-focused brief therapy, is a short-term therapeutic approach that is based on positive psychology. Solution-focused therapy focuses on developing solutions to meet a patient's goals, as opposed to problem solving. Within this framework, patients are encouraged to pinpoint strategies that are currently helpful for them, as well as what they can do in the future to achieve their goals. It is an effective approach for helping patients with a history of substance use recognize and use their personal strengths.	Steve de Shazer and Insoo Kim Berg

TREATMENT AND RECOVERY

Treatment and recovery are ongoing processes that happen over time. Treatment is defined as the administration of appropriate measures (e.g., drugs, surgery, psychotherapy) that are designed to relieve a pathological condition. [Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Individuals engaged in the treatment and recovery process may receive peer support, which assists individuals to engage or stay connected to the process through shared understanding, respect, and mutual empowerment.](#) Peer support extends beyond the reach of clinical treatment into the everyday environment, providing nonclinical, strengths-based support (American Psychological Association, n.d.; Mental Health, n.d.; SAMHSA, 2022).

Mental health and substance use services are limited, and people with substance use disorder who do not have insurance or financial resources often have difficulty

accessing residential treatment. Some options include local emergency rooms, Surry Medical Ministries, Grace's Clinic, Surry Intervention Team, High Country Health (a federally qualified health center), and support from churches, family members, or charities. Partners Health Management, a Member Care Organization TM manages Medicaid, state and local funds for mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services throughout Surry County and surrounding areas. These services typically go to people with the highest risk, and Partners ensures the behavioral health care provider chosen meets strict standards for the services they offer.

The rate of individuals with opioid use disorder per 100,000 served by treatment programs who were uninsured or on Medicaid was higher in Surry County than the state rate (NCDHHS, 2021).

TABLE 19: INDIVIDUALS WITH OPIOID USE DISORDER SERVED BY TREATMENT PROGRAMS THAT ARE UNINSURED OR MEDICAID BENEFICIARIES PER 100,000 RESIDENTS

	2018	2019	2020	2021
Surry County	515.7	514.0	565.6	536.3
North Carolina	339.6	362.4	375.2	368.5

Source: NCDHHS, 2021

MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication normalizes brain chemistry, blocks the euphoric effects of alcohol and opioids, relieves physiological cravings, and normalizes body functions without the negative and euphoric effects of the substance used (SAMHSA, 2022).

Medications used in MAT are approved by the U.S. Food and Drug Administration, and MAT programs are clinically driven and tailored to meet each patient’s needs. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people

struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose (SAMHSA, 2022).

Currently, eight providers in Surry County have obtained a DATA 2000 waiver to provide buprenorphine treatment and consented to release their practice information. People seeking a MAT-waivered provider may search by ZIP code or city [here](#).

In the past 4 years, the percentage of residents receiving dispensed buprenorphine prescriptions has stayed the same in North Carolina (0.5%). However, in Surry County, this percentage has increased slightly and is double the state rate, at 1.0% (NCDHHS, 2021).

TABLE 20: PERCENTAGE OF RESIDENTS RECEIVING DISPENSED BUPRENORPHINE PRESCRIPTIONS

	2018	2019	2020	2021
Surry County	0.9%	0.9%	0.9%	1.0%
North Carolina	0.5%	0.5%	0.5%	0.5%

Source: NCDHHS, 2021

Sixteen treatment facilities serve clients from Surry County. Five are located within the county; however, the other 11 require anyone needing services to have the ability to commute outside of the county for services (Surry County Cares, 2021). In fiscal year 2020, Partners Behavioral coordinated payments for 3,718 people from Surry County for a diagnosed mental illness, developmental disability, or substance use disorder. This accounted for 8% of the facility’s total covered services (NCDHHS, 2020).

Table 21 shows the number of Surry County emergency medical services (EMS) substance use events and intervention referrals by year from 2017–2021.

TABLE 21: SURRY COUNTY EMS SUBSTANCE USE EVENTS AND INTERVENTION REFERRALS FROM 2017–2021

	2018	2019	2020	2021	2022
Total EMS substance use events	237	372	359	503	533
EMS Narcan administration	131	204	162	183	269
EMS-reported substance use-related deaths	55	31	26	30	44
Intervention team referrals			141	269	434

Source: Surry County, 2022

Figure 24 illustrates the nearly consistent increase in EMS substance abuse events each year since 2009. Substance use-related encounters increased by more than 10 times between 2009 and 2021. In Table 22, the number of encounters per month can be seen for 2019–2021. Most people involved in substance use events are male (64%) and White (91%; Table 24; Surry County EMS, 2022). North Carolina (0.5%). However, in Surry County, this percentage has increased slightly and is double the state rate, at 1.0% (NCDHHS, 2021).

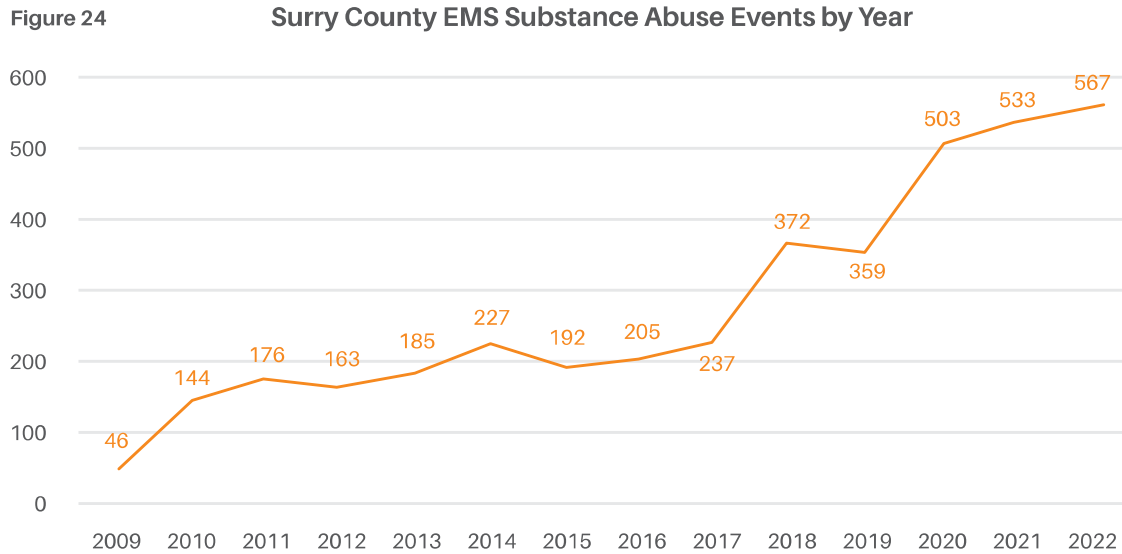


TABLE 22: TOTAL SURRY COUNTY EMS SUBSTANCE ABUSE EVENTS PER MONTH FROM JANUARY 2019–NOVEMBER 2022

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2019	17	34	27	56	35	23	26	32	29	20	28	21
2020	41	39	27	43	52	51	53	35	44	36	42	40
2021	35	35	48	34	48	44	64	33	55	50	44	43
2022	41	41	61	52	40	45	54	45	54	52	38	37

Source: SCOSAR, 2022

TABLE 23: SURRY COUNTY EMS SUBSTANCE ABUSE EVENTS BY GENDER, 2021

	N	%
Male	339	63.6%
Female	194	36.4%

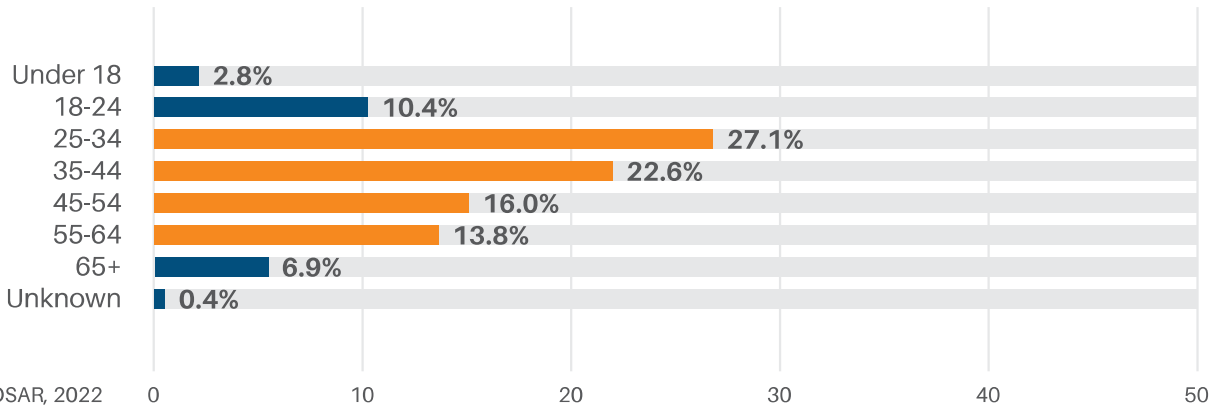
TABLE 24: SURRY COUNTY EMS SUBSTANCE ABUSE EVENTS BY ETHNICITY, 2021

	N	%
White	483	90.62%
Black	24	4.5%
Hispanic	26	4.88%

Source: SCOSAR, 2022

Substance use events are most prevalent among people aged 25–34 and 35–44, as seen in Figure 25. The bars in orange are overrepresented compared to their rate in the population. For example, people aged 25–34 account for 11% of the population in Surry County but 27% of the substance use events. People aged 35–44 account for 23% of the substance use events but only 11% of the population.

Figure 25 Age breakdown of EMS substance abuse events and overdose deaths in 2021
Percent involved in SU events



Source: SCOSAR, 2022

Table 25 shows the number of overdose deaths by month from January 2019 through November 2022. The rate of substance use overdose deaths per 100,000 in Surry County increased from 33.5 in 2019 to 43.3 in 2020 to 61.9 in 2021 (Table 26). The age groups most affected by drug overdose are 25–34, 35–44, and 45–54 (Table 27; Surry County EMS, 2022).

TABLE 25: SURRY COUNTY EMS SUBSTANCE ABUSE OVERDOSE DEATHS BY MONTH, JANUARY 2019–NOVEMBER 2022

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2019	2	2	2	3	4	1	2	3	2	0	2	1
2020	5	1	0	3	2	2	3	5	2	2	3	3
2021	2	5	8	2	5	2	2	2	3	7	2	4
2022	0	1	6	3	2	3	5	6	6	6	2	7

Source: SCOSAR, 2022

TABLE 26: SURRY COUNTY EMS OVERDOSE DEATHS, 2019-2021

	DEATHS	RATE PER 100,000
2019	24	33.5
2020	31	43.3
2021	44	61.9

Source: SCOSAR, 2022

Substance use events are most prevalent among people aged 25–34 and 35–44, as seen in Table 27. The bars in orange are overrepresented compared to their rate in the population. For example, people aged 25–34 account for 11% of the population in Surry County but 27% of the substance use events. People aged 35–44 account for 23% of the substance use events but only 11% of the population.

TABLE 27: EMS SUBSTANCE USE OVERDOSE EVENTS BY AGE, 2021

AGE	%
Under 18	0.0%
18-24	4.9%
25-34	22.0%
35-44	26.8%
45-54	24.4%
55-64	14.6%
65+	7.3%
Unknown	0.0%

Source: SCOSAR, 2022

Table 28 shows the number of EMS blood draws by year from 2017 to November 2022. The substance most commonly found in EMS encounters in 2021 was alcohol (27%), followed by unknown, prescription, or over-the-counter drugs (24%) and heroin (16%).

TABLE 28: SURRY COUNTY EMS (LAW ENFORCEMENT) BLOOD DRAWS BY YEAR, 2017 TO NOVEMBER 2022

	EVENTS
2017	72
2018	91
2019	98
2020	97
2021	80
2022	59

Source: SCOSAR, 2022

TABLE 29: SURRY COUNTY EMS EVENTS PRIMARY SUBSTANCE ABUSE DRUG CATEGORIES: COMPARISON OF 2020–2022 (THROUGH NOVEMBER 2022)

PRIMARY SUBSTANCE ABUSE DRUG	2020	2021
Alcohol	37%	27%
Meth	11%	10%
Heroin	18%	16%
Fentanyl	2%	3%
Cocaine	2%	2%
Benzos	3%	5%
Unknown, prescription, over-the-counter	15%	24%
Other opioids	12%	13%

Source: SCOSAR, 2022

Naloxone is a medication that can save a person's life when they have overdosed on opioids. Emergency care is still needed, but naloxone keeps the person alive until they receive medical attention. It is an evidence-based harm reduction strategy similar to sterile needle-exchange programs. In Surry and Stokes counties, Birches Foundation provides low- or no-cost sterile syringe exchange and additionally offers community overdose response training. There are 16 locations throughout Surry County where naloxone may be accessed. Each resource is mapped online: [PTRC Surry County Opioid Response Team Asset Map - Google My Maps](#).

Regarding naloxone administration reported to the North Carolina Health Department, law enforcement performed 4.2 naloxone reversals per 100,000 in 2018. This is less than half of the state rate of 8.8 per 100,000. Law enforcement performed no naloxone reversals in Surry County from 2019 to 2021. When it comes to reversals performed by community members, Surry County had 9.7 naloxone reversals per 100,000 residents reported to NCDHHS in 2018. No community member naloxone reversals were reported to NCDHSS in Surry County from 2019 to 2021. Administrations by a family member or bystander have also increased dramatically since 2019 (Table 32).

TABLE 30: LAW ENFORCEMENT REVERSALS PER 100,000 RESIDENTS

	2018	2019	2020	2021
Surry County	4.2	0	0	0
North Carolina	8.8	1.7	0.5	0

Source: NCDHSS, 2022

TABLE 31: COMMUNITY NALOXONE REVERSALS PER 100,000 RESIDENTS

	2018	2019	2020	2021
Surry County	9.7	0	0	0
North Carolina	32.5	28.2	30.9	39.6

Source: NCDHHS, 2022

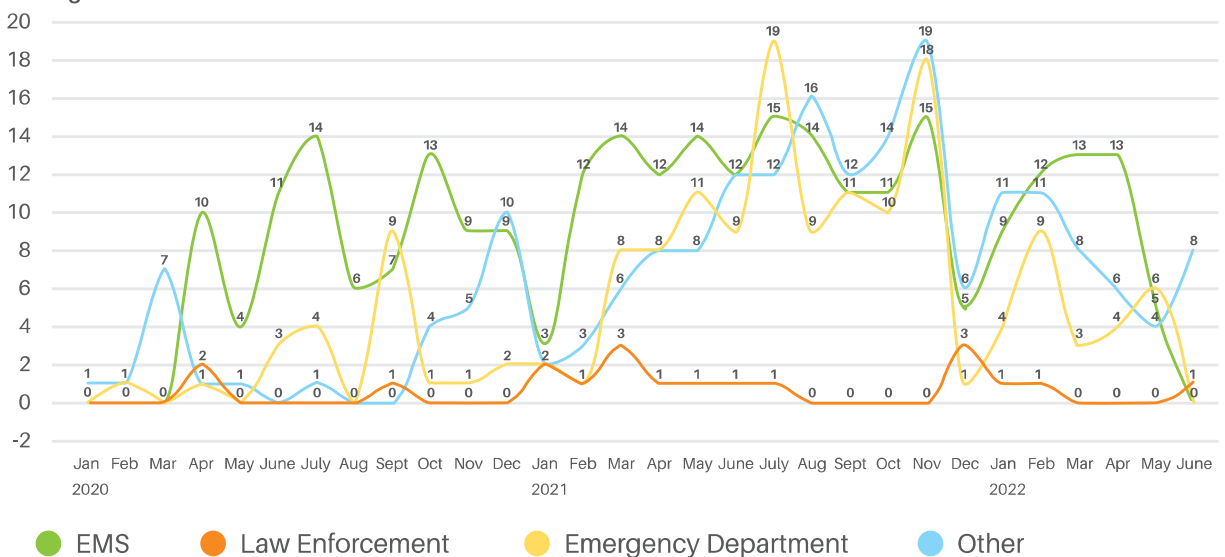
TABLE 32: NARCAN ADMINISTRATIONS BY FAMILY OR BYSTANDER, 2019-2022

2019	14
2020	17
2021	72
2022 (through November)	94

Source: SCOSAR, 2022

SCOSAR has a crisis intervention team. Formed in 2020, this team responds when contacted by community members. The number of intervention team calls has continued to increase each year. As seen in Table 33, the intervention team makes many referrals, which are reported monthly. Although the services fluctuate each month, overall, there is growth in the total number of referrals each year (Table 33). In Table 33, successful referrals are measured by linkages to providers and services, for example detox.

TABLE 33: REFERRAL SOURCE	2020	2021
EMS	83	138
Law enforcement	3	12
Emergency department	22	107
Other	32	112
Total	140	369

Figure 26


The intervention team also provides Narcan to community members for use when opioid overdose is suspected. Table 34 shows the number of Narcan distributions by month. From April 2021–August 2022, 84 Narcan doses were dispersed to members of the community (Surry County, 2022).

TABLE 34: NARCAN DISTRIBUTION BY SURRY COUNTY INTERVENTION TEAM BY MONTH, APRIL 2021–AUGUST 2022

MONTH	N
April 2021	7
May 2021	11
June 2021	4
July 2021	3
August 2021	6
September 2021	6
October 2021	6
November 2021	9
December 2021	0
January 2022	0
February 2022	4
March 2022	8
April 2022	2
May 2022	6
June 2022	6
July 2022	2
August 2022	4

Source: Surry County, 2022

TABLE 35: TOTAL SURRY COUNTY INTERVENTION TEAM CLIENTS AND SUCCESSFUL REFERRALS TO SUBSTANCE USE DISORDER TREATMENT PROVIDERS BY MONTH, JANUARY 2021-JUNE 2022

MONTH	CLIENTS	SUCCESSFUL TREATMENT REFERRALS
January 2021	9	3
February 2021	17	5
March 2021	31	7
April 2021	29	8
May 2021	34	6
June 2021	34	9
July 2021	47	12
August 2021	39	11
September 2021	34	11
October 2021	35	11
November 2021	42	13
December 2021	15	10
January 2022	25	6
February 2022	28	6
March 2022	24	9
April 2022	23	9
May 2022	15	6
June 2022	9	3

Source: Surry County, 2022

TABLE 36: SURRY COUNTY INTERVENTION TEAM REFERRALS

2020	2021	2022
141	366	434

Source: Surry County, 2022

Peer Recovery Support

Currently, there are 34 certified peer recovery support specialists in Surry County. Each specialist successfully participated in the NC Certified Peer Support Specialist Program. In their role, they engage people in the recovery process and support them over time to help them stay engaged in a successful, sustained recovery. Peer support specialists advocate for peers in recovery, share resources and information, build community, and lead recovery groups.
 Stakeholder feedback on peer recovery support barriers in Surry County:

Need for more facilities

"I'm seeing a residential inpatient facility. I think we've got a lot of outpatient programs. Um, counseling services. Such addiction counseling. I see. I mean, I just think we've got a lot of that when I'll look down through our resource list, but nothing inpatient really. So. I think inpatient is important. And of course, you know, um, if we were to have something like that, you know, maybe separating the adults and the kids, I think we would see more of the teenagers coming forth if we had something like that."

Need for youth clinical treatment

"There is currently no substance use clinical treatment available for kids under the age of 18. And we see that as a huge gap in services with the kids we're working with. We've been using the SASSI [Substance Abuse Subtle Screening Inventory] tool for screening. Two [members] of our current caseload has actually already had one OD [overdose], and they're OK, but we'd like to avoid more of that with teenagers."

TABLE 37: INTERVENTION EVIDENCE-BASED PRACTICES		
POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Zero Suicide	The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for systemwide transformation toward safer suicide care.	Henry Ford Behavioral Health

TABLE 37: INTERVENTION EVIDENCE-BASED PRACTICES		
POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Peer Recovery Support Services	This strengths-based, person-centered approach supports others in recovery and those struggling with addiction and mental health.	Judi Chamberlin

TABLE 38: TREATMENT AND RECOVERY EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Partners and First Health of the Carolinas' Peer Support Specialist Services	This strengths-based, person-centered approach supports others in recovery and those struggling with addiction and mental health.	Judi Chamberlin
North Carolina's Certified Peer Support Specialist Program	People aged 18 or older with lived experience of significant mental health or substance use disorder who have been in recovery for at least 1 year and have a high school diploma or equivalent are eligible to apply to complete the certification process for this program.	National Certification Board for Behavioral Health Professionals
NC HOPE's Certified Peer Support Specialist Training	NC-HOPE is an empowering and engaging professional development opportunity designed to help individuals prepare for peer support certification.	National Certification Board for Behavioral Health Professionals
Recovery Centers of America	These places provide superior addiction treatment, delivered by a team of expert professionals in the comfort of a facility, to help people build a foundation for lasting recovery.	Recovery Centers of America

HEALTH CARE

Health care can mean many things, but it often means access to needed medical services and treatments. Health care is involved, directly or indirectly, with the provision of health services to individuals. These services can occur in various work settings, including hospitals, clinics, dental offices, outpatient surgery centers, birthing centers, emergency medical care, home health care, and nursing homes. It refers to the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions (U.S. Department of Labor, n.d.).

Health insurance is vital to accessing health care. The percentage of people with no health coverage in Surry County is 12%, higher than the state rate of 11% and the national rate of 9% (U.S. Census Bureau, 2021).

TABLE 39: NO HEALTH COVERAGE, ACS 5-YEAR ESTIMATES, 2020

SURRY COUNTY	NORTH CAROLINA	UNITED STATES
12.4%	10.7%	8.70%

Source: U.S. Census Bureau, 2021

Access to health care requires not only financial means and insurance coverage, but also access to providers. The ratio of population to primary care providers represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. Surry County has a higher ratio than North Carolina or the United States. This indicates it may be more difficult to access care in Surry County. The county also has a higher ratio of mental health providers, which includes counselors who treat alcohol and drug use disorders (University of Wisconsin Population Health Institute, 2022).

TABLE 40: RATIO OF POPULATION TO PRIMARY CARE PHYSICIANS, COUNTY HEALTH RANKINGS, 2019

SURRY COUNTY	NORTH CAROLINA	UNITED STATES
1,940:1	1,400:1	1,310:1

TABLE 41: RATIO OF POPULATION TO MENTAL HEALTH CARE PROVIDERS, COUNTY HEALTH RANKINGS, 2019

SURRY COUNTY	NORTH CAROLINA	UNITED STATES
2,470:1	1,710:1	1,400:1

Source: University of Wisconsin Population Health Institute, 2022

The percentage of adults reporting their physical health is fair or poor is higher at a county level than the state or national rates.

TABLE 42: ADULTS REPORTING POOR OR FAIR HEALTH, COUNTY HEALTH RANKINGS, 2019

SURRY COUNTY	NORTH CAROLINA	UNITED STATES
22%	18%	17%

Source: University of Wisconsin Population Health Institute, 2022

The rate of disability among the population aged 64 or younger in Surry County is higher than North Carolina's rate and almost double the rate of the United States. When examining disability by age and type, 42% of the older adult population have a disability, whereas 8% of youth (younger than 18) and 17.3% of adults aged 18-64 have a disability. The most prevalent disability among youth is cognitive disability; among adults aged 18 or older, ambulatory disability is the most prevalent (U.S. Census Bureau, 2021).

TABLE 43: DISABILITY RATE AMONG POPULATION AGED 64 OR YOUNGER, ACS 5-YEAR ESTIMATES, 2020

SURRY COUNTY	NORTH CAROLINA	UNITED STATES
14.7%	9.3%	8.7%

Source: U.S. Census Bureau, 2021

TABLE 44: SURRY COUNTY POPULATION WITH DISABILITY BY TYPE, 2016-2020

	12-17	18+	26+
Total population by age group	15,235	41,728	14,143
Population with a disability	7.7%	17.3%	42.0%
Hearing difficulty	1.4%	3.4%	19.8%
Vision difficulty	2.4%	4.2%	9.4%
Cognitive disability	6.6%	6.8%	9.7%
Ambulatory disability	1.4%	9.9%	24.4%
Self-care disability	3.2%	3.2%	7.9%
Independent living difficulty	N/A	7.1%	16.4%

Source: U.S. Census Bureau, 2021

Disease Prevalence

Acute hepatitis C infections rates are far greater in Surry County than rates in North Carolina. Rates in Surry County exceeded North Carolina rates by 4 to 7 times from 2018-2020.

TABLE 45: ACUTE HEPATITIS C INFECTIONS PER 100,000 RESIDENTS*

	2018	2019	2020
Surry County	8.3	7.0	7.0
North Carolina	1.9	1.7	1.0

*2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic

Source: NCDHHS, 2021

Tables 46-47 show annual rates of new diagnoses of sexually transmitted diseases. As of December 31, 2020, 93 people diagnosed with HIV resided in Surry County (most recently known county of residence). Figure 27 shows the number of new cases and the annual rate in Surry County and North Carolina. Rates in Surry County were much lower than state rates; however, the county rate of infection increased between 2018 and 2020. Rates of chlamydia diagnoses were more than 50% lower than state rates and remained fairly steady over time. During this same timeframe, rates of gonorrhea were pointedly lower than the state rate. However, diagnoses of gonorrhea have

increased over time. New diagnoses of hepatitis B were much lower than the state rate, but they increased 67% between 2015 and 2019. The rate of acute hepatitis B increased dramatically in 2019 and was higher than the state rate. Rates of syphilis were markedly lower than the state rate. The rate of newly reported chronic hepatitis C more than doubled from 2016-2019. The NCDHHS (2021) noted: "Concentrations in some counties may be due to increased availability to testing," and the reverse might also be true: Rates may be lower in counties that do not have access to testing.

TABLE 46: NEWLY DIAGNOSED HIV* RATES PER 100,000 AMONG ADULTS AND ADOLESCENTS IN NORTH CAROLINA BY COUNTY OF DIAGNOSIS AND YEAR OF DIAGNOSIS

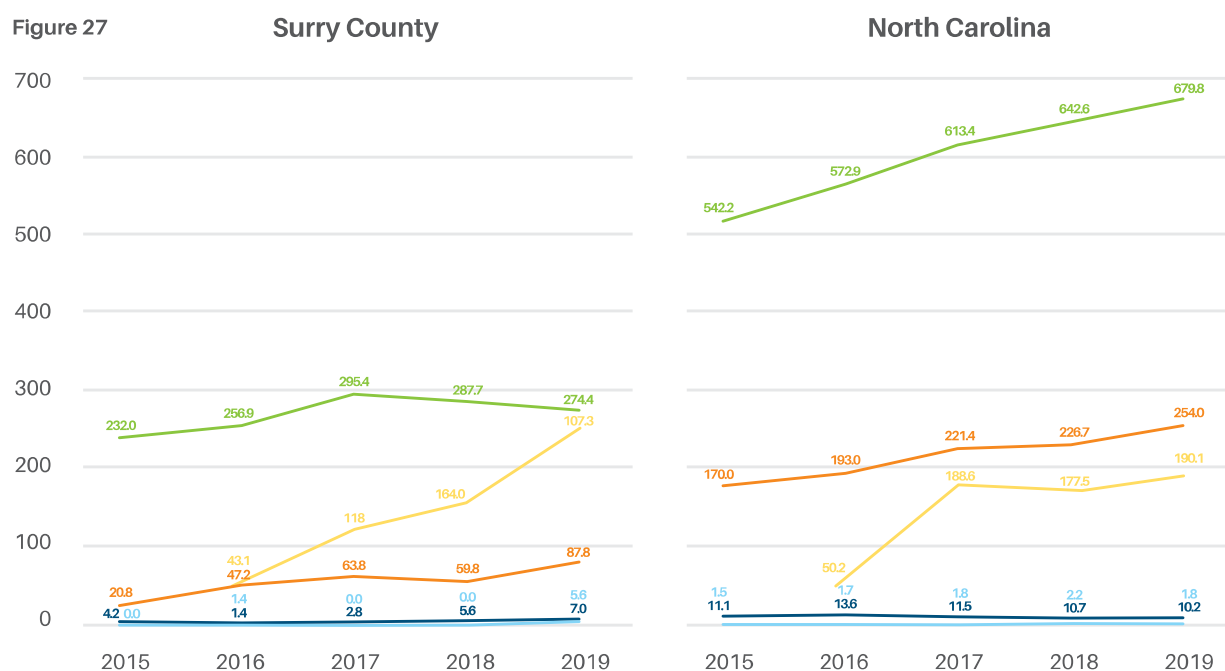
	2018	2019	2020	2018-2020 AVERAGE
Surry County	3.3	9.8	8.2	7.1
North Carolina	13.7	15.5	12.0	13.8

Source: NCDHHS, 2021

*HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS)

- Newly Diagnosed Chlamydia Annual Rates per 100,000 in North Carolina by County of Diagnosis and Year of Diagnosis
- Newly Diagnosed Gonorrhea Annual Rates per 100,000 in North Carolina by County of Diagnosis and Year of Diagnosis
- Newly Diagnosed Hepatitis B Annual Rates per 100,000 in North Carolina by County of Diagnosis and Year of Diagnosis
- Acute Hepatitis B Annual Rates per 100,000 in North Carolina by County of Diagnosis and Year of Diagnosis
- Newly Reported Chronic Hepatitis C Annual Rates per 100,000 in North Carolina by County of Diagnosis and Year of Diagnosis

Figure 27



*Chronic hepatitis C became reportable in North Carolina in October 2016 and is only reported from laboratories reporting electronically. These numbers are likely an underestimation. The number of chronic hepatitis C cases is given as "reported" rather than "newly diagnosed." Because surveillance for chronic hepatitis C is relatively new in North Carolina and case records are incomplete, we could not determine whether a positive lab test reflects a new diagnosis or a new reported test result for a person who was previously diagnosed

TABLE 47: NEWLY DIAGNOSED SYPHILIS ANNUAL RATES PER 100,000 IN NORTH CAROLINA BY STAGE OF INFECTION AND COUNTY OF DIAGNOSIS, 2019

	PRIMARY, SECONDARY, AND EARLY*	UNKNOWN DURATION AND LATE**	TOTAL
Surry County	1.4	8.4	9.8
North Carolina	20.2	11.9	32.1

*Primary, secondary, and early nonprimary and nonsecondary (formerly early latent) is defined as having been infected for a year or less

**Late is defined as having been infected more than 1 year and presenting with inflammatory lesions of the cardiovascular system, skin, bone, or other tissue or structures. Late syphilis usually clinically manifests only after a period of 15–30 years of untreated infection.

Source: SCOSAR, 2021

Surry Medical Ministries Health Clinic provides an array of medical services to individuals with no health insurance and a household income of 200% of the federal poverty level or less. A report was created that describes results of efforts to engage with community members who may have systemic or “overt” barriers to accessing health care. The following findings were outlined:

Measure: Increase referrals from diverse resources.

- Referrals by word-of-mouth, community health workers, social services, health departments, private primary care doctors, and advertising increased.

Measure: Increase of new patients by race, ethnicity, and ZIP code

- Nine of 10 areas of increased service provision are areas of highest need, indicating targeting of outreach efforts were successful.

Measure: Percentage of new patients with a chronic disease diagnosis who successfully attended follow-up appointments during first 6 months of care as directed.

- 69% of new patients with chronic diseases diagnoses had received follow-up care, which included follow-up appointments, medication refills, telephone check-ins, etc.
- By race, 63% of Black or African American patients with chronic disease diagnoses received follow-up care, and 72% of Hispanic or Latino patients of any race received follow-up care (Surry Medical Ministries Health Clinic, 2022).

TABLE 48: HEALTH CARE PROFESSIONALS PER 10,000, 2017

	SURRY COUNTY	NORTH CAROLINA
Physicians	17.3	23.8
Primary care	7.0	7.0
Family practice	3.4	2.6
Internal medicine	1.6	1.9
Obstetrics and gynecology	1.1	1.1
Pediatric	0.8	1.5
Geriatric	0.1	0.2

TABLE 48: HEALTH CARE PROFESSIONALS PER 10,000, 2017

	SURRY COUNTY	NORTH CAROLINA
Dentists	17.3	23.8
Dentists	3.6	5.0
Dental hygienists	7.8	6.0
Nurses		
Registered nurses	92.0	100.7
Nurse practitioner	7.6	6.5
Certified midwives	0.0	0.3
Licensed practical nurses	22.7	17.9
Other health care professionals		
Chiropractors	0.8	1.7
Occupational therapists	1.8	3.4
Occupational therapy assistants	2.1	1.7
Optometrists	1.4	1.1
Pharmacists	9.5	11.4
Physical therapists	4.1	6.3
Physician therapy assistants	6.0	2.9
Physician assistants	4.7	5.9
Podiatrists	0.5	0.3
Practicing psychologists	0.0	2.2
Psychological associates	0.1	0.8
Respiratory therapists	3.8	4.2

Source: Piedmont Triad Regional Council, Area Agency on Aging, 2018
 These are the health care professional rates per population in 2017 only

E. Evidence-Based Programs and Possibilities

TABLE 49: PREVENTION EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Cognitive Behavioral Therapy	This method is based on principles of cognitive psychology and social learning theory and teaches patients to develop new coping skills.	Aaron Beck
Contingency Management	This is a treatment approach that systematically reinforces abstinence, usually with incentives in exchange for treatment progress or drug-free urine screening.	B.F. Skinner
Multi Dimensional Family Therapy	This method was developed for adolescents with drug use problems. It involves the adolescent, parents, and other social systems. is a family-focused treatment that transforms young lives and sets the course for a better future.	Howard Liddle

TABLE 50: TREATMENT AND RECOVERY EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Art-Based Practices	Art-based practices show promise as a beneficial solution for mental health services because they are in line with the whole-person recovery framework currently being adopted and have high acceptability with consumers.	Margaret Naumburg

RECOVERY-ORIENTED MUTUAL SELF-HELP GROUPS

Recovery-oriented mutual self-help groups can aid recovery from substance use disorders and facilitate personal growth through self-exploration and peer support. Although these groups are not a part of professional treatment, they can provide a rich source of support for recovery and complement other treatment. Mutual self-help groups provide a forum and opportunity for individuals in recovery to connect with others who have similar experiences and goals, allowing them to build relationships in a substance-free support network. These groups are typically free, anonymous, and easily accessible; as such, these groups can be readily available during the long-term trajectory of recovery. Mutual self-

help groups include various programs, with 12-step programs (e.g., Alcoholics Anonymous [AA] or Narcotics Anonymous [NA]) and Self-Management and Recovery Training being the most common (U.S. Department of Veterans Affairs, 2022). Because anonymity is a key criterion for many groups, it is difficult to collect data on the number of people participating in these types of services.

Stakeholder feedback on communication, connection, and associated stigma around recovery oriented mutual self-help groups in Surry County.

i. Communication and Connection

"And I think that's where my team comes in, because we kind of know what each program offers and can kind of connect the two. But I think for long that, you know, we just think, well, that program over there is doing that and, and they just don't talk. And I think that's been the biggest thing where for the longest time, I didn't think we have one food bank in our area. When that is not the truth. You know, we've got just, just communication and knowing what everybody does."

ii. Shame (Need for NA and AA) and Stigma

"I think, you know, four, four years ago when I initially got sober, we just didn't talk about it. We didn't, it was, families didn't talk about it. It was swept under the rug. And, you know, so I think when, when I started being very loud about my recovery, I think just that conversation, the conversation's being had now, where four years ago it was not, you know, and I think, you know, a lot of people in, that's involved in NA and AA, it, it's, they stay in those rooms, you know? And that's OK. That's, it's different for everybody. But we don't have a really big NA around in our community. The last meeting I went to, I took three people with me and there was a total of six people there. And that was kind of discouraging. So I think just, just the recovery supports, just to know who you could call and talk to if you're having a bad day or talk to about your recovery, not to, you know, because I know when I got sober, I, I felt shameful to tell my family that like, look, I'm struggling today. It's all I can do. Just not to pick up."

"Probably that stigma tied to the, the criminal justice involvement. I know for me it was, I couldn't get a job when, when I got outta jail, and that was difficult for fear of, I'm afraid I, I'll go back to jail or, you know, whatever. And just having that, that tied to it, you know, my, my first job coming outta jail. And I think it's, what I try to push for employers that I meet with and talk to is we may not get it that first time. We may absolutely go back out. But that doesn't mean that's not a stepping stone in our journey."

