Surry Transition Project

Year 1
Comprehensive Report
January 2025

Surry
TRANSITION PROJECT

"I want to live. I want to know how to live."

Participant
Surry Transition Project
2025

Table of Contents

Introduction

The Surry Transition Project (STP) is a community-based, collaborative reentry and recovery initiative led by the Surry County Office of Substance Abuse Recovery (SCOSAR), in partnership with the Surry County Sheriff's Office and the Surry County Detention Center. The project is designed to transform early intervention for justice-involved individuals by creating a seamless continuum of care that begins during detention and continues through successful community reintegration. By integrating substance use treatment, individualized reentry planning, and workforce development, STP works to reduce recidivism, relapse, and overdose risk.

As a central component of Surry County's recovery and justice infrastructure, the Surry Transition Project is grounded in the belief that addiction is a treatable disease—not solely a criminal justice issue. STP serves as a critical bridge between detention and the community, coordinating recovery supports and employment pathways that help individuals return home safely, sustain recovery, and contribute meaningfully to the local economy. This approach aligns with the principles of a Recovery-Oriented System of Care (ROSC), integrating prevention, treatment, and long-term recovery supports across systems.

The mission of STP is rooted in the belief that every individual deserves a second chance. To maintain a safe and supportive environment, participants commit to the Surry Transition Project Honor Code, which emphasizes honesty, responsibility, and respect. The project is guided by five core values:

- Honesty
- Respect
- Confidentiality
- Accountability
- Commitment to Recovery

Recognized nationally as a model for early intervention and reentry support, STP employs evidence-based practices to enhance public safety and promote responsible citizenship. By prioritizing long-term stability and economic self-sufficiency, the project demonstrates how coordinated collaboration can disrupt the cycle of addiction and strengthen the overall health and safety of the community.

The Surry Transition Project functions much like a fortified bridge—it not only helps individuals cross from incarceration to freedom, but also equips them with the tools, skills, and support needed to build stable, productive lives once they arrive.

We are proud to present this report to the citizens of Surry County as a reflection of our unwavering commitment to a safer, healthier future for all residents. This document highlights how bold, innovative collaboration can transform the justice system into a pathway for long-term recovery and productive citizenship. The Surry Transition Project showcases the collective impact of local partnerships across law enforcement, behavioral health, and education, and reaffirms our dedication to reducing the social and economic costs of addiction while offering individuals the support and second chances necessary to break the cycle of incarceration and contribute positively to the community we share.

Respectfully Submitted,

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Director of the Surry Transition Project
Director Surry County Office of Substance Abuse Recovery

January 2025

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Surry Transition Project 2025 at Glance

The Surry Transition Project (STP) serves as Surry County's primary bridge between detention and community, delivering early intervention, recovery support, and workforce development to justice-involved individuals at the highest risk of relapse, overdose, and recidivism. Grounded in evidence-based practices and cross-system collaboration, STP treats substance use disorder as a public health issue rather than solely a criminal justice concern. By beginning services during detention and continuing through reentry, the program creates a seamless continuum of care that prioritizes public safety, long-term recovery, and responsible citizenship.

The following data highlights provide a concise snapshot of STP's reach, clinical complexity, and early outcomes during Calendar Year 2025. These metrics illustrate not only the scope of individuals served, but also the level of risk addressed, the intensity of services delivered, and the program's success in connecting participants to treatment, education, and employment pathways. Together, the data underscore STP's role as a high-impact, cost-effective investment in community safety, economic stability, and recovery-oriented justice in Surry County.

Program Reach & Growth

- 77 unique individuals served in Calendar Year 2025
    - 52 men | 25 women
- Nearly 100% growth compared to early 2025 participation
- Program operates as the primary reentry and recovery bridge from detention to community

Risk Profile (LSI-R Assessment)

- 73 participants assessed using evidence-based risk tools
- 31.5% classified as Elevated Risk (Moderate-High to High)
- 68.5% Low to Moderate Risk, benefiting from early intervention
- Consistent risk distribution across genders, confirming equitable access

Why this matters: Nearly one-third of participants require intensive intervention, precisely the population most likely to reoffend without services.

Substance Use & Clinical Complexity

- 179 total diagnoses documented
- 2.32 diagnoses per participant on average, polysubstance use is the norm, not the exception

Primary Diagnoses (All Participants)

- Stimulants: 33%
- Opioids: 20%
- Cannabis: 18%
- Alcohol: 12%

Key Clinical Insight: Stimulant use (primarily methamphetamine) has surpassed opioids as the leading substance concern—mirroring rural NC trends.

