



COMMUNITY ENGAGEMENT & COLLABORATIVE STRATEGIC PLAN



Prepared for
Yadkin County
Opioid
Settlement

COMMUNITY ENGAGEMENT REPORT

This community-engaged strategic plan has been specifically designed to meet the requirements of the North Carolina Memorandum of Agreement (NC-MOA), listed as the first high-impact opioid abatement strategy within Exhibit A:

Collaborative strategic planning. Support collaborative strategic planning to address opioid misuse, addiction, overdose, or related issues, including staff support, facilitation services, or any activity or combination of activities listed in Exhibit C to the MOA (collaborative strategic planning).

To comply with Exhibit C, an unbiased, external consulting firm, Innovative Funding Partners (IFP), engaged in the following activities:

- Engaged diverse stakeholders
- Built upon related planning
- Agreed on shared vision
- Identified key indicators
- Explored root causes
- Identified and evaluated potential strategies
- Identified gaps in existing efforts
- Identified organizations (see appendix)
- Prioritized strategies
- Develop timelines
- Considering ways to align strategies
- Identified goals, measures, and an evaluation plan
- Offered recommendations

Diverse Stakeholders Engaged

- Local officials
- Healthcare providers
- Social service providers
- Education providers
- Payers and funders
- Law enforcement
- Community groups
- People with lived experience

The next step will be for Yadkin County to develop specific budgets for these strategies.

The North Carolina Memorandum of Agreement (NC MOA) between the State and local governments directs how opioid settlement funds are distributed, used, and reported.¹ Yadkin County partnered with IFP to create a strategic plan to guide the use of Opioid Settlement Funding across the county over the next three years.

Engaging an external partner can be an important part of this work. An outside perspective brings neutrality, helps surface insights that may be difficult to see from within, and allows for the collection and synthesis of candid input from across the community. By blending diverse perspectives without local bias, external facilitation can often get closer to the underlying issues that shape complex challenges. The opioid crisis has no shortage of complexity.

Substance use is caused by and creates a cascading effect. Causes range from a constellation of trauma, poverty, hopelessness, and mental health issues. And the effect is equally complex – introducing challenges in maintaining employment, housing, and relationships – the very stability needed to recover. The community agreed that opioid misuse needs to be included in a broader

¹ For more information visit this website: <https://ncopioidsettlement.org/about/nc-moa/>

substance use approach because the causes and effects are similar, and many substance users have co-occurring mental health issues and use multiple substances.

To achieve collaborative strategic planning, IFP engaged face-to-face with 27 people living in and serving Yadkin County through a series of interviews and focus groups, and further broadened participation through an anonymous survey that included 36 responses.

Of the ideas of programs Yadkin should support with Opioid Settlement Funding, the programs that rose to the top include:

1. Education for community leaders
2. Incentivizing employers to hire people in recovery
3. Creating a resource center
4. Investing in prevention for kids and parents
5. Developing a comprehensive recovery program, including pre-trial and recovery court

There remains no doubt that Yadkin County is strengthened by its small-town feel, as well as the desire of community members to help one another and to uphold good character in everything they strive towards. This report aims to harness those good intentions and provide concrete direction regarding how to spend opioid settlement dollars in the most effective and responsible way.



Innovative Funding Partners (IFP) is a nationally recognized consulting firm providing a range of services that enhance our clients' ability to achieve sustainable impact in their communities. Highly regarded for an impressive overall grant success rate of 85%, we offer organizational planning (strategic, operational, and sustainability), turnkey grant writing and grants management, data-driven decision making and evaluation services, and training, coaching, and technical support to a diverse client base of city and county governments, nonprofits, and small businesses/start-ups. Our team of over 30 highly experienced consultants has a wide range of subject matter expertise and is exceptionally passionate about helping organizations meet the unique needs of their local communities.

IFP Research Team for Yadkin County Strategic Plan

Shana Montrose, Lead Consultant

Carrie Davis, Project Manager

Nicole Airesman, Data Analyst and Strategic Plan Coordinator

Dr. Brian Kelley, Subject Matter Expert and Senior Partner

Lousie Mathias, Senior Partner

It was the honor and privilege of IFP to conduct this research for Yadkin County following this timeline:

- Project kick-off – November 2025
- Review of documents and data analysis of secondary sources – December 2025
- Plan for stakeholder engagement – December 2025
- Community engagement – January 2026
- Strategic planning – February 2026
- Final deliverables shared – March 2026

Acknowledgements

These officials and partners donated their time, effort, and expertise to support the development of this strategic plan. Their willingness to meet during a state emergency caused by extreme weather and an ice storm demonstrates a deep commitment to addressing the opioid challenges facing their community. Their participation also reflects an ongoing effort to understand local assets, needs, and priorities through a community-based process.

Special thanks to the steering committee:

Michael Silverman, Yadkin County Manager
Jessica Wall, Director of Yadkin County Human Services
Laken Royal, Assistant Director of Yadkin County Human Services
Lindsey Cearlock, Finance Director of Yadkin County
Marie Walters, Opioid Action Coordinator
Junior Thompson, Pre-Trial Release Coordinator
Christopher Bolden, Assistant Director of Emergency Medical Services

Special thanks those who participated in interviews:

Michael Silverman, Yadkin County Manager
Michael Koser, Yadkinville Town Manager
Jessica Wall, Director of Yadkin County Human Services
Marie Walters, Opioid Action Coordinator
Junior Thompson, Pre-Trial Release Coordinator
Christopher Bolden, Assistant Director of Emergency Medical Services

Special thanks those who participated in focus groups (see questions in appendix):

Healthcare Professionals

Dr. James McGrath, Physician and Medical Examiner
Dr. Corey Rihardson, CEO at Integrated Care of Greater Hickory (ICGH)
Jeffrey Eads, Regional Director of Community Operations, Partners Health Management
Larry (Wayne) McMeans, North Carolina Certified Peer Support Specialist, ICGH Site Manager
Megan Goins, Community Paramedic

Social Services and Law Enforcement

Nick Smitherman, Yadkin County Sheriff

Robert Crumpton, Chief District Court Judge

Kristin Ryan, Director of Behavioral Evaluation and Response Team at Winston-Salem Fire Dept

Katie Moser, Center Director at Daymark Recovery Services

Wendy June Pirk, Nurse at Daymark

Community-Based Organizations

Cara Winslow, *Celebrate Recovery* ministry leader at Collide Church

Jonathan Gaylord, Pastor of Yadkinville United Methodist Church

Fred Wells Brason II, President/CEO of Project Lazarus

Regina Propst, Program Manager at Insight Human Services

Schools

Taylor Vestal, Student Services Coordinator at Yadkin County Schools

Patrick Reagan, Coordinator for School Safety & Security at Yadkin County Schools

Payers and Employers

Emily Corn, President/CEO of Shallow Ford Foundation

Lauren Neely, Sr. Regional Liaison at Blue Cross Blue Shield of North Carolina

Lived Experience

Anonymous Yadkin County Residents associated with Integrated Care of Greater Hickory

Community Profile

“If you’re gonna have your car broke down somewhere, Yadkin is the ideal candidate. People are so friendly here. Someone will help you.”