TABLE 51: INTERVENTION EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Peer Recovery Support Services	This strengths-based, person-centered approach supports others in recovery and those struggling with addiction and mental health.	Judi Chamberlin

TABLE 52: TREATMENT AND RECOVERY EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Mutual Help Groups	Mutual support groups and self-help programs can be implemented online or in a community setting. These interventions include structured programs that have behavioral, spiritual, and cognitive components.	Faces & Voice of Recovery
Recovery Community Organizations	Such community organizations help increase the visibility and influence of recovery communities. Many of their activities include policy and advocacy, community education and outreach programs, and peer recovery support services.	Community Leaders

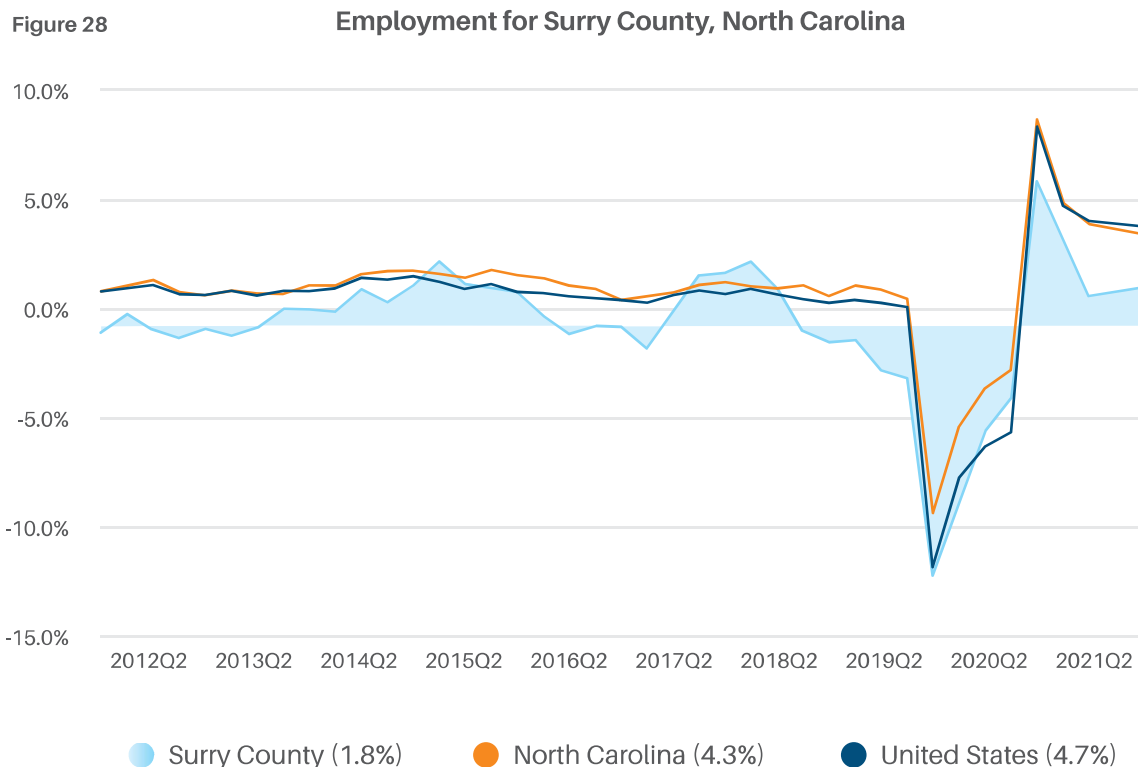
*We could not locate any evidence-based programs or possibilities regarding prevention. Work is still ongoing to find this information.

VOCATIONAL EDUCATION

Vocational education is a different learning option from the path of college or universities. It offers a path that imparts the skills and knowledge needed to work in a given occupation. It is coordinated with the requirements of the labor market and an integral part of the education system. The vocational type of education is designed to make students “work ready” upon graduation. It provides practical education, so students develop specific industry skills that allow them to jump right into their profession and get started (Meylan, n.d.).

Local Labor Market Landscape

As of the first quarter of 2022, total employment for Surry County was 30,138 (based on a four-quarter moving average), according to Economic Overview Surry County, North Carolina (Chmura Economics & Analytics, 2022). For the year ending in the first quarter of 2022, employment increased 1.8% in the region, as shown in the figure below. However, the increase experienced by the county was less than that of the state and nation, which each saw an annual increase between 4% and 5%.



Source: Chmura Economics & Analytics, 2022

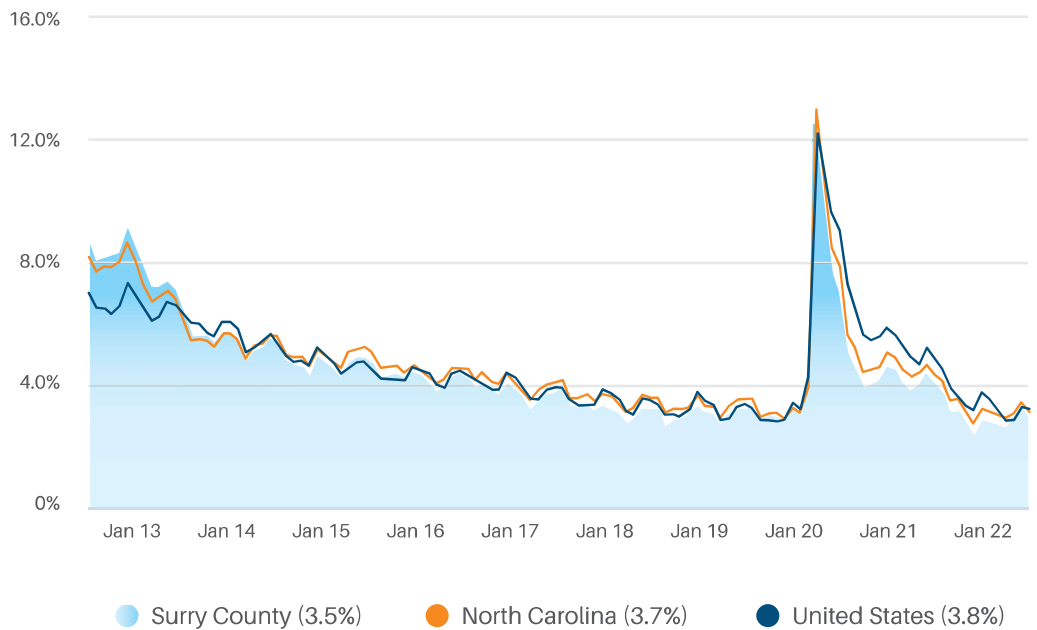
Note: These employment data are derived from the Quarterly Census of Employment and Wages, provided by the Bureau of Labor Statistics and imputed where necessary. Data are updated through the fourth quarter of 2021, with preliminary estimates updated to the first quarter of 2022.

The unemployment rate for Surry County was 3.5% as of July 2022, according to Chmura Economics & Analytics (2022). The regional unemployment rate was lower than the national rate of 3.8%. One year earlier, in July 2021, the unemployment rate in Surry County was a full point higher, at 4.7%.

Source: Chmura Economics & Analytics, 2022

Note: Unemployment rate data are from the Local Area Unemployment Statistics, provided by the Bureau of Labor Statistics and updated through July 2022

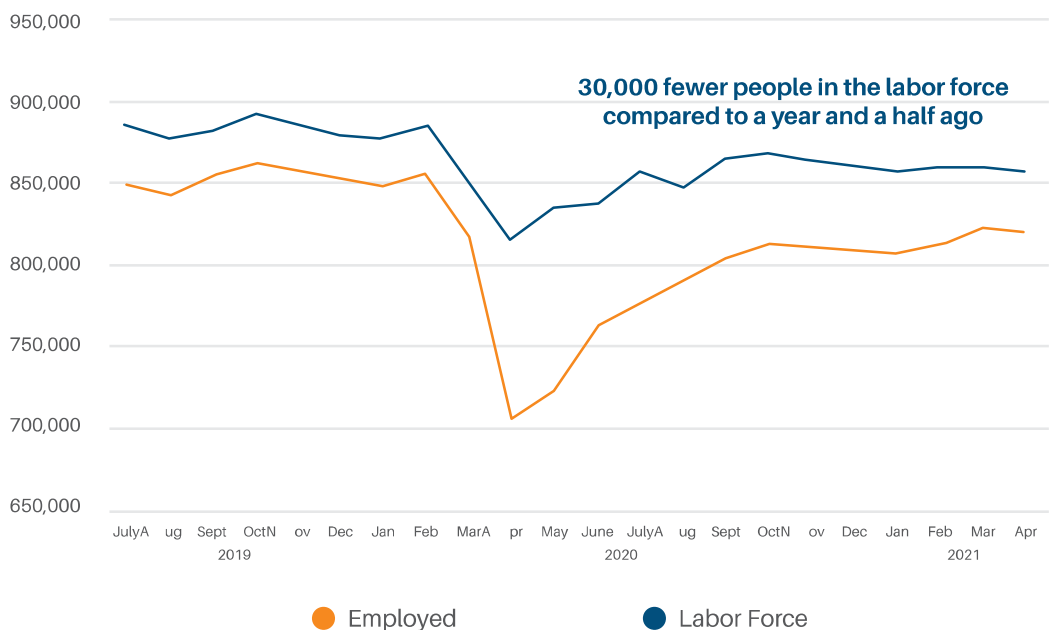
Figure 29 Unemployment Rate for Surry County, North Carolina



Source: JobsEQ®. Data as of Jul 2022. The shaded areas of the graph represent national recessions.

Labor force participation declined regionally, especially during the severe downturn related to the COVID-19 pandemic (PTRWDB, 2021). Although participation has been climbing, at least as of 2021, there remained a 30,000 – person shortfall compared to February 2020.

Figure 30 Labor Force & Employment

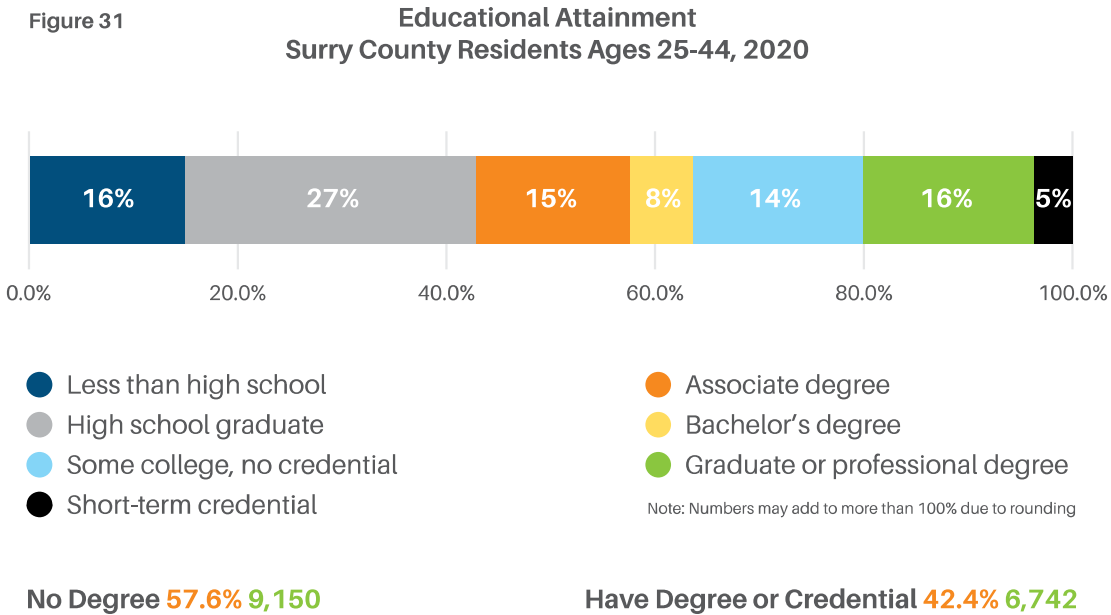


Source: Piedmont Triad Regional Workforce Development Board, 2021

Additional information regarding labor force trends can be found in the Employment section.

Labor Alignment with Education Levels

Although 42% of residents aged 25–44 in Surry County have a degree or credential, the majority (58%) does not (My Future NC, 2022). The following figure breaks down these numbers.



Source: My Future NC, 2022

These levels of educational attainment match the education levels requested by local employers. According to Burning Glass Technologies (2022), the number of jobs requesting high school or vocational training is nearly 700, more than twice the number requested for an associate degree (301). A full breakdown by education level is provided in the following chart.

TABLE 53: LEVEL OF EDUCATION REQUESTED	
	NUMBER OF JOBS
High school or vocational training	696
Associate’s degree	301
Bachelor’s degree	402
Master’s degree	76
Doctoral degree	11

Source: Burning Glass Technologies, 2022

Access to health care requires not only financial means and insurance coverage, but also access to providers. The ratio of population to primary care providers represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. Surry County has a higher ratio than North Carolina or the United States. This indicates it may be more difficult to access care in Surry County. The county also has a higher ratio of mental health providers, which includes counselors who treat alcohol and drug use disorders (University of Wisconsin Population Health Institute, 2022).

TABLE 54:

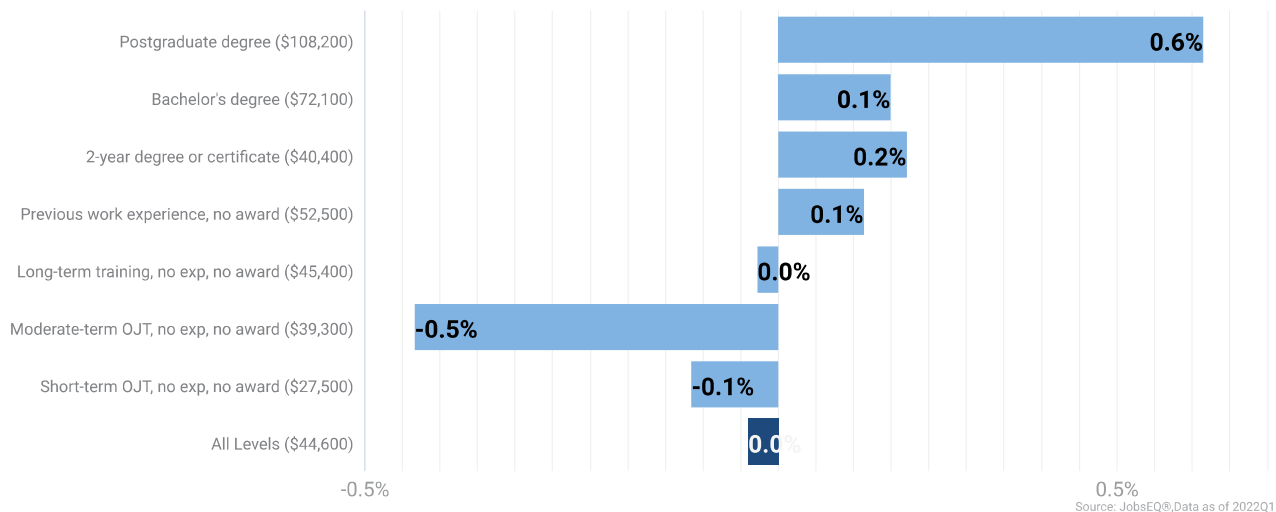
EDUCATION LEVEL	INDUSTRIES WITH "MISALIGNMENT"
Less than bachelor's degree	Transportation, distribution, and logistics Health science
Bachelor's degree	Health science Business management and administration

Source: My Future NC, 2022

Expected growth rates for occupations vary by the amount of education and training required. Although overall employment in Surry County is projected to stay flat during the next 10 years, occupations typically requiring a postgraduate degree are expected to grow 0.6% per year (Chmura Economics & Analytics, 2022). Meanwhile, occupations requiring a 2-year degree, certificate, or bachelor's degree are forecast to grow only 0.1%–0.2% per year. Occupations that do not require any degree or certificate are expected to stay flat or contract during the next 10 years.

Figure 32

Annual Average Projected Job Growth by Training Required



Source: Chmura Economics & Analytics, 2022

Note: Employment by occupation data are estimates as of the first quarter of 2022. Education levels of occupations are based on Bureau of Labor Statistics assignments. Forecast employment growth uses national projections from the Bureau of Labor Statistics adapted for regional growth patterns.

Although much of the growth in the next 10 years is expected among occupations requiring higher levels of education, Surry County ranks 92nd in the state in terms of percentage of its population without a high school diploma or GED (PTRC, 2022). Its rate is 22%, putting it higher than the six other counties in the local workforce area, as shown in the following table.

TABLE 55: EDUCATION DEMOGRAPHICS OF THE WORKFORCE AREA

STATE RANK	COUNTY	POPULATION AGED 25 OR OLDER WITHOUT A HIGH SCHOOL DIPLOMA OR GED
86	Caswell	20.5%
33	Davie	13.3%
21	Forsyth	11.2%
64	Rockingham	17.4%
60	Stokes	16.5%
92	Surry	21.7%
73	Yadkin	19.0%

Source: PTRC, 2022

Higher Education

Surry County contains a single postsecondary institution: a 2-year public institution called Surry Community College. Therefore, for the 2020–2021 academic year, there were no 4-year or postgraduate degrees were given in Surry County, but there were 703 certificates and 2-year degrees (Chmura Economics & Analytics, 2022). The disciplines with the most certificates and 2-year degrees were liberal arts and sciences or liberal studies (155), registered nursing (47), and business administration (42). All other disciplines had fewer than 40 degrees given. See the Appendix for a full breakdown by discipline.

The following table maps the number of graduates of postsecondary programs at schools in the region based on industries identified by the Bureau of Labor Statistics (Chmura Economics & Analytics, 2022).

TABLE 56: POSTSECONDARY PROGRAMS LINKED TO TOTAL - ALL INDUSTRIES

PROGRAM	AWARDS
SURRY COUMMUNITY COLLEGE	
Early Childhood Education and Teaching	32
Heating, Air Conditioning, Ventilation and Refrigeration Maintenance Technology/Technician	14
Language Interpretation and Translation	32
Licensed Practical/Vocational Nurse Training	16
Mechatronics, Robotics, and Automation Engineering Technology/Technician	35

TABLE 56: POSTSECONDARY PROGRAMS LINKED TO TOTAL - ALL INDUSTRIES

PROGRAM	AWARDS
SURRY COUMMUNITY COLLEGE	
Medical Office Management/Administration	23
Medical/Clinical Assistant	18
Physical Therapy Assistant	14
Registered Nursing/Registered Nurse	47
Welding Technology/Welder	25

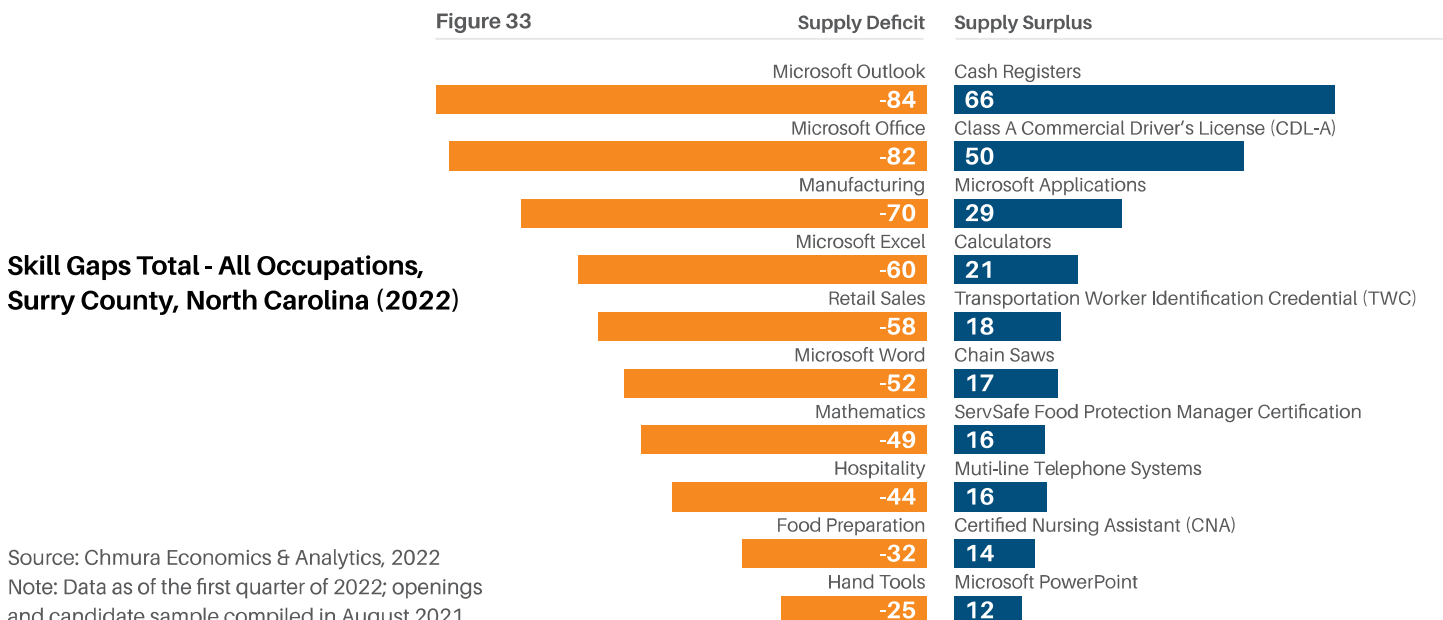
Source: Chmura Economics & Analytics, 2022

The number of graduates from postsecondary programs in the region reflects the pipeline of future workers and training capacity to support industry demand.

Skill Gaps

Even in communities with a high number of job openings that fit the educational profile of the region, it can be difficult for employers to find qualified workers to fill job openings due to a mismatch between the skills of local workers and the skills required for those jobs. The term “skills gap” refers to the difference between the skills that employers are looking for and the training and experience of potential candidates.

In Surry County, job skills with the greatest skills gaps (or “supply deficits,” as they are called in the figure below) include skills related to Microsoft Office (especially Outlook, Excel, and Word) and skills needed for manufacturing and retail sales (Chmura Economics & Analytics, 2022). Meanwhile, job skills that have a “supply surplus” include the ability to operate cash registers and drive commercial vehicles, as displayed in the figure below.



EDUCATIONAL PROGRAMS

Surry County is served by 30 educational attainment programs (My Future NC, 2020). Several of the programs are described below, and the full list can be found on this public dashboard: https://dashboard.myfuturenc.org/promising-attainment-practices/?wdt_search=Surry

TABLE 57:

PROGRAM NAME	DESCRIPTION FROM MY FUTURE NC
Virtual Academy Collaborative	The Innovation Project consortium consists of school districts working together on projects to advance public education in North Carolina. One project is creating virtual course packages for Math I, Math II, Math III, English I/II, and Biology. Some teachers like the resources so much they have created blended learning stations to use them in class.
NC for Military Employment	Established by the governor in 2015, this program leverages existing workforce development resources and technology to implement an employer-centric strategy that educates North Carolina's business leaders on the value of hiring a military workforce; shows small businesses and human resource professionals how to hire military personnel; and connects military talent to open jobs, education, and training opportunities in North Carolina.
NC Triad: Find Your Center	Find Your Center is an initiative of the PTRC and its regional partners. PTRC serves the residents of the Piedmont Triad region by implementing creative regional solutions with a mission of improving the lives of the community.
Dream it. Do it.	Dream it. Do It. is an initiative that helps connect local manufacturers, schools, community colleges, community-based organizations, and other stakeholders. It works to change the misperception of the manufacturing industry and inspire next-generation workers to pursue careers in manufacturing.
Next Generation Career Academy	Next Generation Career Academy allows students to complete an internship in a local business, gain valuable real-world experience, and earn high school credit, college credit, or industry-recognized credentials.
Richard Childress Racing STEAM Internship	Richard Childress Racing has an interest in encouraging high school and college students to enter science, technology, engineering, arts, and math (also known as STEAM) careers in NASCAR. It partnered with Mount Airy City Schools to help realize the dream of developing an academic-to-career pathway.
Hometown Strong	Hometown Strong creates a partnership between state agencies and local leaders to champion rural communities. The effort leverages state and local resources, identifies ongoing projects and community needs, and implements focused plans to boost the economy, improve infrastructure, and strengthen North Carolina's hometowns.
Triad Career Connect	Triad Career Connect is an initiative of the PTRWDB designed for in- and out-of-school youth, aged 16–24, who face barriers to achieving employment. This program consists of a combination of work-based learning under the supervision of an experienced craftsperson or trade professional and dedicated time for in-class learning through the local community college.

TABLE 57:

PROGRAM NAME	DESCRIPTION FROM MY FUTURE NC
So Much Potential	So Much Potential is a Deferred Action for Childhood Arrivals and undocumented-friendly college planning resource site, with most resources specific to North Carolina. This website helps equip school staffs with accurate information so that they can do better by their students who live in mixed-status families and want to go to college.
Certified Career Pathways	This certification ensures that enrollees have access to the best education, training, and work-based learning opportunities as they pursue careers in high-demand occupations. Currently, career pathways are certified by local workforce development boards. Pathways typically include career ladders to illustrate upward mobility, important labor market information, integral input from the businesses that drove the efforts, and connections to higher education programs.

Source: My Future NC, 2020

Surry County is also home to several federally funded programs intended to support local students and workers. WIOA is designed to help job seekers access employment, education, training, and support services to succeed in the labor market and match employers with the skilled workers they need to compete in the global economy (U.S. Department of Labor, 2022). The WIOA legislation, signed into law in 2014, contains five provisions or “titles” that pertain to various aspects of workforce development, education, and vocational services. Surry County receives funding via two of these titles:

Title I of WIOA pertains to workforce development activities and authorizes job training and related services to unemployed or underemployed individuals. In Surry County, 29 Title I activities were provided during the 2021–2022 fiscal year (NCWorks Career Center, 2022a). Seventy-six users participated in Title I activities, receiving a total of 444 services. More than 28% of these services involved comprehensive guidance and counseling. The other services were spread across the other 28 activities; the full breakdown can be found in the Appendix.

Title III of WIOA amended the Wagner-Peyser Act of 1933 to integrate the U.S. Employment Service into the “one-stop” system authorized by WIOA legislation. In Surry County, 47 Title III activities were provided during the 2021–2022 fiscal year (NCWorks Career Center, 2022b). Regarding Title III activities, 3,050 users received a total of 17,723 services. More than 16% of these services were

in self-service registration. Other highly utilized services were job referrals (11%) and self-service job search (10%), with the other services spread across the other 44 activity types; the full breakdown can be found in the Appendix.

Another federal program supporting workers in Surry County is the Trade Adjustment Assistance (TAA) program. TAA provides aid to workers who lose their jobs or whose hours of work and wages are reduced as a result of increased imports, and it can include activities such as training, job search and relocation allowances, income support, and other reemployment services (U.S. Department of Labor, 2022). During the 2021–2022 fiscal year, 40 users received 62 services across nine activity types (NCWorks Career Center, 2022c). The two most used activities were TAA job search assistance and TAA wage subsidy, each representing 31% of services used. The full breakdown of services can be found in the Appendix.

The PTRWDB was also established through federal legislation and carries out functions assigned to local workforce boards under WIOA (PTRC, 2022b). It serves seven counties in the Piedmont Triad region, including Surry County. In 2021, PTRWDB served 12,639 clients with basic services, 5,245 with career services, and 785 with education services (My Future NC, 2022).

Across its service region, PTRWDB (2021) served 7,301 adults and 590 youths in fiscal year 2021–2022. In Surry County, PTRWDB served 1,333 adults and 91 youths.

TABLE 58: PTRWDB PARTICIPANTS SERVED

	ADULTS	YOUTH
Caswell	73	42
Davie	46	52
Forsyth	3,497	213
Rockingham	1,951	61
Stokes	82	61
Surry	1,333	91
Yadkin	319	70

Source: PTRWDB, 2021

During fiscal year 2021–2022, PTRWDB (2021) spent nearly \$4.5 million, with more than \$1.4 million going to dislocated worker programs, \$1.4 million to youth programs, and \$1.3 million to adult programs. The remainder went to finish line grants and national dislocated worker grants; see the Appendix for a detailed breakdown.

In the Higher Education subsection, the number of certificates and 2-year degrees are provided from Q1 2022. It is unclear if other quarters of the academic year would have different numbers or if this is representative of a full academic year.

TABLE 59: PREVENTION EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Employee Assistance Programs	SAHMSA lists several resources and promotes drug-free workplace programs, along with the use of Employee Assistance Programs.	Congress

TABLE 60: TREATMENT AND RECOVERY EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Organizations similar to Oklahoma City Metro Alliance's Firststep	These organizations have a long-term residential recovery program that has been a unique and successful approach to recovery from drugs and alcohol. They utilize a sober living community based on the social model; residents participate in a 12-step program.	Mental Health Consumer Movement

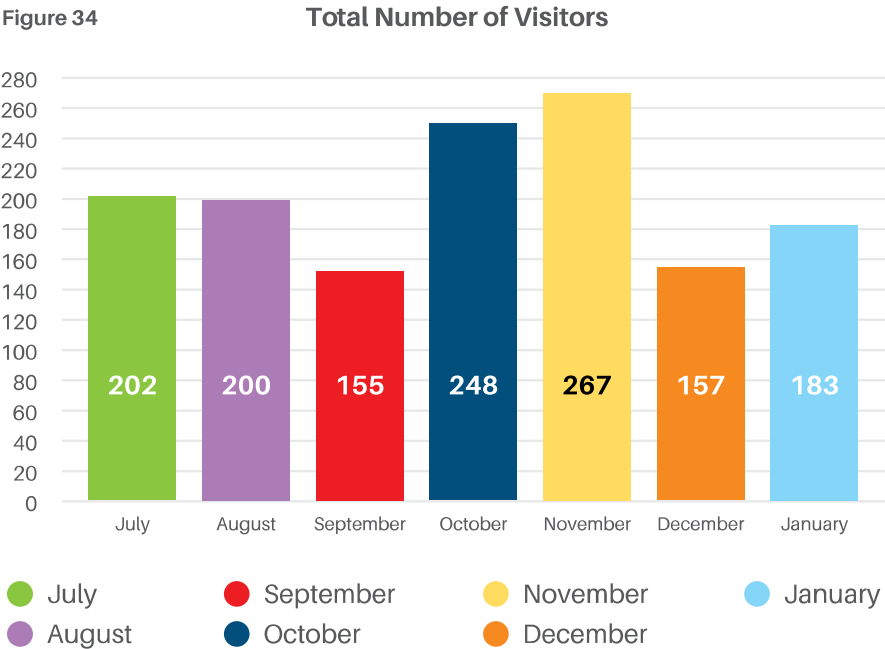
COMMUNITY COALITIONS

Coalitions connect multiple sectors of the community—including businesses, parents, media, law enforcement, schools, faith organizations, health providers, social service agencies, and government—to collaborate and develop plans, policies, and strategies to achieve reductions in the rates of consumption at the community level. Community coalitions reside at the heart of a proven comprehensive public health approach to support prevention efforts via a structured planning process that promotes civic engagement and the building of social capital (Community Anti-Drug Coalitions of America, n.d.).

In 2018, SCOSAR was created to develop programming and infrastructure between community stakeholders and governmental agencies to fight the opioid and substance use epidemic. The primary collaborative goal was to establish an accessible continuum of care to reduce the impact of substance use on the community. An integral part of the mission of the office is using data analysis and research to drive evidence-based planning processes supporting community change efforts.

We believe that positive recovery outcomes can be available to those suffering from substance use, and objective data analysis will guide policymaking as a collaborative function between stakeholders across the spectrum of prevention, intervention, recovery, social and justice services. Such enhanced care will strengthen the County’s ability to address the substance use epidemic, strengthen the capacity of substance abusers to achieve recovery, and improve the lives of Surry County residents through improving community safety and health, reducing government costs, and maximizing service effectiveness. (SCOSAR, 2021)

Figure 34 shows the total number of visitors to the office’s website, www.surrycountycares.com. The average number of monthly website visitors from July 2021 to January 2022 was 202. When looking at new versus returning visitors, it is clear that new interest in the coalition’s website is growing. In January 2022, 83% of the website’s visitors were there for the first time.

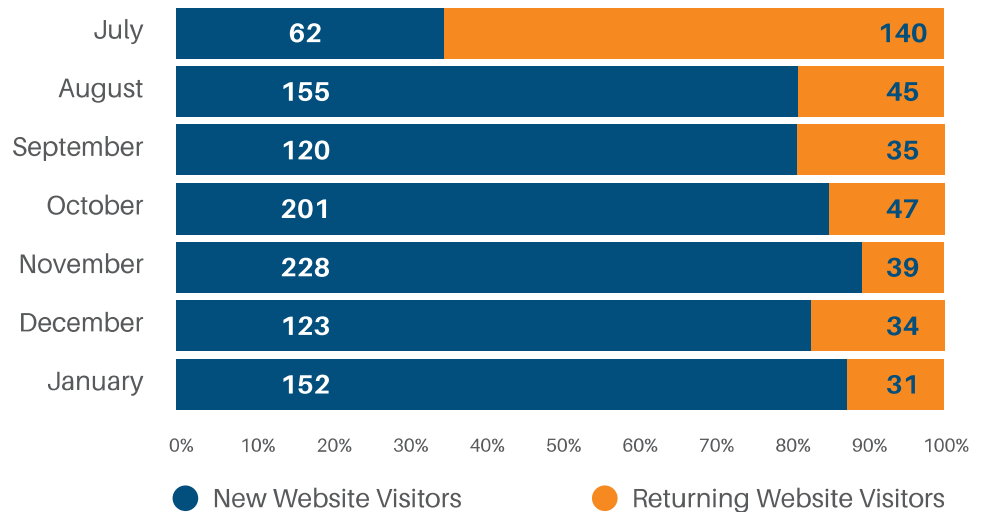


Source: SCOSAR, 2022

The coalition conducts many community outreach activities. From July 2021 to January 2022, it held eight information booths and distributed information to 3,031 people. It emailed 5,800 people (some people may be counted more than once) and made two referrals to substance use treatment. It handed out 364 chemical disposal kits for safe disposal of prescription drugs. The coalition also held 81 community meetings between July 2021 and January 2022, with a total attendance of 4,277 people (SCOSAR, 2022).

Source: SCOSAR, 2022

Figure 35
Number of Visitors - surrycountycares.com - July 2021 - January 2022
Visitor by Type



All-Star Prevention Report

The Surry County All-Star Prevention coalition published a report titled *Community Substance Use Intervening Variable and Interventions Planning Report* in 2022. This report highlights the coalition's mission, current capacity, long-term and short-term goals, and instructions for coalition sustainment and success. It also recommends several prevention intervention programs and the intended outcome of each program. The report features charts that list every intervening variable and whether the variable will be affected by the proposed prevention intervention programs. This is a valuable source of solutions that can help with prevention efforts and community programming. The leadership team scored each identified intervening variable on a scale of 1 (no impact) to 10 (major impact) and then ranked them as indicated in Table 61. Then the team identified recommended community-based prevention strategies to address each intervening variable, resulting in eight key prevention strategies (Table 61).