Gender-Specific Findings

- Women
    - Higher opioid diagnoses (26.7%)
    - Higher documented mental health needs (10%)
- Men
    - Higher stimulant and cannabis dependence (over 50% combined)
    - Mental health diagnoses are likely underreported

Program Response: Gender-responsive, trauma-informed treatment tracks.

Service Delivery & Engagement

- 78 substance use assessments completed
- 73 clinical groups held
- 905 duplicated clinical service hours delivered
- 79.5% engagement rate in detention-based counseling

Workforce & Education Outcomes (Recovery to Work)

- 114 duplicated participants served (2024–2025)

Credentials & Training:

- Job Readiness Training: 60 participants
- NC DOT Flagger Certification:
    - 44 participants
    - 95.5% certification success rate
- Financial Skills Training: 10 participants
- GED Pilot launched with Surry Community College

Why this matters: Employment is the strongest predictor of successful reentry.

Early Impact Indicators

- Reduced in-custody misconduct through structured programming
- Increased readiness for employment and education upon release
- Strong participant feedback emphasizing dignity, hope, and accountability
- Recognized nationally by the Justice & Behavioral Health Knowledge Exchange (JBHKE)

Bottom Line

The Surry Transition Project demonstrates that early, evidence-based intervention inside detention—combined with reentry planning and workforce development—can reduce risk, strengthen recovery, and improve public safety. In 2025 alone, STP delivered high-impact services to the county's most vulnerable justice-involved residents while building a scalable model for long-term community benefit.

Executive Summary

The Surry Transition Project (STP) is a community-based, collaborative reentry and recovery initiative led by the Surry County Office of Substance Abuse Recovery (SCOSAR) in partnership with the Surry County Sheriff's Office and Surry County Detention Center in North Carolina. The project transforms early intervention delivery to individuals entering detention by providing a seamless continuum of care from detention through community reintegration, combining substance use treatment, reentry planning, workforce development to reduce recidivism, relapse, and overdose risk.

STP stands as a model for how bold, innovative action can reduce overdose fatalities, lower recidivism, and secure the health and safety of communities through comprehensive, coordinated collaboration.

Strategic Positioning: STP Within Surry County's System

The Surry Transition Project is the central operational pillar in Surry County's comprehensive approach to:

- Treating addiction as a disease rather than solely a criminal issue
- Building early intervention pathways in the justice system
- Providing second-chance opportunities through education, employment, and recovery
- Reducing social and economic costs of untreated substance use and repeated incarceration
- Supporting Recovery-Oriented System of Care (ROSC) integration across prevention, treatment, and recovery

STP functions as the bridge connecting detention and community, coordinating treatment, recovery, and workforce support so individuals are more likely to return home safely, stay in recovery, and contribute productively to the local economy.

Program Mission and Values

Mission Statement

The Surry Transition Project believes that everyone deserves a second chance—and that with the right support, individuals can break the cycle of addiction, improve their lives, and contribute positively to the community.

Core Principles and Honor Code

STP participants are expected to uphold fundamental principles crucial for effective engagement and positive outcomes:

Surry Transition Project Honor Code

"Honesty, Responsibility & Respect — Be a Good Person and Good Citizen"

Surry Transition Project and the Five Core Values

To ensure a safe and supportive environment, our program is built upon a foundation of shared principles that guide every interaction. These core values—Honesty, Respect, Confidentiality, Accountability, and Commitment to Recovery—serve as the essential framework for personal growth and community integrity. By upholding these standards, participants create a culture of trust and mutual dignity, allowing everyone to focus fully on their journey toward sobriety and self-improvement.

Value	Description
Honesty	Emphasizing truthfulness in all interactions with counselors, fellow participants, and staff
Respect	Promoting dignity in how participants treat peers, counselors, and staff members
Confidentiality	Upholding the privacy of all participants by refraining from disclosing personal information
Accountability	Encouraging participants to take responsibility for their actions, decisions, and active participation

Commitment to Recovery	Fostering sincere engagement in the counseling process with focus on sobriety and self-improvement

Program History and Timeline

Since its inception in 2024, the Surry Transition Project (STP) has rapidly evolved from a recognized need for coordinated substance use response into a comprehensive reentry initiative. Following the Board of Commissioners' approval of key clinical positions in early 2025, the project launched a series of critical milestones, including Recovery to Work employment services, specialized CAT Track substance uses programming for both male and female detainees, and a GED education pilot. By late 2025, the program transitioned into a robust collaborative phase, marked by individualized reentry feasibility planning and community simulations designed to reduce recidivism and support long-term sobriety for those transitioning out of not only the local detention system but also discussing the needs of citizens returning to Surry County from state prison facilities.