Two sides of the small-town coin

Despite the economic challenges of small rural areas, there are significant strengths.

When asked what was special about Yadkin County, one respondent told us, *“Oh, gosh, well, it’s home. I have lived and worked in Yadkin County all my life. I’ve had plenty of opportunities to [move to] more metropolitan areas for career growth and whatnot, but there really is just no place like home. I just absolutely love that I can be so directly connected to the people who are my neighbors. I might eat dinner at the same restaurant or pump gas at the same pump. I can be connected and impactful in their lives.”*

Another respondent mentioned administrative advantages, pointing out that the small size shortens decision-making lines. The small size makes Yadkin County nimble due to tight relationships and quick handoffs. On the other hand, other respondents mentioned delays in local government approving new initiatives, especially amidst recent turnover, and others shared that there is a lack of alignment in some areas. For some, opioid settlement dollars may feel like “suing a gun manufacturer for making a gun,” while others see substance use as an unfortunate response to real systemic circumstances, including “grief, trauma, and economic hardship.”

Culture

Respondents described Yadkin County’s culture as “rugged individualism, rebellion,” and “pulling yourself up by your bootstraps mixed with Protestant values of extending a hand to the downtrodden. Another respondent said that certain commitments to substance use response can be viewed as “a handout” or “handholding” rather than seen as “humanitarian.” There remains a stigma that substance use is a “choice” and a “moral failing” unworthy of community support. In contrast, one expert shared, “These are not bad people. There are people that’s [sic] made a bad decision, and they’ve got their self [sic] in a place that they never thought they would be, and they don’t know how to get out. Somebody needs to throw them a rope.”

Economic sectors

Yadkin County is an agricultural town with historical roots in the tobacco industry. Early adolescent initiation into tobacco and alcohol use is not new. Around 1999-2000, North Carolina issued “Tobacco Heritage” specialty license plates, and one might see a bumper sticker displaying the words, “tobacco pays my bills.” Yadkin residents are also involved in chicken processing with Perdue and other large producers. Yadkin is an industrial town with dwindling manufacturing jobs. Workers in both agricultural and industrial settings are more likely to sustain workplace injuries, which is often the first step towards prescription opioid use. Illicit use exists as well, likely stemming from gateway drugs that start in adolescence or in a desperate attempt to maintain use after prescriptions expire.

Large employers include Unifi Manufacturing, which produces polyester yarns, and Lydal, which produces specialized automotive materials. One respondent said Yadkinville was rejected as a potential site for a new company because it lacked the necessary workforce. Yadkin County is lagging in working-age residents, far below the national average (58% in Yadkin County versus 65% nationally and 63% statewide). People tend to leave after high school to pursue economic opportunities, and some who experienced adversity are returning home to Yadkin County.

Intergenerational cycles

Interviewees pointed to intergenerational cycles of poverty resulting from lack of employment opportunities, which result from lack of jobs, lack of childcare, and employer-imposed restrictions based on past incarceration and drug use. One of the major employers is the school district, which has strict rules. One respondent shared that it sometimes feels that the only jobs available, especially for people struggling to find childcare, are at McDonald's, which offers shiftwork.

Respondents reported that working-age white males are at the highest risk of opioid misuse and overdose death. One respondent shared the opinion that men are no longer being raised with a provider mentality. They leave town without a high school education, do not find success, and return to rely on aging parents for support. Adults who had been looking forward to hard-earned retirement may now be stepping up to raise their grandchild because their adult child is struggling with unemployment, depression, and addiction.

Yadkin County, like many rural communities, suffers from a system of three interlocking cycles. The first is a lack of education and opportunity that begets depression and isolation, creating a foundation for substance use. The second is a cycle in which lack of employment makes healthcare unaffordable unavailable, and chronic illness or injury prevents employment. This is further compounded by a lack of healthcare facilities, childcare, and transportation. And the third cycle is an intergenerational exposure to substance use as a coping mechanism.

A respondent from a nearby town told a story remembered from her own childhood that captures the stress these children face: "There was a boy in my class... his mom worked in the Levi's blue jeans factory. They outsourced jobs overseas. He came to school and said 'this is my last week here because my mom lost her job, and we have to move.'"

Geographic location on drug route

Finally, Yadkin County sits at a dangerous crossroads. Interstate 77 (I-77) links it directly to Stateville, which is an East Coast drug trafficking hub, while US 421 North intersects I-77 right in Yadkin County, near Yadkinville, funneling narcotics from urban Forsyth County (Winston-Salem) into this rural area. Yadkin County also neighbors Surry County, which led North Carolina in overdoses during the peak of the epidemic. The drug overdose rate in Yadkin County was 65.5 out of 100,000 (22 deaths total) in 2023, compared to a rate of 42.1 in North Carolina.² Yadkin County

² <https://embed.clearimpact.com/Measure/Embed/100668330> chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.yadkincountync.gov/DocumentCenter/View/5860/2022-Yadkin-County-SOTCH

residents are committed to changing this trajectory and restoring a sense of public health and safety in their community.

Moreover, Yadkinville – a place strongly motivated by a sense of moral good - takes pride in giving people a second chance. Yadkinville Town Manager Michael Koser said, “It’s an extremely supportive community when people show willingness and desire. I’ve seen a level of generosity here that overwhelms me at times.”

STRENGTHS	WEAKNESSES
- Friendliness - Accessibility of decision makers - Culture of strong work ethic - Belief and hope	- Government turnover - Lack of collaboration - Lack of alignment - Lack of transportation, childcare
OPPORTUNITIES	THREATS
- Reduce stigma - Increase incentives to complete education - Create jobs	- Not considered a desirable place for new employers to move in - Location of highways and drug routes

Yadkin County Success

"I call it the give folks a fighting chance model."

Yadkin County has taken preliminary steps to ensure a bright future ahead. Despite the challenges listed above, Yadkin County has invested in multiple interventions that position it ahead of other counties lacking such resources.