TABLE 61: RANKING OF INTERVENING VARIABLES BASED ON MEAN

INTERVENING VARIABLE (FACTORS)	RANK (1 = MOST IMPORTANT)
Social norms	1
Influence of peers	2
Social availability	3
Perception of harm	4
Parents and family	5
Access and availability	6
Retail availability	7
Economic availability and resources	8

TABLE 61: RANKING OF INTERVENING VARIABLES BASED ON MEAN

INTERVENING VARIABLE (FACTORS)	RANK (1 = MOST IMPORTANT)
Law and policy	9
Promotion of use	10
Frequency of substance use or misuse	11
Enforcement and courts	12
Mediating resources	13

TABLE 62: INTERVENING VARIABLES: RECOMMENDED INTERVENTION MATRIX

INTERVENING VARIABLE	SUICIDE PREVENTION	RED RIBBON WEEK	YOUTH VAPING - TALK THEY HEAR	FAITH-BASED PARTNERSHIPS	COLLABORATIVE STRATEGIC PLANNING	ALL STARS COALITION DEVELOPMENT	ICHEMICAL MEDICATION AND LOCK YOUR MEDS CAMPAIGN	STOP OVERDOSE COMMUNICATION CAMPAIGN
SOCIAL AND COMMUNITY NORMS VARIABLE								
INFLUENCE OF PEERS								
SOCIAL AVAILABILITY								
PERCEPTION OF HARM								
PARENTS AND FAMILY								
ACCESS AND AVAILABILITY								
RETAIL AVAILABILITY								
ECONOMIC AVAILABILITY AND RESOURCES								
LAW AND POLICY								
PROMOTION OF USE								

TABLE 62: INTERVENING VARIABLES: RECOMMENDED INTERVENTION MATRIX

INTERVENING VARIABLE	SUICIDE PREVENTION	RED RIBBON WEEK	YOUTH VAPING - TALK THEY HEAR	FAITH-BASED PARTNERSHIPS	COLLABORATIVE STRATEGIC PLANNING	ALL-STARS COALITION DEVELOPMENT	ICHEMICAL MEDICATION AND LOCK YOUR MEDS CAMPAIGN	STOP OVERDOSE COMMUNICATION CAMPAIGN
FREQUENCY OF SUBSTANCE USE DISORDER AND USE								
ENFORCEMENT AND COURTS								
PRESENCE OF MEDIATING RESOURCES								

Source: Surry County All-Stars Prevention Leadership Team, 2022

TABLE 63: PREVENTION EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Community Coalitions	A community coalition establishes and builds relationships in a community where better ideas and outcomes can be achieved together.	Community Leaders
Community Anti-Drug Coalitions of America	The mission of the Community Anti-Drug Coalitions of America is to strengthen the capacity of community coalitions to create and maintain safe, healthy, and drug-free communities globally. This is accomplished by providing technical assistance and training, public policy advocacy, media strategies and marketing programs, and special events.	President's Drug Advisory Council

TABLE 64: TREATMENT AND RECOVERY EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Coalition to Stop Opioid Overdose through the American Society of Addiction Medicine	The Coalition to Stop Opioid Overdose brought together a diverse range of mental health, substance use disorder, and health care professional organizations united around common policy goals to reduce opioid overdose deaths. Together, the coalition aims to elevate the national conversation around opioid overdose and works to enact meaningful and comprehensive policy change that supports prevention, treatment, and remission and recovery services.	American Society of Addiction Medicine

Many community coalitions indirectly support intervention through prevention activities, like hosting community drug takeback events or naloxone trainings. No intervention evidence-based practices were identified.

SPIRITUAL

Social connectedness and spirituality are two resources that affect physical, mental, and social well-being. These social determinants have a strong impact on health. Connectedness is a defining characteristic of spirituality and refers to connectedness to a higher being, self, nature, or others. Faith communities offer individuals opportunities to develop these relationships, which can provide a sense of trust, belonging, and social identity (Campbell et al., 2010).

Integration of faith-based and evidence-based practices

Blending the faith-based perspective with—what’s the word I’m looking for? You know, evidence based. ... A sense of belonging and community and, and sense of self. And there truly is for some congregations. I think that’s a common connection. For others, I think it sometimes drives a [rift] between the conversation, when we talk about spirituality, if addiction is a disease of the mind, body, spirit, and community, which is more my definition than, than textbook. But that’s, that’s what my experience tells me.”

TABLE 65: PREVENTION EVIDENCE-BASED PRACTICES		
POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Mental Health First Aid in Faith and Spiritual Communities	Mental Health First Aid educates faith leaders and communities about common mental health and substance use challenges and offers an action plan to help faith populations.	Betty Kitchener, Anthony Jorm

TABLE 66: INTERVENTION EVIDENCE-BASED PRACTICES		
POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Religious or Spiritual Group Therapy	Religious or spiritual group therapy is a form of psychotherapy drawing on special principles and religious or spiritual techniques to empower patients to attain a nonmaterial understanding of self, universe, incidents, phenomena and ultimately, health and growth.	Unknown

TABLE 67: TREATMENT AND RECOVERY EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
12-Step Programs	12-step programs are international mutual aid programs supporting recovery from substance addictions, behavioral addictions, and compulsions.	Bill Wilson and Dr. Robert Holbrook Smith
Choices Recovery Coach Training for Christians	Choices Peer Coach Recovery Trainings bridge the gap among addiction, abuse, and recovery by supporting peer recovery coaches on their journey forward, providing the foundation required to realize their potential and sustain success in this critical but challenging field. These nationally approved peer recovery coach trainings are designed to provide effective knowledge, skills, and tools for those seeking to better understand recovery, recovery coaching, faith-based peer coaching, and peer recovery support work. They provide the foundational skills necessary to begin working in the recovery field.	Ginger Ross

EDUCATION

Education is the process or act of learning or teaching—i.e., acquiring or imparting knowledge. The term’s meaning can vary depending on its context, who says it, and where. However, in most cases, it also involves developing people’s powers of reasoning and judgment. When talking about society or a country, we use the term education when talking about primary and secondary schools, high schools, colleges, universities, and other institutes where adults go to learn (Market Business News, n.d).

Surry County has three public school districts that serve grades K-12: Surry County Schools, Mount Airy Schools, and Elkin City Schools. There is also Surry Community College, which offers associate degrees.

Surry County Educational Profile

Local educational attainment among adults is lower than the state rate, with 21% having a bachelor’s degree or higher in Surry County, compared with 40% at the state level (Table 68).

TABLE 68: HIGHEST EDUCATIONAL ATTAINMENT AMONG 25- TO 44-YEAR-OLDS		
	SURRY COUNTY	NORTH CAROLINA
Master’s degree or higher	5%	14%
Bachelor’s degree	16%	26%
Associate degree	8%	10%
Some college	15%	20%
High school diploma	27%	22%
Less than high school diploma	16%	9%

Source: My Future NC, 2022

My Future NC, a statewide nonprofit organization focused on educational attainment, identified the following areas for growth: Only 62% of eligible 4-year-olds in Surry County are enrolled in pre-K, below the rural nonmetro county average of 68%. The rural nonmetro county average of youth aged 16–24 who are not working and not in school is 15%, but it is higher in Surry County at 16%.

Fifty-one percent of Surry County high school seniors enroll in postsecondary education within 12 months of graduation, below the state average of 55%. COVID-19 led to a decrease in K-12 enrollment and postsecondary enrollment. The total number of students enrolled in K-12 schools in Surry County for the 2021–2022 school year was 12,351. The total number of Surry County residents enrolled in a North Carolina community college in 2021 was 3,552 (My Future NC, 2022).

Based on data from North Carolina Juvenile Justice and Delinquency Prevention, school-based offenses (SBOs) have increased at a higher rate than overall complaints. Between fiscal year 2019–20 and fiscal year 2021–22, SBOs increased 86.2%. Regarding demographics for the most recently completed school year (2021–22), boys accounted for 64% of SBOs, and the rate of SBOs increased as youth get older, with ages 16 and older (Grades 10–12) accounting for 36.4%. When looking at the racial breakdown, Black students are overrepresented in SBOs at 4.3% when they only account for 2.1% of the student population (North Carolina Juvenile Justice and Delinquency Prevention, 2022; Public School Review, 2022).

TABLE 69:

JUVENILE JUSTICE INDICATORS	NUMBER OF COMPLAINTS BY FISCAL YEAR			PERCENT CHANGE
	2019–20	2020–21	2021–22	
SBOs	87	44	162	86.2%
Total Complaints	206	166	324	57.3%

TABLE 70: DEMOGRAPHICS OF FISCAL YEAR 2021–22

GENDER	SBOS	SCHOOL DISTRICT
Male	64.2%	51%
Female	35.8%	49%

TABLE 71: DEMOGRAPHICS OF FISCAL YEAR 2021–22

AGE	SBOS
Younger than 10	5.6%
10–11	5.6%
12–13	19.1%
14–15	33.3%
16 or older	36.4%

TABLE 72: DEMOGRAPHICS OF FISCAL YEAR 2021-22

RACE	SBOS	SCHOOL DISTRICT
White	67.3%	70%
Black or African American	4.3%	2%
Hispanic	25.3%	25%
Other	3.1%	3%

Source: NCDPS, DJJDP, 2022; Public School Review, 2022

In the 2021-22 school year, there were 162 SBOs, and 67% of students cited were White, 25% were Hispanic, 4% were Black, and 3% were another race or ethnicity. Hispanic people (all ages) account for 11% of the population in Surry County (OJJDP, 2022. Delinquent SBO Complaints, 2022).

Figure 36

Delinquent SBO Complaints

*NOTE: FY20-21 numbers reflect impact of COVID-19
 **NOTE: "<5" indicates complaint counts between 0 and 4 inclusively

● FY 21-22
 ● FY 20-21
 ● FY 19-20



Source: OJJDP, 2022. Delinquent SBO Complaints, 2022

TABLE 73: INTERVENTION EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Support for Students Exposed to Trauma	This school-based group intervention is for students who have been exposed to traumatic events designed to teach cognitive and behavioral skills, such as social problem solving, psychoeducation, and relaxation.	RAND Corporation

TABLE 74: TREATMENT AND RECOVERY EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Recovery Education via Certified Recovery Support Worker	A certified recovery support worker is an individual who has gone through substantial training to become certified to provide recovery support to persons with substance use disorder. Their scope of practice includes screening for substance use disorders, monitoring client health and safety, and providing practical, non intensive support and education.	Concerned Citizens in Recovery
Recovery Education (General)	Recovery education is the process by which individuals explore, assimilate, and create the knowledge required for recovery in their lives or the lives of those they support. It involves providing educational services to and in local communities. It is influenced by the values of self-direction, personal experience, ownership, diversity, and hopefulness.	Universities

No prevention evidence-based practices were identified.

HOUSING AND TRANSPORTATION

Transportation in rural communities is a great determinant of health (Rural Information Hub, 2022). In rural areas, people must travel farther to meet their basic needs, access support services, and receive prevention or treatment services for physical, mental, and substance use issues. Although most people have access to vehicles in rural areas of Surry County, those without vehicles must rely on limited public transportation, delivery services, and the kindness of friends or family (Bellis, 2020). In transportation-limited areas, those without vehicles are more vulnerable to unemployment, poverty, and poorer

health outcomes (Bellis, 2020; Rural Information Hub, 2020; U.S. Department of Agriculture, 2005). Populations that often need more care and therefore, are most affected by not having transportation are older adults, people with disabilities, low-income families, veterans, and people in recovery (Rural Information Hub, 2022). Those in recovery in the neighboring rural Appalachian region have said that not having transportation is a considerable barrier to maintaining recovery, obtaining job training, and securing and keeping employment (Behringer, 2020).

Stable housing is another vital determinant of health. Homelessness is linked to higher rates of chronic health conditions like heart, kidney, and lung disease. Alcohol and opioid use disorders are more common in the homeless population, and those experiencing homelessness are at higher risk of overdose (North Carolina Opioid Settlement, 2022; Temple, 2021). Homelessness, like lack of transportation, affects rural populations differently than urban populations. In rural HUD homelessness reporting regions, there are more families with children, somewhat more women, and more unsheltered youth than urban reporting regions. Because stable housing is a predictor of successful treatment and involvement in support services, many social services have adopted the Housing First evidence-based model, which provides housing to those needing assistance before other requirements (Temple, 2021).

As mentioned previously, most Surry County households have at least one vehicle at their disposal. Unfortunately, 6.4% of the population does not have access to a vehicle, which is greater than the state rate (JobsEQ, 2021; U.S. Department of Agriculture, 2005). Surry County residents' mean commute time is 26.2 minutes and their annual household vehicle miles traveled are 22,084. Both exceed state and regional rates (Center for Neighborhood Technology, 2022; JobsEQ, 2022). Surry County's all-transit performance score was 0.2 on a scale from 0 to 10, indicating the area is car dependent with little or no access to public transportation (Center for Neighborhood Technology, 2022). As a result, transportation costs per household (\$14,058) are greater than regional costs (\$13,532) and account for a greater percentage of household income (32%) than the national rate (25%).

TABLE 75: TRANSPORTATION BURDEN

	SCORE
Job access	1.8
All-transit performance score	0.2
Compact neighborhoods	3.1
Location-efficient neighborhoods	0%

Source: Center for Neighborhood Technology, 2022

TABLE 76: HOUSEHOLD HOUSING AND TRANSPORTATION COSTS, 2022

	SURRY COUNTY	REGIONAL	NATIONAL
Average housing as percentage of income	26%	32%	18%
Average transportation as percentage of income	32%	39%	25%
Annual transportation cost	\$14,058	\$13,532	\$15,685
Annual household vehicle miles traveled	22,084	21,479	23,448

Source: Center for Neighborhood Technology, 2022

Yadkin Valley Public Transportation is the only public transportation service available in Surry County. It provides flex routes and scheduled pickup and drop off services for \$1–\$2 each way. Weekly (\$10) and monthly (\$30) passes are available. Its service area includes the neighboring counties of Davie, Stokes, and Yadkin. It also offers subsidized rides for older adults and people with disabilities, depending on availability of funds (Yadkin Valley Public Transportation, 2022).

In June 2022, the Piedmont Authority for Regional Transportation discontinued Route 6, which was a fixed bus route with stops in Mount Airy, Pilot Mountain, King, and Winston-Salem. The authority's website indicates that bus services halted after the Surry County Board of

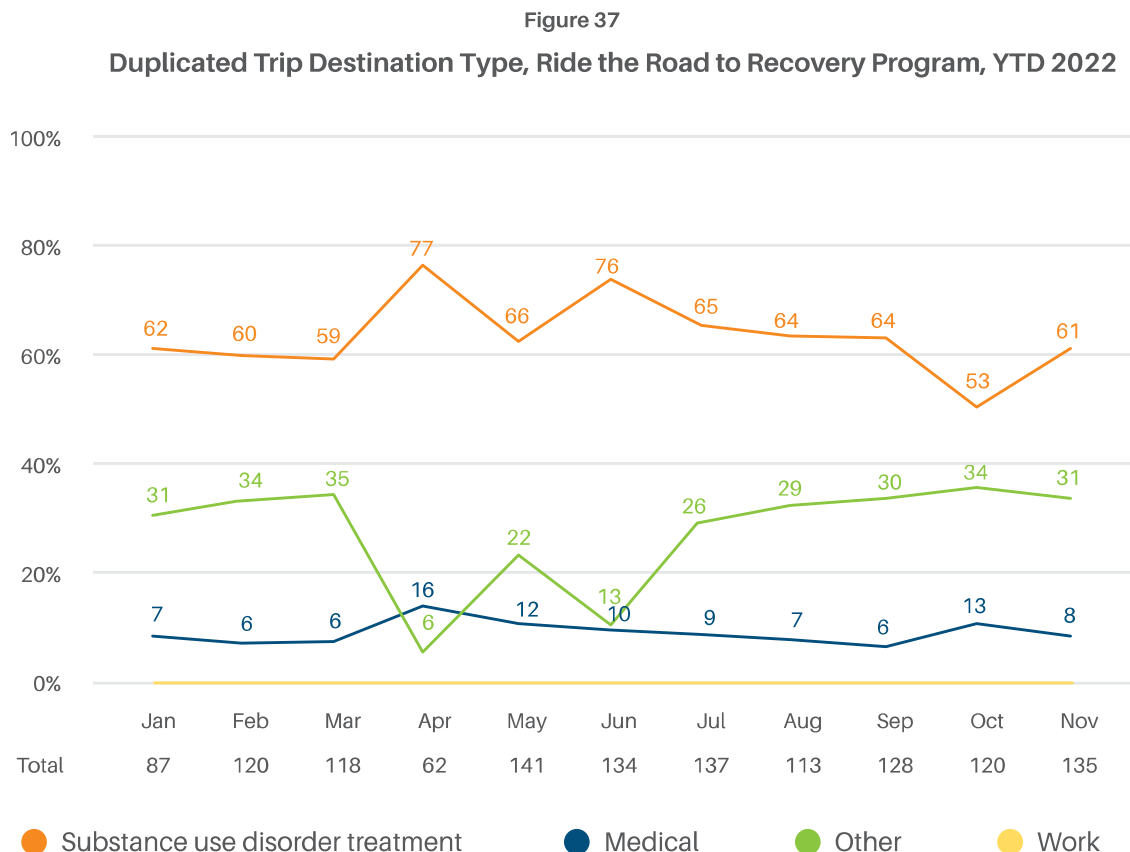
County Commissioners voted to withdraw (Piedmont Authority for Regional Transportation, 2022). The authority recommends utilizing its vanpool service for those who still need transportation.

Surry County Substance Abuse Recovery provides transportation for the community through its Ride the Road to Recovery program. Most trips (53% to 94%) are for substance use recovery appointments. Medical trips usually make up the second greatest portion of trips (2% to 16%). The online system receives an average of 93 transportation requests and serves an average of 35 clients per month (Surry County Substance Abuse Recovery, 2022).

TABLE 77: TOTAL CLIENTS, RIDE THE ROAD TO RECOVERY PROGRAM, YTD 2022

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Clients	29	28	38	34	37	38	36	35	39	37	41

Source: Surry County Substance Abuse Recovery, 2022



Source: Surry County Substance Abuse Recovery, 2022

In a needs assessment by the North Carolina Department of Transportation, recommendations to address public transportation gaps in the area included: (a) extending fixed-route bus service, (b) improving intermodal connectivity with existing regional transportation services, (c) increasing evening and weekend services for nonmedical trips, (d) increasing services for non-Medicaid customers, and (e) purchasing additional Americans with Disabilities Act-accessible vehicles (North Carolina Department of Transportation Public Transportation Division, 2018). Considering the loss of the Piedmont Authority for Regional Transportation, previously identified gaps, and Ride the Road to Recovery program, there may be sufficient transportation available for medical and substance use treatment, but inadequate transportation for necessities and community members with disabilities.

Housing Burden and Homelessness

Housing cost burden, or spending 30% or more of household income on housing, in Surry County (44%) is lower than state (47%) and national (49%) rates (U.S. Census Bureau, 2021). Although housing burden is not excessive, there has been an increase each year in 211 calls requesting information about housing resources in Surry County. In 2018, there was a rate of 154.3 housing-related calls per 100,000 residents, which increased to 523.8 calls in 2021 (NCDHHS, 2021). This may indicate growing housing hardship among Surry County residents.

TABLE 78: CALLS FOR HOUSING-RELATED SERVICES PER 100,000 RESIDENTS

	2018	2019	2020	2021
Surry County	154.3	202.0	320.4	523.8
North Carolina	511.1	555.1	941.3	1125.7

Source: NCDHHS, 2021

In 2020, the rate of homelessness in Surry County's HUD region (6.1 per 10,000), NC-503, was less than North Carolina's rate of homelessness (8.8 per 10,000; National Alliance to End Homelessness, 2022). Furthermore, North Carolina was one of five states with the greatest decreases in homelessness. From 2020 to 2021, North Carolina saw an 18% decrease in homeless sheltered individuals (-803 people) and a 36% decrease in unaccompanied homeless youth (-118 people; Patterson, 2022).

TABLE 79: RATE OF HOMELESSNESS, HUD, 2020

	RANK	RATE PER 10,000
NC-503	325/390	6.1
North Carolina	37/50	8.8

Source: National Alliance to End Homelessness, 2022

Note: Surry County falls within HUD Region NC-503

In contrast, Surry County's homelessness counts show an increase in people experiencing homelessness, and data from Shepherd's House Emergency Shelter in Mount Airy show a steady number of participants with a potential increase from 2018 to 2022. In 2022, the point-in-time homeless count was greater than 2020 and 2021 counts in Surry County. Among the 61 people experiencing homelessness, more than half (62%) were adults without children (North Carolina Coalition to End Homelessness, 2022). The number of people experiencing homelessness decreased in 2021, but the unsheltered counts were not required and therefore, not collected due to COVID-19.

TABLE 80: SURRY COUNTY POINT-IN-TIME HOMELESSNESS COUNT, HUD, 2020-2022

	2020	2021*	2022
Total homeless people	38	19	61
Homeless families with children	58%	47%	38%
Homeless adults without children	42%	53%	62%
Homeless children without guardians	0%	0%	0%

*2021 Unsheltered counts were not collected

Source: North Carolina Coalition to End Homelessness, 2022

TABLE 81: GREATER MT AIRY MINISTRY OF HOSPITALITY, SURRY COUNTY, SHEPHERD'S HOUSE EMERGENCY SHELTER, DEMOGRAPHICS OF PEOPLE SERVED, 2018-2021

	1/1/2018 TO 6/30/18	7/1/18 TO 12/31/18	1/1/19 TO 6/30/19	7/1/19 TO 12/31/19	1/1/20 TO 6/30/20	7/1/20 TO 12/31/20	1/1/21 TO 6/30/21	7/1/21 TO 6/30/22
Total number of people served	67	82	58	59	46	46	60	137
Adults (18 years+)	76%	68%	72%	71%	78%	74%	68%	71%
Children (< 18 years)	24%	32%	26%	27%	15%	26%	18%	29%
People of unknown age	0%	0%	2%	2%	7%	0%	13%	0%
Leavers	79%	88%	72%	88%	87%	78%	73%	88%
Stayers	21%	12%	28%	12%	13%	22%	27%	12%
Veterans	0%	1%	5%	3%	7%	0%	2%	0%
Chronically homeless people	3%	1%	2%	0%	2%	2%	5%	4%
Youth younger than 25	15%	6%	5%	7%	4%	2%	5%	9%
Parenting youth younger than 25 with children	3%	4%	2%	5%	4%	0%	0%	3%
Adult heads of household	73%	63%	64%	61%	65%	61%	62%	63%
Child and unknown-age heads of household	0%	0%	2%	2%	0%	0%	3%	0%
Heads of households and adult stayers in the project for 365 days or more	0%	0%	0%	0%	0%	0%	0%	0%

Source: Martin, 2021

Shepherd's House Emergency Shelter in Mount Airy had higher counts of people served than the point-in-time homelessness count reported to HUD. From January to June 2021 alone, Shepherd's House served 60 people; 74% were adults, 18% were children, and 13% were of unknown age (Martin, 2021). The Black or African American, American Indian or Alaska Native, and multiracial groups were disproportionately affected by homelessness and needed emergency shelter from 2018 to 2021. The Black or African American group makes up less than 4% of the population but was between 4% and 21% of the people served at Shepherd's House. People with two or more racial backgrounds are 3.6% of the population in Surry but were 1% to 12% of the people served at Shepherd's House. From January to June 2018, 9% of people served at Shepherd's House were American Indian or Alaska Native, whereas this group represents 0.3% of the county's population (Martin, 2021).

TABLE 82: GREATER MT. AIRY MINISTRY OF HOSPITALITY, SURRY COUNTY, SHEPHERD'S HOUSE EMERGENCY SHELTER, RACE AND ETHNICITY DEMOGRAPHICS OF PEOPLE SERVED, 2018-2021

	1/1/2018 TO 6/30/18	7/1/18 TO 12/31/18	1/1/19 TO 6/30/19	7/1/19 TO 12/31/19	1/1/20 TO 6/30/20	7/1/20 TO 12/31/20	1/1/21 TO 6/30/21	7/1/21 TO 6/30/22
Total number of people served	67	82	58	59	46	46	60	137
White	78%	74%	76%	85%	87%	89%	77%	85%
Black, African American, or African	12%	21%	10%	5%	4%	7%	8%	7%
Asian or Asian American	0%	0%	0%	0%	0%	2%	0%	1%
American Indian, Alaska Native, or Indigenous	9%	1%	0%	0%	0%	0%	0%	2%
Native Hawaiian or Pacific Islander	0%	0%	0%	0%	0%	0%	0%	0%
Multiple races	1%	4%	12%	7%	0%	2%	2%	4%
Unknown or decline	0%	0%	0%	2%	0%	0%	0%	0%
Data not collected	0%	0%	2%	2%	9%	0%	13%	0%
Hispanic or Latino	3%	10%	2%	8%	4%	17%	5%	13%

Source: Martin, 2021

The data show that transportation is a burden for Surry County residents, especially those who do not have access to a vehicle. Further research should be done about the impacts of the Road to Recovery Program and if it has capacity to support further outreach efforts. From the data presented, it is unclear if the Road to Recovery program is available to residents who need transportation for reasons other than substance use treatment or medical appointments.

Point-in-time counts for Surry County compared to Shepherd's House Emergency Shelter service counts show a greater number of people are accessing emergency shelter. Additionally, an increase in 211 calls about housing resources shows there may be an

emerging housing need. Furthermore, the NCDHHS rates Surry County low (14%) on housing assistance program availability. This source describes Surry County's capacity as "some," meaning supportive housing programs are in development or proposed but not yet in effect (NCDHHS, 2022). Further research should be done about the discrepancy between HUD point-in-time counts and emergency shelter counts from Mount Airy.

The data from Shepherd's House Emergency Shelter have a limitation. The last reporting period was 12 months instead of 6 months, so it is unclear if emergency shelter participants increased in 2021.

Stakeholder feedback on transportation barriers in Surry County:

"On top of that, as historically, always in Surrey County, transportation is a gap in services as well as case management to help the families. We can counsel to death, but if they don't have a home or an income or a way to make, make life, odds are either gonna go right back to substances and can't focus on their recovery."

TABLE 83: PREVENTION EVIDENCE-BASED PRACTICES		
POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Partners Ending Homelessness via the Housing First Curriculum	Housing First provides rental assistance based on an individual, or family's need. Permanent supportive housing is shown to be a great help for those dealing with mental illness or other chronic health issues. A large and growing evidence base shows that Housing First can be an effective curriculum. As compared to treatment first programs, there is evidence that Housing First clients are significantly less likely to use or abuse substances.	Sam Tsemberis

TABLE 84: TREATMENT AND RECOVERY EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Financial Assistance to Help with Housing and Transportation (Operation Home Front)	This service provides active-duty or veteran military personnel who are wounded, ill, or injured with assistance from Operation Homefront's Critical Financial Assistance fund. This program can include funds to assist with car maintenance or public transportation assistance.	Amy Palmer
Mercy Medical Angels	This program provides nonemergency ground transportation to financially qualifying patients with nonlocal medical-related treatment that involves traveling more than 50 miles from their home. The typical trip does not exceed 300 miles. Although this service exists to assist with any medical appointments, it can be utilized to access treatment appointments and more. This program provides gas cards, bus or train tickets, or flights flown by volunteer pilots or the commercial airlines.	Mercy Medical Angels®
Military OneSource Wounded Warrior Consultations	This program provides consultations regarding transportation assistance for Wounded Veterans.	Department of Defense
Metanoia Refuge	This program is unique in that it offers a place of refuge to female adolescent victims of human trafficking to assist with physical and mental healing. The program provides girls aged 11–17 with mental, physical, and spiritual health and instruction in academics, life skills, and job training. Once girls reach age 18, they can decide whether to continue the program.	Fr. Jeffery Bayhi
Minnesota Health And Transportation	Partners For Change: Minnesota Department of Transportation and Department of Health have collaborated to advance health equity through initiatives such as health impact assessments, along with integrating health and transportation planning.	The Legislature

Few evidence-based programs involve public transportation, but much of the public health literature credits transportation as a crucial social determinant of health (especially for rural communities). No intervention evidence-based practices were found.

COORDINATED SYSTEMS (NEEDS ASSESSMENT)

RECOVERY-FRIENDLY WORKPLACE

Substance use disorders cost taxpayers more than \$696 billion per year (NORC, 2020). Employers are particularly affected because these disorders can lead to employee absenteeism, increased health care costs, and lower productivity.

NORC at the University of Chicago collaborated with the National Safety Council to create the Substance Use Cost Calculator for Employers. This tool combines the latest research on employment costs with data from the NSDUH to calculate how much substance use in a company's workforce costs the company annually (on average) and the savings associated with workers who receive treatment and recover from their addictions. Savings include avoiding turnover and replacement costs, reduction in days missed, and average company savings on health care.

TABLE 85: AVERAGE WORKPLACE COSTS FOR COMPANIES IN NORTH CAROLINA BY INDUSTRY*

INDUSTRY	LOST TIME	JOB TURNOVER AND RETRAINING	HEALTH CARE	TOTAL COST	COSTS AVOIDED BY IMPLEMENTING WELLNESS AND TREATMENT OPTIONS**
Agriculture	\$6,412	\$8,932	\$24,984	\$40,328	\$11,400
Retail	\$12,712	\$18,360	\$26,449	\$57,513	\$20,710
Finance, insurance, real estate	\$33,168	\$47,920	\$26,449	\$107,537	\$49,910
Average of 16 industries***	\$22,943	\$33,124	\$26,716	\$82,784	\$35,355

Source: National Safety Council, 2020

*Assuming a company with 100 employees

**Assuming 50% of employees engage in wellness and treatment options

***Including the above three industries

Recovery-Friendly Workplace Survey

Recovery-friendly workplace programs are employer-based efforts to enable employees with substance use disorders to stay employed during their recovery (SCOSAR, 2022). The programs are meant to “destigmatize addiction, connect employers with training and resources, and have a positive economic impact for the employer through better employee retention, better productivity, and less turnover.”

The Recovery-Friendly Workplace Survey was conducted by the Northwest North Carolina Cohort of Recovery to Work Professionals in early 2022 to determine employer interest, capacity, and ability to support workplace-focused substance use prevention and recovery activities in Northwest North Carolina (SCOSAR, 2022). The survey was distributed to stakeholders and leaders in the for-profit and nonprofit employment sectors, and 138 respondents participated. The sample had the following characteristics:

- Location: 38% of respondents were from Surry County; 28% were from Forsyth County; and the remainder were from other counties in North Carolina.
- Professional roles: 41% of respondents were managers or supervisors; 22% were company owners or operators; 8% were human resources professionals; and the remainder reported other professional roles.
- Company type: 22% reported being in education, health, or social services; 11% were in manufacturing; and 10% were in finance, insurance, or real estate.
- Company size: 59% worked at companies with 1-50 employees; 23% worked at companies with 51-200 employees; and the remainder worked at companies with 201 or more employees.

Respondents were asked about their organizations’ existing resources, policies, and procedures to support employees. Here are the results of those items:

TABLE 86: EXISTING RESOURCES, POLICIES, AND PROCEDURES TO SUPPORT EMPLOYEES

	YES	NO	UNSURE
My organization offers recovery education and training for employees and employees.	39%	53%	9%
My organization offers an employee assistance program (EAP) that offers behavioral health supports.	50%	42%	8%
My organizational HR [human resources] has policies to address behavioral health issues in the workplace.	58%	32%	10%
My organization offers employees peer recovery support services.	38%	47%	15%
My organization maintains an up-to-date list of prevention, treatment, and recovery support organizations available to employees in their communities.	36%	44%	19%
My organization allows for flexible time off for employees to attend recovery support activities and events.	48%	30%	22%
My organization has policies that promote a successful and nonpunitive return to work for employees who engage in behavioral health treatment.	50%	28%	22%

Respondents were also asked what they knew about recovery-friendly workplaces, how they would prefer to implement new programs, and what would motivate their companies to initiate recovery-oriented programs.



Figure 38

How would you rate your knowledge of recovery-friendly workplaces?

Extremely familiar	11.59%
Somewhat familiar	47.10%
This is the first I've heard of it	41.30%



Figure 39

What would be your primary concern if your company were to embrace a recovery-friendly workplace?

Time commitment involved	36.96%
Legal risks	49.28%
Professional discomfort with the idea	27.54%
Money budget	31.16%
Other (please specify)	18.12%



Figure 40

What type of support would be most valuable if you were to implement a recovery-friendly workplace initiative (Check all that apply).

Training seminar at your business	39.86%
Online seminar/webinar	45.65%
In-person lunch and learn	37.68%
One-on-one coaching and technical assistance	42.75%
Other (please specify)	7.25%

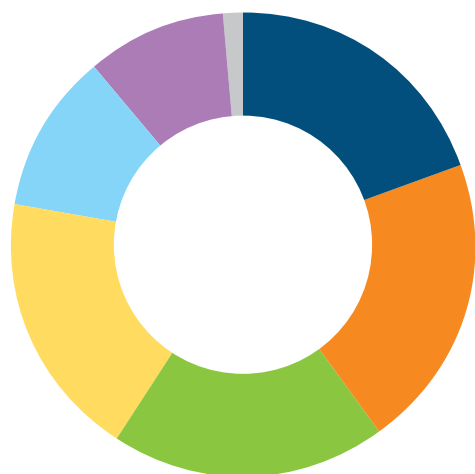


Figure 41

What topics would be most valuable to you if you were to set up a recovery-friendly workplace program? (Check all that apply)

Legal issues to know about	36.96%
Best practices and policies	49.28%
How to implement the program	27.54%
Managing employees with a substance use problem	31.16%
Changing to a "recovery culture"	18.12%
The economic impact of substance use on businesses	31.16%
Other (please specify)	18.12%

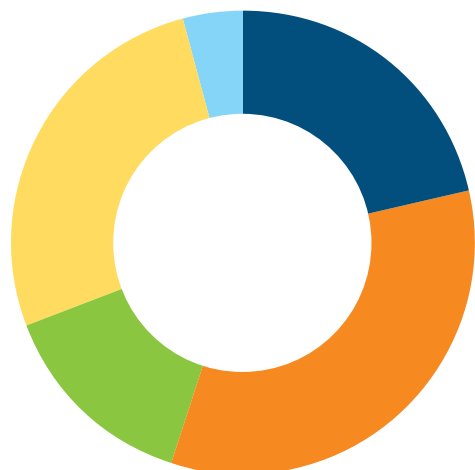


Figure 42

What factors would motivate your company to implement a Recovery Workplace program?

The economic cost of substance use on business like mine	39.86%
The value of keeping employees	63.04%
How other states are using similar programs effectively	26.09%
How to make the transition to a recovery-friendly workplace as easy as possible for my company	50.00%
Other (please specify)	7.25%

Stakeholder feedback on employment barriers in Surry County:

"Past criminal history prohibits many people from finding gainful employment in positive environments. Most can find employment, but often it is in settings that encourage substance use and discourage recovery. Many adults get discouraged and quickly return to the cycle of use and often selling substances because there are few other options. The question is how do we break this cycle? Initial motivation for families is often high, but barriers are quickly hit, such as the impact of low education levels, existence of poor social and job skills, and life issues that become overwhelming. Intensive support is needed to be successful on the job, and a job is not the only answer. Support also must be present."

TABLE 87: PREVENTION EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Employment Assistance Programs	An employee assistance program is a work-based intervention program designed to assist employees in resolving personal problems that may be adversely affecting the employee's performance. They traditionally have assisted workers with issues like alcohol or substance misuse.	Jim Wrich

TABLE 88: INTERVENTION EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Recovery-Friendly Workplace Initiatives	Recovery-friendly workplaces support their communities by recognizing recovery from substance use disorder as a strength and by being willing to work intentionally with people in recovery. They encourage a healthy and safe environment where employers, employees, and communities can collaborate to create positive change and eliminate barriers for those affected by addiction.	

TABLE 89: TREATMENT AND RECOVERY EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Peer Recovery Support Services	This strength-based, person-centered approach supports others in recovery and those struggling with addiction and mental health.	Judi Chamberlin
National HIRE	The goal of the National HIRE Network is to increase the number and quality of job opportunities available to people with arrest and conviction records by changing public policies, employment practices, and public opinion.	The Legal Action Center

[This report](#) includes a review of several programs in various settings and evaluates their success. The studies included here show that vocational rehabilitation is particularly helpful for veteran populations.

CHILD WELFARE

Child welfare is a continuum of services designed to ensure that children are safe and that families have the necessary support to care for their children successfully. Each state or locality has a public child welfare agency responsible for receiving and investigating reports of child abuse and neglect and assessing child and family needs; however, the child welfare system is not a single entity. Public child welfare agencies often collaborate with private child welfare agencies, community-based organizations, and other public agencies to ensure that families receive the services they need, such as supportive childcare, parenting classes, in-home family preservation services, mental health services, and substance abuse treatment (Child Welfare Information Gateway, 2018).