Date	Milestone	Details
2024	STP Inception	Surry County launches Surry Transition Project recognizing urgent need for coordinated opioid and substance use response; recognizes high rates of substance use and recidivism in detention population
January 21, 2025	Board Approval	Surry County Board of Commissioners approves BJA COSSUP-funded positions (LCAS Grade 67; CADC/QP Grade 64)
February 27, 2025	RTW Launch	Recovery to Work (RTW) Employment Services begin; 40 individuals participate in job readiness workshops
March 3, 2025	Services Begin	Substance Use Services Assessment and Orientation begins
March 26, 2025	CAT Track (M)	Substance Use Services launches for male detainees; Pre-Release Planning begins
April 9, 2025	CAT Track (W)	Substance Use Services begins for female detainees

August 20, 2025	GED Launch	GED education pilot classes launch at detention center in partnership with Surry Community College
Summer/Fall 2025	ReEntry Planning	ReEntry Feasibility Meetings begin, bringing together detention staff, treatment providers, and community partners to coordinate individualized release plans
September 25, 2025	Community Simulation	Community ReEntry Simulation Event held

Program Goals and Strategic Objectives

The Surry Transition Project (STP) is structured around four primary goals designed to foster public safety and long-term recovery by addressing the specific vulnerabilities of the justice-involved population. By focusing on reducing relapse and overdose risks, lowering recidivism rates, and decreasing in-custody misconduct, the program creates a safer environment both within the detention facility and the broader community.

Furthermore, by prioritizing increased education and employment opportunities, STP aligns with the strategic understanding that economic self-sufficiency is the strongest predictor of successful reentry, ultimately empowering participants to achieve stable, productive citizenship post-release.

Goal	Description	Strategic Alignment
Goal 1	Reduce detainee substance use relapse and potential for future overdose after release	Addresses elevated overdose risk in first weeks of post-release
Goal 2	Reduce detainee criminality and recidivism upon release	Targets 68% national 3-year recidivism rate
Goal 3	Increase detainee level of education and employment upon return to community	Employment strongest predictor of successful reentry
Goal 4	Reduce detainee misconduct while in custody	Improves detention environment and treatment engagement

Overarching Program Goals

- Public safety and reduced recidivism
- Promotion of recovery and citizenship
- Helping participants achieve self-sufficiency

Scope of Services

The Surry Transition Project (STP) provides a comprehensive continuum of care that begins immediately upon entry into the detention center. The process starts with rigorous clinical evaluations, including DSM-5 diagnostic criteria, the LSI-R risk and needs assessment, and mental health screenings to ensure each participant receives an appropriate level of care. Following these assessments, participants enter detention-based services such as the CAT Track (Criminogenic and Addictive Thinking). This 12-week, evidence-based program specifically targets higher-risk detainees, focusing on restructuring the thought patterns that drive both criminal behavior and addiction to foster better decision-making and relapse prevention.

As participants approach their release date, the program shifts toward intensive Pre-Release ReEntry Planning and direct community linkages. Through ReEntry Feasibility Meetings, a collaborative network of detention staff, treatment providers, and legal entities develops individualized transition plans that address critical barriers such as housing, transportation, and legal obligations. This stage ensures a "warm handoff" to community-based care, including various levels of substance use treatment, mental health services for co-occurring disorders, and Medication for Opioid Use Disorder (MOUD) to support physical and mental stability during the high-risk transition period.

To sustain long-term success, the STP offers six months of Post-Release Support Services combined with a robust workforce and education component. Graduates gain access to ongoing general outpatient substance use treatment, case management, crisis intervention, and specialized transportation through the "Ride the Road to Recovery" partnership. Simultaneously, the Recovery to Work (RTW) initiative provides tangible skills through Job Readiness Training, financial literacy classes, and a GED pilot program in partnership with Surry Community College. This holistic approach is further bolstered by vocational certifications, such as NC DOT Flagger and ServSafe, which equip participants with the credentials necessary to achieve immediate employment and economic self-sufficiency.