Creation of Opioid Action Coordinator and successful naloxone distribution

The newly created Opioid Action Coordinator position is a big win for Yadkin County. The role, created by the Board of Commissioners and held by Marie Walters, signals a commitment to addressing the opioid issue and investing in a safer community. While some counties may argue that creating such a position reveals the hard truth that there is a problem, Yadkin County can proudly say it has taken the first step to addressing the problem. "Big ships are hard to turn," said one respondent regarding stigma, and the creation of this position demonstrates the ship is turning.

Naloxone distribution

An early win for this role has been the coordination and dispensing of naloxone. Currently, anyone can request naloxone from the Opioid Action Coordinator, and support from Blue Cross Blue Shield is funding a new kiosk at Rise Up. Anyone can walk into the probation office and request it as well. Yadkin County will collect data from the first kiosk to determine the need for a second, which could be placed at the Jonesville Library or outside the jail. For the Opioid Action Coordinator role to continue to be effective, it will need to be more clearly defined and ideally removed from the probation office setting to further reduce stigma.

Commented [NA1]: I'm not sure what role we are talking about here... is this Marie's role? Or the role of naloxone?

Pre-Trial Release Program

Everyone IFP spoke with highlighted the impact of the pre-trial release program. The effectiveness appears to be attributed to Junior Thompson, who was born and raised in Yadkin County, and has developed profound trust and respect with the sheriff, jail, and law enforcement. Initiatives that would increase the impact of his work would be the creation of a resource center and a peer support program that he can use to connect his clients to resources and support.

Post Overdose Response Team

The Post Overdose Response Team is a backbone for the constellation of systems in Yadkin County that save lives. The community paramedic team has seen a reduction in their need to administer naloxone, either because overdose rates are diminishing or because residents have better access to naloxone and don't need to call emergency medical services to administer it. The team works well with the hospitals, detox, and rehabilitation facilities, and would be supported by even more coordination.

Celebrate Recovery program offered at Collide Church

The *Celebrate Recovery* program at Collide Church is a beacon for people in Yadkin County who are struggling with substance use and other conditions that engender hopelessness, such as anxiety, grief, and eating disorders. The program was built a year ago by Cara Winslow, a church leader, and has shown early success. *Celebrate Recovery* is a national model. It follows the standard AA steps,

with the difference that the “higher power” is specified as Jesus Christ. However, the church is welcoming to anyone who will benefit from the program. The church funds its own program, paying for curriculum, training, meals, and marketing, and church members graciously volunteer their time. Any additional funding would help sustain and grow the program.

Collaboration between the school district, human services, and community partners

The school district has garnered effective collaboration from human services in recent years. Having on-site counseling services makes a world of difference. Students can seek mental health support with minimal disruption to the school day, parents are not pulled away from work to drive them to appointments that would otherwise be 30-40 minutes away, and the counselors are integrated into the educational team that supports students from a whole-person perspective.

The schools rely on a hotline to identify students in need of mental health and substance use services. School leaders report that this system works well; there is a clear process for students who have been identified. The challenge is serving students who have not been identified. There is a “Bedroom Signs to Spot” educational program for parents and adults that could further support the schools in identifying students in need. They would also like to expand student-facing programming to elementary students. In addition to human services, other region-wide programs such as Insight Human Services and Project Lazarus, provide education in the schools.

First steps towards recovery employment

Yadkin County has also taken the first step towards creating a recovery workforce. The Town of Yadkinville has a small contract with a business owner who is in recovery. Having a regular source of income is essential in lifting people up so they can maintain their recovery. Piedmont Triad Regional Council (PTRC) provides *Second Chance* employment through a contract with *NC Works*. Funding could support someone from PTRC to work out of Yadkinville, so job seekers do not have to travel to Surry County for this resource.

This report would be incomplete without mentioning a resource that exists outside of Yadkin County but is essential to serving Yadkin County residents. **Integrated Care of Greater Hickory (ICGH)** is a private for-profit behavioral health organization based in Hickory, North Carolina, focused on substance use disorders, mental health, and co-occurring conditions. They provide outpatient treatment (including MAT with Suboxone); inpatient detox/residential care at facilities like Carolina Wellness Centers in Sea Level, NC; crisis intervention; and transitional support such as housing and peer mentoring. Programs emphasize “recovery, not just treatment.”

For the past two years, Wayne McMeans has brought the ICGH mobile van to Yadkin County on Mondays. The van offers the same services that would be offered in a brick-and-mortar facility, but on wheels. This service includes peer support, which was cited as the number one effective action across nearly all focus groups and interviews. *“My shared lived experience...that if a program of recovery can help me, the program can help anybody. We meet people where they’re at, and we just try to love them. We come alongside them. We give them help and hope [as they struggle with] bio-psycho-social challenges. There’s the addictive part, but also the mental health challenges... And so just being able to identify that person and not nitpick them... and support them and gently bring them along to where they know that they’re in a good place of wellness. We’re seeing a lot of positive changes in people’s lives.”*

Research Methods and Community Representation

"He can't rub two quarters together, he's missing work. I help him so he can go to work and feed his family. He done lost his job. He's two months behind on his rent. If he goes to jail, that's another 45 days he's not working. It's the system that takes such a bite outta people. It's hard to get them to succeed. We work within the parameters we got."

IFP approaches all community-based research with a mixed-methods approach that leverages numeric (quantitative data collected on surveys) with stories (qualitative information collected in interviews and focus groups). This means that quantitative data (shown in the tables below on the left) is interpreted in combination with qualitative data (shown on the right). By combining these research methods, we can rank-order recommended initiatives with certainty and precision while explaining why certain initiatives gained more traction than others. The survey multiple-choice response options align with the NC MOA pre-approved list of interventions (see appendix).

A small steering committee consisting of Michael Silverman, Marie Walters, Junior Thompson, Christopher Bolden, and Jessica Wall identified community experts to participate in a series of focus groups. Focus group participants were asked to expand the list of experts by inviting colleagues to participate in focus groups as well as offering the survey to their networks. Additionally, each person on the steering committee was interviewed individually.

IFP asked Integrated Care of Greater Hickory (ICGH), Daymark, and RiseUp to recruit people in recovery to participate in a focus group for people with lived experience. Members of that focus group also shared the survey with their networks. Additionally, flyers were distributed with a link and QR code to the Yadkin County public library, recreation center, and probation office to amplify the opportunity for community members to share their opinion through the survey. The survey and flyers were available in English and Spanish.