Family status detailed data

In 2021, more than 50% of children were in foster care due to parental substance use (58%; Table 90). This is higher than the state rate of 46% (NCDHHS, 2021). Of children involved with Surry County child protective services (CPS), 85 were screened for substances in 2021. Thirty-four percent screened negative and 54% were positive for methamphetamine or amphetamines, with an average age of 5.38 years (Table 92). This was followed by marijuana alone at 7%, with an average age of 2.97 years. Four percent of children tested positive for opiates and another drug; no children tested positive for opiates alone (Surry County CPS, 2022).

TABLE 90: CHILDREN IN FOSTER CARE DUE TO PARENTAL SUBSTANCE USE

	2018	2019	2020	2021
Surry County	45.8%	50.4%	46.3%	58.3%
North Carolina	42.5%	43.7%	45.3%	45.7%

*Three (4%) also screened positive for opiates in addition to methamphetamines or amphetamines. No children tested positive for opiates alone

**These data do not include children who are born drug positive

Source: Surry County CPS, 2022

The most common substance found among infants at birth was marijuana (53%), followed by methamphetamine or amphetamine (22%; Surry County CPS, 2022).

TABLE 91: NEWBORNS AFFECTED BY SUBSTANCE USE WITH PLAN OF SAFE CARE REFERRAL

	2019	2020
Surry County	8.3%	9.1%
North Carolina	4.1%	3.7%

Source: NCDHHS, 2021

TABLE 92: SUBSTANCE-AFFECTED INFANTS AT BIRTH, N = 59, 2021

SUBSTANCE	N (%)
Single substance	
Marijuana	31 (53%)
Methamphetamine or amphetamine	13 (22%)
Opiates	4 (7%)
Suboxone or Subutex	4 (7%)
More than one substance	
Methamphetamine and opiates	5 (8%)
Methamphetamine, cocaine, and fentanyl	2 (3%)

Source: Surry County CPS, 2022

In a 2020 survey, Community Child Protection Team members were asked about their criteria for selecting child maltreatment cases for review. Forty-two percent said they would review a case involving parental opioid use (NCDHHS, 2021).

TABLE 93: CASE CRITERIA USED BY COMMUNITY CHILD PROTECTION TEAM FOR SELECTING CHILD MALTREATMENT CASES FOR REVIEW, 2020

CRITERIA	RESPONSES (N = 83)
Active case	55 (66.3%)
Multiple agencies involved	50 (60.2%)
Repeat maltreatment	50 (60.2%)
Stuck cases	45 (54.2%)
Child safety	41 (49.4%)
Child and family well-being	39 (47.0%)
Parent opioid use	35 (42.2%)
Court involved	34 (41.0%)
Child permanency	28 (33.7%)
Child maltreatment fatality	20 (24.1%)
Close case	10 (12.0%)
Other 1	11 (13.3%)
Other 2	5 (6.0%)

Source: NCDHHS, 2021

The Surry County Juvenile Crime Prevention Council developed a report on child issues for fiscal year 2023. This included a "report card" showing how Surry County compared to the state on some child welfare indicators. A greater portion of women received early prenatal care in Surry County (72%) than women statewide (68%).

A greater percentage of children lived in poor or low-income homes in Surry County (52%) than statewide (46%). A greater portion of Surry County third graders scored proficient in reading (64%) compared to third graders in North Carolina (57%). Five percent of children in Surry County had no insurance, which was the same as the state rate (Surry County JCPC, 2022).

TABLE 94: NORTH CAROLINA CHILD REPORT CARD, SURRY COUNTY VS. STATE, 2018 AND 2019

	2018		2019	
	SURRY	STATE	SURRY	STATE
Women receiving early prenatal care	73.6%	68.0%	72.2%	67.5%
Children living in poor or low-income homes	55.3%	44.5%	51.8%	45.9%
Children in households that are food insecure	21.3%	19.3%	N/A	N/A
Third grade students scoring proficient in reading, 2017-18 and 2018-19	59.5%	55.9%	63.7%	56.8%
Children without insurance	6.5%	5.0%	5.0%	5.0%

Source: Surry County JCPC, 2022

In Surry County, 0.07% of the older adult population are grandparents responsible for children. Of these, 11% are a minority, 25% live below the poverty level, and 56% have a disability (PTR Area Agency on Aging, 2018).

TABLE 95: SURRY COUNTY GRANDPARENT CAREGIVERS, 2016

Older adult population (60 or older)	18,525
Grandparents responsible for children	131 (0.7%)
Minority population	10.7%
Speak other language than English	0.0%
Speak English less than very well	0.0%
Below poverty level	25.3%
With any disability	56.3%

Source: PTRC Area Agency on Aging, 2018

Stakeholder feedback on child welfare barriers in Surry County:

Need for flexible services

"Less cookie cutter services are needed and a greater focus on delivery of services based on family need. These services must be flexible and geared toward the need of the individual. All clients going to intensive outpatient substance use program services or group therapy is not the answer. We need to build stronger connections to the self-help community such as AA and NA. Provide education to the community about the impact of stigma on our families and community. We must increase detox and inpatient treatment capacity and then build a system to care for families when they return home that includes formal and informal treatment supports."

Additional training and education

Department of Social Services staff members need additional training and education related to the challenges that families seeking and in recovery face. Staff members receive limited training focused on particular drugs, symptoms, and identification, but not enough on the process of addiction and recovery. Examples and stories from those who have had long-term success in recovery are needed. Recovery can happen as part of the traditional treatment process. Recovery can also happen outside the traditional and formal treatment process. Staff members often find it harder to document recovery progress outside of traditional treatment process, but we can document behavior change in the client.

Childcare barriers

Childcare is lacking in available open slots, capacity, and availability. We do not have enough affordable childcare providers in the county. The Department of Social Services has lost valuable staff members due to the lack of childcare options in the county that forced them to resign and stay at home to watch their children during the day. Childcare is expensive and there isn't a lot of it. Our citizens are faced with the same challenges.

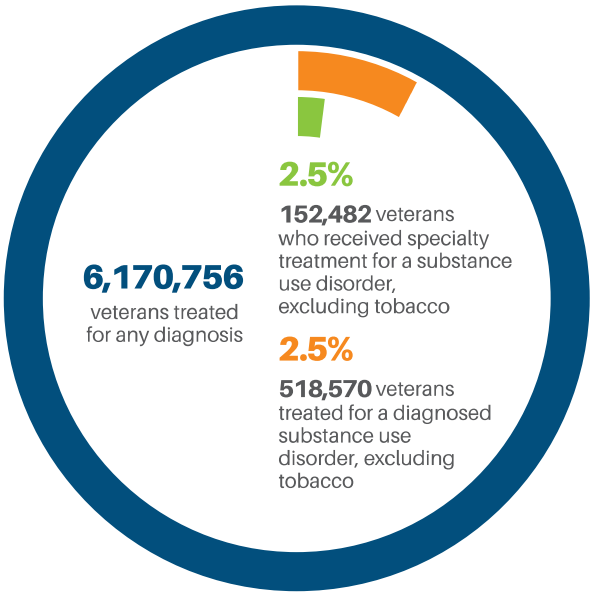
Evidence-Based Programs and Possibilities

All evidence-based practices have been highlighted elsewhere.

VETERANS HEALTH CARE

Veterans coping with the stresses of deployment or with readjusting to civilian life are at particular risk for drug and alcohol addiction. They are 1.5 times more likely to die from opioid overdose than the general population, according to U.S. Department of Veterans Affairs (VA) and Centers for Disease Control and Prevention data. Furthermore, veterans live in rural areas at a higher rate than the general population, which may affect their ability to access SUD services. The VA provides SUD services through outpatient, inpatient, and residential care settings and offers various treatment options, including individual and group therapy, medication-assisted treatment, and naloxone kits to reverse overdoses. In fiscal year 2018, the VA treated 518,570 veterans diagnosed with a SUD nationally, accounting for 8.4% of all veterans. VA is the largest integrated health care system in the United States, providing care to about 6.2 million veterans. Overall, veterans living in rural areas use VA’s addiction treatment services at the same rate as those in urban areas. But providing treatment services in rural areas poses specific challenges to veterans and non-veterans alike, such as a shortage of specialized providers and lack of transportation. (National Archives, n.d.; U.S. Department of Veterans Affairs, 2022).

Figure 43
 Veterans Treated for Substance Use Disorders, Fiscal Year 2018



Source: GAO Analysis of Veterans Health Administration Care

Surry County Veteran Services 2021 Annual Report

This report includes information and metrics about Surry County Veteran Services accomplishments in 2021, goals and objectives for 2022, and challenges encountered in 2021.

The Surry County government’s annual report for 2021 included statistics about the assistance provided by Veterans Services (Table 96). The report stated that 28,000 requests for services were answered and 1,500 claims for benefits were processed. Regarding health care, Veterans Services coordinated 2,800 VA outpatient clinic and hospital requests for services (Surry County Government, 2022).

TABLE 96: SURRY COUNTY VETERAN SERVICES OUTCOME DATA, 2021	
Total expenditures	\$52 million
Compensation and pension	\$30 million
Average expenditure per veteran	\$14,000
Requests for services answered	28,000
Claims for benefits processed	1,500
VA outpatient clinic and hospital requests for service coordinated	2,800
Fully nationally accredited Veterans Services officers maintained	3
Claims submitted electronically	90%

Stakeholder feedback on veterans stigma around treatment in Surry County:

“It seems like a lot of ‘em are, I don’t know if you wanna say stubborn, hardheaded, you know, they’re locked in to, you know, with that tunnel vision of it’s this way. And, you know, there’s no thinking outside the box. And having that mentality suppresses a lot of their ability to think that this could possibly work or this could possibly happen or there is good out there, you know, you know, we just have to kind of lead the horse to the water, so to speak.”

TABLE 97: TREATMENT AND RECOVERY EVIDENCE-BASED PRACTICES		
POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Care Assessment for Substance Use Disorders	Some quality measures assessing care for substance use disorders were associated with patient perceptions of care.	Study by Hepner et al
Recovery Support Services	This strengths-based, person-centered approach supports others in recovery and those struggling with addiction and mental health.	Judi Chamberlin

[This report](#) includes a review of several programs in various settings and evaluates their success. The studies included here show that vocational rehabilitation is particularly helpful for veteran populations. No prevention or intervention evidence-based practices were identified.

CRIMINAL JUSTICE

Criminal justice is the structure of laws, rules, and agencies designed to hold criminals accountable for their misdeeds and help them restore their victims as much as possible. In the United States, there is no singular criminal justice system. Rather, many individual systems work in concert. How they work depends on the jurisdiction in charge—whether it is a city, county, state, federal, tribal government, or military installation. Laws, agencies, and proceedings can vary among jurisdictions. To complicate matters further, criminal justice operates at both the state and federal levels, depending on the location of the crime (University of Massachusetts, n.d.).

The rate of incarceration in Surry County has decreased from 2018–2020, but there was a large increase in 2021 to 348.3 per 100,000 people. This rate was markedly higher than the state rate of incarceration. “Mass incarceration disproportionately impacts people who use drugs, lower income communities, and communities of color. People who were recently incarcerated are 40 times more likely to die from an opioid overdose” (North Carolina Opioid Settlements, 2022).

TABLE 98: RATE OF INCARCERATION PER 100,000 RESIDENTS

	2018	2019	2020	2021
Surry County	344.3	333.8	286.6	348.3
North Carolina	311.3	341.3	289.8	282.5

Source: NCDHHS, 2022

Table 99 shows the number and percentage of North Carolina prison admissions by crime type. The greatest portion of prison admissions in fiscal year 2020–21 was due to public order crimes, which include drug crimes and alcohol offenses.

TABLE 99: NORTH CAROLINA PRISON ADMISSIONS BY CRIME TYPE, 2020–21

TYPE	N (%)
Public order crimes*	6,428 (41%)
Property crimes	5,265 (33%)
Crimes against a person	3,962 (25%)
Not Reported	161 (1%)

Source: North Carolina Department of Public Safety, 2021

*Public order crimes include drug crimes and alcohol offenses

Table 101 shows the number of North Carolina Youth Detention Center (YDC) admissions by race. Black and African American youth account for 66% of admissions, yet only 4% of the population in the county census (NCDPS, 2022). All juveniles admitted to YDC had at least one diagnosed mental health disorder. The top three diagnoses are disruptive, impulse control, or conduct disorder (88% of boys, 100% of girls); substance-related and addictive disorders (49% of boys, 75% of girls); and neurodevelopmental disorders (45% of boys, 25% of girls). Additionally, 49% of boys and 75% of girls had cannabis-related disorder.

TABLE 100: JUVENILE DETENTION CENTER ADMISSION BY RACE, 2021

GROUP	ADMISSIONS
Black or African American	1,594
White	461
Hispanic or Latino	238
Two or more races	81

Source: North Carolina Department of Public Safety, 2022

TABLE 101: JUVENILE DETENTION CENTER ADMISSION BY RACE, 2021

GROUP	ADMISSIONS
American Indian or Alaska Native	28
Unknown	16
Asian	3
Native Hawaiian or other Pacific Islander	2
Total	2,423

Source: North Carolina Department of Public Safety, 2022

TABLE 102: MOST PREVALENT DIAGNOSTIC CATEGORIES IN YDC POPULATION, 2021 *

	BOYS	GIRLS
	N=120	N=8
Disruptive, impulse control, or conduct disorders	88%	100%
Substance-related and addictive disorders	49%	75%
Oppositional defiant disorder	41%	0%
Cannabis-related disorder	49%	75%
Conduct disorder	69%	63%
Neurodevelopmental disorders	45%	25%
Trauma- and stress-related disorders	48%	100%
Posttraumatic stress disorder	17%	88%
Depressive disorders	18%	0%
Anxiety disorders	17%	25%
Attention deficit hyperactivity disorder	41%	25%

*Percentages add up to more than 100% because some people have more than one diagnosis and some are categories containing more specific disorders.
 Source: NCDPS, 2022

The North Carolina Department of Public Safety's Division of Juvenile Justice and Delinquency Prevention employed the Youth Assessment and Screening Instrument with juvenile justice-involved (JJI) youth to help the staff build a treatment plan to serve them. The following findings refer to 197 juveniles assessed in 2021–22 in Surry County, along with state comparisons. Looking at some general indicators, Surry County has fewer JJJ youth with previous delinquent referrals than the state rate and fewer felony referrals. However, youth are at higher risk, have more needs, and fewer strengths (NCDPS, DJJDP, 2022).

TABLE 103: GENERAL INDICATORS		
	SURRY COUNTY	NORTH CAROLINA
Previous delinquent referrals	33%	38%
Felony referrals	15%	36%
High-risk youth	24%	19%
High or very high needs	31%	13%
High or very high strengths	26%	54%

Table 104 displays individual and family indicators. Surry County has more JJJ youth younger than 12 (22%) than the state rate (11%) and more family members with prior criminal and violent criminal history. Fewer JJJ youth reported living with a parent or stepparent, and 14% said they consistently have inadequate parental or custodial supervision (NCDPS, DJJDP, 2022).

TABLE 104: INDIVIDUAL AND FAMILY INDICATORS		
	SURRY COUNTY	NORTH CAROLINA
Younger than 12	22%	11%
Family member with criminal history	35%	29%
Family member with violent history	14%	7%
Family member with alcohol or substance use problems	36%	17%
Family member with mental health problems	45%	15%
Weapons offenses	8%	17%
Living with parent or stepparent	16%	24%
Consistently inadequate parental or custodial supervision	14%	3%
Kicked out of their home	9%	6%
Runaway	13%	22%
Attend school regularly	47%	51%

Figures 44-47 show school and social indicators. Fewer JJI youth attend school regularly in Surry County (47%) than in the state (51%). Many more police reports were filed by the school in Surry County (45%), as compared to the state (23%). Academic performance in Surry County is similar to state rates. More JJI youth in Surry County reported no interest in school activities than those across the state. More of them reported having no close or consistent friends and more association with peers who have a negative or delinquent influence (NCDPS, DJJDP, 2022).

TABLE 105: SCHOOL CONFLICT

	SURRY COUNTY	NORTH CAROLINA
Infractions	12%	15%
Intervention - school administrator	8%	11%
Police reports filed by school	45%	23%

Figure 44

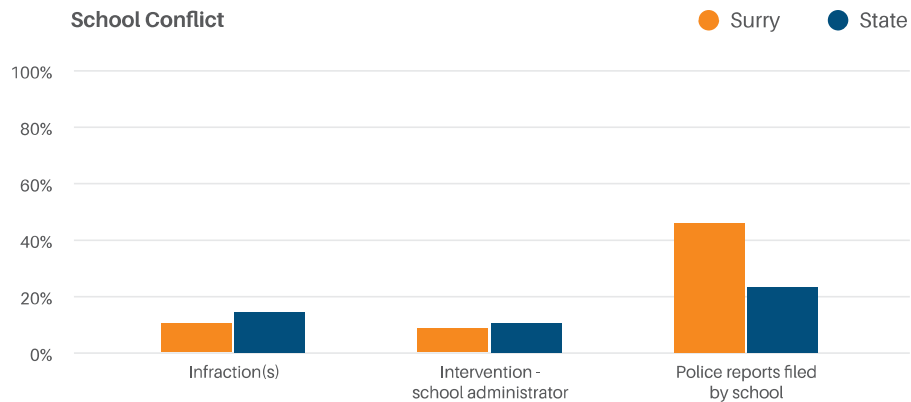


TABLE 106: ACADEMIC PERFORMANCE

	SURRY COUNTY	NORTH CAROLINA
C - or lower	16%	14%
Failing some classes	20%	18%
Failing most classes	15%	20%

Figure 45

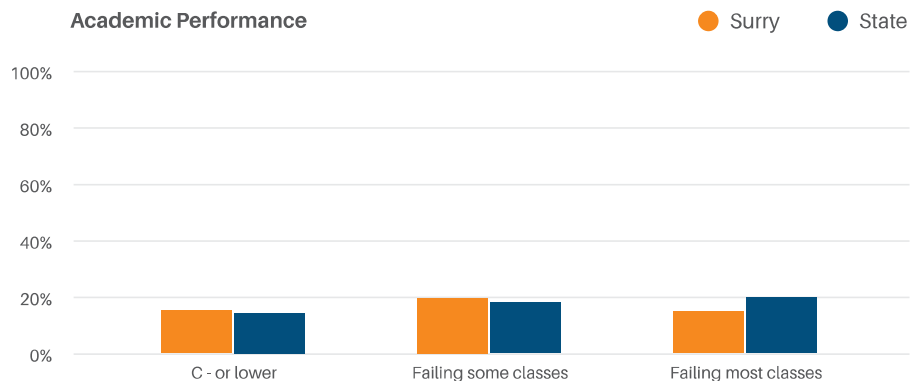


TABLE 107: SCHOOL ACTIVITIES

	SURRY COUNTY	NORTH CAROLINA
Involved in one activity	5%	6%
Involved in two+ activities	13%	13%
Interested but not involved	32%	29%
Not interested in school activities	34%	32%

Figure 46

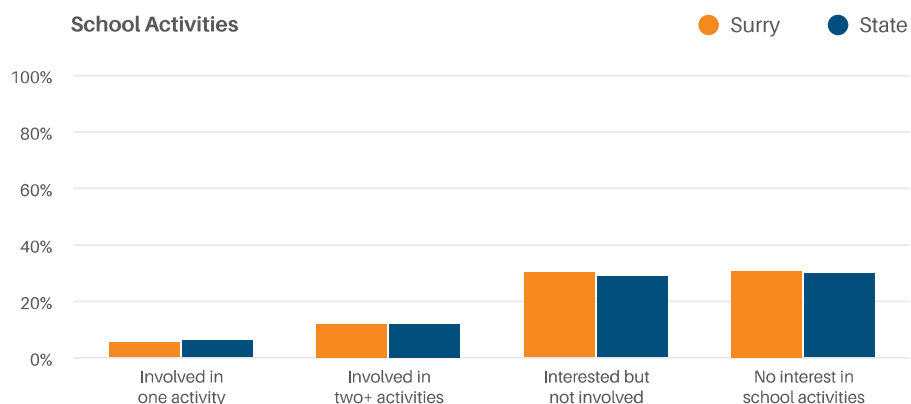
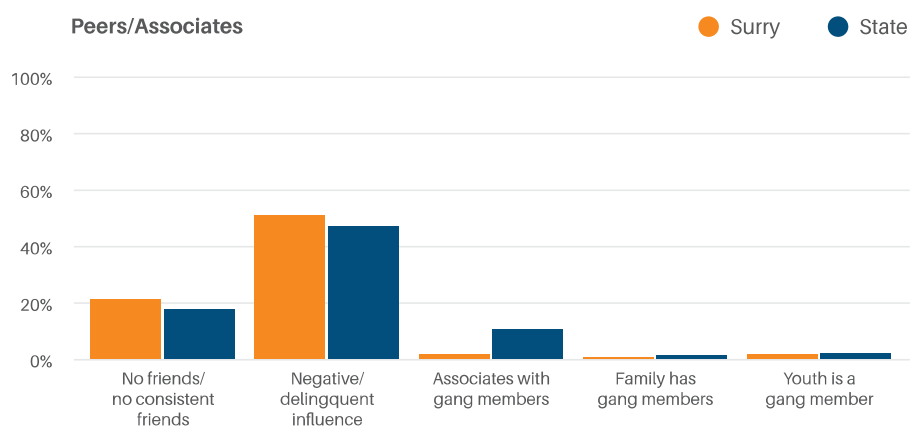


TABLE 108: PEERS AND ASSOCIATES

	SURRY COUNTY	NORTH CAROLINA
No friends/no consistent friends	21%	18%
Negative/delinquent influence	51%	46%
Associates with gang members	2%	9%
Family has gang members	1%	2%
Youth is a gang member	2%	3%

Figure 47



Figures 48 show alcohol and drug use and mental health problems among JJI youth. Surry County has a lower rate of youth reporting use of alcohol or drugs (20%), and most of those who use started when they were between the ages of 12 and 15. Of youth who reported using alcohol or drugs, 82% in Surry County report that their use disrupts their functioning, as compared to 27% across the state. Only 5% of JJI youth in Surry County have had previous alcohol or drug treatment, as compared to 15% in the state.

In Surry County, 52% of JJI youth have been diagnosed with a mental illness. This is compared to 41% at the state level. Rates of treatment and current medication use are higher in Surry County than the state. As shown in Figures 116 and 117, JJI youth in Surry County reported experiencing more trauma and higher rates of physical and sexual abuse history, sexual vulnerability, bullying (as victim), and physical assault (NCDPS, DJJDP, 2022).

TABLE 109: ALCOHOL OR DRUG ABUSE		
	SURRY COUNTY	NORTH CAROLINA
Yes to alcohol/drug use	20%	38%

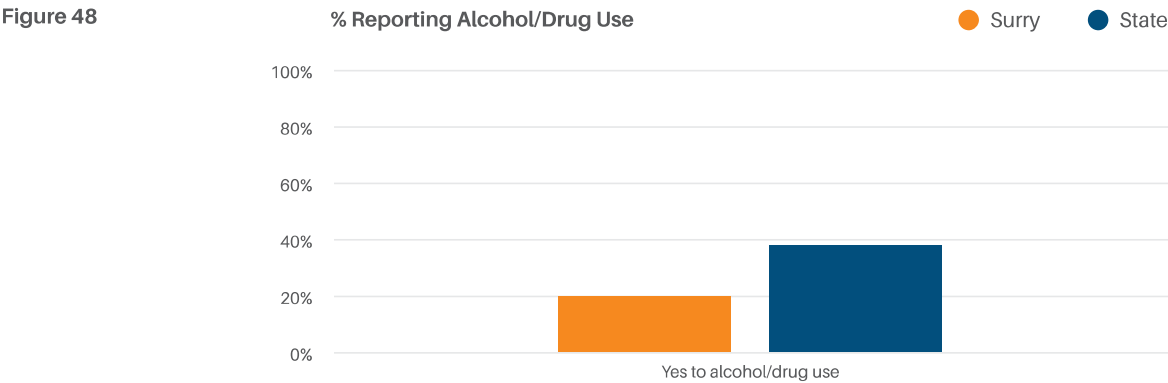


TABLE 110: AGE AT FIRST USE		
	SURRY COUNTY	NORTH CAROLINA
Under 12	3%	10%
12-15	85%	79%
15+	13%	11%

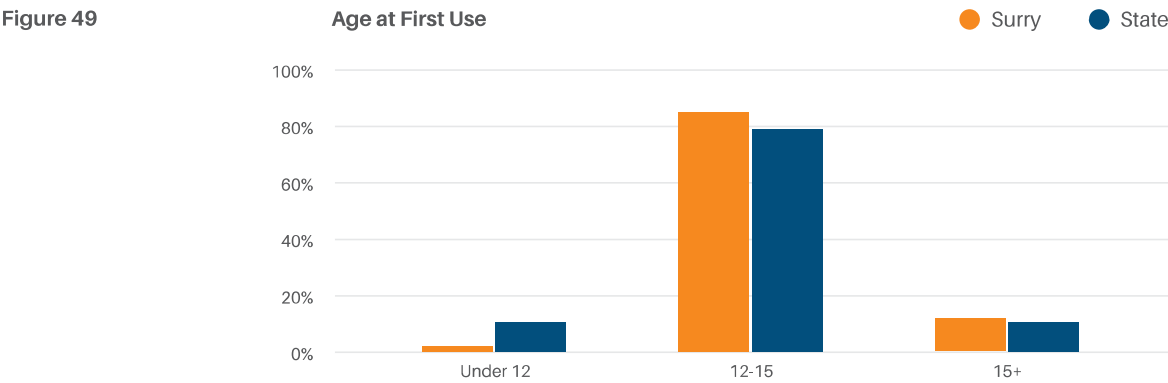


TABLE 111: ALCOHOL OR DRUG USE		
	SURRY COUNTY	NORTH CAROLINA
Use disrupts function	82%	27%

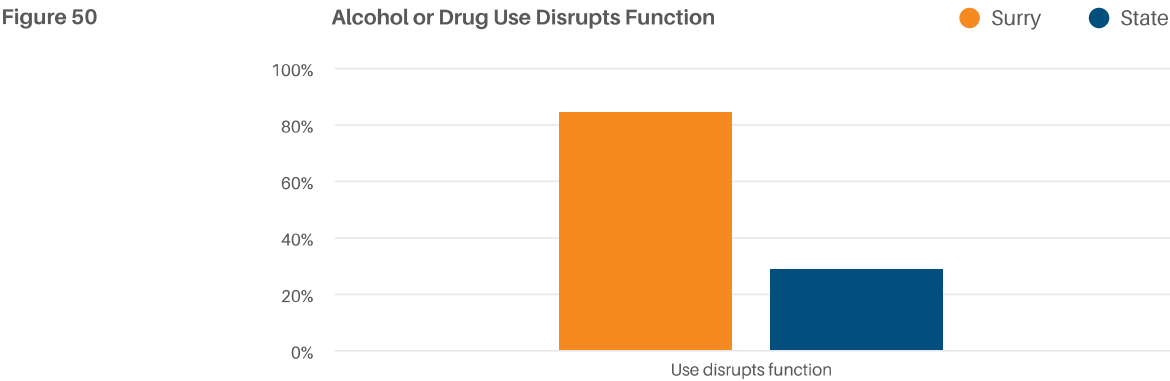


TABLE 112: PREVIOUS ALCOHOL OR DRUG TREATMENT		
	SURRY COUNTY	NORTH CAROLINA
No	92%	64%
Yes	5%	15%

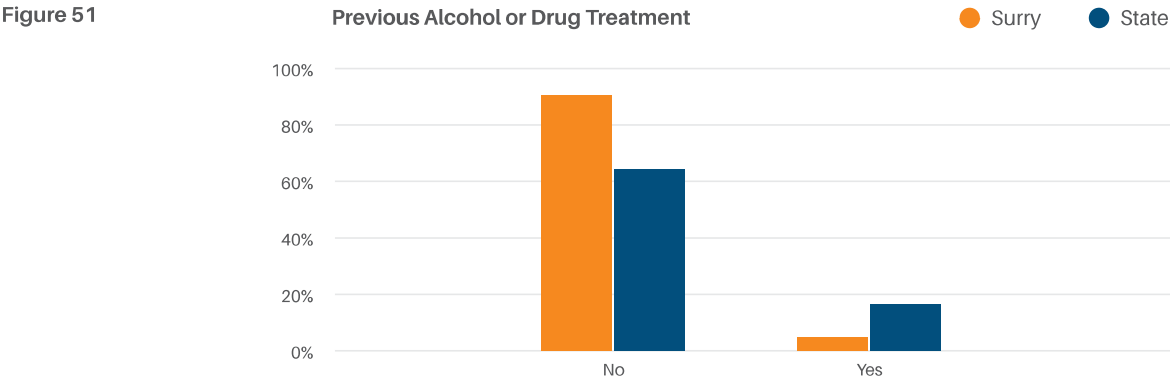
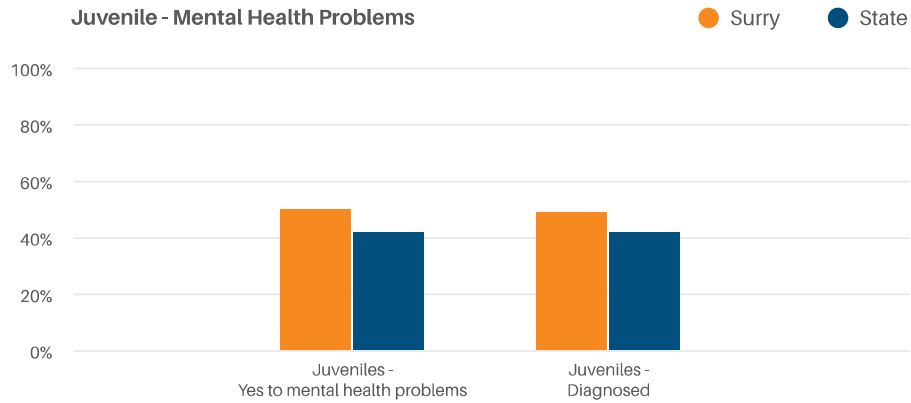


TABLE 113: JUVENILE- MENTAL HEALTH PROBLEMS

	SURRY COUNTY	NORTH CAROLINA
Juveniles - Yes to mental health problems	52%	41%
Juveniles - Diagnosed	52%	41%

Figure 52

TABLE 114: CURRENT OR PAST TREATMENT AND MEDICATIONS

	SURRY COUNTY	NORTH CAROLINA
Current treatment	32%	23%
Past treatment	43%	21%
Current medication	31%	19%
Past medication	40%	17%

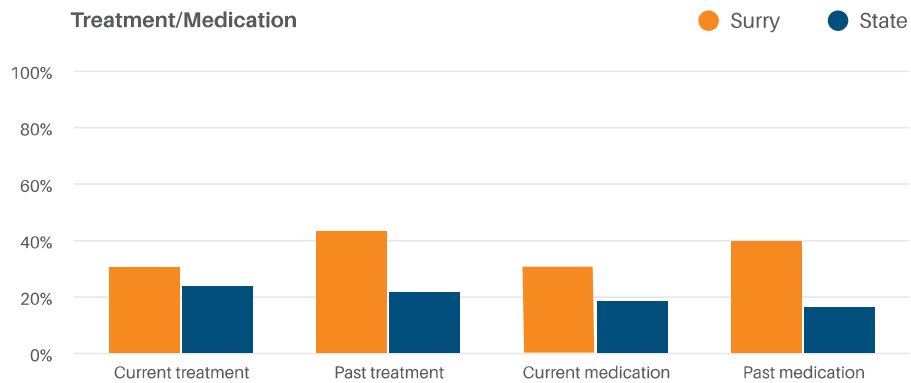
Figure 53


TABLE 115: HISTORY OF ABUSE		
	SURRY COUNTY	NORTH CAROLINA
Physical abuse history	26%	10%
Sexual abuse history	12%	8%

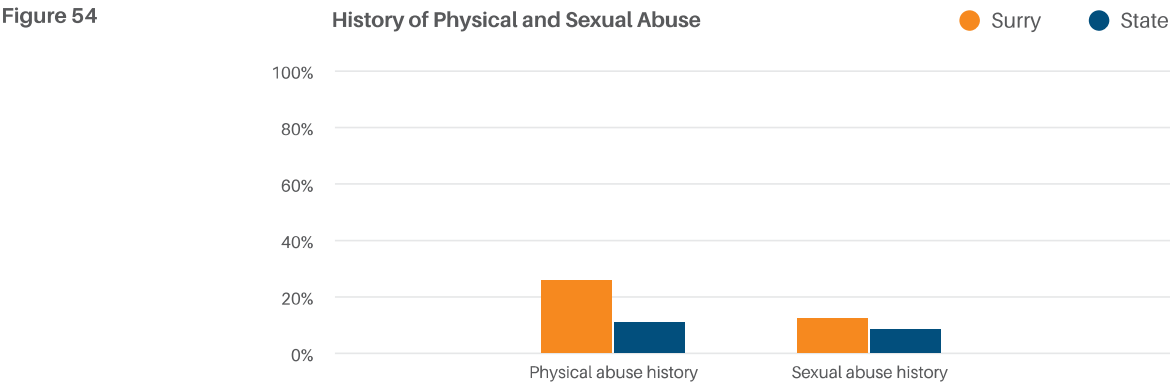
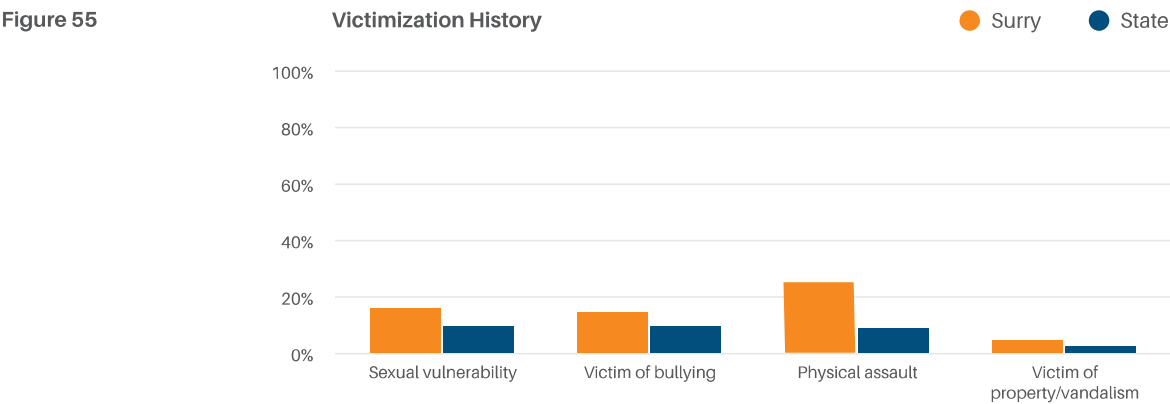


TABLE 116: VICTIMIZATION HISTORY		
	SURRY COUNTY	NORTH CAROLINA
Sexual vulnerability	17%	7%
Victim of bullying	16%	10%
Physical assault	26%	9%
Victim of property/vandalism	4%	2%



Tables 117-118 look at aggression among JJI youth. Rates of using a weapon are lower in Surry County (3%) than the state rate (7%). However, other forms of aggression are higher, including bullying, threatening, destruction of property, and assaultive behavior (NCDPS, DJJDP, 2022).