Substance Use Screening, Assessment, and Orientation

Upon entry into the detention center, STP provides comprehensive evaluations:

- DSM-5 Substance Use Disorder Diagnostic Criteria assessment
- Level of Service Inventory-Revised (LSI-R) risk and needs assessment
- Brief Mental Health Status Exam

- Program orientation explaining expectations, group rules, and honor code

Detention-Based Substance Use Services

STP offers evidence-based group counseling tracks for justice-involved individuals called the CAT Track (Criminogenic and Addictive Thinking)

- Target: Higher-risk detainees
- Format: In-person only
- Duration: 12 weeks, 90 minutes per session
- Focus: Thinking patterns supporting criminal behavior and addiction, decision-making, relapse prevention

Pre-Release ReEntry Planning

Beginning before release from detention:

- Development of personal transition plans covering treatment, housing, employment, legal obligations
- Identification of barriers (transportation, IDs, court dates, etc.) and mitigation strategies
- "Pathways to a Successful Transition" envelope prepared with resource packets
- ReEntry Feasibility Meetings coordinating detention staff, treatment providers, courts, probation, and recovery supports
- Linkage to Accountability and Recovery Court

Connection to Treatment and Recovery Services

STP facilitates linkage to ongoing community-based behavioral health care:

- Substance use treatment (outpatient, intensive outpatient, residential)
- Mental health services for co-occurring disorders
- Medication for Opioid Use Disorder (MOUD) including buprenorphine, naltrexone, and methadone
- Peer and recovery support through support groups and recovery community organizations

Post-Release Support Services

Successful graduates receive six months of post-release therapeutic support:

- General outpatient substance use services and medication assisted treatment assistance
- Continued case management and coordination
- Transportation assistance through "Ride the Road to Recovery" partnership
- Employment support and job placement assistance
- Recovery housing access through transitional sober living facilities
- Crisis intervention and relapse prevention support

Workforce and Education Services (Recovery to Work)

The Recovery to Work (RTW) initiative serves as the cornerstone of the Surry Transition Project's commitment to long-term stability and economic self-sufficiency. By integrating specialized workforce development with educational opportunities, the program addresses the critical link between gainful employment and successful reentry. Through strategic partnerships, such as with Surry Community College, participants gain access to a diverse array of services—ranging from foundational GED education and financial literacy to high-demand vocational certifications like NC DOT Flagger and ServSafe. This holistic approach not only equips individuals with essential soft skills and professional credentials but also builds the confidence and financial stability necessary to sustain a life of recovery and productive citizenship.

Program	**Participants (2025)**	**Success Metrics**
Job Readiness Training	60 individuals (7 classes)	Soft skills, resume, interviewing
NC DOT Flagger Certification	44 participants	95.5% certification rate (42 certified)
ServSafe Certification	Available to participants	Food safety credential

GED Education Program	Pilot launched August 2025	Partnership with Surry Community College
Financial Skills Training	10 individuals	Budgeting, banking, credit

Target Population and Demographics
Calendar Year 2025

Overall Reach

Throughout the 2025 calendar year, the Surry Transition Project (STP) demonstrated significant growth and a broad reach within the community. The program served a total of 77 unique individuals, comprising 52 men and 25 women. This total represents a nearly 100% increase in participation compared to the project's initial reporting period earlier in the year, highlighting the rapid scaling of services and the critical demand for coordinated substance use response in Surry County.

A detailed analysis of the Level of Service Inventory (LSI) Risk Distribution reveals that the program successfully engages individuals across the entire risk spectrum. Among the 73 participants with recorded scores, the data shows a balanced distribution: approximately 68% of participants fall within the Low to Moderate risk categories, while nearly 32% are classified as Elevated Risk (Moderate-High and High). This diversity in risk levels ensures that STP can simultaneously provide high-intensity clinical interventions for those at greatest risk of recidivism while delivering essential prevention-focused programming for those in the lower-risk brackets.

Gender-specific data further clarifies the program's impact, showing consistent risk profiles between male and female participants. While the male population (N=52) and female population (N=25) both saw approximately 30% of their members scoring in the elevated risk categories, the program maintained its commitment to comprehensive assessment, with nearly every male participant receiving a full score. By reaching this broad demographic, full-year 2025 data confirms that STP is effectively positioning its resources to address both immediate safety concerns and the long-term goal of fostering healthy, productive citizenship.