The table below indicates the demographic distribution of survey respondents.

Yadkin County Opioid Settlement Strategy Survey	
<i>n</i> = 36	
All responses are listed as percents out of the total number " <i>n</i> " above.	
Age	
Under 18	0
19-24	0
25-34	3
35-44	8
45-54	12
55-64	6
65+	5
Prefer not to answer	2

Race*	
White	94.4%
Other	5.6%
Prefer not to answer	
Zip code	
27011	5
27018	3
27020	4
27055	8
28642	3
28689	0
None of these/prefer not to answer	13
Annual income	
Under \$15,000	0
\$15,000-\$29,999	4
\$30,000-\$49,999	3
\$50,000-\$74,999	9
\$75,000-\$99,999	5
\$100,000 - \$150,000	10
Over \$150,000	3
Prefer not to answer	2
Highest level of education	
Less than high school	0
High school or GED	4
Technical certification	1
Associates degree	5
Some college	5
College degree	9
Grad school or prof. degree	11
Prefer not to answer	1
Work status	
Working	86%
Retired	11%
Other/prefer not to answer	2%
Extent affected by substance use (check all that apply)	
I have struggled myself	11
Currently using	0
Lost a loved one	15
Loved one is struggling/has struggled	14
Work in substance use field	17
Deeply concerned about substance use	22
Not affected personally	0
Prefer not to answer	1

* More comprehensive list of races and work status were provided. For brevity, only those categories that received a response are shown in the table.

Community Results and Community Suggestions*

Root Causes	
1. Generational cycles in which parenting influences behavior	Generational cycles. Respondents felt the most common introduction to opioids was at home, citing cycles of substance use and early exposure during childhood. One respondent, who said children are initiating opioid experimentation as early as third grade said simply, “mom does this when she’s stressed.”
2. Mental health challenges	Mental health challenges. One respondent explained a pattern of “multiple stressors as an incubator” (see community profile for details). Self-medicating was described as a common problem, either for chronic physical pain or emotional pain, which often go hand-in-hand. Respondents said that dependency that initiated with prescription medication for pain is seen more commonly amongst older adults who received their prescriptions before over-prescribing patterns were curtailed. A respondent reported that these adults may turn to heroin and fentanyl when prescriptions were no longer accessible. More common amongst younger generations is either parental modeling (above) or introduction to opioids through gateway drugs—either because they were unaware it was laced or intentionally sought it out to self-medicate.
3. Lack of access to healthcare (mental health and substance use treatment)	Access to healthcare. In 2015, the Yadkin Valley Community Hospital closed. There are now no acute or emergency care services in Yadkin County proper. One respondent shared, “We have a good handle on prevention. But we have nothing for treatment, we don't even have a foundation. I'd refer you to ICGH. Wayne comes here every Monday with [the ICGH] mobile medical unit. They can do same day referrals, they can do it online, if the individual can get to the Dobson clinic.” One expert said that residents are intentionally avoiding mental health medications because they cause unwanted side-effects. Most behavioral health providers participate in North Carolina’s state-funded “Tailored Plans” which provides coverage for people without insurance. Respondents reported that same-day appointments are available to those who seek out professional services (and have transportation). Everyone agreed that transportation is a major barrier. One respondent advised substance users to “seek treatment outside of where you are because your success rate is going to grow. Stigma and shame... but also you want to remove yourself from the habits, triggers, and traumas affecting your treatment. Set yourself up for success by leaving.” But residents would require transportation to do so.

*Please note all recommendations included herein are reported as recommendations suggested by community members. No IFP opinions or recommendations are included here.

Barriers to access	
1. Transportation	Transportation: Transportation has been consistently documented as the primary barrier to care with many respondents saying they don't know how to solve this issue in a rural county. There is transportation available to Medicaid members, but it is restricted to specific routes, scheduling rules, and medical services. One respondent proposed that the county purchase a van and hire a driver to transport people in recovery to appointments as well as to work, to classes, and to purchase necessities such as groceries and household items. Lack of insurance. Hands of Hope is a faith-based free clinic serving uninsured adults age 18-64 in Yadkin County. Daymark and ICGH also serve people regardless of insurance status. CareNet is a faith-based behavioral health clinic affiliated with Wake Forest Baptist Health in Winston-Salem that offers free counseling and therapy to adults and children. A respondent said they do not currently have a satellite in Yadkin County, but said, "If we got enough people together, we could make it happen." Additional assessment regarding insurance as a barrier is needed. Inability to pay. Access to health insurance and co-payment support will continue to be essential to providing services to people in recovery. One respondent shared, "Even people with Medicaid are sick and don't want to go to [their] doctor because they don't have three dollars to pay their copay. Man, here's a \$5, go get some medicine." Providers supporting people in treatment would benefit from education on Medicaid enrollment or additional Medicaid enrollment sites with trained enrollment specialists. Resource center. There is a lack of information amongst community leaders and community members regarding availability of resources. A suggestion was made to create a "resource center" that would help adults to become more aware of the services available to them. This would include resources for other health issues as well as Medicaid enrollment. The ICGH mobile unit has made a significant difference in access to healthcare services. One respondent said, "We have lots of resources, it's just making them accessible." There is an existing directory of pediatric providers, it just needs to be updated and shared and expanded to include adults. There are <i>human beings</i> who serve as resource centers, but there is a lack of formal resource sharing.
2. Lack of health insurance	
3. Inability to pay copays, deductibles and out of pocket costs	

Prevention methods	
1. Early intervention for young children at high risk	Early intervention and education in schools. Respondents shared that early education in schools is essential to prevention. They suggested using existing, age-appropriate curricula for elementary students and using peer models in middle schools. At the high school level, students have better education but still lack awareness of the alternative services available to support mental health needs in healthier ways. Education was also recommended for parents, clergy, people employed in the courts, and public officials. Respondents shared that students who are well-kempt and stay out of trouble often fly below the radar and can easily slip through the cracks, so it is important to educate all students on the resources available to them. There is a hotline that is working well for those identified. The concern is for those unidentified. Another respondent said the people who are most impacted by the opioid epidemic in Yadkin County are the children of incarcerated people struggling with substance use, encouraging a whole family approach to services. Prearrest or trial services. LEAD stands for Law Enforcement Assisted Diversion, a nationwide program developed in 2011, and was recommended by multiple respondents. This is a pre-arrest diversion program in which police officers redirect people caught for low-level drug-related crimes into community-based care management instead of booking them. LEAD program participants must meet certain requirements to avoid jail time. They are supported with mental health, peer support, job training, and harm reduction methods to avoid recidivism. An evaluation of four North Carolina LEAD programs conducted by Duke Medical School in 2023³ showed that participants had a 50% lower rate of citations or arrest during the six months after referral compared to the six months prior. Additionally, crisis-related service costs, including behavioral health and emergency room visits, dropped by about 50% on average.
2. Pre/post arrest or trial services	
3. Education in schools	