TABLE 117: AGGRESSION		
Q1 VIOLENCE	SURRY COUNTY	NORTH CAROLINA
Displayed a weapon	9%	9%
Used a weapon	3%	7%

Figure 56

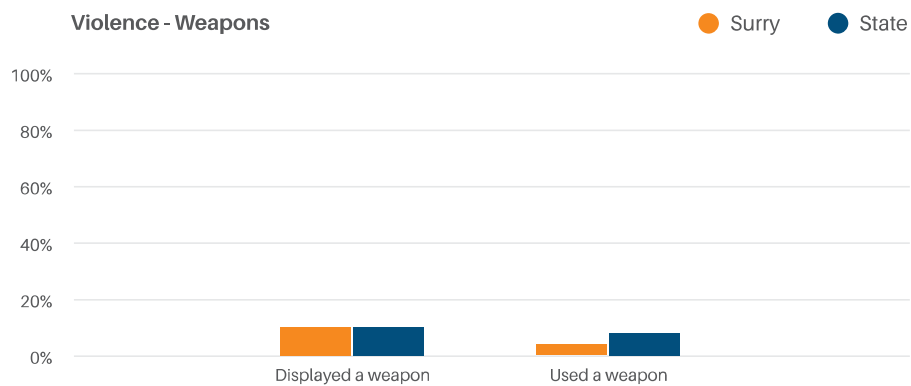


TABLE 118: AGGRESSION		
Q1 VIOLENCE	SURRY COUNTY	NORTH CAROLINA
Bullying or threatening	45%	22%
Destruction of property	35%	14%
Assaultive behavior	58%	37%
Assault w serious injury	5%	5%

Figure 57

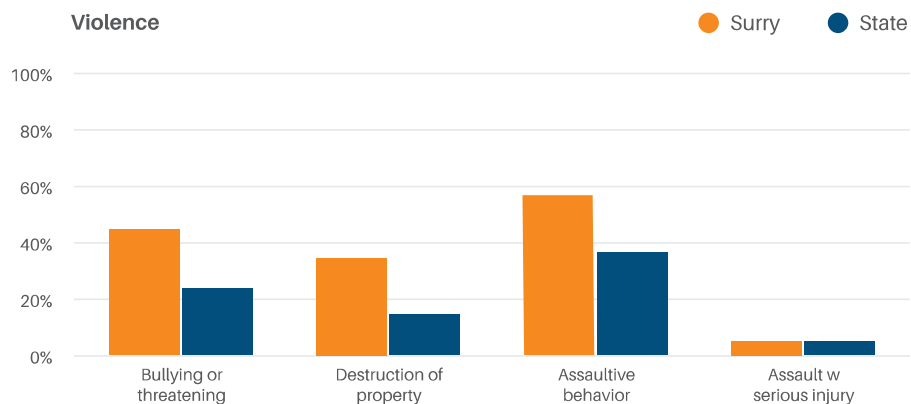


TABLE 119: PREVENTION EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Office of Victims of Crime	This program provides guidelines for interventions like case management, which is particularly helpful in youth populations.	U.S. Department of Justice

TABLE 120: INTERVENTION

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Offender Re-entry Program	This program provides funding to expand substance use disorder treatment and related recovery and reentry services as needed to ex-offenders with substance use disorder.	Unknown

TABLE 121: TREATMENT AND RECOVERY EVIDENCE-BASED PRACTICES

POSSIBILITIES AND PROGRAMS	DESCRIPTION	DEVELOPER
Withdrawal Management Services	Traditionally known as detox, withdrawal management is for those who use substances daily and are unable to stop treatment on their own or who are already in withdrawal and need additional supervision that does not require medical care from a doctor or nurse.	Governmental Agencies
Intensive and Supportive Residential Treatment	Residential treatment allows individuals to experience 24-hour care while pursuing therapy to confront the challenges of conditions related to substance abuse , addiction , and eating disorders .	Anna Freud
Outpatient Treatment	An outpatient treatment program is a form of drug and alcohol addiction treatment and recovery in which the patient lives at home during treatment.	
Co-Occurring Psychiatric and Substance Use Disorder Treatment Services	The presence of two or more disorders can complicate diagnosis and treatment. Integrating both screening and treatment for mental and substance use disorders leads to a better quality of care and health outcomes for those living with co-occurring disorders by treating the whole person.	Governmental Agencies
Specialized Treatment Services for Pregnant Women and Women with Dependent Children	Pregnant woman and women with dependent children who seek or are referred to state-funded substance abuse programs receive priority admission to treatment facilities.	Governmental Agencies

HUMAN SERVICES

The field of human services is broadly defined as uniquely approaching the objective of meeting human needs through an interdisciplinary knowledge base, focusing on prevention and remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations. The human services profession promotes improved service delivery systems by not only addressing the quality of direct services, but also seeking to improve accessibility, accountability, and coordination among professionals and agencies in service delivery.

The Yadkin Valley Economic Development District, Inc. (YVEDDI) compiled an annual report about its services in a five-county area that includes Surry County. It provides the following services in Surry County: community services; domestic violence or sexual assault services; Head Start and pre-K services; Migrant Head Start; Jones Family Resource Center; public transportation; weatherization; and services for older adults. YVEDDI reported key accomplishments from July 1, 2020, to June 30, 2021 (Table 122). It provided 15,873 trips to transport people to school, medical appointments, or work. It supported people in activities to get or maintain a job, as seen in Table 123 (YVEDDI, 2022).

Key Accomplishments

TABLE 122: ASSISTANCE PROVIDED BY YVEDDI IN FY2020-21

Number of young children getting Head Start in preparation for kindergarten	347
Victims of abuse who got a new start	1,065
People with COVID-19-related needs assisted	114
Number of homes modified to keep people warm in the winter and conserve energy	75
Number of homebound meals delivered to seniors	60,943
Number of congregate meals served to seniors	33,385
Number of medical transport trips provided	1,337
Number of older adults provided with legal assistance	113
Number of older adults who attended five senior centers	28,027
Number of services provided at five senior centers	5,006
Number of older adults who volunteered in their communities	92
Number of hours volunteered by older adults in their communities	7,397
Number of trips made to transport people to school, work, or medical appointments to carry out daily living	15,873

TABLE 123: PERFORMANCE MEASURES

OUTCOME	DAVIE	STOKES	SURRY	YADKIN	TOTAL
Customers served	13	13	27	7	60
Obtained employment	4	2	1	1	8
Obtained jobs with medical benefits	0	0	0	0	0
Completed educational training programs	1	0	2	0	3
Provided employment supports	1	6	9	2	18
Completed goal of standard housing	0	0	4	1	5
Emergency assistance	0	1	3	1	5
Reached self-sufficiency	0	0	1	0	1

Source: YVEDDI, 2022

*Evidence-based practices for this section were combined with other sections

EMPLOYMENT

Employment is an agreement between an individual and another entity that stipulates the responsibilities, payment terms and arrangement, and rules of the workplace and is recognized by the government. Employment refers to the idea that an individual has entered some form of verbal or written commitment with an entity, known as the employer, under certain stipulations such as payment, schedule, etc. Employment is distinctly different from contract work and as such, is filed in separate manner with the U.S. government (Heathfield, 2020; My Accounting Course, n.d.).

Surry County Employment Profile

With a population of nearly 72,000 residents, Surry County has a workforce participation rate of 57%, slightly lower than statewide and national averages. Its unemployment rate tracks fairly closely to the statewide rate, with both near 3% in 2021. However, its poverty rate of 16% gives it a slightly higher proportion of residents living below the poverty level than the state and country. The average wage is more than \$20,000 less than the national average. The details of these data points are provided here, followed by information about local industries and job supply.

Labor Force Participation

Surry County has somewhat lower labor force participation than North Carolina and the United States.

TABLE 124: LABOR FORCE PARTICIPATION RATE AMONG POPULATION AGED 20-64 YEARS, ACS 5-YEAR ESTIMATES, 2020

SURRY COUNTY	NORTH CAROLINA	UNITED STATES
56.7%	62.45%	63.4%

Source: U.S. Census Bureau, 2022

A breakdown of Surry County labor force participation by age group and military status is provided in the following table, along with key economic and transportation metrics.

TABLE 125: ECONOMIC DEMOGRAPHIC INFORMATION FOR SURRY COUNTY

	%	VALUE
Civilian labor force participation (ages 16 or older)	56.7%	33,088
Civilian prime-age labor force participation (ages 25-54)	77.3%	20,208
Armed forces labor force	0.1%	39
Veterans (ages 18-64)	3.2%	1,336
Median household income*		\$44,979
Per capita income		\$26,074
Mean commute time (minutes)		26.2
Commute via public transportation	0.2%	49

Source: Chmura Economics, 2022

*Median values for certain aggregate regions (such as metropolitan statistical areas) may be estimated as the weighted averages of the median values from the composing counties

Unemployment

Since 2018, the unemployment rate in Surry County has oscillated from below the state rate to above the state rate. From its most recent official count in 2021, Surry County had a lower unemployment rate than the state rate.

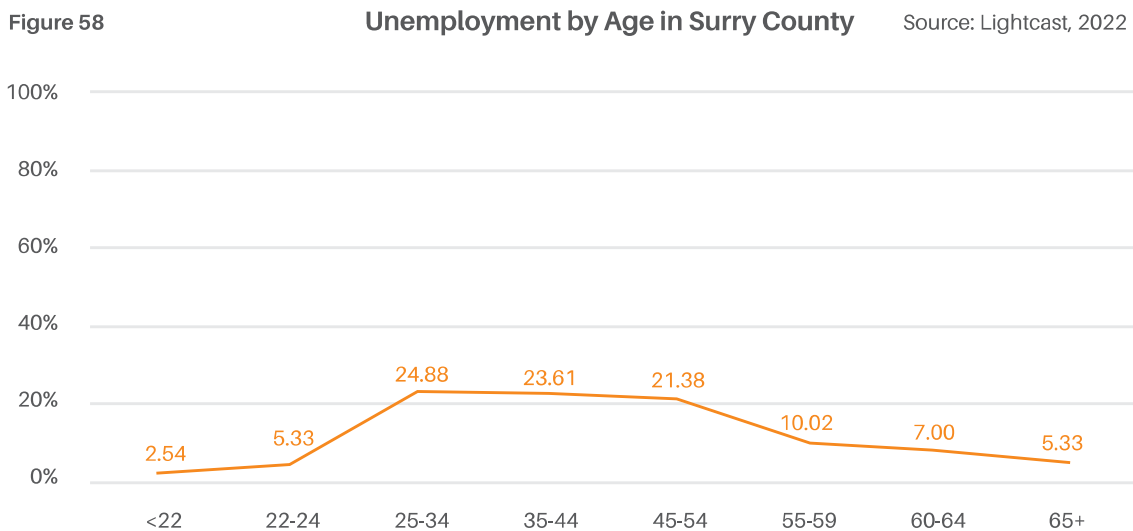
TABLE 126: UNEMPLOYED INDIVIDUALS*

	2018	2019	2020	2021
Surry County	3.5%	3.5%	6.2%	2.8%
North Carolina	3.9%	3.4%	5.4%	3.2%

Source: NCDHHS (2021)

* These rates include residents of working age only

As of June 2022, the overall unemployment rate in Surry County was 3.9% (Lightcast, 2022). Women comprised more than half (58%) of the unemployed population, with men comprising 42%. In terms of race, the majority (59%) of the unemployed population was White, followed by Black or African American (37%). All other races combined comprised 3% of the unemployed population. In terms of ethnicity, 8% of the unemployed population identified as Hispanic or Latino. A breakdown by age is provided in the following table.



Unemployment rates in Surry County varied widely by occupation. For example, health care practitioners and technical occupations had a rate of 1.2%, whereas arts, design, entertainment, sports, and media occupations had a rate of 7.0% (Chmura Economics & Analytics, 2022).

Poverty

According to the 2020 ACS, Surry County had more community members who fell below the poverty level in the past 12 months when compared to North Carolina and the United States. This finding held true among every age group surveyed, as displayed in the following table.

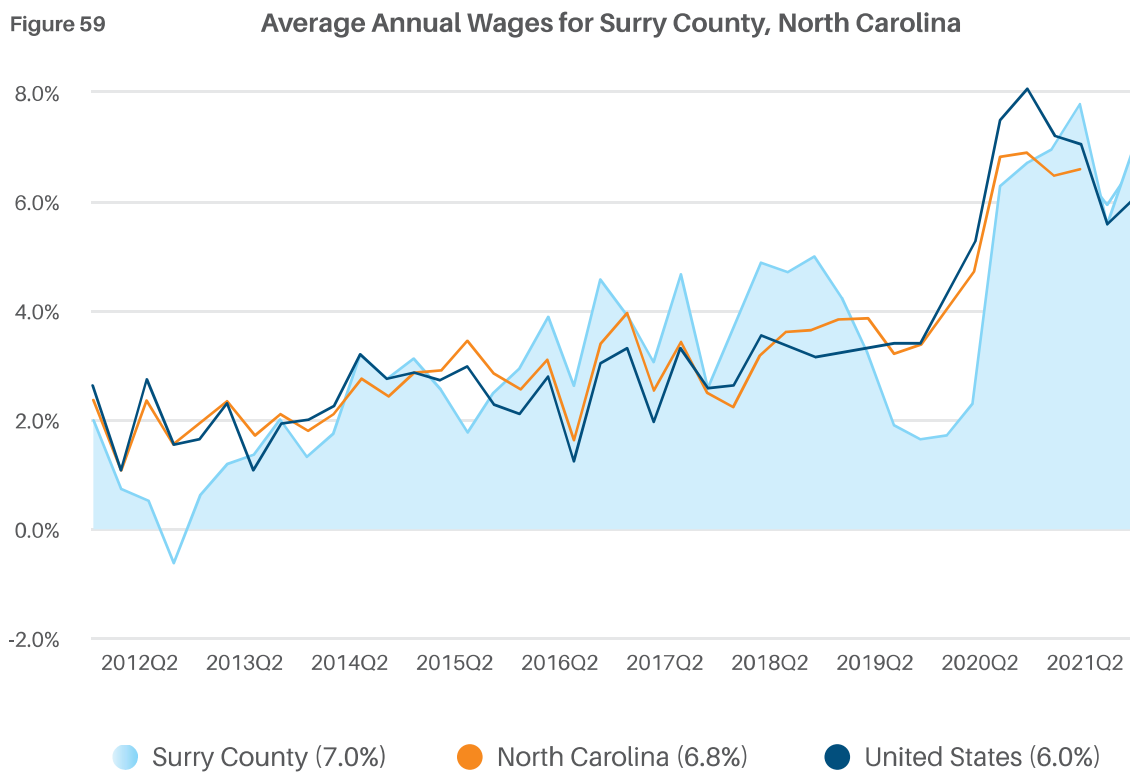
TABLE 127: BELOW THE POVERTY LEVEL IN THE PAST 12 MONTHS, ACS 5-YEAR ESTIMATES, 2020			
	SURRY COUNTY	NORTH CAROLINA	UNITED STATES
Overall	16.4%	14.0%	12.8%
Younger than 18 years	22.4%	20.0%	17.5%
18-64 years	15.2%	13.0%	12.1%
65 years or older	13.9%	9.2%	9.3%

Source: U.S. Census Bureau, 2021

County Comparison: In 2019, the poverty rate in North Carolina was 34 of 100 people (North Carolina Opioid Settlements, 2022). In Surry County, the poverty rate was 41 of 100 people. The maximum county rate in North Carolina was 53.7 per 100 people, and the minimum rate was 22.3. This places Surry County in the second highest quintile compared to other North Carolina counties.

Wages

Because wages and salaries generally compose much of a household's income, the annual average wages of a region affect its average household income, housing market, quality of life, and other socioeconomic indicators. The average worker in Surry County earned annual wages of \$42,752 as of Q1 in 2022, according to Chmura Economics & Analytics (2022). For comparison purposes, this was nearly \$24,000 lower than the national average of \$66,637. Average annual wages per worker increased by 7.0% in the Surry County relative to the preceding four quarters.



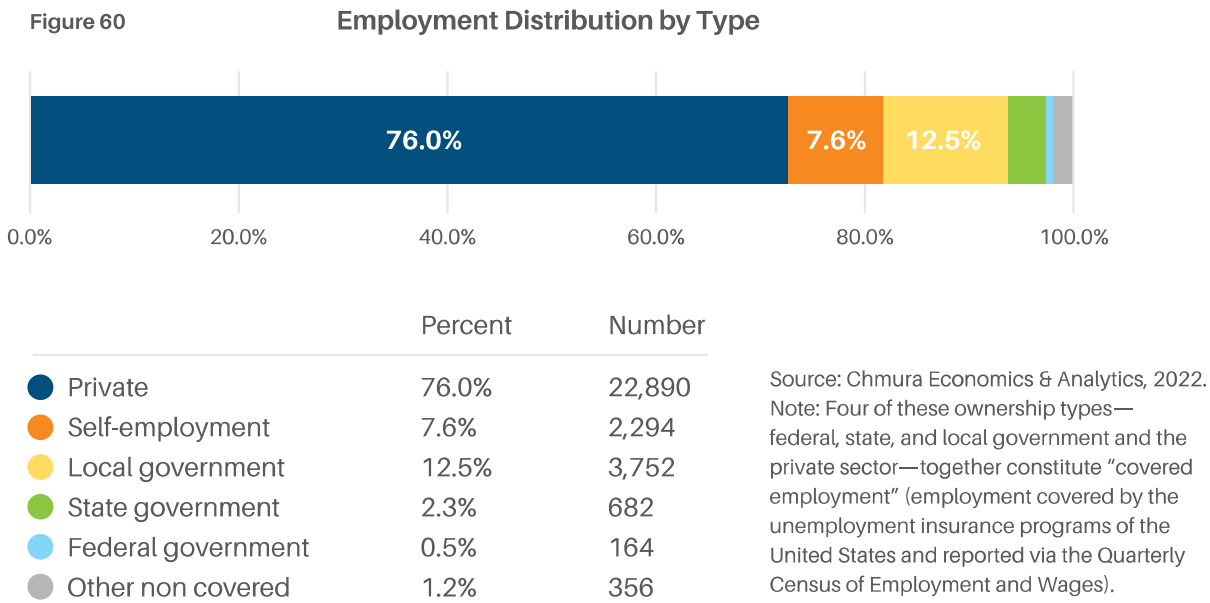
Source: Chmura Economics & Analytics, 2022

Note: Annual average wages per worker data were derived from the Quarterly Census of Employment and Wages, provided by the Bureau of Labor Statistics and imputed where necessary. Data are updated through Q4 of 2021 with preliminary estimates updated to Q1 of 2022.

Occupation groups in Surry County with the highest average wages per worker are management occupations (\$94,500), computer and mathematical occupations (\$79,500), and health care practitioners and technical occupations (\$79,100; Chmura Economics & Analytics, 2022).

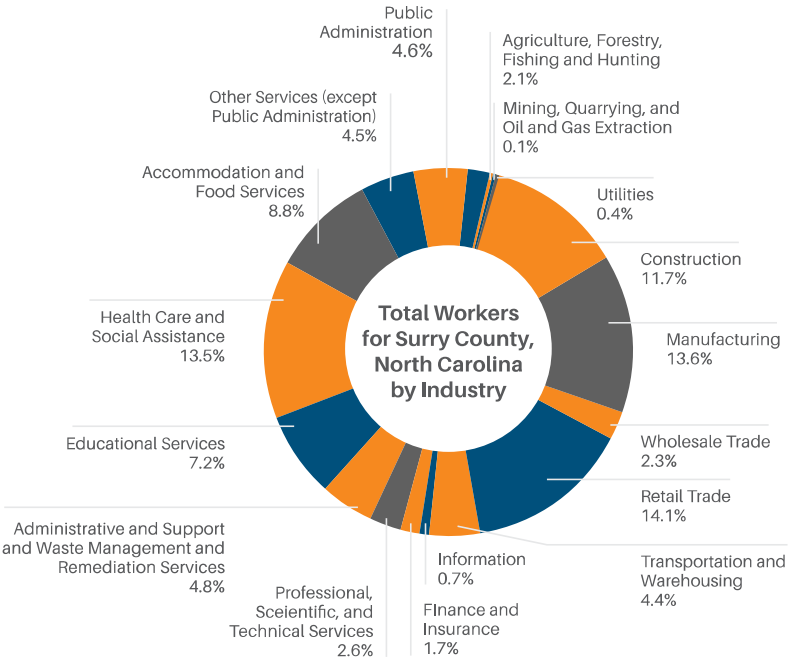
Industry Composition of Surry County

Many workers in Surry County are employed in the private sector. The following chart shows the complete distribution by ownership type (Chmura Economics & Analytics, 2022).



The three largest industries employing workers in Surry County are retail trade (employing 4,247 workers), manufacturing (4,111 workers), and health care and social assistance (4,063). Combined, these three industries feature more than 41% of Surry County’s workers, with each accounting for approximately 14%. The following pie chart displays the complete distribution of workers in Surry County by industry (Chmura Economics & Analytics, 2022).

Figure 61
 Total Workers for Surry County, North Carolina by Industry
 Source: Chmura Economics & Analytics, 2022



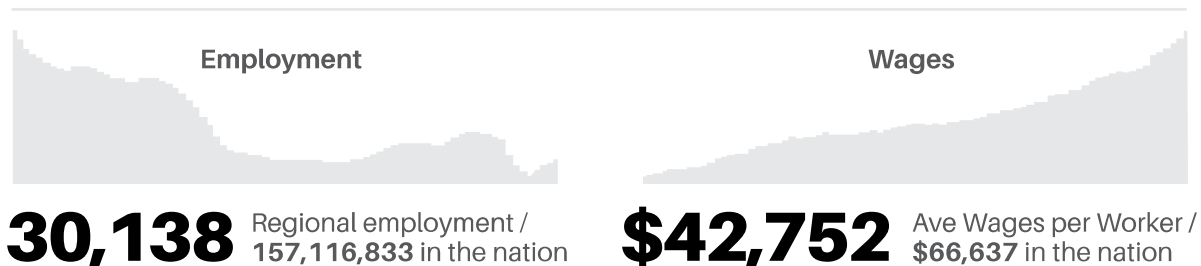
Selected additional information about industries in Surry County, North Carolina, according to Chmura Economics & Analytics, (2022; with more detail provided in the Appendix) is as follows:

- Sectors in Surry County with the highest average wages per worker are management of companies and enterprises (\$98,042), utilities (\$78,309), and mining, quarrying, and oil and gas extraction (\$71,501).
- High location quotients (LQs) indicate sectors in which a region has high concentrations of employment compared to the national average. The sectors in Surry County with the largest LQs are construction (LQ = 1.99), manufacturing (LQ = 1.68), and agriculture, forestry, fishing, and hunting (LQ = 1.59).
- Regional sectors with the best job growth during the last 5 years are construction (+192 jobs), manufacturing (+129), and professional, scientific, and technical services (+77).
- During the next year, employment in Surry County is projected to contract by 12 jobs overall. Certain industries are expected to experience growth. The fastest growing sector in the region is expected to be arts, entertainment, and recreation, with a +2.3% year-over-year rate of growth. The strongest forecast by number of jobs in this period is for accommodation and food services (+43 jobs), health care and social assistance (+28), and other services (except public administration; +6).

Spotlight Summary

Figure 62

Total - All Industries
Surry County, North Carolina - 2022Q1



0.0% ▲

Avg Ann % Change Last 10 Years / +1.1% in the U.S.



100.0%

% of Total Employment / 100.0% in the U.S.

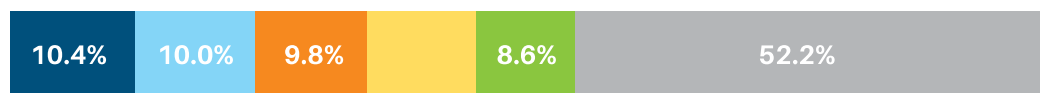


3.3% ▲

Avg Ann % Change Last 10 Years / +3.4% in the U.S.



Top Occupation Groups



● Sales and Related

● Transportation and Material Moving

● All Others

● Office and Administrative Support

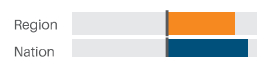
● Food Preparation and Serving Related

Top Industries

Avg Ann % Change in Employment, Last 10 Years

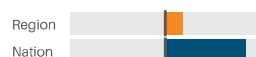
0.4% ▲

Real Trade



0.1% ▲

Manufacturing



-1.1% ▼

Manufacturing



Source: Industry Spotlight Total - All Industries Surry County, North Carolina

[Data link](#)

Job Availability and Demand

The annual demand for employees in Surry County is 3,271 (Chmura Economics & Analytics, 2022). Industries in Surry County with the highest annual demand for employees are retail trade (demand of 517 employees per year), manufacturing (demand of 394), and health care and social assistance (demand of 416). See Appendix for more detail.

In terms of job availability by occupation (instead of industry), the job type with the most availability in Surry County is registered nurse, with 264 jobs available (Burning Glass Technologies, 2022). This is followed by retail salesperson (231), first-line supervisors of retail sales workers (176), and licensed practical and licensed vocational nurses (130). See Appendix for full list of job types and associated number of jobs available.

Geographic Job Availability

The city in Surry County with the greatest number of jobs available is Mount Airy, with 2,213 jobs and accounting for nearly half (48%) of the total jobs available in the county (Burning Glass Technologies, 2022). This is followed by Elkin 1,080 jobs, 23%, and Dobson (734 jobs, 16%). All other cities in Surry County have fewer than 400 jobs available, as displayed below.

Labor Insight: Surry County Regional Analysis

TABLE 128: DEMAND FOR JOBS BY LOCATION AND CITY	
	JOBS AVAILABLE
Mount Airy, NC	2,213
Elkin, NC	1,080
Dobson, NC	734
Pilot Mountain, NC	367
Austin, NC	104
Ararat, NC	33
Siloam, NC	27
State Road, NC	18
Lowgap, NC	16
White Plains, NC	13
Toast, NC	3

Source: Burning Glass Technologies (2022)

In terms of jobs available per employer, the largest is Surry Community College (176 jobs available), followed by Surry County Schools (137), Lowe's (123), Northern Regional Hospital (117), and Food Lion Incorporated (108; Burning Glass Technologies, 2022). All other employers have fewer than 100 jobs available; see Appendix for details.

The annual demand among military occupations in Surry County totaled 191 jobs as of 2016 (Chmura Economics & Analytics, 2021). Most demand in this area is among two occupations: heavy and tractor-trailer truck drivers (87 jobs) and stockers and order fillers (81 jobs). All other military occupations have fewer than 10 jobs available; see Appendix for details.

Projections

During the next year, the fastest growing occupation group in Surry County is expected to be food preparation and serving-related occupations, with a +1.4% year-over-year rate of growth (Chmura Economics & Analytics, 2022). Food preparation and serving-related occupations is also the occupational group with the strongest forecasted number of jobs (+36 jobs), followed by health care support occupations (+17).

During the same period, the highest separation demand (occupation demand due to retirements and workers moving from one occupation to another) is also expected in food preparation and serving-related occupations (459 jobs), followed by sales and related occupations (416 jobs; Chmura Economics & Analytics, 2022)

The unemployment rate is seen by some as inaccurate because it is difficult to capture everyone who does not have a job but wants one. Some measures of unemployment do not adequately account for discouraged workers, "marginally attached workers," and part-time or underemployed workers. However, the Bureau of Labor Statistics has stated it is aware of this limitation and has taken steps to improve its measures' accuracy. The bureau now administers a household survey (in addition to its usual "establishment survey") that better captures the nuanced nature of work for many U.S. residents. In fact, "the household survey has a more expansive scope than the establishment survey because it includes self-employed workers whose businesses are unincorporated, unpaid family workers, agricultural workers, and private household workers, who are excluded by the establishment survey. The household survey also provides estimates of employment for demographic groups" (Bureau of Labor Statistics, 2022).

Evidence-Based Programs and Possibilities

All relevant evidence-based practices have been highlighted elsewhere.

MENTAL HEALTH

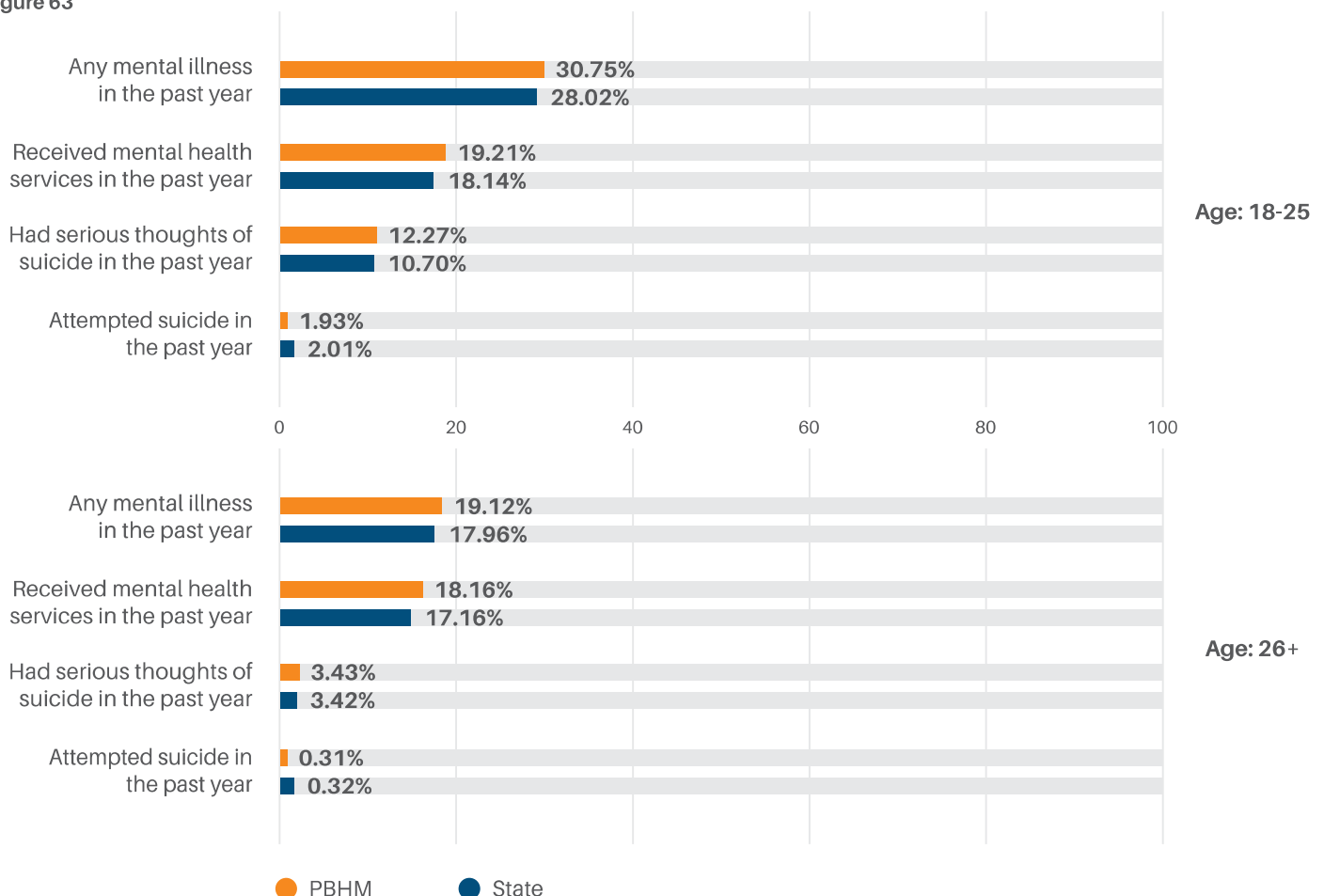
Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood (MentalHealth.gov, 2022).

"Overdose and suicide deaths are closely linked; the same communities dealing with higher unintentional overdoses have higher rates of self-harm and suicide" (North Carolina Opioid Settlements, 2022). In 2019, the suicide rate in North Carolina was 15 of 100,000 people and Surry County's rate was 16 of 100,000 people. Compared to

other North Carolina counties, Surry County falls in the middle quintile (North Carolina Opioid Settlements, 2022).

The NSDUH includes mental health and substance use indicators. When looking at the region including Surry County (PBHM), reported rates of any mental illness are a little higher than state rates for both young adults aged 18–25 and adults, but of concern, the rate of young adults who report receiving mental health services (19%) in the past year is markedly lower than the number of individuals reporting mental illness in the past year (31%) in PBHM (SAMHSA, 2020).

Figure 63

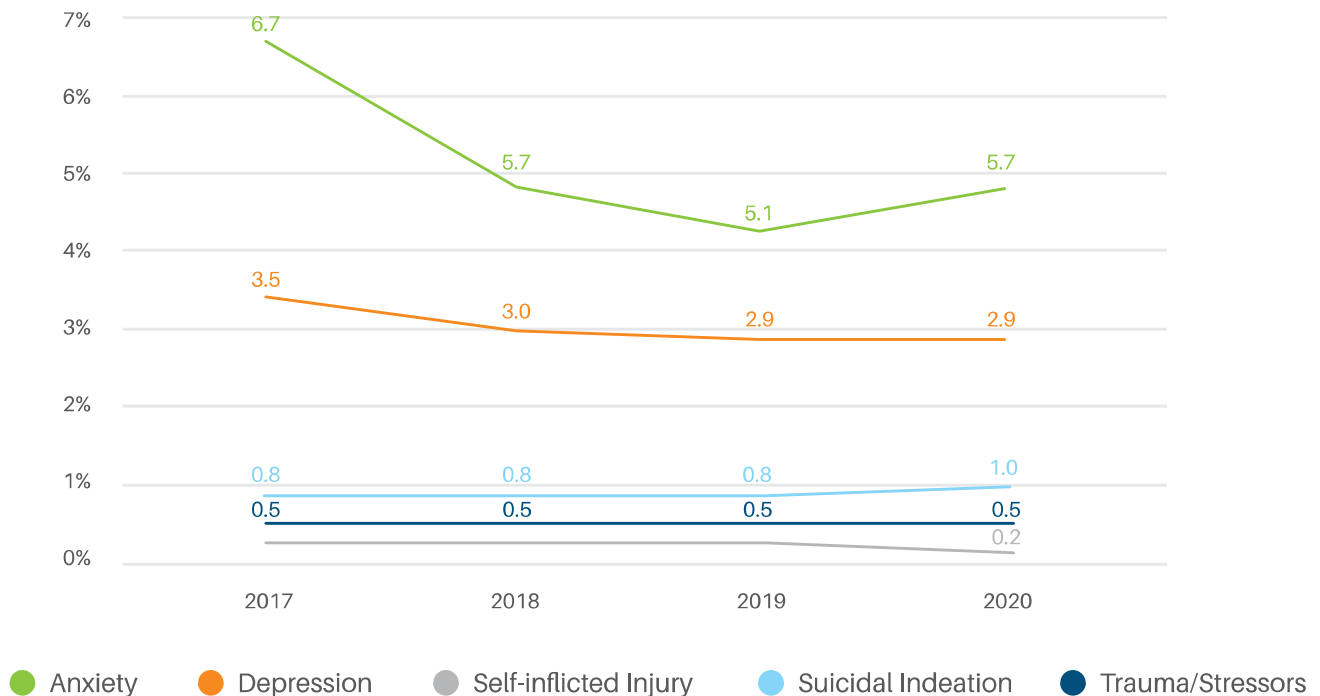


The number of Surry County emergency room visits for mental health conditions has decreased since 2017. It was only 36,206 in 2020, but that number could be lower due to the pandemic (Table 129). Anxiety accounted for the most emergency room visits every year, including in 2020 at 5.7%, followed by depression at 2.9% and suicidal ideation at 1% (SCOSAR, 2022; Figure 64).

