



Burke County Communities Project

Goal Development Discussion/Collaboration

Saturday, October 20, 2018

New Day Christian Church

Facilitator: Kim James, Burke Recovery

Attendees: Victor Salvat, Jaime Torres Ministries; Kesha Nichols, Jaime Torres Ministries; Carol Ervin, Carolinas Healthcare System -Blue Ridge; Rita Gallagher, Community Member; Karen Russell, Vaya (LME/MCO); Beverly Carlton, Olive Hill Economic Development Corporation, Inc.; Donaiel Allen, Burke County LEAD Program; Savannah Wilson, Burke Recovery

- I. Where are we as a community? Understanding Burke County as we know it...
 - A. Opening exercise: reflection on "Metanoia" - the journey of changing one's mind heart, self or way of life
 - B. Before we can determine where to go, or how to change, it is imperative to know where we, as a community, are at this moment in time; and who we are.
 - C. Group discussion regarding "Who is Burke County?"
 1. General:
 - a) Blurred with no focus due to the loss of manufacturing and other large industries - there has been a certain inability to redefine the community as an "X" town/county.
 - b) A destination for the homeless population due to the large availability of resources and services - this is both a positive and a negative as it is wonderful to have these resources, but they are nearing capacity
 2. Problems/Concerns:
 - a) Poverty
 - b) Mental health issues
 - c) Substance use/addiction
 - d) "Limbo situations" - there are many who have some services/resources, but are still missing others...housing is a primary need in the community
 - e) Burke County is equivalent in many minds to "downtown Morganton" - this leaves out a large part of the population, resulting in a division
 - f) There is no minority leadership (government)

3. Positive Aspects:
 - a) There is a lot of potential in Burke County
 - b) Great schools (both public and private)
 - c) Strong connections outside of the county
 - d) Ethnically diverse (20+ ethnicities represented in a county of 90,000 residents)
 - e) Large faith partner population (over 200 churches) - note there is a drawback as many of these churches are isolated...this can also be an opportunity for outreach
 - f) New public transportation route (Greenway Transportation)
 - g) Multiple state agencies are represented in the county as the largest employer (NC School for the Deaf, J Iverson Riddle Development Center, Broughton Hospital)

II. Focusing on Substance Use, what does our community look like?

A. Substance Use Treatment Providers/Resources

1. Burke Recovery (including Flynn Recovery Community [men only])
2. Burke Integrated Health (collaborative - The Cognitive Connection, A Caring Alternative, Catawba Valley Behavioral Health, High Country Community Health)
3. Jaime Torres Ministries (also provide referrals to outside organizations)
4. CCRP - Christ Centered Recovery Program (men only)
5. Vessels of Mercy (women only)
6. Shelters - The Meeting Place, Suzie Fitzgerald House
7. Carolinas HealthCare System - Blue Ridge (CHS-Blue Ridge)
8. Burke/Catawba Jail (offers detox services)
9. Medication-Assisted Therapy (Greenway, Groups, The Cognitive Connection, CHS-Blue Ridge)
10. Burke Substance Abuse Network (BSAN) - coalition of providers and community members

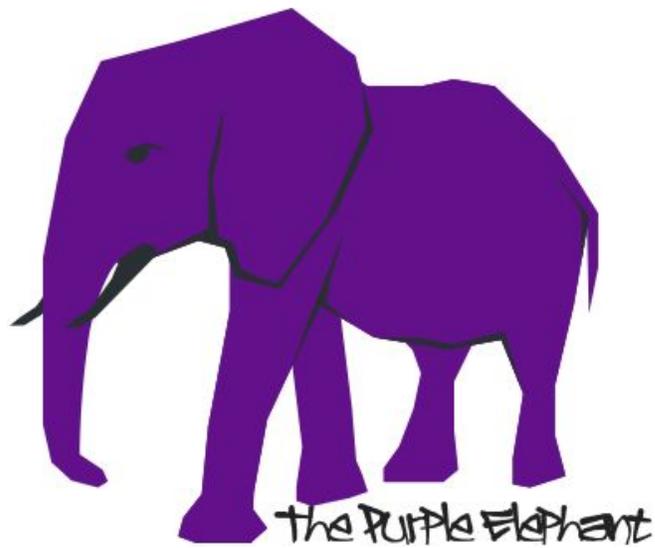
B. Substance Use Prevention

1. Education offered in the schools - provided solely by Burke Recovery
2. Drug-Free Communities project (focus on underage drinking and non-medical use of prescription drugs) - Burke Recovery and BSAN
3. Law enforcement provides prevention in the community
4. DARE program (law enforcement)
5. Lock Your Meds marketing campaign - Burke Recovery
6. Free lockbox distribution - Burke Recovery
7. Dropboxes (#7) - Burke Recovery and community partners (private pharmacies and law enforcement)
8. OB-GYN offices
9. Jaime Torres Ministries

C. Substance Use Policy

1. Prescription policy - CHS-Blue Ridge implemented their policy before the state/federal regulations via the CURES act
2. Implementation of state policies
3. Class-action lawsuit against "Big Pharma" - Burke Recovery as plaintiff
4. Drug-free policies - public schools
5. Drug-free policies - employers

- III. Group review of the community survey sent out to BSAN membership (received 27 responses) to determine what Burke County HAS, NEEDS and WANTS in terms of substance use/misuse treatment and prevention resources. The group reviewed the responses and highlighted patterns. *The responses are available as an attachment to this report.* The patterns include:
- A. Awareness
 - B. Education
 - C. Perception
 - D. Community - a need to tie things/resources together
 - E. Empowerment/developing champions
 - F. Advocacy
- IV. Parking Lot - as the discussion progressed, there were some ideas suggested that didn't necessarily fit into the topic, so they were placed in the "parking lot."
- A. Developing recovery allies
 - B. Where do holistic services fit in?
 - C. Need for more publicity
- V. Looking at the patterns and the parking lot items, the group brainstormed and came up with the following goals:
- A. Short-Term (within a year)
 - 1. Develop "safe havens" in the community where anyone wanting information about treatment or prevention can go - these can be any type of establishment from a dance studio to a grocery store to a church...wherever the person seeking the information feels comfortable.
 - a) Individuals in these "safe havens" would all participate in a comprehensive, consistent training module so that all information provided across all platforms is the same. These people would become "recovery allies"
 - b) Once the person/people from the "safe haven" have gone through training, they would receive an identifying sticker to put in the front of their establishment. This sticker means "If you need information about substance use, you are more than welcome to ask here."
 - c) The stickers would show a purple elephant to represent: (1) the "elephant in the room" - substance use and (2) purple is the color of recovery. The campaign/project would be called "The Purple Elephant Movement."



d) This project would require more than just training: publicity to explain the concept, media involvement, whole community buy-in, branding

B. Long-Term (2-5 years)

1. Build a residential facility for both men and women
2. Develop a peer living room/day center

Note - there is a program that has been developed as a model for a day-center that could be grown into a larger day-center model that is more comprehensive and/or a residential program for men and women - HARBOUR. Funding sources are actively being sought for this collaborative program.