³ Summary: [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://wcsj.law.duke.edu/wp-content/uploads/2023/08/LEAD_evaluation_brief_report-1.pdf](https://wcsj.law.duke.edu/wp-content/uploads/2023/08/LEAD_evaluation_brief_report-1.pdf)
Full Report: [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://wcsj.law.duke.edu/wp-content/uploads/2023/08/2022-LEAD-Evaluation-Full-Report.pdf](https://wcsj.law.duke.edu/wp-content/uploads/2023/08/2022-LEAD-Evaluation-Full-Report.pdf)

Response Services	
1. Peer to peer support and case management	Peer support. The response service that rose to the top in the survey and was emphasized the most in qualitative interviews was peer support. When built into an overdose response team or co-responder model, which followed as the next top priorities, a powerful model emerges.
2. Co-responder model, Overdose response team, and non-emergency mobile response units	Peer presence is also what makes the difference in non-emergency mobile response units, which are seen as one of the most effective services offered in Yadkin County. The North Carolina Addiction Medicine Associates Initiative (NAAMI) provides peer support specialist training and certification, including the Recovery Action Mapping Protocol (RAMP) training.⁴ One respondent said, “Yesterday I went out on a call from someone who walked out of the hospital. I asked how she got my information and she said she got it from the pizza delivery guy. You know what? God works in mysterious ways. You can’t make these things up. One thing that sets ICGH apart is that we are a peer led company. We get it, we’ve lived it. That’s why we’re effective. Because we go hard, because we’ve been there.”
3. Law enforcement diversion programs	Overdose response and mobile units. Yadkin County already has an overdose response team. Respondents noted it would be further bolstered by a database that helps responders quickly pull social and clinical history and a system that supports referrals. The next steps are to collect data to determine whether supply matches demand and to connect these response services to treatment and recovery services. Additional research could be conducted on co-responder models for the Overdose Response Team. Law enforcement diversion programs. In Yadkin County at least half of the court cases are drug and alcohol related charges and 90% of social services cases are related to substance use. While the entry point for LEAD is pre-arrest (diversion at the scene from being booked), recovery court is offered after charges have been filed to repeat nonviolent offenders facing jail time. Project Lazarus is involved in both. Nick Smitherton, Yadkin County Sheriff, specifically requested a peer support program for the incarcerated population saying, “I’m all in. If we can get people that have shown success, people can see it in their faces.... I can tell them I know it’s hard, you need to do this, but when I walk away, they’re thinking ‘what does the sheriff know about addiction,’ and they’re exactly right. But if we had somebody who could say ‘I’ve been exactly where you are right now and look what I have, and these are the steps that I took to accomplish that.’ That, in my opinion, is the most we can do for someone. I will make all accommodations possible at my jail to let those people in and give them an audience with incarcerated people down here.”

⁴ <https://pss.unc.edu/certification>

	“But once they’re released, it’s probably back to the same... A lot of them have lost custody of their kids, alienated their parents... The minute they’re released, the people that got them into this to start with are the people that are welcoming them back with open arms. ‘Sure, you can crash on my couch. By the way, here’s a meth pipe going around.’” Another respondent added, “It’s very challenging to leave a controlled environment and returning home can be very harmful, so it’s important to have intermediary steps, whether that’s recovery housing or a “big brother” type program.
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Treatment Services	
1. Peer support	Peer support. Peer support has been discussed above. It was considered by Yadkin County residents as essential for ongoing treatment. It was discussed at length also as being critical for people leaving jail.
2. Treatment for incarcerated people	
3. Integrated care models (PC/BH/SUD)	Treatment for incarcerated people. Introducing Medication Assisted Treatment (MAT) into the Yadkin County Detention Center would require better security structures and more reliable medical provider contracting. Project Lazarus manages treatment for inmates in jail. This could be a worthwhile connection. Integrated care models. Because there is so much stigma attached to seeking mental health and substance use services, nesting these programs within standard primary care can make these services easier to access anonymously. The additional advantage is that a primary care physician can partner with specialists to deliver more integrated whole-person care. For example, mental health and substance use impact the trajectory and management of chronic conditions.
3. (third place tie) Treatment courts	Treatment courts: The Chief Justice of the Supreme Court of North Carolina has encouraged all counties to adopt a recovery court.⁵ Participants appear in court at least twice a month to review their case and they are offered “carrots and sticks” based on their progress. Wilkes County recovery court is currently in the planning stage after delays in federal funding. There are plans to expand recovery court to Yadkin, Ashe, and Alleghany counties if funding becomes available. Upon first impression, one respondent shared feeling skeptical about recovery courts, saying “it felt like hand holding” with the incentive of “you gotta do all this stuff if you don’t want to go back to prison.” However, after visiting a recovery court, this respondent was impressed saying, “watching people who’ve come through, who’ve been clean for so long, have jobs, have homes.” This respondent added “This program works the opposite from how court works. The person comes in, says how long they’ve been clean, what they’ve accomplished, and everybody starts clapping, that’s unusual for court.”