TABLE 129: SURRY COUNTY EMERGENCY ROOM VISITS FOR MENTAL HEALTH CONDITIONS

Year	Total Emergency Room Visits
2017	48,035
2018	46,647
2019	46,719
2020	36,206

Figure 64 Surry County Emergency Room Visits for Mental Health Conditions By Percentage of Total Emergency Room Visits



Source: SCOSAR, 2022

YOUTH FOCUS GROUP

PTRC, SCOSAR, and its partners conducted seven focus groups with 56 youth during October 2022. Youth shared their perspectives on mental and physical health needs in their communities, and what might be done to improve these moving forward. The focus groups occurred at seven schools in Surry County, NC: three middle schools, three high schools, and one community college. When they were asked to describe the general mental health of the community, the following themes emerged:

- Many students described basically positive mental health in their communities, at least among what's "visible" and "public"
- Some acknowledged there could be more going on in private
- Many said they just don't hear much about mental health in their community
- Older participants described higher levels of community mental health problems (especially depression and anxiety)
 - Identified contributors to those problems: the pandemic, family history of mental health issues, school-related stress, and stigma

Youth were asked if they saw other youth engaging in risky behaviors, and many youth referenced seeing peers use electronic cigarettes (vape). Other risky behaviors noted include drinking alcohol, smoking weed, drug use, driving too fast, and "cussing." Youth identified the following mental health resources: prevention classes, sports, recreation facilities (pools, skating rinks, parks, community centers), places that provide therapy (Daymark and Shepherd's House), and afterschool help with homework. Youth also identified the mental health needs of their community:

- Struggles with or between parents, stress at school, and "feeling left out"/loney as contributors to mental health issues among youth
 - Things that can help mental health: family, encouragement, pets, making friends
 - Ways to ameliorate school stress: more time to complete assignments, lower adults' expectations or emphasis on good grades, teachers should "listen more" and improve relationships with students, reduce turnover among teachers, limit number of college classes students can take per semester
- Respondents focused on the need for more recreational activities, organized hobbies
 - Positive distractions (even social media, if used in the right way)
 - Improved safety and upkeep in recreational areas that already exist
- Many youth have an unmet need for "someone to talk to" (could be a therapist, peer support, group counseling, or hotline) and more education rer drugs and mental health
 - Should have virtual options for those who face barriers
 - Parents can be an impediment to getting mental health services
- Suggested "mental health days," where everyone gets time to focus on their mental health instead of just certain individuals who might then feel stigma

The final mental health question was, "How can adults in the community better support youth mental health?" The young people had many suggestions:

- Adults should "listen more" to youth, check in more, recognize when youth are struggling, be more understanding, less critical/judgmental, have more realistic expectations, make more attempts to talk to youth, and express "that they're there if you need someone."
 - Some parents dismiss when their kids bring up mental health issues or minimize the stress their kids raise by comparing it with their own (adult) stressors
 - Adults should acknowledge when youth are having mental health issues and help them seek services (i.e., therapy)
- Adults should increase attention to behavior problems, including parents providing more discipline and explanations (why a discipline is happening) but also provide "second chances" before handing out severe consequences (like expulsion or suspension)
- Adults should handle bullying in more appropriate (and private) ways
- School administrators should listen to students' reasons for wanting certain changes

STATE OF NORTH CAROLINA'S BEHAVIORAL HEALTH WORKFORCE SURVEY

Addiction Professionals of North Carolina conducted a survey in 2022 titled State of North Carolina's Behavioral Health Workforce. Although the findings are not specific to Surry County, they reflect issues faced by the state. The organization reported the following four key findings:

- Salaries and wages do not reflect the value of licenses, certifications, degrees, and experience.
- Since COVID-19, there has been an increased demand for services and an increase in barriers to accessing services.
- The current workload and burden on the behavioral health front-line workforce is unsustainable.
- Requests from the front-line workforce to improve the quality of care and ability of the workforce to meet the needs of clients include raising salaries, waiving burdensome paperwork and regulations, loan reimbursements, and certification cost reimbursement.

Stakeholder feedback on human services barriers in Surry County:

Need to bridge formal supports with community-based supports

"I think the gap is on the one end, if you're, say, in formal treatment, you get a lot of what I call unnatural supports, which aren't built into your home and community. They're built into a fee for service provider type thing. So it's not as relationship based, it's more medical model... And then how does that titrate and then connect into where you shift from being supported formally through a fee structure to being supported longer term with community-based supports."

Need for unique messaging tailored to specific audiences

i. How to develop the Surry County community

Dialogue: "Have an introductory conversation about it doesn't have to be and or; it can be and, and, and. I think a lot of times very traditional recovery communities, they really do feel like this is the way because it helped me. And if it can help me, it can help anybody. Which is a very narcissistic worldview, which is certainly, if it can help me, then it must be good enough for everybody. No, it may be, it maybe even needed more than the next person. Maybe someone out there needs the exact same thing. You got this, somebody may need less and maybe they weren't raised in the same household as you. They haven't had the same experience as you."

i. Trauma-related mental health sources

"It's the same poor stuff. Adults with trauma that are using because they never got the help that they needed. ... They need help, but then a lot of, a lot of they start therapy, and they don't follow through. Cause it's not that instantaneous fix. or maybe their process of their trauma and it's just too much and they shut down and then everything else increases."

*Relevant evidence-based practices have been highlighted throughout the ROSC assessment.

STIGMA AND DISCRIMINATION

Although substance use disorders are chronic and treatable medical conditions, studies show people with these disorders still face discrimination and stigma (negative attitudes and stereotypes) that can affect their health and well-being in numerous ways. This stigma also affects people who use drugs but do not have a substance use disorder. There are safe, effective, and lifesaving tools available to help people struggling with substance use. However, stigma often factors into the reasons why people who need help do not seek care (Volkow, 2020).

SCOSAR conducted community interviews regarding attitudes about substance use and addiction. Many respondents said that they thought substance use affects lower economic classes the most. When asked if addiction was a disease, some respondents said addiction is a choice and disagreed that it is a disease. Respondents also said that stigma prevents people from accessing treatment.

The coalition also distributed a community survey in 2021 and received 730 responses. The survey asked about opioid and prescription drug use in Surry County, including multiple-choice and free-response questions. The following findings were published in a report that indicated a definite opportunity for community education on the nature of substance misuse, substance use disorder, and addiction (SCOSAR, 2021). There is also a possibility that these beliefs are influencing the employment opportunities available to individuals in recovery in Surry County.

- 71% disagreed that most people would willingly accept someone who had been treated for substance use as a close friend.
- 88% disagreed with the statement that most people believe someone who has been treated for substance use is just as trustworthy as the average citizen.
- 82% agreed that most people think less of a person who has been in treatment for substance use.

Stakeholder feedback on stigma barriers in Surry County:

"We run into a lot of the, you know, stigmatization, you know, you, you have low moral character. That's why you have a substance abuse problem. [People say,] 'You were making the wrong decisions over and over again. You turned away from God and you were being punished. You homosexual, you were being punished with this substance abuse.'"

*Relevant evidence-based practices have been highlighted throughout the ROSC assessment.

STRATEGIC PLAN FRAMEWORK AND GUIDING PRINCIPLES

Planning for and identifying the community needs began in spring 2022. With guidance from the SPF and ROSC models previously described, PTRC, SCOSAR, and CARECG engaged in a monthlong process of identifying indicators that greatly affect Surry County's recovery ecosystem that will lead to workforce entry or reentry for individuals in recovery from substance use disorder. In summer 2022, the team met to review data sources and begin the process of analyzing available local, state, and national data.

Once the data were analyzed, the team engaged in an all-day strategic planning meeting to prioritize the needs and resources of the community. Furthermore, the group of stakeholders who convened that day spent time prioritizing strategies along the continuum of care, which aligned with state and ARC priorities. The selection of

the outcomes and identified needs mirrors a coordinated network of community-based services and support that is person centered and builds on the strengths and resilience of individuals, families, and communities to improve health, wellness, and quality of life, along with ongoing systems improvement.

The Surry County ARC INSPIRE Planning Grant project focused on better preparing the local community to establish an effective, efficient, and outcomes-driven ROSC model with a primary focus on workforce development, employment, and the inclusion of the community affected by substance use disorder in general economic development conversations. The final planning outcome, as described in the following section, includes taking steps to build the community capacity to link, address, and have an impact on local diseases of despair.

OUTCOMES AND EVALUATION PLAN

INTRO TO THE SECTION

A recovery-oriented system of care identifies and builds on each individual's assets and strengths. As such, "any problems faced by the individual substance user cannot be seen in isolation from their family, local community and society" (National Services Scotland, 2008).

The ROSC model includes a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery. PTRC and SCOSAR are committed to the ongoing process of systems improvement that incorporates the experiences of those in recovery and their family. Through the coordination of multiple systems, the focus is on strategically coordinating multiple systems and providing responsive, outcomes-driven approaches to care.

Based on our strategic planning, the following needs were identified.

TABLE 130:

ROSC OUTCOMES	INDICATORS	SUPPORTING DATA
Cost effectiveness Access and capacity Reduced morbidity Perception of care Evidence-based practice	Health care access: availability	12.5% of the population under 65 doesn't have insurance, as compared to 10.7% in the state (U.S. Census Bureau, 2021). Surry County has a higher ratio of population to physicians (1,940:1) and to mental health providers (2,470:1; University of Wisconsin Population Health Institute, 2022).
Employment and education retention Evidence-based practice Crime and criminal justice	Employment: retention and competitive salary	Labor participation rate in Surry County is 56.7% as compared to 62.4% in North Carolina (U.S. Census Bureau, 2021). Total job demand in SC is 3,271 employees (Chmura Economics & Analytics, 2022).
Stability in housing Evidence-based practice Social connectedness	Housing	44% of households in Surry County are housing burdened, spending 30% or more of their income on housing (U.S. Census Bureau, 2021). Housing related calls to 211 increased from a rate of 153.4 per 100,000 in 2018 to 523.8 per 100,000 in 2021 (NCDHHS, 2021).
Access and capacity Evidence-based practice	Transportation	There is no true public transportation option in Surry County. Surry County residents are spending an average of 32% of their income on transportation, as compared to the national rate of 25% (Center for Neighborhood Technology, 2022).
Employment and education Evidence-based practice Crime and criminal justice	Education: educational pathways	There is educational alignment in Surry County, as most jobs require a high school diploma or associate's degree (67%), matching the educational attainment in the area, as 84% have a high school degree or higher and 42% have an associate degree or higher (Burning Glass Technologies, 2022; My Future NC, 2022).

PROJECTED OUTPUTS AND OUTCOMES

THE GAPS: ARC RECOVERY ECOSYSTEM MODEL (SUBSTANCE ABUSE TREATMENT, WORKFORCE TRAINING, EMPLOYMENT)

The ARC Recovery Ecosystem Model



Source: ARC, 2019

PTRC and SCOSAR are committed to supporting a robust recovery ecosystem in Surry County, a system that promotes coordination and alignment among stakeholders at the federal, state, and local levels. This section of our needs assessment incorporates recommendations that target the ARC recovery-to-work ecosystem model, is informed and inspired by the people of Surry County, and includes:

- Developing a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, funding deployment of local planning and implementation of the model, and examining funding models to sustain the recovery ecosystem.
- Developing and disseminating a playbook of solutions for communities addressing common ecosystem gaps and services barriers.
- Developing model workforce training programs that incorporate recovery services with appropriate evaluation measures.
- Convening experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.

Throughout this needs assessment, we convened a group to identify ecosystem key entry and transition steps, map assets and gaps, and integrate components of the model into a toolkit for recovery ecosystems development. The design process included focus groups and key informant interviews to identify common barriers to workforce training and employment for people in recovery. It allowed us to build the groundwork for the local recovery ecosystem by identifying and convening stakeholders willing to engage in developing the local recovery ecosystem spanning sectors including but not be limited to treatment and recovery service organizations, employers, postsecondary education, local government, economic development professionals, chambers of commerce, elected officials, faith-based organizations, and persons from the recovery community. The planning grant process will require community groups to discuss interagency agreements, services integration, and funding mechanisms needed to deploy the model.

Maximizing the impact of recovery ecosystems will be contingent on documenting improvements in both individual and systems outcomes. Communities using the recovery ecosystem model can document critical inputs such as integrated service agreements and interorganizational process improvements. Longitudinal performance measures and benchmarks help identify where gaps remain in local ecosystems and focus stakeholders on where to invest limited resources. Standardized individual services data would help attract and sustain funding. Ecosystem efficiency outcome measures, such as length of employment or job retention and return on investment of funded dollars, would be useful to compare with community employment (e.g., workforce participation, unfilled positions, and average wages) and health measures (e.g., overdose deaths and the number of residents in active addiction).

EVIDENCE-BASED PRACTICES TO SUPPORT ROSC AND WORKFORCE DEVELOPMENT IMPLEMENTATION

WHAT ARE EVIDENCE-BASED STRATEGIES?

The coalition's planning model serves as the starting point for deciding what strategies a coalition should implement. Effective planning provides a diagnosis of each community substance use problem with identified root causes and local conditions. This is not unlike a doctor's visit. Doctors do not start with a list of evidence-based medicines that have been proven to work and then attempt to match this list with patients as they come through the door. Good doctors start by diagnosing a patient's symptoms to discover the root cause of the illness, and only then do they consider treatment options.

Often, different language is used to describe the range of evidence-based strategies. Determining what practices are evidence-based or practice-based can be challenging. For clarity purposes, the following definitions are provided:

Evidence-based

- Strategies that are based on rigorous research that has demonstrated effectiveness in achieving the outcomes that they are designed to achieve.

Evidence-informed

- Strategies that are based on research and prevention science or include elements of evidence-based strategies but have not been evaluated or researched on their own to be considered evidence-based.

Research-based

- Like evidence-based strategies that are based on rigorous research that has demonstrated effectiveness in achieving the outcomes that it is designed to achieve.

Evidence-based principles or practices

- Elements that increase effectiveness across various programs, rather than self-standing programs that can be acquired and implemented. Researchers try to identify these "active ingredients" to increase the likelihood that programs, whether evidence-based or not, will be effective.

Program or strategy fit

- How well a program or strategy matches or is appropriate for the community, organizations, stakeholders, and potential participants (e.g., youth). Appropriate program selection increases the likelihood that the program will be implemented with fidelity, thereby increasing the likelihood of achieving the desired health outcomes.

Promising practices

- Practices for which there is considerable evidence or expert consensus and that show promise in improving outcomes but are not yet proven by the highest or strongest scientific evidence.

Evidence of effectiveness can be collected from one of four sources: prevention science, community wisdom, experience and cultural practices, and strategies that have worked in other coalitions and communities.

FEASIBILITY ANALYSIS

This planning grant assessed gaps in Surry County programs and services, was built on existing research, and expanded capacity of services and resources to the population with substance use disorders in Surry County. To focus efforts efficiently and accurately, PTRC and SCOSAR will apply for future funding opportunities that will provide, for the first time, the opportunity for Surry County businesses, government agencies, nongovernmental agencies, treatment providers, and citizens to collaborate and build a ROSC project that identifies gaps in care and substance use disorder resources and maximizes community priorities including supportive employment opportunities. Future funding opportunities will focus on individuals' successful entry or reentry into the workforce and address economic and workforce-related impacts in Surry County while subsequently improving the overall health of the entire population. Surry County is well positioned to build on existing work and leverage resources of partners to engage employers in recovery-to-work strategies.

ORGANIZATIONAL CAPACITY

The PTRC has been successfully administering, implementing, and maintaining projects in the region for more than 50 years. During the past 4 years, we have written and administered five infrastructure projects valued at \$2 million or more for member communities (Davie, Yanceyville, Forsyth, and Liberty); utilized the Economic Development Administration's Revolving Loan Fund Program to generate 70-plus jobs through multiple loan recipients and save 250-plus jobs; written and administered 12 water resource projects that total \$804,767; and administered \$3.5 million in Weatherization Assistance Program funds.

Founded in 2018, SCOSAR is dedicated to building a continuum of care that eliminates impediments for residents who seek treatment and recovery from substance use disorder. Funded by Surry County Government and multiple grants, the SCOSAR sole mission is to reduce the impact of substance use on residents, agencies, organizations, and businesses. SCOSAR is managed on the belief that evidence-based practices and data-driven approaches will help drive positive local policy and community change. From January to August 2021, a nine-month research-based needs assessment and planning process occurred that addressed the entire of National Academy Medicine continuum of care for substance use response efforts (prevention, intervention, treatment, and recovery). The needs assessment process included the collection of local survey and interview data, review of national, state, and local quantitative data used to better identify, prioritize, and connect evidenced-based practices to interventions that are likely to positively affect the substance use epidemic Surry County using the SPF as a planning model.

SCOSAR achieved significant progress of late with its research and data collection efforts and new service delivery models including the creation of staff positions that support community outreach, intervention, coalition development, substance use prevention, and the development of an active transportation program supporting clients to and from treatment who are suffering from substance use disorder. The office also employs a program researcher and data analyst tasked to create actionable implementation and evaluation insights to support internal and external programming efforts in the substance use space and improve cross-sector collaboration. Since its inception and under the guidance of the Board of County Commissioners, SCOSAR has been committed to listening to community feedback, conducting research and data analysis, and recommending evidence-informed practices to our region. At its heart is the idea that a full-spectrum approach requiring dedicated work on substance use prevention, intervention, treatment, and recovery will result in the greatest positive impact on the health of our citizens.

To resolve our country's ever-growing drug-related problems, national, state, and local policies have depended heavily on law enforcement and the court systems, overrelying on their ability to deal with the morality of addiction through incarceration. The result has been the creation of a "criminal justice-oriented system of care." In contrast, SCOSAR proposes to build continuum of care for Surry County residents that compliments the supply reduction objectives of the criminal justice system with a demand reduction focused ROSC. A ROSC will provide a network of services and supports that addresses the full spectrum of substance use problems, from harmful to chronic conditions.

SUSTAINABILITY

PTRC AND SCOSAR INSPIRE INITIATIVE LOGIC MODEL

Project Purpose:

Through the delivery of evidence-based practices, the proposed Vital Links - ROSC (VL-ROSC) INSPIRE Implementation Grant will address the substance use crisis in Surry County by expanding the recovery ecosystem to improve workforce entry and reentry for individuals in recovery from substance use disorder with a focus on recovery-friendly housing support (stability in housing). VL-ROSC will support the treatment-to-employment continuum; workforce development; substance use recovery-focused job training programs; and initiatives designed to coordinate and link recovery services and employment training, among others. The project will build on existing work and leverage the resources of partners to engage employers in "recovery-to-work" strategies. The recovery ecosystem, in the context of building and strengthening economically resilient communities in Surry County, is a complex network of multiple factors, including recovery communities, health care access, employment retention and competitive salaries, housing, transportation, and educational pathways. The goal of the recovery ecosystem is to help individuals in recovery access the support services and training they need to maintain recovery and successfully obtain sustainable employment.

TABLE 131:

INPUTS	OUTPUTS		OUTCOMES AND IMPACTS		
	ACTIVITIES	ASSOCIATED MEASURES	SHORT	MEDIUM (MEASURES)	LONG
Staff and ecosystem partners Employers	Establishment of local training and subject matter expertise for local professionals, agencies, and citizens	30 businesses and organizations served	Enroll workers and trainees in training program	72 workers and trainees improved, as measured by the number of workers and trainees who obtain a job in the field for which they were specifically trained	Increase in revenue (taxes) generated by counties and towns as a result of job creation and employment obtained by workers and trainees
	Increase awareness: trauma-informed practices	72 workers and trainees served	Students obtain certificates or pass required degree courses	30 students improved, as measured by the number of students who attain a certificate or degree	Decrease in employee turnover rates as a result of participants' ability to detect early signs of substance use disorder and provide corresponding support
	Community-based education	120 community members and individuals served	Participants (e.g., human resource managers, supervisors, CEOs, etc.) attend workshops designed to increase their awareness of substance use disorder issues and topics affecting their workplaces and respective communities	300 participants improved, as measured by the number of participants who gain a greater awareness of substance use related-related issues and topics, using pre-post evaluation method to determine the rate of improvement	Increase in a company's productivity and revenue as a result hiring a pool of highly skilled workers and reducing workforce capacity
	Recovery-friendly workplace programming	30 students served			
	Implement ROSC	336 participants served			
	Vital links reentry program and center	Harm reduction supplies and kits distributed			
	Compassion fatigue support	3 new programs/or trainings implemented			
	Housing and employment assistance				
	Adoption of Transitional Housing National Accreditation Standard				
	Transitional planning and transition to treatment				
	Stigma-focused communication and campaign development				
	Development and support of recovery-focused transitional housing				

Work Plan & Timeline

Project Purpose: Through the delivery of evidence-based practices, VL-ROSC INSPIRE Implementation Grant will address the substance use crisis in Surry County by expanding the recovery ecosystem to improve workforce entry and reentry for individuals in recovery from substance use disorder with a focus on recovery-friendly housing support (stability in housing).

Project Goal: VL-ROSC will support the treatment-to-employment continuum; workforce development; substance use recovery-focused job training programs; and initiatives designed to coordinate and link recovery services and employment training.

Project Solution: Through innovative cross-sectional partnerships, VL-ROSC will build the capacity of local recovery housing organizations and support individuals attempting to reenter the workforce. The project will focus on evidence-based quality assurance certification standards related to the development of national recovery housing and peer support standards.

TABLE 132:

GOAL 1: EXPAND LINKAGES BETWEEN WORKFORCE DEVELOPMENT ORGANIZATIONS, TRAINING PROVIDERS, ORGANIZATIONS THAT PROVIDE POST-SUBSTANCE USE DISORDER TREATMENT WRAPAROUND SERVICES, BUSINESSES, LOCAL AND STATE COURT SYSTEMS AND OTHER PARTNERS TO ASSIST PEOPLE IN RECOVERY WITH MAINTAINING THEIR RECOVERY AS THEY ENTER OR REENTER THE WORKFORCE, AS MEASURED BY ASSOCIATED MEASURES AND PROJECT DOCUMENTATION

TASKS	TIMELINE	RESOURCES	TEAM RESPONSIBILITIES	STRATEGY
Cross-sectional partnerships	October 1, 2023-September 30, 2026	Letters of support	Develop and implement plans for strengthening partnerships, coalitions, consortiums with the addition of new partners (local, state, regional).	Strategic planning
	Quarterly meetings	Meeting spaces (virtually or in person)		Project development
		MOUs/ partnership agreements	Align and integrate substance use disorder plans, programmatic activities, and strategies with existing state, regional, or community health and economic development strategies.	Performance Accountability
		Results-based accountability Clear Impact Scorecard	Create benchmarks that are specific, measurable, achievable, relevant, timed, and challenging (SMART+C).	ARC Goal 5-Building Community Leaders and Capacity
		Collective Impact Model	Use the data-driven model to improve entrenched and complex social problems creating community impact. Establish co-equal partnership to promote community well-being.	

TABLE 132:

GOAL 1: EXPAND LINKAGES BETWEEN WORKFORCE DEVELOPMENT ORGANIZATIONS, TRAINING PROVIDERS, ORGANIZATIONS THAT PROVIDE POST-SUBSTANCE USE DISORDER TREATMENT WRAPAROUND SERVICES, BUSINESSES, LOCAL AND STATE COURT SYSTEMS AND OTHER PARTNERS TO ASSIST PEOPLE IN RECOVERY WITH MAINTAINING THEIR RECOVERY AS THEY ENTER OR REENTER THE WORKFORCE, AS MEASURED BY ASSOCIATED MEASURES AND PROJECT DOCUMENTATION				
TASKS	TIMELINE	RESOURCES	TEAM RESPONSIBILITIES	STRATEGY
Treatment and recovery supports	January 1, 2024-September 30, 2026	Financial	Develop an ecosystem, through capacity building of health and workforce activities, to strengthen community interventions and enhance coordination of the substance use disorder recovery-to-work model.	Community engagement
		Human		Shared vision
		Community Resource Map	Leverage cross-sectional partnerships and financial resources to provide stable, for transitional housing individuals receiving MAT for opioid use disorder.	Strategic Planning
		Referral and linkages NARR Accreditation for NHNB		Community access
		Recovery Friendly Workplace & Housing Support Staff Person for NHNB		ARC Goal 5-Building Community Leaders and Capacity
Substance use disorder education and awareness	January 1, 2024-September 30, 2026	Media campaigns	Develop an ecosystem, through capacity building of health and workforce activities, to strengthen community interventions and enhance coordination of the substance use disorder recovery-to-work model.	Community engagement
			Leverage cross-sectional partnerships and financial resources to provide stable, for transitional housing individuals receiving MAT for opioid use disorder.	Shared vision
				Strategic Planning
				Community access
				ARC Goal 5-Building Community Leaders and Capacity

TABLE 133:

GOAL 2: PROVIDE INDUSTRY-SPECIFIC TRAINING, JOB PLACEMENT, AND PREVENTION-FOCUSED SUBSTANCE USE DISORDER ACTIVITIES TO INDIVIDUALS AFFECTED BY SUBSTANCE USE DISORDER TO OFFER THEM A COMPETITIVE ADVANTAGE THAT COULD HELP TO STABILIZE THEM AND THEIR FAMILIES AS MEASURED BY ASSOCIATED MEASURES AND PROJECT DOCUMENTATION.

TASKS	TIMELINE	RESOURCES	TEAM RESPONSIBILITIES	STRATEGY
Business and employer supports	October 1, 2023-September 30, 2026	NC Ready Workforce Planning Strategies	Review and introduce workplace programs and policies that support employees in recovery from substance use disorder.	Support partnerships and programs that seek to reduce barriers to employment, especially for historically underserved populations. Goal 2 – Building Appalachia's Workforce Ecosystem
		Recovery-to-Work Learning Academy	Support programs that promote a recovery ecosystem by building bridges between employers, workforce development agencies, non-profit, government and recovery organizations.	
		Recovery-Friendly NC Advisory Committee	Reentry frame related to recovery-friendly employment opportunities.	
		Surry County Recovery-Friendly Workplace Plan		
Workforce development and training	January 1, 2024-September 30, 2026	Occupational safety courses	Develop and support educational programs that provide the building blocks for skills development and long-term employment success.	Support programs that ensure the availability of a trained and diverse workforce that allow for economic opportunity, retention, and growth. Increase access to STEAM and STEM and other skills training on state-of-the art technology and processes. Encourage use of creative problem-solving, business development and financial principles. Goal 2 – Building Appalachia's Workforce Ecosystem
		Local colleges and trade schools	Support programs that ensure the availability of a trained workforce with the skills and abilities required to promote economic retention and growth, particularly in industries with potential for high employment demand.	
		Department of Juvenile Justice and Department of Justice		
		Community toolbox	Increase access to programs offering certifications, industry recognized credentials, work-based learning, and apprenticeship opportunities. Identify local training and subject matter experts.	

TABLE 134:

GOAL 3: EXPAND AND STRENGTHEN COMMUNITY SYSTEMS THAT HELP TRAINED WORKERS OBTAIN A JOB, STAY ON THE JOB, AND ADVANCE ALONG A FINANCIALLY SUSTAINING CAREER PATHWAY AS MEASURED BY ASSOCIATED MEASURES AND PROJECT DOCUMENTATION.				
TASKS	TIMELINE	RESOURCES	TEAM RESPONSIBILITIES	STRATEGY
Support moving beyond job placement by offering competitive salaries, which will retain employees.	October 1, 2023-September 30, 2026	Financial	Leverage existing staff to expedite rollout and focus on specialized client needs and expand community access.	Strategic planning
		Human		
		Referral and linkages	Connect education, workforce, and business interests to create opportunities for people in recovery to transition to meaningful employment.	Project development
		SCOSAR employer non-profit & government RFWP training and support	Support the physical infrastructure necessary for the creation or retention of jobs and businesses.	Goal 3 – Building Appalachia’s Infrastructure
		Client tools/ uniforms/ equipment		

Analysis of Alternatives

Analysis of alternatives is “an analytical comparison of the operational effectiveness, sustainability, risk, and life cycle cost (or total ownership cost, if applicable) of alternatives that satisfy validated capability needs”. (USA DOD, 2021) Presented below is an analysis of needs which, if addressed, will create and expand Surry County’s recovery ecosystem. The goal of the recovery ecosystem is to help individuals in recovery access the support services and training they need to maintain recovery and successfully obtain sustainable employment.

Need: Substance Use Disorders in Older Adults

- Overdose deaths in adults ages 45 and older continues to grow in Surry County. In 2022, 38% of adults in this age group died from a drug-involved overdose death.
- In 2022, 41% of all reported drug overdose incidents in Surry County were among adults aged 45 and older.

TABLE 135:

INTERNAL STRENGTHS	EXTERNAL OPPORTUNITIES	RECOMMENDATIONS
1. Health promotion for older adults	1. Funding opportunities to support addressing among older adults.	Short-Term Outcomes and Impacts • Secure additional funding for long-term outcomes and impacts. • Increase workforce development and knowledge on substance use disorder among older adults. • Increase educational awareness on substance use among older adults. Strengthen collaboration using a collective impact approach. • Referrals and substance use screening.
2. Staff	2. Cross-sectional partnerships and incorporation of the Collective Impact Model.	
3. State and county leadership	3. Medication for opioid use disorder	Long -Term Outcomes and Impacts • Improve access to more services, including harm reduction supplies and kits. • Reduce burden in accessing medication. • Linkages to care. • Reduce barriers facing older adults with substance use disorders in post-acute care settings. • Results-based accountability to improve the lives of older adults in Surry County.
4. Available data to identify needs	4. Access and availability to services in Surry County	
5. Knowledge of evidence-based practices for preventing opioid overdose among older adults		

Need: There is lack of consistent and credible data on youth drug use especially for the most at risk populations.

- The best quantitative data available are that provided by the Department of Juvenile Justice, which a gathered from just under 2% of the 6-17-year-old population and is representative only of the youth deemed highest risk after becoming involved with juvenile justice. The level of family disturbance, including substance abuse, mental health concerns, and criminality accorded to this population excludes reliable extrapolation to the general population of youth.
- Within the data above, 20% of youth admitted to substance misuse. Of these individuals, 5% indicated that they had ever received any formal treatment. This number is one reason why it has been assumed there is not a substance use problem among Surry County youth. Area mental health providers have stated that there is just not enough of a market for juvenile treatment to warrant funding clinical programs.
- In a 2022 youth focus group:
 - Younger respondents most mentioned witnessing vaping, followed by driving too fast, drinking, smoking weed, and "cussing," while older respondents more often mentioned witnessing drinking alcohol, smoking weed, and drug use, though vaping also still prevalent.
 - Many students described positive mental health in their communities in general, at least in terms of what's "visible" and "public," but older participants described higher levels of community mental health problems (especially depression and anxiety).
 - The identified contributors to those problems: were the pandemic, family history of mental health issues, school-related stress, and stigma.
 - For mental health needs, students mentioned struggles with parents, between parents, stress at school, and "feeling left out" or lonely as contributors to mental health issues among youth.
 - Many youth have an unmet need for "someone to talk to" (could be a therapist, peer support, group counseling, or hotline) and more education re: drugs and mental health. A virtual option would be helpful. Parents can be an impediment to getting mental health services.

TABLE 136:

INTERNAL STRENGTHS	EXTERNAL OPPORTUNITIES	RECOMMENDATIONS
1. Staff	1. Funding opportunities to support substance use disorder in youth. 2. Cross- sectional partnerships and incorporation of the Collective Impact Model.	Short-Term Outcomes and Impacts • Referrals and substance use screening. • Secure additional funding for long-term outcomes and impacts. • Increase workforce development or knowledge on substance use disorder among youth. Increase educational awareness on youth substance use. • Staff fully trained in dialectical behavior therapy and other therapy models. • Strengthen collaboration using a collective impact approach.
2. State and county leadership	3. Access and availability to services in Surry County.	Long-Term Outcomes and Impacts • Consistent data collection and analysis. • Health services for teens and young adults. • Linkages to care. • Residential youth treatment services. • Virtual and in-home intensive outpatient therapy for youth. • Results-based accountability™ to improve the lives of youth in Surry County.
3. Knowledge of evidence-based practices for preventing substance use and misuse among youth		

Need: There is a need for accessible health care throughout Surry County.

- 12.5% of the population under 65 doesn't have insurance, as compared to 10.7% in the state (U.S. Census Bureau, 2021).
- Surry County has a higher ratio of population to physicians (1,940:1) and to mental health providers (2,470:1; University of Wisconsin Population Health Institute, 2022).

TABLE 137:

INTERNAL STRENGTHS	EXTERNAL OPPORTUNITIES	RECOMMENDATIONS
1. Staff	1. Investigation of integrated health practices. 2. Cross-sectional partnerships and incorporation of the Collective Impact Model.	Short-Term Outcomes and Impacts • Extend telehealth services. • Educate the community about multiple health care sites. • Improve cultural responsiveness. Secure additional funding for long-term outcomes and impacts. Strengthen collaboration using a collective impact approach
2. State and county leadership	3. Access and availability to services in Surry County.	Long-Term Outcomes and Impacts • Capacity and local readiness to address access to health care. • Expand insurance to cover health care costs. • Invest in mobile clinics to increase access in the most rural communities. • Linkages to care. • Incorporate the Maine Health Access Foundation Site Self-Assessment Survey Facilitation Guide. • Results-based accountability™ to increase accessible health care for the Surry County community. • Increase in physicians and mental health providers.
3. Knowledge of evidence-based practices for addressing accessible health care		

APPENDICES

APPENDIX A: ABBREVIATIONS

TABLE 138:

ABBREVIATIONS

AA	Alcoholics Anonymous
AAA	American Automobile Association
ACS	American Community Survey
AIDS	Acquired Immunodeficiency Syndrome
ARC	Appalachian Regional Commission
CARECG	Community Advocacy Research & Evaluation Consulting Group
COVID-19	Coronavirus disease 2019
CPS	Child Protective Services
DJJDP	Department of Juvenile Justice and Delinquency Prevention
EMS	Emergency Medical Services
HIV	Human Immunodeficiency Virus
HUD	Housing and Urban Development
INSPIRE	The Investments Supporting Partnerships In Recovery Ecosystems
JCPC	Juvenile Crime Prevention Council (Surry County)
JJI	Juvenile Justice Involved
MAT	Medication-Assisted Treatment
NA	Narcotics Anonymous
NC	North Carolina
NCDPS	North Carolina Department of Public Safety
NCDHHS	North Carolina Department of Health and Human Services
NORC	National Opinion Research Center

TABLE 138:

ABBREVIATIONS

NSDUH	National Household Survey on Drug Use and Health
PBHM	Partners for Behavioral Health Management
PTRC	Piedmont Triad Regional Council
PTRWDB	Piedmont Triad Regional Workforce Development Board
QPR	Question Persuade Refer
ROSC	Recovery-Oriented System of Care
SAMHSA	Substance Abuse and Mental Health Services Administration
SBO	School-Based Offens
SCOSAR	Surry County Office of Substance Abuse Recovery
SNAP	Supplemental Nutrition Assistance Program
SPF	Strategic Prevention Framework
STEAM	Science, Technology, Engineering, Arts, and Math
TAA	Trade Adjustment Assistance
VA	Veterans Administration
WIOA	Workforce Innovation and Opportunity Act
YDC	Youth Detention Center
YVEDDI	Yadkin Valley Economic Development District Inc

APPENDIX B: FOCUS GROUP AND INTERVIEW PROTOCOLS

TABLE 139: PTRC & SCOSAR			
FOCUS GROUP QUESTION SCRIPT			
Facilitators:			
Date/Time:			
Location:			
Directions: <i>Script can be read from or used as a tool when facilitating the focus group.</i>			

Helpful Tips for the Facilitator:

1. Whenever possible, avoid bringing your opinions to the listening session
2. Feel free to probe clarification from participants by asking follow-up questions; suggestions include:
 - For clarification: “Can you tell me what you mean by…” or “Can you tell me more about…”
 - For continuation: “Then what happened?”
 - For elaboration: “Can you give me an example?”
 - For steering the conversation: “You mentioned that…”
3. Don’t be afraid of silence—if you ask a question, some people need time to think. Follow-ups can be helpful but should be balanced with letting the participants take their time before responding.
4. The questions above are written as suggested verbiage and can be adjusted as long as you’re getting to the intent of the question.

Introduction to Facilitator and Focus Group

We want to thank you for being here for our listening session today. My name is [insert name here] and I am joined by [insert name of notetaker, partner, or consultant, if applicable]. Today’s focus group will cover youth mental and physical health in your community and will be used to help PTRC and SCOSAR make sure they are meeting the community’s needs.

Before we start our discussion, has anyone participated in a focus group before? [WAIT]

Listen to responses and explicitly cover the points below if they are not mentioned.

- Focus groups are used to gather opinions from key members of the community
- There are no “right” or “wrong” answers, as long as you’re speaking from your experience and sharing your opinions
- We would like to get everyone’s answers to all the questions, but you do not have to answer any questions you do not want to
- We would like everyone to agree that what is shared here, stays here and isn’t shared by any of you outside this group
- Participation is completely optional—you are not required to give an answer to any of the questions we ask during the focus group today.

[NAME NOTETAKER IF APPLICABLE]

Today, I'll be asking questions, and [NAME] will be helping me by taking some notes. We are also going to record the session, so that we don't miss anything.

This recording will be turned into a written document, and all names and identifiers will be removed by CARE Consulting Group. We will delete the recording after we create the notes document. We do this so your comments cannot be connected back to you. Your anonymous comments will be shared and used to help us plan activities to address youth physical and mental health in the community.