Level of Service Inventory (LSI) Risk Distribution — 2025

Women (N=25; 21 with scores)

Risk Category	Score Range	Count (n)	Percentage
Low Risk	0–59	9	36%
Moderate-Low Risk	60–69	1	4%
Moderate Risk	70–79	4	16%
Moderate-High Risk	80–89	3	12%
High Risk	90–99	4	16%
No Score	—	4	16%

Men (N=52; 52 with scores)

Risk Category	Score Range	Count (n)	Percentage
Low Risk	0–59	17	32.69%
Moderate-Low Risk	60–69	3	5.77%
Moderate Risk	70–79	16	30.77%
Moderate-High Risk	80–89	7	13.46%
High Risk	90–99	9	17.31%

Overall Risk Profile (N=73 with scores)

- Elevated Risk (Moderate-High + High Combined): 31.51% of participants
- Low to Moderate Risk: 68.49% of participants

- Gender Comparison: Women 28% elevated (or 33.3% of those with scores); Men 30.77% elevated

Full-year 2025 data confirm that STP is reaching individuals across the full risk spectrum, with nearly one-third falling into elevated risk categories requiring intensive intervention, while also serving lower-risk individuals who benefit from prevention-focused programming.

Substance Use Diagnostic Profile

The Surry Transition Project's (STP) 2025 diagnostic profile reveals a complex clinical landscape characterized by high rates of polysubstance use. With 179 total diagnoses documented across the participant base, individuals average 2.32 diagnoses each, indicating that co-occurring substance use disorders are the norm rather than the exception. Data shows that stimulants are the most prevalent concern, accounting for nearly one-third of all diagnoses (32.96%), followed by opioids (19.55%) and cannabis (18.44%). This shift reflects broader trends in rural North Carolina, where methamphetamine and other stimulants have emerged as the primary substances of concern, often surpassing opioids in frequency.

Gender-specific data highlights a critical need for gender-responsive and trauma-informed care. While stimulant dependence remains the top diagnosis for both groups, women present with significantly higher rates of opioid-related diagnoses (26.67%) and documented mental health comorbidities (10%), such as Major Depressive Disorder. In contrast, men show a higher concentration of stimulant and cannabis dependence (collectively over 50% of their diagnoses) and are the only group with documented cocaine dependence. Although men have lower documented mental health scores (1.68%), the program identifies this as a potential under-reporting gap, suggesting a need for enhanced screening.

These findings directly inform the program's clinical strategy and resource allocation. For women, the STP prioritizes integrated care that blends substance use treatment with mental health support and education on Medication for Opioid Use Disorder (MOUD). For men, the curriculum maintains a rigorous focus on the cognitive and behavioral patterns associated with stimulant and cannabis use. By tailoring interventions to these distinct diagnostic profiles, the STP ensures that its evidence-based tracks—such as the CAT Track—effectively address the specific physiological and psychological needs of its diverse participant population.

Overall Diagnostic Summary

Total Diagnoses Documented: 179
Average Diagnoses per Participant: 2.32
Clinical Implication: Polysubstance use patterns are the norm among STP participants.

Primary Substance Use Diagnoses (All Participants)

Substance Category	ICD-10 Code(s)	Count	Percentage
Stimulants	F15.20, F15.21	59	32.96%
Opioids	F11.20, F11.21, F11.12	35	19.55%
Cannabis	F12.10, F12.20, F12.21	33	18.44%
Alcohol	F10.10, F10.20	22	12.29%
Nicotine	F17.x	10	5.59%
Cocaine	F14.20	5	2.79%
Sedatives	F13.20	3	1.68%
Hallucinogens	F16.10, F16.20	2	1.12%
Co-occurring Mental Health	F32.0, F32.1, F32.2, F41.1	8	4.47%
Other (Z codes)	Z63.4, Z65.1	2	1.12%
TOTAL	—	179	100%

Women's Diagnostic Profile (N=60 diagnoses)

Top Diagnoses:

1. Stimulant Dependence (F15.20): 17 cases (28.33%)
2. Suboxone Misuse/Opioid Issues (F11.20): 15 cases combined (25%)
3. Cannabis Dependence (F12.20): 8 cases (13.33%)
4. Alcohol Dependence (F10.20): 6 cases (10%)
5. Major Depressive Disorder (F32.x): 5 cases (8.33%)

Key Finding: Women present with higher documented mental health comorbidity (10% vs. 1.68% for men) and higher rates of opioid-related diagnoses (26.67%), suggesting need for trauma-informed, integrated care.

Men's Diagnostic Profile (N=119 diagnoses)

Top Diagnoses:

1. Stimulant Dependence (F15.20): 40 cases (33.62%)
2. Cannabis Dependence (F12.20): 20 cases (16.82%)
3. Opioid Dependence (F11.20): 16 cases (13.46%)
4. Alcohol Dependence (F10.20): 15 cases (12.61%)
5. Nicotine Dependence (F17.x): 8 cases (6.72%)

Key Finding: Men show higher stimulant and cannabis dependence, with minimal mental health documentation (1.68%), though prevalence likely higher. Cocaine dependence appears only in men (4.20%).