⁵ <https://www.nccourts.gov/courts/recovery-courts/adult-treatment-court>

Recovery Services	
1. Recovery housing	There was less agreement regarding prioritization for recovery services with nearly a five-way tie across five different NC-MOA initiatives. Recovery housing. One of the most passionately supported ideas by respondents is a Rescue Mission. This is a term used by faith-based nonprofits that “rescue” people from homelessness, addiction, or extreme poverty by providing shelter, food, and spiritual or social support. A respondent explained, “it’s a place where unsheltered people can go, not just get kicked out at 6am, a place where they can come, have a bed as long as they’re moving forward, not worry about their stuff, get MAT, and education to become substance free, get into transitional housing or sober living.” Another respondent shared, “I may be tore up [sic] from the floor up, but I’ve got a place to stay as long as I’m making progress, and connection to resources.” Without stable housing, maintaining employment is nearly impossible and tenuous recovery is put at high risk. People need a place to land. “It takes time to build up a life after rehab without being put back out onto the streets.” Another respondent said people are living in chicken coops and cars pushed down the hill. “Even churches don’t open their doors to people sleeping in their cars. There’s no shelters. People are going out of county for those services. Everybody loves chicken but nobody wants to live next to a chicken coop.” Faith communities. Churches tend to be where people land when other doors have been shut. Celebrate Recovery at Collide Church is the primary program for people in recovery, but other churches offer support with meals, clothing drives, and provide other necessities. These non-religious programs would benefit from additional financial support. Employment and re-entry programs. Many employers have hiring restrictions and could use encouragement to play a larger role in the recovery of community members. There are programs that provide salary and training to people they have placed at job sites to reduce risk to the employers. The Piedmont Triad Regional Council (PTRC) offers such a program that is available in neighboring counties but not in Yadkin County. In November 2025, the Toyota Battery Manufacturing company opened in Liberty (Randolph County), 90 miles east of Yadkin County. Toyota is known for its Second Chance hiring at other sites, such as in San Antonio, Texas. In addition to work programs, people need programs to learn how to work. A respondent with lived experience shared, “I grew up in an alcoholic household. You can’t teach what you don’t know.” There was a suggestion to provide parenting support as well as training on working in professional environments. People in recovery would benefit from learning ethics to rewire their brains after learning manipulation to cope with everyday life.
2. Mental health / trauma support	
2. (second place tie) Faith communities	
3. Employment and re-entry programs	

	They would also like to learn budgeting and basic professional behavior, saying, “Lord knows, we don't know how to act in public.” That’s because some people with substance use initiated as adolescents prior to learning adult life skills or come from homes with intergenerational substance use and parents who are not modeling these skills. The Yadkin Campus of Surry Community College would be a good location for this. Funding could support stipends so students can focus on their education without having to work simultaneously. In addition to employment opportunities, respondents shared the importance of preparation for employment, whether that is a GED, high school education, or professional and life skills training courses.
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Most Needed	
1. Improved transitions	Improved transitions and collaboration. Respondents spoke highly regarding the different pieces of the puzzle but worried that people slip through the cracks at transition points. The solution is better coordination across the care continuum. Respondents, both professionals and people with lived experience with substance use, felt strongly that improved transitions are fundamental to successful recovery. A young male in recovery shared that when he left a Christian rehabilitation center he had nowhere to go – no family, no apartment, no job – and the result was relapse. He shared that once he found the ICGH program he succeeded because of the transitions in place. He said, “I had six months in a house, I got a job that I work 30 hours a week, I’m saving money, and actually thinking about the future.” There is also a concern about lack of continuity in care between out-of-county providers and Yadkin-based professionals which can hamper their ability to deliver care to the best of their abilities. Funding. Respondents shared an appreciation for opioid settlement funding, saying that, “without those dollars, more people would be dead or in jail.” They also expressed concern that the funding won’t last indefinitely. One respondent said, “Even when the settlement funds are gone, it’s still going to be a big lift.” Others shared that buy-in at all levels of government and throughout the community is necessary to fully leverage those funds for optimal impact and sustainability. Respondents shared that funding is a barrier to healthcare access, transportation, providing peer support, and initiating a recovery court in Yadkin County. Collaboration. Referring to the Multidisciplinary Action Team, hosted by the Public Health Department, a school leader cited evidence of the success by saying “we’re on this call with you because people know we’re a part of this.” This leader continued, “Right now our strong suit is collaboration within our

	district and community. We come together with different backgrounds and work together day in and day out to care for the whole child.” Others would appreciate deeper collaboration across agencies and service providers. An essential component of coordination is improved data collection and sharing. One respondent said “we can’t get funding for a problem not identified. If more people need help, we need more resources. We don’t know exactly how many people need us. We need early detection.” Reduce barriers to MAT: Respondents felt strongly about the need for low barrier programs for Medication Assisted Recovery (MAT) including integration with primary care, increased telehealth, and pharmacy delivery. MAT provision at the ICGH mobile unit is an essential service, in addition to MAT offered at RiseUp. (See above for comments regarding access to healthcare).
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Implementation Recommendation		Ex. A	Q2 -26	Q3 -26	Q4-26	2027	2028
Feasibility ● – High ● – Medium ● – Low							
● Coordination. Increase coordination between the post-overdose response team and next steps. Create a monthly meeting with the resource center to ensure everyone involved is current on all resources. Clarify workflows to ensure smooth and consistent handoffs to primary care, detox, harm reduction, and supportive housing.		8	X				
● Employment programs. Encourage local employers to join existing Recovery Work programs in North Carolina that cover the cost of salary and training in exchange for hiring people in recovery. Highlight success stories in local newspaper to uplift employers choosing to participate.		5		X			
● Peer support. Expand peer support by training and hiring additional peer support staff. ● Comprehensive care coordination. Connect people leaving jail with medical care, behavioral health and insurance either through peer support or through professional case management.		3 10 12		X			
● School coordination. Provide curriculum to school district at elementary, middle school, and high school levels. Continue collaboration between human services and school district. Assess the effectiveness of school interventions.				X			
● Skills training. Coordinate with Piedmont Triad Regional Council Workforce Development and possibly Surrey Community College to provide life skills, parenting, and professional skills training to people at risk of substance use and to those in recovery. Offer GED. Remove the requirement of previous substance use to serve the broader community and reduce stigma for substance users.		5			X		
● Resource Center. Create a resource center in the old hospital building where Daymark is relocating. Provide brochures on all programs. Consider using this center as a services hub to include transportation, employment services, life-skills training, childcare, supportive housing, peer support and case management. Consider having the center supervised by the Opioid Action Coordinator position. Clarify job description and consider whether one FTE is sufficient.		3			X		
● Church connection. Educate clergy in early intervention so they can identify risk signs ensure they are equipped to direct community members to the right resources (which will be easier with the new resource center).		3 6 12			X		
● Expand pre-trial program and recovery court. Support the existing Law Enforcement Assisted Diversion (LEAD) program and connect participants to peer support. Connect everyone in pre-trial services or recovery court with peer support and care coordination through the resource center.		3 10				X	
● Community education. Offer lifesaving courses to community members, schools and clergy to include standard first-aid, stop the bleed, and Narcan administration. Distribute first aid kits, tunicates, and Narcan. Consider additional topics of importance to rural communities such as EpiPens, hunting safety and wildlife safety. Stigma can be reduced by nesting Narcan within additional topics.		6 7				X	
● Vending machines. After collecting data from current kiosk, consider increasing health product vending machines. Reduce stigma by incorporating additional products into the machines to divert focus from Narcan. Examples might include female hygiene products, dental hygiene products, condoms and information leaflets.		7				X	
● Transportation. By housing people at the center, it will be easier to provide reliable transportation services to medical appointments and work sites. Transportation to education will not be necessary if co-located. Provide transportation without restrictions based on purpose, route, or insurance status.		5				X	
● Database. Create a database that will show which services have been provided to which residents on what dates and make it easier to identify lags and gaps for individuals. Use database to quantify population-based need for programs and to allocate resources in an evidence-based manner with appropriate economies of scale.		3 6 8					X
● Recovery Housing. Include recovery housing in the same building, available to people who are progressing through the workforce development program without limits on duration of stay. Outline program requirements to participants are progressing.		3 12					X