PTRC and SCOSAR will not receive the information until CARE Consulting Group has transcribed and deidentified the transcript.

Does anyone have any questions about this process? **[WAIT, LISTEN, AND ANSWER QUESTIONS]**

Introduction to participants

Finally, our plan is to wrap up in [insert length of focus group], but we do have quite a few questions to get through in that time! With that in mind, I'm going to go ahead and start recording our conversation.

[BEGIN RECORDING]

TABLE 140:

STATUS OF YOUTH MENTAL HEALTH IN THE COMMUNITY

Our first question is about youth mental health in your community—when you think about your community, how would you describe their general mental health?

Do you see youth engaging in risky behaviors? If so, which behaviors do you think are most common in your community?

MENTAL HEALTH NEEDS OF COMMUNITY

What do you feel are the mental health needs of youth in your community?

- Do you think there are any needs that are more important or have more of an impact on the community than others?

SPECIFIC PROGRAMS AND RESOURCES NEEDED IN COMMUNITY

Thank you for all those responses; you've shared very valuable information. Now that we've spoken a bit about the mental health needs and potentially risky behavior of youth in your community, I'd like to switch to asking you a few questions about what can be done to help youth improve their mental health. Are there any programs or resources currently in your community that support youth in having better mental health?

Can you think of any programs or resources that are missing in your community that would help support youth in having better mental health?

- Note: If there was a specific issue that was notable in the participants' responses to the two earlier questions, probe with a question about what resources or programs would help fix that specific problem.

TABLE 140:

HOW CAN ADULTS IN THE COMMUNITY BETTER SUPPORT YOUTH MENTAL HEALTH

OK, thank you so much for sharing that with me. Now I want to build on that last question and ask about how you think adults in your community, like parents, teachers, and coaches, can better support youth mental health?

YOUTH PHYSICAL HEALTH IN THE COMMUNITY

Now I’d like to switch to asking you some questions about youth physical health in your community. How would you describe most youth’s physical health in your community?

SPHYSICAL HEALTH NEEDS OF COMMUNITY

What do you feel are the physical health needs of youth in your community?

- Do you think there are any needs that are more important or more common than others?

SPECIFIC PROGRAMS AND RESOURCES NEEDED IN COMMUNITY

Thank you all for sharing! Now I’d like to ask you a few questions about what can be done to help youth improve their physical health. Are there any programs or resources currently in your community that support youth in having better physical health?

Can you think of any programs or resources that are missing in your community that would help support youth in having better physical health?

- Note:** If there was a specific issue that was notable in the participants’ responses to the two earlier questions, probe with a question about what resources or programs would help fix that specific problem.

HOW CAN ADULTS IN THE COMMUNITY BETTER SUPPORT YOUTH PHYSICAL HEALTH

Okay, thank you so much for sharing that with me. Now I want to build on that last question and ask, what do you think adults in your community can do to help support youth physical health in your community?

Wrap Up

This has been great! Does anyone have any other thoughts that they’d like to share before we wrap up? Maybe a point you had wanted to make earlier, but didn’t have a chance to, or a comment that you were hoping to share when you came in but hasn’t fit in anywhere? [WAIT]

Wonderful. As mentioned, this recording and our notes will be given to CARE Consulting Group to be transcribed and written up for PTRC and SCOSAR to use in their assessment and planning process.

Otherwise, thank you for being here and sharing thoughts with us, we really appreciate and value your perspectives on this topic. We hope you have a *great rest of your [day, afternoon, night]*.

TABLE 141: PTRC & SCOSAR

ROSC NEEDS ASSESSMENT KEY INFORMANT INTERVIEWS

(Please update with your information)

Facilitator Name:

Date/Time:

Location:

Directions: *Script can be read from or used as a tool when facilitating the focus group.*

Helpful Tips for the Facilitator:

1. Whenever possible, avoid bringing your own opinions to the focus group.
2. Feel free to probe clarification from participants by asking follow-up questions; suggestions include:
 - For clarification: "Can you tell me what you mean by..." or "Can you tell me more about..."
 - For continuation: "Then what happened?"
 - For elaboration: "Can you give me an example?"
 - For steering the conversation: "You mentioned that..."
3. Don't be afraid of silence; if you ask a question, some people need time to think. Follow-ups can be helpful but should be balanced with letting the participants take their time before responding.
4. The questions below are written as suggested verbiage and can be adjusted as long as you're getting to the intent of the question.
5. If the interview is scheduled for 1 hour and there is a need to skip some questions, a note is included next to each question which may be skipped.

Introduction to Facilitator and Focus Group

Welcome! We would like to thank you for being here for this interview today. My name is ... [Brief intro of facilitator: name, organization]. Today, we're going to be talking about supporting people in the recovery community who are seeking employment. We have just a few logistics to talk through before we start with introductions and questions. Have you participated in a key informant interview before?

Make sure to cover the following items:

- Key informant interview are utilized to understand opinions from key members of the community
- There are no "right" or "wrong" answers, as long as you're speaking from your experience and sharing your opinions
- You do not have to answer any questions you do not want to
- Quotes or summaries of your responses may be included in our needs assessment anonymously.

Today, I'll be asking questions, and [NAME] will be helping me by taking some key notes. To make the most of the answers you give, we are also going to be recording the session. This recorded will be transcribed and deidentified (meaning all names and identifiers will be removed) by [NAME/EVALUATOR], so comments shared here will not be able to be identified back to you. Do you have any questions? [WAIT, LISTEN AND ANSWER QUESTIONS]

[BEGIN RECORDING]

[At the beginning of the recording, identify the organization of the person you are speaking with and the sector.]

TABLE 142:
GENERAL QUESTIONS - How does your organization interact with the recovery community? - What do you think are the biggest needs in the community regarding substance use and recovery? - What are your organization’s biggest needs in providing support to the recovery community? - What do you feel stands in the way of the recovery community getting employment? - What is the unique role that [sector] plays in the recovery process?
PEER SUPPORT - Do you have data about the number of youth and adults receiving peer support services in Surry County? - Do you have an annual report or other document that describes your services and programs that we can add to our data files and include in our asset map?
SUBSTANCE USE SERVICES - Do you have data about the number of youth and adults receiving substance use services? Total numbers categorized by type of service and year would be ideal, but any data on service delivery would be greatly appreciated. - Have you collected any community data on substance use, mental health, or employment services that you would be able to share with us?
HEALTH CARE SERVICES Northern Hospital of Surry County and High Chatham Hospital, - Do you have numbers available for any of the following: - Number of people treated for nonfatal drug overdose - Number of people treated for nonfatal opioid overdose - Number of naloxone administrations - Number of patients referred to inpatient treatment - Number of patients referred to community resources - Number of people treated with detox services
MOUNTAIN VALLEY HOSPICE - Do you have data on populations served and health gaps? - What are the county’s gaps and resources related to aging and end-of-life services?

TABLE 142:

MUTUAL AID SERVICES

- What criteria does a person have to meet to participate in or receive services?

VOCATIONAL SERVICES

- Do you have data on the number of people receiving vocational services?
- Do you have any data on the substance use status of your clients?
- What should a person with a substance use disorder know about accessing and utilizing vocational services?

COMMUNITY COALITIONS SERVICES

- Do you have a community needs assessment you could share?
- Do you have any community data to share?

CASE MANAGEMENT SERVICES

- How many people are served by your organization per year?
- Do you provide substance use referrals? If so, how many per year?
- What do you think are the biggest needs among people with substance use disorders?

LEGAL SERVICES

- How many people do you help with employment-related concerns?

SPIRITUAL SERVICES

- [General questions]

EDUCATIONAL SERVICES

- Do you know how many people in recovery access your services?
- Do you offer any special services to people in recovery?

FINANCIAL SERVICES

- Do you know how many people in recovery access your services?
- Do you offer any special services to people in recovery?

TABLE 142:

CHILDCARE SERVICES

- Do you think childcare is accessible and affordable in Surry County?
- Do you think parents in recovery face any additional barriers in accessing childcare as compared to parents in the general population?

HOUSING AND TRANSPORTATION SERVICES

- Do you know how many people in recovery access your services?
- Do you offer any special services to people in recovery?
- Do you think individuals in recovery face any additional barriers accessing housing and transportation as compared to people in the general population?

BUSINESS COMMUNITY

- Do you work with any employment services or programs that assist people in recovery with getting a job?
- What should someone in recovery know about seeking employment with a business like yours?

CHILD WELFARE SERVICES

- Do you have data about the number of youth (including demographics) receiving child welfare services?
 - Total number of youth served by type of child welfare service
- Do you have any data on which child welfare services receive the most state or federal funding?
- Do you have any data regarding barriers that prevent youth or parents of youth from receiving services?
- Do you have any data regarding substance use that youth or parents or caregivers commonly report?

VETERAN SERVICES

- Do you have data about the number of veterans (including demographics) receiving veteran services?
 - Total number of veterans served
 - Total number of veterans served by or referred to substance use services
 - Total number of veterans served by employment status
- Do you have any data regarding barriers that prevent veterans from receiving substance use services?
- Do you have any data regarding substance use that veterans commonly report?

CRIMINAL JUSTICE SERVICES

- Do you have any data on charges related to substance use?
 - Total number charges by employment status
 - Total number of charges by youth vs. adult
 - Total number of felonies vs. misdemeanors related to substance use
 - Total number of charges by repeat offender vs. first time offender

TABLE 142:

HUMAN SERVICES

- What types of services do you provide?
- Do you have any data related to substance use services?
- Do you have any data related to employment services?
- Do clients report a need for substance use services? If so, are these clients employed or seeking employment or disabled?
- Do you have any data on barriers that prevent individuals from seeking human services, particularly related to substance use or employment services?

RECOVERY COMMUNITY

- What type of services do you provide to the recovery community (e.g., education, outreach, or support services)?
- Do you have any data related to individuals recovering from alcohol use?
- Do you have any data related to individuals recovering from substance use?
- Do you have any data on barriers that prevent individuals from accessing recovery community services, particularly related to substance use or employment status?

PRIVATE HEALTH CARE

- What type of private health care services do you provide related to substance abuse?
 - Do clients report a need for more substance abuse services?
- Do you have any data on the number of people who access private health care by employment status?
- What type of barriers do people usually report that prevent them from accessing private health care, particularly related to substance use or employment status?

EMPLOYMENT COMMUNITY

- What type of employment services do you offer?
 - Total number of full-time employment services
 - Total number of part-time employment services
- Do you have data on the number of people who are unemployed vs. employed?
- What type of barriers do people usually report that prevent them from being employed?
 - Total number who report substance use as a reason for being unemployed.
- What type of barriers do people usually report that prevent them from accessing employment services, particularly related to substance use or employment status?

PRIMARY HEALTH CARE COMMUNITY

- What type of substance use services do you offer?
- Total number of clinics that offer substance use services?
- Do clients report enough medical professionals in the primary care community who can assist with substance use?
- Do you have any data on the number of people who access primary care by employment status?
- What type of barriers do people report that prevent them from receiving primary care services, particularly related to substance use or employment status?

TABLE 142:

MENTAL HEALTH COMMUNITY

- What type of mental health services do you provide?
 - Total number who access mental health services by employment status?
 - Total number who access mental health services and substance use services?
 - Total number who desire increased mental health services?
- What type of barriers do people report that prevent them from receiving mental health services, particularly related to substance use or employment status?

ADDICTIONS

- What type of addiction services do you provide?
 - Total number who access addiction services by employment status?
 - Total number who access addiction services and substance use services?
 - Total number of alcohol addiction services?
 - Total number of other substance use addiction services?
 - Total number of medications administered for addictions?
- What type of barriers do people report that prevent them from receiving addiction services, particularly related to substance use or employment status?

SUBOXONE PROVIDERS

- Total number of suboxone providers?
 - Total number of suboxone prescriptions received or administered?
 - Total number who receive suboxone by employment status?
 - Total number who report misusing suboxone including overdoses?
 - Total number who use suboxone and receive mental health services?
- Any data on improvement in substance use once suboxone is administered (e.g., reduced visits, etc.)?
- What type of misconceptions of suboxone do clients typically mention?
- What type of barriers do people report that prevent them from receiving suboxone, particularly related to substance use or employment status?

Wrap Up

This has been great! Does anyone have any other thoughts that they'd like to share before we wrap up? Maybe a point you had wanted to make earlier, but didn't have a chance to, or a comment that you were hoping to share when you came in but hasn't fit in anywhere? [WAIT]

Wonderful. As mentioned, this recording and our notes will be given to CARECG to be transcribed and written up for us to utilize in our assessment and planning process. If you're interested in seeing the report, or in the final assessment and planning products, please let [NAME] know or reach out to [NAME] in a few weeks.

Surry County Recovery Friendly Workplace Plan: (link)

PTRC Surry County Opioid Response Team Asset Map: [PTRC Surry County Opioid Response Team Asset Map - Google My Maps](#)

APPENDIX C: DISEASES OF DESPAIR AND NATIONAL CLASS STANDARDS

TABLE 143: UNDERLYING CAUSE OF DEATH — ICD-10 CODES FOR DISEASES OF DESPAIR

DISEASES OF DESPAIR	ICD-10 CODE	UNDERLYING CAUSES OF DEATH
Alcoholic poisoning and overdoses of prescription and illegal drugs (overdose)	X40-45	Accidental poisoning by and exposure to; nonopioid analgesics, antipyretics, and antirheumatics; Antiepileptic, sedative-hypnotic, antiparkinsonism, and psychotropic drugs; narcotics and psychodysleptics [hallucinogens]; other drugs acting on the automatic nervous system; other and unspecified drugs, medicaments, and biological substances; and alcohol
	Y10-15	Poisoning by an exposure to the following (undetermined intent): nonopioid analgesics, antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs; narcotics and psychodysleptics [hallucinogens]; other drugs acting on the automatic nervous system; other and unspecified drugs, medicaments and biological substances, alcohol)
	Y45	Analgesics, antipyretics and anti-inflammatory drugs
	Y47	Sedatives, hypnotics and antianxiety drugs
	Y49	Psychotropic drugs, not elsewhere classified
Suicide	X60 - 84	Intentional self-harm
	Y87.0	Sequelae of intentional self-harm
Alcoholic liver disease/cirrhosis	K70	Alcoholic liver disease
	K73	Chronic hepatitis, not elsewhere classified
	K74	Fibrosis and cirrhosis of liver

TABLE 144: MULTIPLE CAUSE OF DEATH — ICD-10 CODES FOR OPIOID — RELATED OVERDOSE

DISEASE OF DESPAIR	ICD-10 CODE	MULTIPLE CAUSES OF DEATH
Alcoholic poisoning and overdoses of prescription and illegal drugs (overdose)	T40.0	Opium
	T40.1	Heroin
	T40.2	Other opioids
	T40.3	Methadone
	T40.4	Other synthetic narcotics
	T40.6	Other and unspecified narcotics

APPENDIX D: COMMUNITY OVERVIEW

TABLE 145: POPULATION PER SQUARE MILE, 2020

Surry County	134.0
North Carolina	214.7
United States	93.8

Source: U.S. Census Bureau, 2021

TABLE 146: RACE DEMOGRAPHICS, ACS 5-YEAR ESTIMATES, 2020

	SURRY COUNTY	NORTH CAROLINA	UNITED STATES
White	89.3%	67.6%	70.4%
Black or African American	3.8%	21.4%	12.6%
American Indian and Alaska Native	0.3%	1.2%	0.8%
Asian	0.6%	3.0%	5.6%
Native Hawaiian and other Pacific Islander	0.2%	0.1%	0.2%
Some other race	3.5%	3.2%	5.1%
Two or more races	2.3%	3.6%	5.2%
Total population	71,904	10,386,227	326,569,308

Source: U.S. Census Bureau, 2021

TABLE 149: HISPANIC OR LATINO, ACS 5-YEAR ESTIMATES, 2020

	SURRY COUNTY	NORTH CAROLINA	UNITED STATES
	N=71,904	N=10,386,227	N=326,569,308
Hispanic or Latino (of any race)	10.9%	9.5%	18.2%
Not Hispanic or Latino	89.1%	90.5%	81.8%

Source: U.S. Census Bureau, 2021

TABLE 147: SPEAK ENGLISH LESS THAN VERY WELL, ACS 5-YEAR ESTIMATES, 2020

	SURRY COUNTY	NORTH CAROLINA	UNITED STATES
	N=68,084*	N=9,780,928*	N=306,919,116*
Speak English less than very well	4.2%	4.45	8.2%

*Population aged 5 years old or older.
Source: U.S. Census Bureau, 2021

TABLE 148: LANGUAGES SPOKEN AT HOME, ACS 5-YEAR ESTIMATES, 2020

	SURRY COUNTY	NORTH CAROLINA	UNITED STATES
	N=68,084*	N=9,780,928*	N=306,919,116*
English only	89.7%	88.25	78.5%
Spanish	9.1%	7.5%	13.2%
Other Indo-European languages	0.6%	1.9%	3.7%
Asian and Pacific Islander languages	0.6%	1.7%	3.5%
Other languages	0.1%	0.7%	1.1%

*Population aged 5 years old or older.
Source: U.S. Census Bureau, 2021

APPENDIX E: TREATMENT AND RECOVERY

TABLE 149: NUMBER OF NARCAN DISTRIBUTIONS BY SURRY COUNTY INTERVENTION TEAM BY MONTH, APRIL 2021–AUGUST 2022

MONTH	N
April 2021	7
May 2021	11
June 2021	4
July 2021	3
August 2021	6
September 2021	6
October 2021	6
November 2021	9
December 2021	0
January 2022	0
February 2022	4
March 2022	8
April 2022	2
May 2022	6
June 2022	6
July 2022	2
August 2022	4

APPENDIX F: VOCATIONAL

TABLE 150: SURRY COUNTY CERTIFICATES AND DEGREES AWARDED, Q1 2022

TITLE	CERTIFICATES AND 2-YEAR DEGREES	4-YEAR DEGREES	POSTGRADUATE AWARDS	TOTAL AWARDS
Liberal arts and sciences/liberal studies	155	0	0	155
Registered nursing/registered nurse	47	0	0	47
Business administration and management, general	42	0	0	42
Mechatronics, robotics, and automation engineering technology/technician	35	0	0	35
Early childhood education and teaching	32	0	0	32
Language interpretation and translation	32	0	0	32
Accounting and finance	30	0	0	30
Liberal arts and sciences, general studies and humanities, other	30	0	0	30
Information technology	26	0	0	26
Criminal justice/safety studies	25	0	0	25
Welding technology/welder	25	0	0	25
Medical office management/administration	23	0	0	23
Medical/clinical assistant	18	0	0	18
Electrician	17	0	0	17
Licensed practical/vocational nurse training	16	0	0	16
Computer software and media applications, other	14	0	0	14
Heating, air conditioning, ventilation and refrigeration maintenance technology/technician	14	0	0	14
Physical therapy assistant	14	0	0	14
Legal assistant/paralegal	13	0	0	13
Cosmetology/cosmetologist, general	11	0	0	11
Electrical, electronic, and communications engineering technology/technician	11	0	0	11
Office management and supervision	10	0	0	10

TABLE 150: SURRY COUNTY CERTIFICATES AND DEGREES AWARDED, Q1 2022

TITLE	CERTIFICATES AND 2-YEAR DEGREES	4-YEAR DEGREES	POSTGRADUATE AWARDS	TOTAL AWARDS
Automobile/automotive mechanics technology/ technician	8	0	0	8
Forensic science and technology	8	0	0	8
Viticulture and enology	7	0	0	7
Autobody/collision and repair technology/ technician	5	0	0	5
Building/property maintenance	5	0	0	5
Carpentry/carpenter	5	0	0	5
Child development	5	0	0	5
Educational leadership and administration, general	5	0	0	5
Accounting	4	0	0	4
Electromechanical technologies/technicians, other	3	0	0	3
Agroecology and sustainable agriculture	2	0	0	2
Animal/livestock husbandry and production	2	0	0	2
Nursing assistant/aide and patient care assistant/ aide	2	0	0	2
Applied horticulture/horticulture operations, general	1	0	0	1
Computer numerically controlled machinist technology/machinist	1	0	0	1
Electromechanical/electromechanical engineering technology/technician	0	0	0	0
Machine shop technology/assistant	0	0	0	0
Mechanical drafting and mechanical drafting	0	0	0	0
Mechatronics, robotics, and automation engineering	0	0	0	0
Pre-nursing studies	0	0	0	0
TOTAL	703	0	0	703

TABLE 151: WORKFORCE DEVELOPMENT (WIOA) PROGRAM SERVICES PROVIDED (7/1/2021-6/30/2022)

ACTIVITY/DESCRIPTION	DISTINCT USERS	TOTAL SERVICES	% OF TOTAL
381 - Participant received employment and training services (career and training services) under DWG	1	1	0.23%
102 - Initial assessment	1	1	0.23%
200 - Individual counseling	19	21	4.73%
202 - Career guidance/planning	1	1	0.23%
203 - Objective assessment	21	21	4.73%
204 - Interest and aptitude testing	9	9	2.03%
205 - Creation of IEP/ISS	21	21	4.73%
20A - Update of IEP/ISS	12	14	3.15%
300 - WIOA occupational skills training - on ETPL	14	14	3.15%
301 - On the job training	15	15	3.38%
310 - Occupational skills training for special grants (on ETPL)	2	2	0.45%
400 - Summer internship and summer employment	2	3	0.68%
401 - Pre-employment training and work maturity	7	11	2.48%
404 - Tutoring, study skills training and instruction	1	1	0.235
407 - Alternative secondary school services or dropout recovery services	3	3	0.68%
408 - Non-summer internship and employment	5	8	1.80%
410 - Leadership development services	13	15	3.38%
412 - Youth objective assessment ++	10	10	2.255
413 - Youth creation of IEP/ISS++	20	51	11.49%
41A - Youth update of existing IEP/ISS++	20	51	11.49%
416 - Youth occupational skills training - on ETPL	14	18	4.05%
417 - Comprehensive guidance and counseling	36	125	28.155
429 - Enrolled in traditional secondary school (H.S.)**	13	13	2.93%
426 - Youth work experience, other	4	5	1.13%
430 - Youth occupational skills training not on ETPL	4	4	0.90%
441 - Entrepreneurial skills training	12	12	2.70%

TABLE 151: WORKFORCE DEVELOPMENT (WIOA) PROGRAM SERVICES PROVIDED (7/1/2021-6/30/2022)

ACTIVITY/DESCRIPTION	DISTINCT USERS	TOTAL SERVICES	% OF TOTAL
442 - Services that provide labor market and employment information about in-demand industry sectors	1	1	0.23%
CSS - Provided support service**	18	33	7.43%
FLG - Finish line grant participant	1	1	0.23%
TOTAL ROWS: 29	76	444	100%

TABLE 152: WAGNER-PEYSER (WP) PROGRAM SERVICES PROVIDED (7/1/2021-6/30/2022)

ACTIVITY/DESCRIPTION	DISTINCT USERS	TOTAL SERVICES	% OF TOTAL
000 - WIOA title 1 application completed with intent to receive services**	30	30	0.17%
003 - Self service registration	2,150	2,848	16.07%
004 - Self service information on training providers, performance outcomes**	39	51	0.29%
005 - Self service labor market research**	179	240	1.355
006 - Self service job search through VOS**	722	1,833	10.34%
008 - Accessed information-only services or activities	28	28	0.16%
007 - Self service resume**	702	1,100	6.21%
090 - Skills self-assessment**	164	216	1.22%
101 - Orientation	738	835	4.71%
102 - Initial assessment	945	1,004	5.665
103 - Information on training providers**	18	18	0.10%
104 - Workshop - group session**	5	5	0.03%
107 - Provision of labor market research**	461	548	3.09%
115 - Resume preparation assistance	168	170	0.965
120 - Use of one-stop resource room and equipment**	12	13	0.07%
123 - Job development contacts (working with employer and job seeker)	276	291	1.645
125 - Job search assistance	441	473	2.67%

TABLE 152: WAGNER-PEYSER (WP) PROGRAM SERVICES PROVIDED (7/1/2021-6/30/2022)

ACTIVITY/DESCRIPTION	DISTINCT USERS	TOTAL SERVICES	% OF TOTAL
191 - Refer to supportive services and external resources**	295	311	1.75%
202 - Career guidance and planning	594	709	4.005
203 - Objective assessment	3	3	0.02%
228 - Employability development plan	493	645	3.64%
V28 - DVOP only - individual development plan	1	1	0.01%
V30 - DVOP only - individual coaching	1	1	0.01%
500 - Referred to job over 150 days	344	1,965	11.09%
501 - Referred to job 4 -150 days	146	146	0.825
503 - Negative referral result**	46	65	0.37%
504 - Refused referral to job or training**	1	1	0.01%
505 - External job referral by staff**	5	15	0.08%
590 - Notification to job seeker of potential job**	3	9	0.05%
750 - Placement local individual over 150 days	25	38	0.21%
760 - Placement local individual 4 - 150 days	136	136	0.775
230 - RESEA referred to reemployment or training service**	308	410	2.31%
622 - EAI/RESEA - letter printed - manual - do not use in local office	19	19	0.11%
140 - Orientation RESEA**	308	389	2.19%
229 - RESEA reported to reemployment services	89	90	0.51%
240 - RESEA letter mailed**	229	229	1.29%
244 - RESEA cancelled appointment	1	1	0.01%
245 - RESEA rescheduled appointment	80	82	0.465
246 - RESEA failed to report**	126	133	0.75%
249 - RESEA completed	307	403	2.275
623 - EAI letter mailed**	165	165	0.93%
629 - EAI completed	204	218	1.23%
06M - Self service job search through mobile app	126	633	3.575

TABLE 152: WAGNER-PEYSER (WP) PROGRAM SERVICES PROVIDED (7/1/2021-6/30/2022)

ACTIVITY/DESCRIPTION	DISTINCT USERS	TOTAL SERVICES	% OF TOTAL
591 - Staff determined not qualified for suppressed Job	1	1	0.01%
650 - Got a job	5	5	0.03%
R01 - Reentry initiative services provided	2	2	0.01%
Total Rows: 47	3,050	17,723	100%

TABLE 153: TAA PROGRAM SERVICES PROVIDED (7/1/2021-6/30/2022)

ACTIVITY/DESCRIPTION	DISTINCT USERS	TOTAL SERVICES	% OF TOTAL
T01- Hold - waiting for final bill (TAA only)	2	2	3.23%
213 - TAA program orientation - first CM service	2	2	3.23%
T02 - TAA initial assessment	9	9	14.52%
T25 - TAA job research assistance	15	19	30.65%
202 - Career guidance or planning	1	1	1.61%
206 - TAA individual service plan for training	3	3	4.84%
280 - TAA = ATAA/RTAA wage subsidy	14	19	30.65%
335 - TAA - approved occupational skills training - approved by state	3	3	4.84%
281 - TAA CM - benchmark review	2	4	6.45%
Total Rows: 9	40	62	100%

TABLE 154: FUNDS EXPENDED

JULY 1, 2020-JUNE 30, 2021

Adult	\$1,293,327
Dislocated worker	\$1,434,368
Youth	\$1,428,884
Finish line grants	\$174,008
NDWG Covid-19	\$120,785

Source: PTRWDB

APPENDIX G: RECOVERY-FRIENDLY WORKPLACE

Respondents' Professional Roles

TABLE 155: MY PROFESSIONAL ROLE IS BEST DESCRIBED AS:

ANSWER CHOICES		RESPONSES
Manger/supervisor	40.58%	56
Healthcare professional	5.80%	8
Company owner/operator	21.74%	30
Consultant	1.45%	2
Legal professional	1.45%	2
Human resources professional	7.97%	11
Other (please specify)	21.01%	29
	Answered	138
	Skipped	0

Respondents' Company Type

TABLE 156: MY COMPANY IS BEST DESCRIBED AS:

ANSWER CHOICES		RESPONSES
Agriculture	1.45%	2
Construction	2.90%	4
Education, health, social services	21.74%	30
Entertainment, recreation, food	7.97%	11
Finance, insurance, real estate	10.14%	14
Information, communications	5.07%	7
Manufacturing, durable	7.97%	11
Manufacturing, non-durable	2.90%	4
Mining	0.00%	0

TABLE 156: MY PROFESSIONAL ROLE IS BEST DESCRIBED AS:

ANSWER CHOICES		RESPONSES
Other services (not public administration)	6.52%	9
Professional, management, administration	5.80%	8
Public administration	3.62%	5
Retail	2.17%	3
Transportation, utilities	2.90%	4
Wholesale, durable	2.17%	3
Wholesale, non-durable	0.00%	0
Other (please specify)	16.67%	23
Answered		138
Skipped		0

Size of Respondents' Companies

TABLE 157: THE NUMBER OF EMPLOYEES WHERE I WORK IS:

ANSWER CHOICES		RESPONSES
1 -50	58.70%	81
51 - 100	12.32%	17
101 - 200	10.87%	15
201 - 300	4.35%	6
301+	13.77%	19
Answered		138
Skipped		0

Training and Education Opportunities Offered by Respondents' Companies

TABLE 158: MY ORGANIZATION CURRENTLY OFFERS RECOVERY EDUCATION AND TRAINING FOR EMPLOYERS AND EMPLOYEES

ANSWER CHOICES		RESPONSES
Yes	38.52%	52
No	52.59%	71
Unsure	8.89%	12
	Answered	135
	Skipped	3

Employee Assistance Program Behavioral Health Support Options from Respondents' Organizations

TABLE 159: MY ORGANIZATION OFFERS AN EMPLOYEE ASSISTANCE PROGRAM (EAP) THAT OFFERS BEHAVIORAL HEALTH SUPPORTS FOR EMPLOYEES IN NEED.

ANSWER CHOICES		RESPONSES
Yes	49.63%	67
No	42.22%	57
Unsure	8.15%	11
	Answered	135
	Skipped	3

Organizational Human Resources Policies to Address Workplace Behavioral Health Issues

TABLE 160: MY ORGANIZATIONAL HUMAN RESOURCES DEPARTMENT OR STAFF HAVE POLICIES IN PLACE TO ADDRESS BEHAVIORAL HEALTH ISSUES THAT ARISE IN THE WORKPLACE.

ANSWER CHOICES		RESPONSES
Yes	57.78%	78
No	31.85%	43
Unsure	10.37%	14
	Answered	135
	Skipped	3

Organizational Offerings for Internal or External Contracts for Employees' Peer Recovery Support Services or Seeking Recovery

TABLE 161: MY ORGANIZATION CURRENTLY OFFERS INTERNAL, OR THROUGH EXTERNAL CONTRACTS, PEER RECOVERY SUPPORT SERVICES FOR EMPLOYEES IN OR SEEKING RECOVERY.

ANSWER CHOICES		RESPONSES
Yes	37.78%	51
No	47.41%	64
Unsure	14.81%	20
Answered		135
Skipped		3

Maintenance of an Up-to-Date List of Prevention, Treatment, and Recovery Support Organizations Available to Employees in Their Communities

TABLE 162: MY ORGANIZATION MAINTAINS AN UP-TO-DATE LIST OF PREVENTION, TREATMENT, AND RECOVERY SUPPORT ORGANIZATIONS AVAILABLE TO EMPLOYEES IN THEIR COMMUNITIES

ANSWER CHOICES		RESPONSES
Yes	36.30%	49
No	44.44%	60
Unsure	19.26%	26
Answered		135
Skipped		3

Organizations' Allowance for Flexible Time Off for Employees to Attend Recovery Support Activities and Events

TABLE 163: MY ORGANIZATION ALLOWS FOR FLEXIBLE TIME OFF FOR EMPLOYEES TO ATTEND RECOVERY SUPPORT ACTIVITIES AND EVENTS.

ANSWER CHOICES		RESPONSES
Yes	48.15%	65
No	29.63%	40
Unsure	22.22%	30
	Answered	135
	Skipped	3

Organizations' Policies to Promote a Successful and Nonpunitive Return to Work for Employees Who Engage in Behavioral Health Treatment

TABLE 164: MY ORGANIZATION HAS POLICIES IN PLACE THAT PROMOTE A SUCCESSFUL AND NON-PUNITIVE RETURN TO WORK FOR EMPLOYEES WHO ENGAGE IN BEHAVIORAL HEALTH TREATMENT

ANSWER CHOICES		RESPONSES
Yes	49.63%	67
No	28.15%	38
Unsure	22.22%	30
	Answered	135
	Skipped	3

APPENDIX H: FOCUS GROUP REPORT

PIEDMONT TRIAD REGIONAL COUNCIL AND SURRY COUNTY
OFFICE OF SUBSTANCE ABUSE RECOVERY: FOCUS GROUP REPORT

Summary

PTRC, SCOSAR and its partners conducted seven focus groups with 56 youth during October 2022. Youth shared their perspectives on mental and physical health needs in their communities, as well as what might be done to improve these moving forward. The focus groups occurred at seven schools in Surry County, NC: three middle schools, three high schools, and one community college.

The following report, compiled by CARECG, provides a demographic breakdown of participants followed by a summary of themes and quotes from each of the topic areas the youth were asked about.

DEMOGRAPHIC BREAKDOWN

Age: The 56 focus group participants ranged in age from 11 years old to “19 years or older.” The majority (61%) were 12-15 years old, as displayed in the following table:

TABLE 165:				
11	12-13	14-15	16-17	18+
7.1%	26.8%	33.9%	16.1%	16.1%

Race & Ethnicity

Race: A majority (75%) of respondents identified as White/Caucasian, followed by “more than one race” (5.4%), Black/African American (1.8%), and Asian/Asian American (1.8%). 16.1% declined to answer.

Ethnicity: 23.2% of respondents identified as Hispanic or Latino/a/x. 53.6% said they were Non-Hispanic/Latino/a/x, 12.5% said “I don’t know.” 10.7% declined to answer.

Gender

50% of respondents identified as female, while 46.4% said male, 1.8% said transgender, and 1.8% declined to answer.

REPORT

Status of Youth Mental Health in the Community

1. WHEN YOU THINK ABOUT YOUR COMMUNITY, HOW WOULD YOU DESCRIBE ITS GENERAL MENTAL HEALTH?

THEMES

- Many students described basically positive mental health in their communities, at least among what's "visible" and "public"
 - some acknowledged there could be more going on in private
- Many said they just don't hear much about mental health in their community
- Older participants described higher levels of community mental health problems (especially depression and anxiety)
 - identified contributors to those problems: the pandemic, family history of mental health issues, school-related stress, and stigma

QUOTES

- "I feel like mostly people here are happy, but then again people try to hide it and you don't always know ...what they're feeling like outside of public spaces."
- "I feel like most of my peers feel pretty good, but I know that they all struggle sometimes with their own problems and can feel sad at times."
- "...the older you get, the more you understand; the more you understand, the more stress."
- "When you're in elementary school, basically you have good mental health, but when you get into middle school...it just feels like it's going all downhill. But like when you get older it'll get better. So technically it's kind of like a bumpy road."
- "I definitely think something about this generation wants people to hide their emotions more and not express how they're feeling. I feel like they haven't had the time to understand how they feel yet."
- "I think it's been going downhill in the recent years just because of what's all going on in the world and you know, the pandemic and everything is putting everybody down."
- "I think mental health is really just like, it's not what it needs to be here...It's not talked about...it's just not put into the right perspective cuz... like if you try to talk about your mental health, it's like they just set you aside."

2. DO YOU SEE YOUTH ENGAGING IN RISKY BEHAVIORS?

THEMES

- Younger respondents most commonly mentioned witnessing vaping, followed by driving too fast, drinking, smoking weed, "cussing"
 - sometimes mentioned "other drugs" but said they didn't know what type
- Reasons for vaping: stress, peer pressure, wanting to look "cool," and to cope with trauma/difficulties
- Places people vape: on the bus, in bathrooms, out in the community (less at school)
- Older respondents more often mentioned witnessing drinking alcohol, smoking weed, and drug use, though vaping also still prevalent

QUOTES

- "When you get older, ... you try to be more cool...and you make more bad decisions and start vaping. Some people might start drinking, some are partying, taking pills or drugs."
- "[Risk behaviors] could be used to cope or to try and drown it out...alcohol, if it's available to them, they're not gonna stop themselves from using it in some situations."
- "I think vaping and drugs and all that [are common] just because kids wanna meet society's expectations."
- "I don't think at our school there's a lot of substance abuse because where we're provided with freedom, people don't really want to break rules...So I don't see it as an issue here."