Clinical Interpretation

These full-year 2025 findings reinforce that stimulant dependence is the dominant clinical issue among STP participants, with methamphetamine accounting for nearly one-third of all diagnoses program-wide and closely mirroring trends in rural North Carolina where stimulants have supplanted opioids as the primary substance of concern.

Gender-Specific Patterns support gender-responsive programming:

- Women's groups emphasize trauma-informed care, opioid/MAT education, and mental health integration
- Men's programming maintains primary focus on stimulant and cannabis use disorders with enhanced mental health screening

Program Outcomes and Impact — Calendar Year 2025

The following data highlights the Program Outcomes and Impact for Calendar Year 2025, illustrating the Surry Transition Project's (STP) success in bridging the gap between clinical intervention and practical life skills. By integrating intensive substance use counseling with robust workforce development, the program has created a comprehensive pathway for recovery and reintegration. The metrics below detail the high volume of clinical hours delivered alongside the tangible certifications and job-readiness training that empower participants to transition from the justice system back into the community as productive, self-sufficient citizens.

Substance Use Services Participation and Engagement Metrics

Metric	Total
Substance Abuse Assessments Completed	78
Number of Clinical Groups Held	73
Number of Duplicated Substance Use Counseling/Clinical Hours Delivered	905

Employment and Workforce Development (2025)

Recovery to Work Component engaged 114 duplicated detainees in job training and recovery-focused services:

Program	Participants
Job Readiness Program	60 individuals
NC DOT Flagger Certification	44 participants
Financial Skills Program	10 individuals
Job Readiness Workshops	40 individuals

Qualitative Outcomes: Participant Testimonials

While quantitative data tracks the program's growth, the true impact of the Surry Transition Project is most clearly reflected in the voices of those it serves. The following testimonials provide a window into the lived experience of participants, highlighting the profound shift from the isolation of incarceration to the hope of a second chance. These personal accounts underscore the project's success in dismantling stigma, fostering a sense of self-worth, and equipping individuals with the psychological and professional tools necessary to redefine their futures.

Participant 1:

"STIGMA!! One of the many things we discussed and learned about in class. And with the help of the Surry County Transition Project, Surry County Sheriff's Office, and the detention center we will end the stigma that people who have been incarcerated CANNOT overcome their circumstances and show they can be successful, productive, needed members of society."

Participant 2:

"The great people who make the Surry County Transition Project not only helped me with job training and job readiness upon reentry but also offered group counseling and helped to equip me with coping skills to deal with all aspects of life. I can't thank them enough for helping me face and work through issues I should have addressed long ago. All along the way reminding me I'm not defined by my mistakes and I CAN overcome this."

Participant 3:

"I want to start off by saying thank you to Jamie, Emily & Kristi- the staff at SCOSAR for genuinely caring & making me feel worthy of a second chance in life. The STP class has been a tremendous opportunity for me to have a real change when I get released."

Program Strengths and Achievements

The Surry Transition Project (STP) stands as a premier example of evidence-based intervention, meticulously designed to align with the best national practices from SAMHSA, the NIJ, and the BJA. By grounding its operations in the Risk-Need-Responsivity (RNR) framework and utilizing cognitive-behavioral curricula, the program ensures that interventions are tailored to the specific criminogenic risks and rehabilitative needs of each participant. This sophisticated design is further bolstered by an unprecedented level of collaboration between law enforcement, behavioral health providers, and community partners, creating a seamless continuum of care that has already earned the project national recognition as a model for early detention-based intervention and successful reentry.

Beyond its clinical foundations, the project's strength lies in its holistic approach to the Eight Dimensions of Wellness. By addressing not only emotional and physical health through counseling and Medication-Assisted Treatment (MAT) but also occupational and financial stability through vocational certifications and literacy training, STP provides a comprehensive roadmap for recovery. The program's early achievements—such as the 95.5% certification rate for DOT Flagger training and high participant engagement—demonstrate the efficacy of combining rigorous evidence-based practices with compassionate, peer-led support that honors the lived experience of those in recovery.