Yadkin County Implementation Recommendations Organized by MOA Exhibit A Recommendation	MOA Exhibit A Recommendation (pre-approved for settlement funds)
Coordination. Increase coordination between the post-overdose response team and next steps. Create a monthly meeting with the resource center to ensure everyone involved is current on all resources. Clarify workflows to ensure smooth and consistent handoffs to primary care, detox, harm reduction, and supportive housing.	8. Post-overdose response team
Database. Create a database that will show which services have been provided to which residents on what dates and make it easier to identify lags and gaps for individuals. Use database to quantify population-based need for programs and to allocate resources in an evidence-based manner with appropriate economies of scale.	3. Recovery support services 6. Early intervention 8. Post-overdose response team
Resource Center. Create a resource center in the old hospital building where Daymark is relocating. Provide brochures on all programs. Consider using this center as a services hub to include transportation, employment services, life-skills training, childcare, supportive housing, peer support and case management. Consider having the center supervised by the Opioid Action Coordinator position. Clarify job description and consider whether one FTE is sufficient.	3. Recovery support services
Employment programs. Encourage local employers to join existing Recovery Work programs in North Carolina that cover the cost of salary and training in exchange for hiring people in recovery. Highlight success stories in local newspaper to uplift employers choosing to participate.	5. Employment-related services
Skills training. Coordinate with Piedmont Triad Regional Council Workforce Development and possibly Surrey Community College to provide life skills, parenting, and professional skills training to people at risk of substance use and to those in recovery. Offer GED. Remove the requirement of previous substance use to serve the broader community and reduce stigma for substance users.	5. Employment-related services
Peer support. Expand peer support by training and hiring additional peer support staff. Comprehensive care coordination. Connect people leaving jail with medical care, behavioral health and insurance either through peer support or through professional case management.	3. Recovery support services 10. Criminal justice diversion programs 12. Reentry Programs
Recovery Housing. Include recovery housing in the same building available to people who are progressing through the workforce development program without limits on duration of stay. Outline program requirements to participants are progressing.	3. Recovery support services 12. Reentry Programs
Transportation. By housing people at the center, it will be easier to provide reliable transportation services to medical appointments and work sites. Transportation to education will not be necessary if co-located. Provide transportation without restrictions based on purpose, route, or insurance status.	5. Employment-related services
School coordination. Provide curriculum to school district at elementary, middle school, and high school levels. Continue collaboration between human services and school district. Assess the effectiveness of school interventions.	6. Early intervention.
Church connection. Educate clergy in early intervention so they can identify risk signs ensure they are equipped to direct community members to the right resources (which will be easier with the new resource center).	3. Recovery support services 6. Early intervention 12. Reentry Programs
Vending machines. After collecting data from current kiosk, consider increasing health product vending machines. Reduce stigma by incorporating additional products into the machines to divert focus from Narcan. Examples might include female hygiene products, dental hygiene products, condoms and information leaflets.	7. Naloxone distribution
Community education. Offer lifesaving courses to community members, schools and clergy to include standard first-aid, stop the bleed, and Narcan administration. Distribute first aid kits, tunicates, and Narcan. Consider additional topics of importance to rural communities such as EpiPens, hunting safety and wildlife safety. Stigma can be reduced by nesting Narcan within additional topics.	7. Naloxone distribution 6. Early intervention
Expand pre-trial program and recovery court. Support the existing Law Enforcement Assisted Diversion (LEAD) program and connect participants to peer support.	3. Recovery support services 10. Criminal justice diversion programs

Connect everyone in pre-trial services or recovery court with peer support and care coordination through the resource center.

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Draft for sample only

APPENDIX

EXHIBIT A TO NC MOA: HIGH-IMPACT OPIOID ABATEMENT STRATEGIES (“OPTION A” List)

The strategies listed below are those that garnered the most community support in Yadkin County and were included in Exhibit A from the North Carolina Memorandum of Agreement (NC-MOA) as approved high-impact opioid abatement strategies. The numbers coincide with the NC-MOA list.

3. Recovery support services. Fund evidence-based recovery support services, including peer support specialists or care navigators based in local health departments, social service offices, detention facilities, community-based organizations, or other settings that support people in treatment or recovery, or people who use drugs, in accessing addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.

5. Employment-related services. Fund programs offering employment support services to people in treatment or recovery, or people who use drugs, such as job training, job skills, job placement, interview coaching, resume review, professional attire, relevant courses at community colleges or vocational schools, transportation services or transportation vouchers to facilitate any of these activities, or similar services or supports.

6. Early intervention. Fund programs, services, or training to encourage early identification and intervention for children or adolescents who may be struggling with problematic use of drugs or mental health conditions, including Youth Mental Health, First Aid, peer-based programs, or similar approaches. Training programs may target parents, family members, caregivers, teachers, school staff, peers, neighbors, health or human services professionals, or others in contact with children or adolescents.

7. Naloxone distribution. Support programs or organizations that distribute naloxone to persons at risk of overdose or their social networks, such as Syringe Service Programs, post-overdose response teams, programs that provide naloxone to persons upon release from jail or prison, emergency medical service providers or hospital emergency departments that provide naloxone to persons at risk of overdose, or community-based organizations that provide services to people who use drugs. Programs or organizations involved in community distribution of naloxone may, in addition, provide naloxone to first responders.

8. Post-overdose response team. Support post-overdose response teams that connect persons who have experienced non-fatal drug overdoses to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.

10. Criminal justice diversion programs. Support pre-arrest or post-arrest diversion programs, or pre-trial service programs, that connect individuals involved or at risk of becoming involved in the criminal justice system to addiction treatment, recovery support, harm reduction services, primary healthcare, prevention, or other services or supports they need, or that provide any of these services or supports.

12. Reentry Programs. Support programs that connect incarcerated persons to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need upon release from jail or prison, or that provide any of these services or supports.