Mental Health Needs of Community

3. WHAT DO YOU FEEL ARE THE MENTAL HEALTH NEEDS OF YOUTH IN YOUR COMMUNITY?

THEMES

- Struggles with parents, between parents, stress at school, and “feeling left out”/ loneliness mentioned as contributors to mental health issues among youth
 - things that can help mental health: family, encouragement, pets, making friends
 - ways to ameliorate school stress: more time to complete assignments, lower adults’ expectations/emphasis on good grades, teachers should “listen more” and improve relationships with students, reduce turnover among teachers, limit the # of college classes students can take per semester
- Respondents focused on the need for more recreational activities, organized hobbies
 - positive distractions (even social media, if used in the right way)
 - improved safety/upkeep in recreational areas that already exist
- Many youth have an unmet need for “someone to talk to” (could be a therapist, peer support, group counseling, or hotline) and more education re: drugs and mental health
 - should have virtual options for those who face barriers
 - parents can be an impediment to getting mental health services
- Suggested “mental health days,” where everyone gets time to focus on their mental health instead of just certain individuals who might then feel stigma

QUOTES

- “A lot of people don’t really like talking to people about their problems. They’d rather do something to get it off their mind or something...If I’m upset, I go outside. Play sports cuz I’m an athlete, but not just sports. Like different activities all around.”
- “Most kids need extra emotional support because everybody’s got something going on that most people don’t know about so that extra support can really help them.”
- “I think everybody has some type of struggle with their mental health to some degree, ...some worse than others but, I think they do have a hard time finding somebody to talk to about it...sometimes part of the problem would be their parents. Their parents are like oh there’s nothing wrong with you, you don’t need to like talk to anybody.”

Specific Programs and Resources Needed in Community

4. PROGRAMS AND RESOURCES CURRENTLY IN YOUR COMMUNITY THAT SUPPORT YOUTH MENTAL HEALTH?

THEMES

- Younger students mentioned specific classes re: drugs and alcohol
- Sports, exercise, and recreation were commonly endorsed, regardless of age group
 - pools, skating rinks, gyms (i.e., "ProHealth," "Starlight," "Northern Wellness")
 - parks (i.e., Dobson Park and "The Greenway")
 - community centers (i.e., "Reaves") and 4-H club
- Occasionally mentioned:
 - places that provide therapy (i.e., "Daymark," "the Shepherd's House")
 - volunteering opportunities and non judgmental places (i.e., "Pride Time")
 - after school homework help (i.e., "Twilight School")

QUOTES

- "I think anything that you can get for a cheap price that's not hard to get to...Like Starlight Skate Center. It's a good place...it's a fun time. You can go and meet new friends."
- "You can go to the park, meet new friends and just hang out and get stress off your mind."
- "I know for me personally volunteering is a big way to just help with my mental health because...I volunteer at certain medical ministries...as a pharmacy technician and just knowing that like I have it so much better than so many other individuals just helps me realize like I'm okay... and just helping others just gives you a positive feeling."
- "4 H...was really nice because it was outside the school system. It allowed me to make friends outside and it had all the recreational activities you could ask for. Kids could really have an outlet... a place where they could make friends without worrying about bullying or try new activities that you don't get to try in school as much...just having more diverse activities."

5. ANY PROGRAMS OR RESOURCES MISSING IN YOUR COMMUNITY THAT WOULD SUPPORT YOUTH MENTAL HEALTH?

THEMES

- Most commonly mentioned:
 - increase availability of therapists or counselors in the local area and schools
 - have “teachers that care” instead of just providing referrals to therapists
 - an after school program kids could sign up for without parental permission
 - behavioral experts to come teach kids to have better behavior, stop bullying, improve mental health, etc.
 - emotional support groups, therapy groups, youth/peer groups, coping groups, “mental health club”
 - suggestions for these to be online, anonymous, free
- More limited endorsement of:
 - “mental health days,” animal companions
 - education about medication, especially anxiety medication
 - programs provided in elementary school that are no longer provided (e.g. DARE)
 - a time management, organization, stress-reduction class
 - tutoring that helps with concentration, motivation instead of schoolwork itself
 - art schools/groups, more age-appropriate, fun recreational opportunities
 - including places near schools – like libraries, gyms – that could be open and available after school, even to kids not enrolled in organized sports
 - summer camps that have mental health counselors
 - holding inclusive focus groups on ways students can improve the school

QUOTES

- “...just having someone listen to you cuz it really takes some stress off of you, you can relax better and focus a little more when you open up yourself to other people.”
- “I think a lot of students don’t take advantage of all the opportunities...in the community because they may see they don’t fit in or they just don’t wanna put in the effort.”
- “I think there needs to be more resources for kids our age. Like there’s all kinds of ...everything for little kids. But then... our age is just left to be at home all day or to do nothing. And I think that’s a big problem on mental health; you’re just stuck at home not doing anything. Especially if you have social awkwardness or a lot of siblings...”

How Adults in the Community can Better Support Youth Mental Health

6. HOW CAN ADULTS IN YOUR COMMUNITY (PARENTS, TEACHERS, COACHES) SUPPORT YOUTH MENTAL HEALTH?

THEMES

- Adults should “listen more” to youth, check in more, recognize when youth are struggling, be more understanding, less critical, judgmental, have more realistic expectations, make more attempts to talk to youth, and express “that they’re there if you need someone.”
 - some parents dismiss when their kids bring up mental health issues or minimize the stress their kids raise by comparing it with their own (adult) stressors
 - adults should acknowledge when youth are having mental health issues and help them seek services (i.e., therapy)
- Adults should increase attention to behavior problems, including parents providing more discipline and explanations (why a discipline is happening) but also provide “second chances” before handing out severe consequences (like expulsion or suspension)
- Adults should handle bullying in more appropriate (and private) ways
- School administrators should listen to students’ reasons for wanting certain changes

QUOTES

- “Some people...might seem fine, but they’re going through something. So I feel like if they were...to check up on them every now and then, I feel like it would help.”
- “I feel like most parents and adults now they’re...just kind of watching it all happen. If they actually like step up for the youth then it’ll really help.”
- “I feel like it’s good to...push people to get better but to a certain extent like you can’t expect perfection ... whenever someone makes a mistake people just put ‘em down instead of saying like they can get better from it.”
- “...the support isn’t there and I feel like I can’t trust a lot of people around here and the teachers just aren’t involved. So it’s hard to talk to somebody that you don’t trust.”
- “I think a lot of parents, ... I’ve noticed a trend in mainly millennials that they don’t discipline their kids the right way and...they just brush it under the rug...if I’m doing something that’s wrong, I need to be helped to show that it’s wrong.”
- “[Parents] should just check up on you a lot more and see how you’re doing. Kids won’t really... go up to their parents say, ‘Hey, I have this problem.’ I feel like it’s for the parent to ask them first.”
- “Parents can be very strict...they don’t realize how stressful school can really be. So I would recommend for them to start listening to their kids more instead of...brushing it off all the time ...”
- “...the emotional support part, the teachers, I feel like they’re not as involved and it...feels like they don’t really care to listen and it’s kind of hard if you feel like you don’t have support around you.”
- “A lot of parents just look at it as like, ‘oh, you’re not depressed. Why would you be depressed? You have everything you need,’ ... there’s a lot of things that affect your mental health like bullying or just stress in general. And that could be dealt with more.”
- “A lot of parents were raised very traditionally so all of this mental health stuff doesn’t really phase them because... in their time they cope differently than we do. You’re just telling us suck it up and it’s kind of difficult, you know...Some parents are like, ‘no they’re fine... They’re just being a little baby’.”

Youth Physical Health in the Community

7. HOW WOULD YOU DESCRIBE MOST YOUTH'S PHYSICAL HEALTH IN YOUR COMMUNITY?

THEMES

- Younger students described community physical health as good, average, "pretty healthy"
- Older students described it somewhat worse overall
 - described a "split" between people who have been educated on health and fitness principles (either at home or at school) and those who haven't
- Exercise, fitness levels tend to be higher than "eating right" since many students are involved in physical activities but food options at schools and in neighborhoods are poor, unhealthy.
- Technology, smartphones and the pandemic have caused a decline in physical activity
 - the internet is "addicting" and can give misinformation about health
- Contributors to many students' poor health: P.E. no longer required so most kids don't take it, some kids can't or don't avail themselves of the free/reduced lunch program

QUOTES

- "I don't think the eating's great, but the activity is pretty good to make up for it."
- "technology really affects our way because back maybe like 30 years ago people were outside playing, they had things to do, they make things to do and they had a lot of fun. But now people just scroll on their phones all day, they don't really...have the option to go outside and do things."
- "I think after the pandemic there's been a huge decline in uh, physical health. I feel like everybody kind of got lazy and started eating wrong and got in bad habits and really right now the only ones who are trying to stay in shape [are] athletes and our school lunches don't provide enough options."

Physical Health Needs of Community

8. WHAT DO YOU FEEL ARE THE PHYSICAL HEALTH NEEDS OF YOUTH IN YOUR COMMUNITY?

THEMES

- Most common response: health, nutrition education or current health class offerings are few and far between, optional, not very informative; information is often out of date, out of touch
 - not enough information about processed foods/damage it causes
 - parents also don't know/don't teach youth about nutrition
- Increase available, affordable healthy food (fast, junk food is easily accessible and cheap)
- More availability, advertising, promotion of fitness/activity opportunities
 - bring back "power lunch" or "smart lunch," where students had one full hour for activities including physical activities (basketball, intramurals, etc.)
 - life coaching, including "what to eat and how to be active"
 - an "organized athletic program that's free for everybody"
- Negative self-image; kids who struggle with sports too "embarrassed" to try harder
- some people just focus on body image, not underlying health status

QUOTES

- "You can't expect somebody to know when they're not taught."
- "Not everybody wants to spend a bunch of money on healthy food. They start buying the...lower quality or processed food and that's where health problems come into play."
- "I feel like recently it's been going downhill cause I feel like physical education...isn't really stressed enough... having that knowledge when you're young, it'll stick with you the rest of your life. So eventually, if you get older and something happens, you always have that knowledge to better yourself."
- "I feel like most people are pretty good about exercising and stuff but even the best athletes don't eat good at all. Like they skip meals and then when they eat it's all junk food and stuff like that. And I feel like we need more like education on how to eat healthy and also better choices to eat."
- "Just having more programs in the school that could teach kids the basics. You know, ... hand eye coordination and things like that so people aren't being left behind...maybe making P.E. a little more diverse. Having different activities that kids can learn through that activity versus just doing P.E. cause I did not like

Specific Programs and Resources Needed in Community

9. ANY PROGRAMS AND RESOURCES IN YOUR COMMUNITY THAT SUPPORT YOUTH PHYSICAL HEALTH?

THEMES

- Most commonly mentioned: the gym, the park, school, the doctor, pharmacies
 - BUT: some parks and public gyms feel “creepy” and unsafe for youth
- Identified specific places: Reeves Community Center, Star White Skate Center, Planet Fitness, Fisher River, Armfield Center, softball training places, Pro-Health
 - BUT: too expensive, transportation can be an issue, not age-appropriate, wide open (not private enough for those who are self-conscious)
- School sports teams are helpful for some
 - BUT: don't fit everyone's schedules (especially students taking some college classes) and many want to avoid the stress coaches might put on them
- The county has seasonal sports (i.e., soccer in fall) BUT it's only for younger kids
- P.E. exists BUT is often only available to certain students (e.g., just freshmen)
- Some schools have open gym and facilities available to students outside organized sports
 - BUT they should advertise it because most students aren't aware they have access

QUOTES

- “You can barely go anywhere by yourself anymore. Especially Riverside Park is notoriously known for being just really dangerous for women and creepy.”
- “I play softball here and travel ball and everything, so I know a lot of the resources of places. I could name off a bunch of 'em, but they are so expensive. I've been to some of 'em, but you can only go once because it's like ...half your paycheck just to go.”

10. ANY PROGRAMS AND RESOURCES MISSING IN YOUR COMMUNITY THAT WOULD SUPPORT PHYSICAL HEALTH?

THEMES

- Most common request was for fitness center and facilities (free or sliding scale)
 - more physical activity opportunities available during school hours
 - field trips that incorporate physical activity, P.E. more widely available
 - try to get a sponsor since local community doesn't have enough money
 - open weight room or gym, "walk & talk" groups for after school and during summer
- Expanded parks, with basketball courts and other activities for older youth
 - more equipment for smaller children who get hurt on the bigger playgrounds
 - more art/installations to attract people and make them engage
- New community health promotion activities:
 - community transportation to access available places
 - education and "advertisement" for healthy opportunities
 - life skills class to teach about nutrition, how to cope with stress, fitness, etc.
 - more access to hiking trails and pools for competitive swim
 - better accessibility for people in wheelchairs (sidewalks, pathways, activities)
- To improve nutrition:
 - community garden to grow vegetables
 - grocery stores for affordable vegetables, high-protein, and healthy foods
 - nutrition support program: schools give healthy food to parents who can't afford it

QUOTES

- "A lot of kids after school, they want to like play either soccer or basketball but they're not allowed cuz either the goals are locked and they're not in the sport and it messes with a lot of kids. Cuz [for] some, sport is their passion, but they may not be part of the team."
- "You gotta have advertisement for it. Cause a lot of the people around here only hear stuff from word of mouth. They don't ever read it or see it on TV or hear it on the radio."

How Adults in the Community can Better Support Youth Physical Health

11. WHAT CAN ADULTS IN YOUR COMMUNITY DO TO HELP SUPPORT YOUTH PHYSICAL HEALTH?

THEMES

- Adults should provide more encouragement for physical activity, help kids sign up for activities, and provide more transportation to places where they can be active
 - have teachers, other staff supervise open gym, basketball, volleyball after school
 - they could get driver's license that allows them to drive kids home after
 - focus more on health instead of standardized tests and getting into college
 - do fundraisers to expand parks & opportunities for activity, healthier school food
 - create health centers and trainings for kids (and adults) to learn about nutrition
 - health content should be provided more often than just one unit in P.E.
 - create "motivational partner" system (personal trainer/mentorship program)
- Parents should:
 - increase awareness about what their kids are eating, set a good example to follow
 - ask kids what healthy foods they'd like to eat
 - make a schedule for going to the gym together, work out, or walk together
- School admins should:
 - limit the number of college classes high schoolers can take, to free their schedule up for physical activity
 - provide better food options at lunch; involve parents & students in those decisions
- Coaches/PE teachers should:
 - give more individualized attention to students' interests and needs (not force everyone to learn and get tested on the same thing), make activities more diverse
 - have to meet basic qualifications, have knowledge of the sports they teach as well as nutrition and fitness and how to motivate youth without insulting them
- Doctors should do more thorough checkups and education with youth; not "just talk."

QUOTES

- "You can barely go anywhere by yourself anymore. Especially Riverside Park is notoriously known for being just really dangerous for women and creepy."
- "I play softball here and travel ball and everything, so I know a lot of the resources of places. I could name off a bunch of 'em, but they are so expensive. I've been to some of 'em, but you can only go once because it's like ...half your paycheck just to go."

Wrap Up

Does anyone have any other thoughts that they'd like to share before we wrap up?

QUOTES

- "I don't get how parents don't teach their kids not to smoke and stuff...why kids feel the need to bully other kids, why kids vape. Why do people drink?"
- "I think... if your friends are doing it, you don't have to feel like you have to do it.... It's okay to say no and you can...still have fun without doing that stuff."
- "Right around eighth grade is when kids should be really made aware of these things [i.e., risk-taking] so they don't do 'em when they get in high school."
- "Some people don't...wanna share their feelings because they feel like the person they're sharing their feelings will like, laugh at them or stigma."
- "They feel like they need to be the same as everyone else. Be just a copy when you could just be yourself cuz I think everybody else needs to realize that we're all different."
- "I feel like a lot of people use school as an escape to get away from what's going on at home."

APPENDIX I: EMPLOYMENT

TABLE 166: UNEMPLOYMENT BY GENDER IN SURRY COUNTY

GENDER	UNEMPLOYMENT (JUN 2022)	% OF UNEMPLOYED
Female	731	58.11%
Male	527	41.89%
Total	1,258	100.00%

TABLE 167: UNEMPLOYMENT BY RACE IN SURRY COUNTY

RACE	UNEMPLOYMENT (JUN 2022)	% OF UNEMPLOYED
American Indian or Alaska Native	26	2.07%
Asian	12	0.95%
Black or African American	467	37.12%
Native Hawaiian or other Pacific Islander	5	0.40%
White	748	59.46%
Total	1,258	100.00%

TABLE 168: UNEMPLOYMENT BY ETHNICITY IN SURRY COUNTY

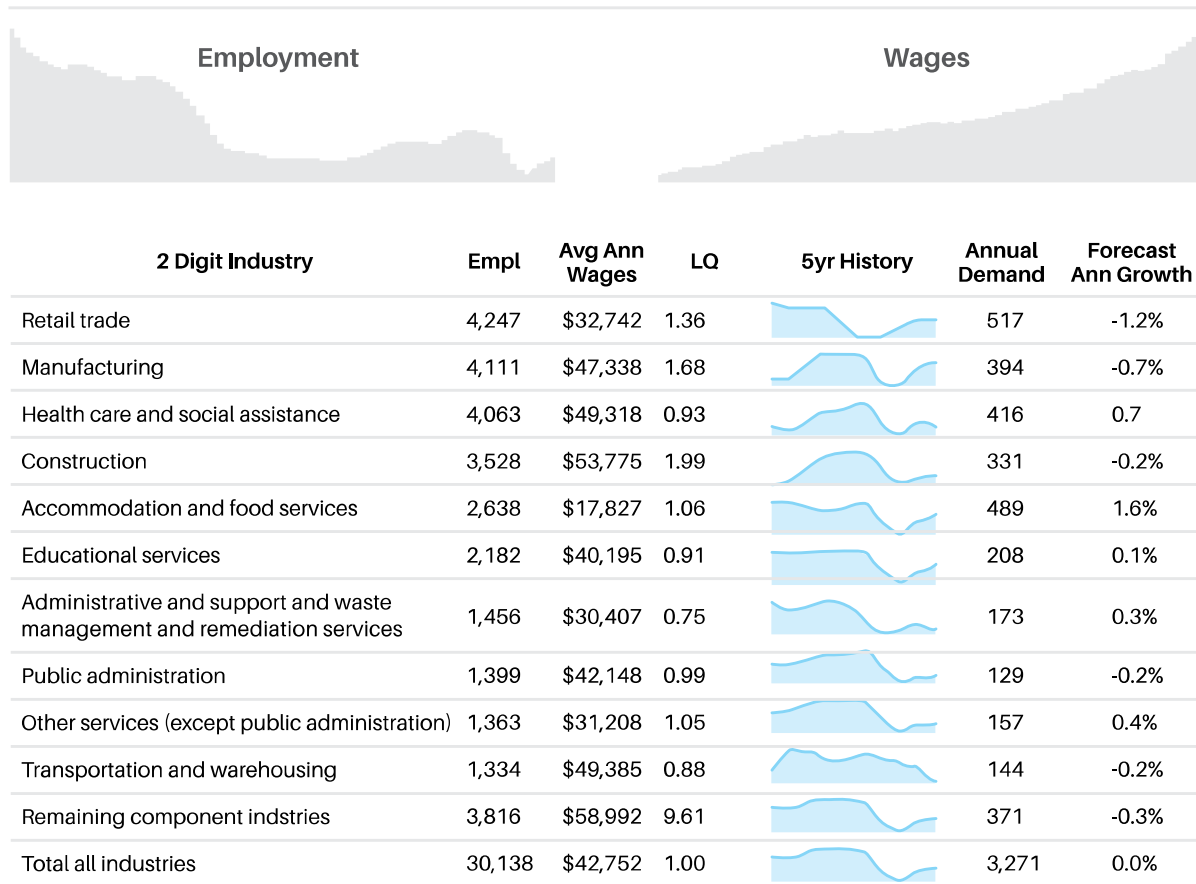
ETHNICITY	UNEMPLOYMENT (JUN 2022)	% OF UNEMPLOYED
Hispanic or Latino	96	7.63%
Not Hispanic or Latino	1,162	92.37%
Total	1,258	100.00%

TABLE 169: SURRY COUNTY, NORTH CAROLINA, Q1 2022¹

NAICS	INDUSTRY	CURRENT			5-YEAR HISTORY		1-YEAR FORECAST				
		EMPL	AVG ANN WAGES	LQ	EMPL CHANGE	ANN %	TOTAL DEMAND	EXITS	TRANSFERS	EMPL GROWTH	ANN % GROWTH
44	Retail trade	4,247	\$32,742	1.36	-296	-1.3%	517	228	337	-49	-1.2%
31	Manufacturing	4,111	\$47,338	1.68	129	0.6%	394	145	277	-29	-0.7%
62	Health care and social assistance	4,063	\$49,318	0.93	3	0.0%	416	175	213	28	0.7%
23	Construction	3,528	\$53,775	1.99	192	1.1%	331	107	231	-7	-0.2%
72	Accommodation and food services	2,638	\$17,827	1.06	-199	-1.4%	489	189	257	43	1.6%
61	Educational services	2,182	\$40,195	0.91	-97	-0.9%	208	92	114	2	0.1%
56	Administrative and support and waste management and remediation services	1,456	\$30,407	0.75	-401	-4.8%	173	65	104	4	0.3%
92	Public administration	1,399	\$42,148	0.99	-28	-0.4%	129	50	81	-2	-0.2%
81	Other services (except public administration)	1,363	\$31,208	1.05	-35	-0.5%	157	62	90	6	0.4%
48	Transportation and warehousing	1,334	\$49,385	0.88	-6	-0.1%	144	56	90	-3	-0.2%
54	Professional, scientific, and technical services	788	\$63,563	0.36	77	2.1%	68	24	45	-1	-0.1%
42	Wholesale trade	704	\$55,041	0.62	-57	-1.6%	71	26	48	-3	-0.4%
11	Agriculture, forestry, fishing and hunting	645	\$57,770	1.59	-46	-1.4%	72	31	47	-6	-0.9%
52	Finance and insurance	503	\$57,034	0.41	-133	-4.6%	42	16	30	-3	-0.7%
55	Management of companies and enterprises	357	\$98,042	0.79	-61	-3.1%	31	11	21	-1	-0.4%
53	Real estate and rental and leasing	268	\$39,485	0.51	1	0.1%	26	11	15	-1	-0.3%
51	Information	207	\$51,453	0.34	-55	-4.6%	18	7	13	-2	-0.8%
71	Arts, entertainment, and recreation	177	\$17,723	0.33	-44	-4.3%	29	10	14	4	2.3%
22	Utilities	129	\$78,309	0.83	23	4.0%	10	4	8	-2	-1.5%
21	Mining, quarrying, and oil and gas extraction	38	\$71,501	0.36	2	0.8%	4	1	3	0	-0.1%
Total - All Industries		30,138	\$42,752	1.00	-1,032	-0.7%	3,271	1,292	1,990	-12	0.0%

Figure 65

Annual Demand per Industry



Source: Burning Glass Technologies, 2022

TABLE 170: DEMAND FOR JOBS BY TYPE

NUMBER OF JOBS AVAILABLE	
Registered nurses	264
Retail salesperson	231
First-line supervisors of retail sales workers	176
Licensed practical and licensed vocational nurses	130
Customer service representatives	93
Merchandise displayers and window trimmers	87
Combined food preparation and serving workers, including fast food	82
Laborers and freight, stock, and material movers	78

Source: Burning Glass Technologies, 2022

TABLE 171: DEMAND FOR JOBS BY TYPE

	NUMBER OF JOBS AVAILABLE
Cashiers	77
Nursing assistants	76
Heavy and tractor-trailer truck drivers	72
Sales representatives, wholesale and manufacturing, except technical and scientific products	66
Food services managers	57
Medical and health service managers	57
Secretaries and administrative assistants, except legal, medical, and executive	55
Preschool teachers, except special education	54
Personal care aids	52
Tree trimmers and pruners	51
Maintenance and Repair Workers, General	48
Janitors and cleaners, except maids and housekeeping cleaners	47
Stock clerks, sales floor	45
Middle school teachers, except special and career/technical education	43
Teacher assistants	42
Driver/sales workers	41
Production workers, all other	41

Source: Burning Glass Technologies, 2022

TABLE 172: LOCAL EMPLOYERS HIRING

	NUMBER OF JOBS AVAILABLE
Surry community college	176
Surry county schools	137
Lowe's companies, inc	123

TABLE 172: LOCAL EMPLOYERS HIRING

	NUMBER OF JOBS AVAILABLE
Northern regional hospital	117
Food lion incorporated	108
Walmart/sam's	93
Bayada home health care	88
Asplundh tree expert compan	73
Kindercare	67
Lowes foods, llc	66
Hugh chatham memorial hospital	63
Walgreens boot alliance, Inc	61
Bankers toolbox	58
Pike electric incorporated	50
Wayne farms	42
Hospice surry county incorporated	38
Pruitthealth	38
Novant health	37
Elkin city schools	33
Wakemed	32
Belk	31
Tractor supply company	30
Altec industries	24
Mount airy city schools	24
New river tire recycling	24

TABLE 173: SURRY COUNTY, NORTH CAROLINA

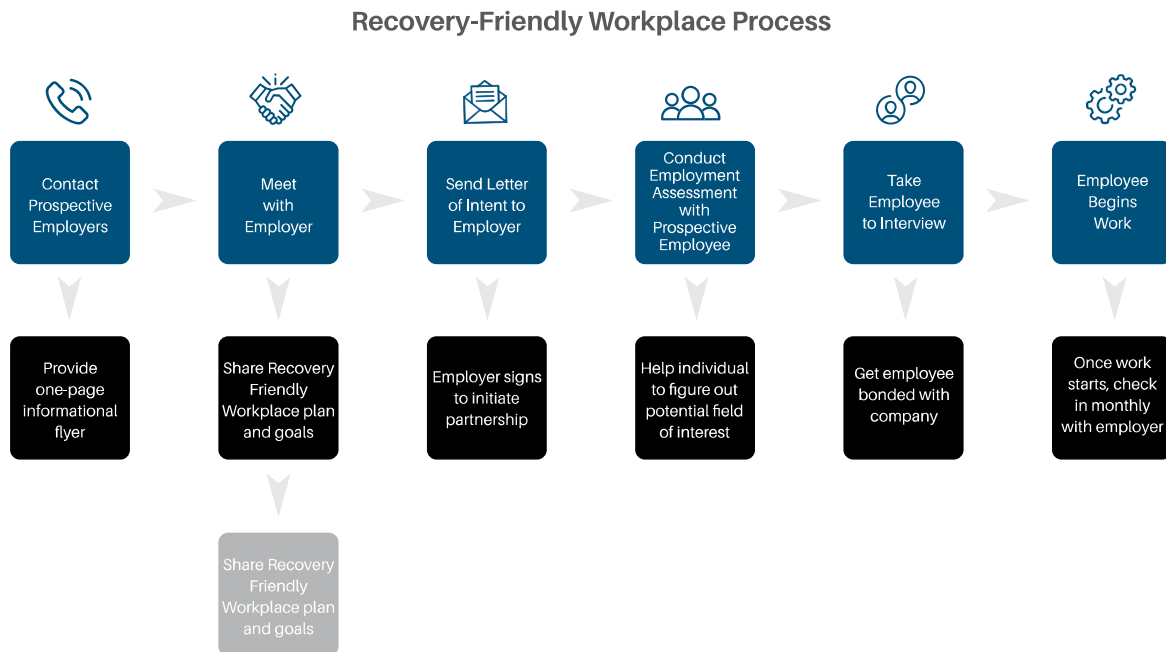
OCCUPATION		ANNUAL MILITARY EXITS	ANNUAL DEMAND (GROWTH AND SEPARATIONS)
55-3016	Infantry	5	0
49-3031	Bus and truck mechanics and diesel engine specialists	2	8
53-7065	Stockers and order fillers	2	81
55-3014	Artillery and missile crew members	1	0
49-9099	Installation, maintenance, and repair workers, all other	1	4
53-3032	Heavy and tractor-trailer truck drivers	1	87
11-9161	Emergency management directors	1	0
13-1081	Logisticians	1	3
33-2011	Firefighters	1	7
43-2099	Communications equipment operators, all other	1	0
47-4099	Construction and related workers, all other	1	1
49-3011	Aircraft mechanics and service technicians	1	0
55-3019	Military enlisted tactical operations and air/weapons specialists and crew members, all other	1	0
Total		19	191

Source: Chmura Economics & Analytics, 2021

APPENDIX J: ACCESS AND CAPACITY

TABLE 174:	
Surry County EMS events, primary substance abuse drug categories	188
Comparison of 2020–2022 (through November 2022)	188

APPENDIX K: SCOSAR RECOVERY-FRIENDLY WORKPLACE PROCESS FLOWCHART





Introduction

The Surry County Office of Substance Abuse Recovery (SCOSAR) appreciates your interest in learning more about the disease of addiction and how businesses can support community efforts to recover from the effects of the substance use epidemic and be healthier. Founded in 2018, SCOSAR is dedicated to building a continuum of care that eliminates impediments for residents who seek treatment and recovery from substance use disorder (SUD).

Funded by Surry County Government and multiple grants, the SCOSAR has a sole mission to reduce the impact of substance use on residents, agencies, organizations, and businesses. Services include delivery of research and planning, community focused primary prevention efforts, a substance use intervention team, transportation and re-entry programming.

The Recovery Workforce Plan focuses on Recovery Friendly Workplace Program and Re-Entry & Recovery to Work Program.



Recovery Friendly Workplace Program

- A Recovery Friendly Workplace (RFW) supports the health, wellness and safety of its employees by providing education about substance use disorder, prevention, addiction and creating opportunities that support the journey of recovery.



Recovery to Work Program

- Recovery to Work is a program that prepares individuals by helping them to develop valuable skills or trades needed to gain employment, begin working, and increase job retention.



The Role Employers can Play

Employers play an important role in helping employees in recovery by embracing people with SUDs. Doing so prevents feelings of stigma and isolation, and greatly improves employees chances of recovery. A supportive workplace environment can also help prevent relapse.

Employers who help employees complete treatment are likely to see a high return on investment when working with employees throughout treatment to achieve recovery. Supporting employees in recovery creates clear reasons and culture for job satisfaction and loyalty in the workplace.

People in recovery often have increased self-awareness, resilience, compassion, dedication and understanding. These skills and behaviors should be valued by employers due to the positive impacts the employee can have on team, company and culture.

We need employers help to achieve our goal.
Is your company willing to:

**Consider providing
employment to
individuals in recovery
and working on a path
to wellness that may
reduce the number of
position vacancies?**



Where are we now?

**Better support existing
employees that may need
services to increase
successful recovery and refer
those in need to community
organizations to better
support their recovery path.**



Where are we going?

What's in it for the Employers?

An employee in recovery
saves their employer an
average of \$8,500 per year.

Increased Productivity

Improved Retention & Turnover

Reduced Absenteeism

Connection to
Community Resources

Employee Job Satisfaction

Guidance & Support

Access to a RFW Advisor

Technical Assistance

Process of Engagement



Orientation

Meet with RFW Advisor to assess business needs and receive program orientation



Letter of Intent

Request letter of intent indicating a willingness to become a Recovery Friendly Workplace



Implementation

The RFW Advisor will provide support to the employer, as well as connections and access to other potential employees in recovery



Sustain

The RFW Advisor will be available throughout the process providing support and referral networks to ensure success

What is a Recovery to Work Business Advisor?

The Recovery Friendly Workplace Advisor is a community advocate who works as an intermediary between the recovery community and the business community, and works directly with individuals in recovery. The RFW Advisor will be available to answer questions, provide support and facilitate employment connections.

If you are interested in expanding recruitment efforts within the recovery population, we will assist with connections and provide additional resources for both you and the prospective employee.

NC Department of Commerce Re-entry Incentives

The Federal Bonding Program provides insurance to employers who hire "at-risk" workers, including those with criminal backgrounds. The hiring process is eligible for protection of \$5,000 for six months after hiring a "high-risk" worker. The Recovery Friendly Business Advisor will get the individual bonded before the first day of employment. For additional information, please visit the Federal Bonding website at www.bonds4jobs.com.

100-Day No Fault: If you have to terminate a new employee within a 100-day period, your unemployment insurance will not be charged. This applies only to employees terminated within a 100-day period from the date of hire. Employers must request non-charging by contacting the Division of Employment Security at www.des.nc.gov/DES/Static?page=100DayGuarantee

Work Opportunity Tax Credit provides tax incentives for employers who hire justice-involved individuals and other target groups. The tax credit for each target group varies, but the total for a justice-involved individuals is \$2,400. To qualify, the justice-involved individual must be hired within one year of either a felony conviction or release from prison. Contact the NC Works Career center for more information www.nccommerce/workforce/businesses/work-opportunity-taxcredit.



Life-Saving Narcan Free and Accessible to Local Businesses

Surry County businesses can request a free life-saving NaloxBox (Narcan) kit to be placed at an office or business location, a brief training will be provided. The Narcan contains the overdose-reversing drug naloxone and is similar to a mounted Automated External Defibrillator (AED), making this life-saving drug accessible to anyone in the event of an opioid drug overdose. The Narcan improves the capacity of bystanders to save the lives of victims of opioid overdose by increasing access to naloxone with easy-to-use instructions to administer the drug. In the event of an overdose, bystanders should call 911 immediately and then use the Narcan as directed.

Deterra Drug Deactivation kits are available upon request. The patented Deterra kits deactivate prescription drugs, pills, patches, liquids, creams and films. Deterra renders them inert, unavailable for misuse and safe for the environment. In a simple 3-step process, a user deactivates the drugs by putting them in a Deterra Pouch, adding water, sealing, shaking and throwing it away.

Frequently Asked Questions (FAQs)

What is the cost of participation?

The RFW Plan and the services of the Recovery Friendly Workplace Advisor are of no cost to a business. This also includes specialized services for successful implementation, connection with local organizations and businesses, referrals for employment and employee support.

What are the benefits of employing individuals in recovery?

The benefits of employing Surry County residents in recovery are numerous. The benefits to your business of retaining employees in recovery are improved productivity, decreased absenteeism and increased job retention. Providing opportunities for continued employment and access to support to your employees during their recovery journey dramatically increases the odds of their success.

What training is available and how much time will it take to complete?

Training options are tailored to meet your needs. Staff from the Surry County Office of Substance Abuse Recovery facilitates training in person or virtually, based on the needs and preferences of each worksite.

What resources are available to your business?

Companies and organizations of all sizes and readiness levels can benefit from participation in the RFW program. Resources will include customized training, RFW materials and support. RFW program staff will also ensure that workplaces are well connected to community prevention and recovery services to best support their employees.

Will I have to change policies or commit to hiring or retaining employees in recovery?

Developing a Recovery Friendly Workplace will not require your business to alter specific policies. We hope your company uses the information presented and the subject matter expertise of the RFW Advisor to supplement your current recruitment and wellness efforts. The Surry County Office of Substance Abuse Recovery RFW effort is designed to honor recovery, combat stigma, and provide resources to employers.

Resources for Help

All-Stars Prevention Group was developed by the Surry County Substance Abuse Prevention Office to engage community members to join our efforts to combat substance use and work in our community. The goal of this group is to promote emotional health and wellness, prevent or delay the onset of and complications from substance use and mental illness, and identify and respond to emerging behavioral health issues.

Ride the Road to Recovery Transportation provides transportation to individuals who have no means of transportation and plan on attending recovery programs and other appointments affiliated with their recovery.

Intervention Team is designed to connect individuals struggling with substance use to treatment and resources needed to assist the person taking steps to recovery. The interventions can be provided at home, in the community or local hospitals.

Re-entry programs are designed to help returning citizens successfully "reenter" society following their incarceration, thereby reducing recidivism, improving public safety, and saving money. A primary focus of reentry efforts is to remove or reduce barriers to successful reentry, so that motivated individuals - who have served their time and paid their debt to society - are able to compete for a job, attain stable housing, support their children and their families, and contribute to their communities.

Contact the RFW Advisor at **336-401-8242** to learn more.

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