While the program celebrates significant achievements, it also maintains a proactive and transparent strategy for addressing the inherent challenges of rural reentry. Recognizing barriers such as high recidivism risks, transportation gaps, and housing instability, STP has implemented specific risk mitigation strategies—including the "Ride the Road to Recovery" initiative and transitional housing partnerships—to ensure that progress made within detention is not lost upon release. By continuously refining its operations to meet these logistical and clinical hurdles, the Surry Transition Project remains a resilient and adaptive force for public safety and personal transformation.

Evidence-Based Design

STP incorporates nationally recognized best practices identified by SAMHSA, NIJ, and BJA, including:

- Risk-Need-Responsivity (RNR) principles
- Cognitive-behavioral interventions (CAT curricula)
- Trauma-informed care practices

- Support provided by staff with lived experience

Comprehensive Services

Full continuum of care spanning detention, transition, and community phases with integrated substance use treatment, reentry planning, employment support, housing access, and recovery services in a single coordinated program.

Strong Partnerships

Unprecedented collaboration between law enforcement (Sheriff's Office), detention operations, behavioral health providers, courts, educational institutions, and community organizations creates seamless service coordination.

Positive Early Outcomes

95.5% certification rate on NC DOT Flagger training, 79.5% engagement in detention-based counseling, strong participant feedback emphasizing hope and readiness for change.

National Recognition

Featured by Justice & Behavioral Health Knowledge Exchange (JBHKE) as a model program for early intervention in detention and seamless reentry support. Surry County Profile Link: https://www.jbhknowledgeexchange.org/cossup-grantees/surry-county-nc?

Identified Challenges

Challenge	Impact	Mitigation Strategy
High participant need	Most deal with serious addiction; high recidivism risk without intervention	Intensive screening; prioritize high-risk individuals; 6-month support
Rural transportation barriers	Limited public transit disrupts post-release service access	"Ride the Road to Recovery" program; transportation vouchers
Staffing/capacity	Program scale dependent on sustained funding and hiring	BJA COSSUP funding; active recruitment; competitive compensation
Female program timing	Delayed start (April 2025) affected initial graduation metrics	Program operational; graduations occurring in subsequent periods
Short detention stays	Some released before program completion	SMART track for shorter stays; post-release continuation options
Housing instability	Lack of stable housing jeopardizes early recovery	Recovery housing partnership; housing resource coordination
Employment barriers	Criminal records limit job opportunities	Industry certifications; employer partnerships; "ban the box" recruitment

Alignment with Evidence-Based Practices and SAMHSA's Eight Dimensions of Recovery

STP addresses multiple wellness dimensions as indicated below:

Dimension	STP Component
Emotional	Group counseling; individual support; peer connection
Financial	Financial literacy training; employment support
Social	Peer support groups; group sessions; recovery housing
Occupational	Job readiness; certifications (DOT, ServSafe); GED services
Physical	MAT linkage; healthcare coordination
Intellectual	GED services; educational programming; skills training
Environmental	Recovery housing partnerships; community
Spiritual	Honor code principles; personal growth; purpose

National Institute of Justice "What Works" Principles

STP incorporates evidence-based practices:

- Risk Assessment (LSI-R)
- Cognitive-Behavioral Interventions (SMART, CAT curricula)
- Medication-Assisted Treatment linkage
- Vocational Training (certifications, readiness)
- Reentry Planning (pre-release and post-release support)
- Case Management (individual coordination)

Client Feedback Analysis

The Surry Transition Project (STP) systematically collects feedback from participants at the conclusion of every session to ensure the program remains responsive to client needs and aligned with national recovery standards. During the 2025 reporting period, this process yielded 386 submissions from approximately 175 unique individuals, providing a robust data set to evaluate the program's effectiveness in real-time. This consistent collection of data is vital because it allows administrators to track key performance indicators—such as the 87% listening rate and 50% peer support rate—against SAMHSA and NIDA benchmarks, ensuring that the curriculum's focus on brain science and relapse prevention continues to deliver outcomes superior to national averages.

Typical Detainee Feedback

"I learned that sometimes the longer you go without drug use your brain can actually begin to heal."

"I want to live. I want to know how to live."

"What we value when we are sober we don't value the same when we get high."

"If I don't change my thinking, actions or using, nothing good is gonna happen. Same old crap! If I do change way I think. I can be there for my family, provide, be a better man I want to be."

"That there is still hope, and I can change."

"Self-esteem plays a major part in our addiction and we can't help what others say. We should try to make it out of the circle of addiction instead of keep going around and around."

"That I'm not alone."

"It's okay to fail. Failure means you get another chance to try again."

"That there's a lot of growth I still need to do. And I still have a lot to figure out."