INTERVIEWS

Core Questions (Asked to everyone)

1. What are the root causes of the opioid epidemic in Yadkin County?
2. Who in Yadkin County is most affected by opioid misuse?
3. How do you believe opioid settlement funds should be allocated?
4. What is working well right now to address substance use in Yadkin County?
5. What is the impact of distance and transportation on making services available and coordinated?

At the end of the interview, IFP asked for support in sending out the survey to their networks.

Michael Koser — Town Manager

1. How does the opioid epidemic affect local government priorities such as public safety, workforce stability, housing, and economic development?
2. What role do towns play versus the county in addressing opioid-related challenges?
3. What barriers limit local governments from responding more effectively (policy, funding, authority, coordination)?
4. How do municipal leaders currently engage with healthcare, social services, and law enforcement?
5. How should opioid settlement funds be aligned with long-term community sustainability rather than short-term fixes?

Marie Walters — Opioid Action Coordinator

1. When people “fall through the cracks,” who are the people and where are the cracks?
2. What gaps in services or coordination are most visible from your role?
3. How do you ensure community voice, including people with lived experience, shapes planning and funding decisions?
4. What data points are useful for decision-making, and where are the biggest data gaps?
5. What strategies feel most realistic for Yadkin County given local capacity and staffing?

Chris Bolden — EMS Assistant Director

1. What trends are you seeing in overdose calls over the past 1-2 years?
2. What are the locations that serve Yadkin County residents who are experiencing an overdose? How do you partner with them?
3. What new partnerships would be most effective for opioid response?
4. What training, tools, or protocols help EMS respond effectively, and what’s missing?
5. How could EMS better connect patients to follow-up care after an overdose?

Jessica Wall — Human Services Director

1. What substance use-related needs are most common among clients accessing human services?
2. What barriers do clients face when enrolling in Medicaid or accessing behavioral health services?
3. How could human services coordinate better with healthcare, courts, and community-based organizations?
4. What services are available? What are the gaps in location, hours, and awareness?
5. What are the barriers for engaging in services?

Junior Thompson – Pre-Trial Release Coordinator

1. What substance use challenges are most common among individuals entering pre-trial release?
2. Where do people in the justice system encounter service gaps—is it screening, treatment access, care coordination, or follow-up?

3. What would make it easier to connect individuals in pre-trial release to treatment, peer support, or recovery housing?
4. What services or supports help individuals stay in compliance and avoid reoffending, and what's missing?

FOCUS GROUPS

FOCUS GROUP #1: Healthcare Professionals

1. What are the root causes of the opioid epidemic in Yadkin County? What is the entry point to opioids?
2. Are you seeing a unique pattern of use in Yadkin County specific to any particular demographics?
3. What is the local healthcare system doing well to address substance use?
4. With more resources, what else is possible?
5. What are the greatest barriers for you to be successful in reducing opioid harm as a medical professional?
6. When we talk about people "falling through the cracks," how would you define the cracks?
7. What is something you wish was better understood about opioid management by non-healthcare professionals?
8. How can healthcare systems better collaborate with Yadkin County organizations and government agencies to address substance use?

FOCUS GROUP #2: Social Services and Law Enforcement

1. Who in the Yadkin County is impacted most by the opioid epidemic? Are there certain demographics or zip codes?
2. What are the root causes of the opioid epidemic?
3. What trends are you seeing in opioid-related arrests or child welfare cases?
4. What is something that is misunderstood about the work you do around opioids?
5. How would you describe the role of social services and law enforcement in managing the substance use crisis? What other organizations do you partner with in this space?
6. What is something that your profession has done to reduce opioid-related harm in Yadkin County that you're most proud of?
7. With more resources, what else is possible?
8. Are you allowed or required to have training and/or carry Narcan? Any specific requirements for your position/role? Do you have concerns about Narcan use?
9. What are the greatest barriers, outside of limited funding?
10. How can social services, law enforcement, diversion programs and treatment courts coordinate better to support families impacted by substance use?

FOCUS GROUP #3: Community Based Organizations

1. Who in Yadkin County is impacted most by the opioid epidemic? Are there certain demographics or zip codes?
2. Who in Yadkin County uses your services the most? Who would benefit but is not aware of the services available?
3. How would you define "Early Intervention?"
4. What are the current referral pathways? How could these be bolstered?
5. What are the barriers to getting services?
6. What have been the most successful community outreach strategies?
7. What are some examples of successful community partnerships that address substance use?
8. Where are there gaps in coordination across organizations and government agencies? What is the impact of those gaps?
9. Of all the services, from education to recovery support, which services do you think have the best outcomes? What are some examples of good outcomes?

10. If you could create one positive change, what would it be?

FOCUS GROUP #4: Schools

1. Who in Yadkin County is impacted most by the opioid epidemic? Are there certain demographics or zip codes?
2. How would you define "Early Intervention?"
3. What services are available through the school system? For whom are these services available? (Students, parents, community members not related to a current student?)
4. What role could the schools play in reducing substance use in Yadkin County?
5. And the negative Impact of substance use?
6. Who would benefit from the services offered by the schools but is not aware of the services?
7. What barriers do the schools face in providing more mental health and substance use support?
8. What are some examples of successful community or government partnerships that address substance use?
9. If you could create one positive change, what would it be?

FOCUS GROUP #5: Payers and Employers

1. What role does the opioid epidemic play regarding a healthy productive, resilient workforce? (Productivity, absenteeism, turnover, managing healthcare cost, injury, infectious disease, mental illness, etc.)
2. What services are currently offered, or could be offered, to support employees who are experiencing substance use disorder or supporting a family member?
3. What incentives exist in the employer/payer space to prevent and manage substance use disorder?
4. What role should employers play in helping employees to manage substance use issues?
5. What are the barriers to accessing services?
6. How can employers and payers remove those barriers? What support do you need?
7. If you could create one positive change, what would it be?

FOCUS GROUP #6: Lived Experience

1. What assumptions are made about people who use opioids?
2. What is the impact of those assumptions?
3. What are the root causes of opioid misuse in Yadkin County?
4. Who is most affected by opioid misuse?
5. What has contributed to the proliferation of the problem? (What makes it worse?)
6. What do you see as the barriers for getting support?
7. What services have been the most impactful to you on your journey?
8. How could programs be better designed? (More coordinated, more accessible, less judgmental?)
9. If you could improve one thing within these groups/entities (schools, social services providers, health care providers, etc.) what would it be?
10. What do you think could be done to improve the use of services?