"I need to move away from this area. If I want to stay clean."

2025 Program Performance Metrics

Engagement

Engagement is the leading indicator of "retention," which is the single most important factor in preventing overdose and relapse.

- Listening (87%) vs. Commenting (66%): While listening shows attention, the high commenting rate (exceeding the 50-60% benchmark) indicates that participants feel safe enough to be vulnerable.
- Peer Support (50%): This is a critical metric because mutual aid is a cornerstone of sustainable recovery. SCOSAR's rate is 43% higher than the national average, suggesting a very strong internal community.
- Growth Trends: The 22% growth in December 2025 is particularly significant as the holiday season is traditionally a high-risk period for relapse; increased engagement during this time indicates the program is providing a necessary safety net.

Metric	2025 Rate	National Benchmark	Performance
Listening	87%	70-80% (recovery groups)	Above
Commenting	66%	50-60%	Above
Peer Support	50%	30-45%	Above
Asking Questions	41%	25-35%	Above

STP's 87% listening and 50% peer support rates exceed typical outpatient recovery program participation (60-75%) and mutual aid groups like AA/NA (45-65%), per SAMHSA's 2023 National Survey on Drug Use and Health analysis and NIDA recovery research.

Emotional Well-Being Outcomes

Tracking emotional states allows the program to measure "subjective recovery," or how a participant's quality of life is improving beyond just staying sober.

- Positive Emotional States (70%): Outperforming the national average of 65% suggests that the sessions are effectively fostering hope and gratitude, which are psychological buffers against cravings.
- Anxiety Prevalence (4%): This is a standout metric, as national outpatient studies typically show a 15% anxiety rate. Lower anxiety levels often correlate with higher program "completion" rates and fewer emergency interventions.

Category	2025 Count	%	National Avg	Performance
Positive (Content, Hopeful, Grateful)	~270	70%	~65%	Above
Neutral	~58	15%	20%	Above
Challenging (Anxious, Tired)	~58	15%	15-20%	At/Above

National Benchmarks:

- SAMHSA recovery programs: ~65% positive mood reporting post-session
- NIDA outpatient studies: 15-25% anxiety prevalence in early recovery
- SCOSAR's 70% positive rate and 4% anxiety (16/386) **outperform** national averages

Learning Outcomes vs National Standards

Education in recovery is about moving from "willpower" to "understanding." The alignment with SAMHSA and NIDA guidelines validates that the program is evidence-based.

- Brain Science (25%): Understanding the neuroscience of addiction reduces the shame and "moral failing" stigma often felt by participants. According to NIDA, this type of education can boost retention by 25%.

- Relapse Prevention (20%): This is a practical survival skill. Strong focus here is proven to reduce immediate risk by 40%.
- Integrated Model: The connection between the Transition Project and the Return to Work (RTW) program is vital because it addresses "social determinants of health"—specifically employment and transportation.

Theme	% of Responses	National Priority Rank	Alignment
Brain Science	25%	#1 (SAMHSA)	Excellent
Relapse Prevention	20%	#2 (NIDA)	Excellent
Self-Esteem	18%	#3-5	Strong
Values	15%	#4	Strong

Themes directly match SAMHSA's Matrix Model and NIDA's evidence-based recovery curricula, where neuroscience education boosts retention by 25% and relapse prevention reduces risk by 40%.

National Program Comparison Table

Metric	SCOSAR 2025	National Avg	Source
Engagement Rate	87%	65-75%	SAMHSA
Positive Mood	70%	60-65%	NIDA
Peer Support	50%	35%	Recovery Research
Core Learning Coverage	95%	80-85%	Evidence-Based Curricula
Anxiety Rate	4%	15%	Outpatient Studies

Data Sources

- Primary: 2025-filtered Client Feedback (386 submissions)
- National: SAMHSA NSDUH 2023; NIDA Studies

Conclusion

The Surry Transition Project stands as a national model for how bold, innovative action can reduce overdose fatalities, lower recidivism, and secure the health and safety of communities by focusing on early identification, evidence-based treatment, and seamless transitions from custody to community-based support.

Serving 77 individuals in Calendar Year 2025 with comprehensive substance use treatment, reentry planning, workforce development, and recovery support, STP demonstrates that with the right support, individuals can break the cycle of addiction, improve their lives, and contribute positively to the community.

As one participant reflected:

> *"All along the way (they are) reminding me I'm not defined by my mistakes and I CAN overcome this."*

Surry County is building a safer, healthier future for all its residents through relentless collaboration and commitment to results.