WELCOME!

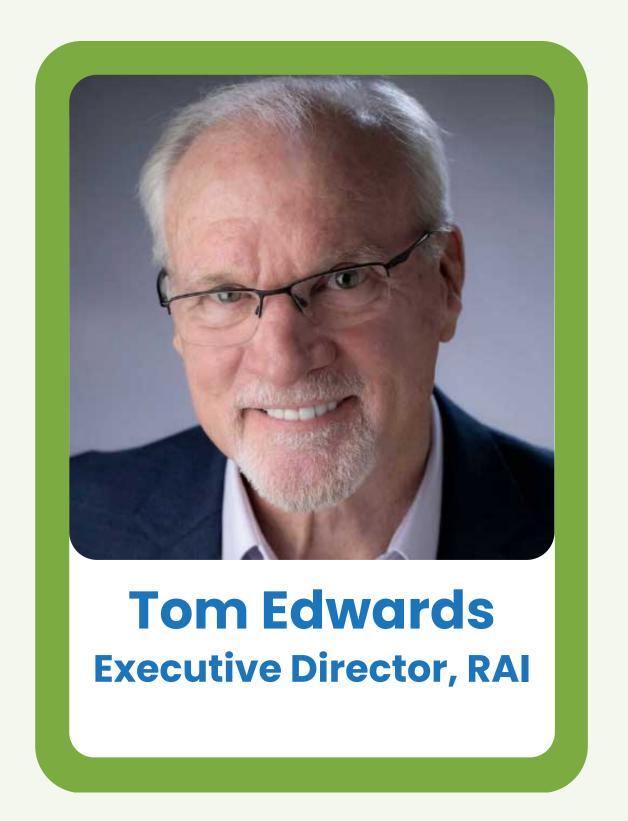


SEPTEMBER 11 - 12, 2025 | RALEIGH, NC



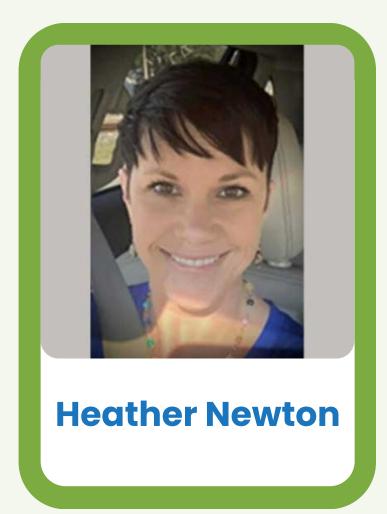


WELCOME TO THE NC RAI
ANNUAL SUMMIT:
HOW TO BUILD
RECOVERY COMMUNITIES











Terri Moy
Julie Jones
Layne Meredith

Appreciate you















COLLABORATORS BY SECTOR

















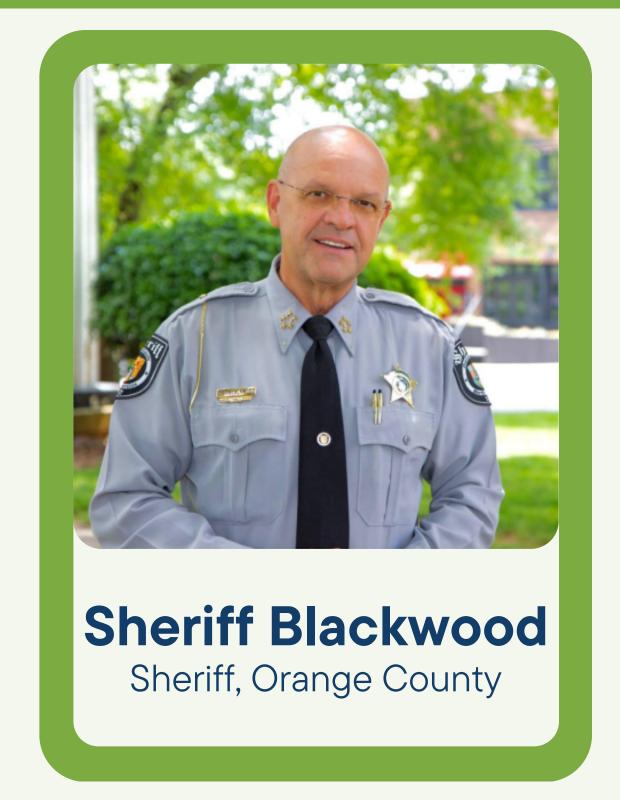
WORKING
TOGETHER SO
THAT
RECOVERY IS
WITHIN REACH
FOR ALL.

EMCEE SHERIFF BLACKWOOD

Sheriff Blackwood is a 43-year Veteran of the Sheriff's Office. He was elected as the 47th Sheriff of Orange County and took Office in December of 2014.

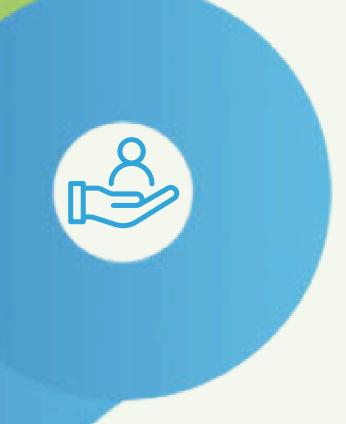
Sheriff Blackwood currently serves as the Chairman of the North Carolina Sheriffs' Association's Executive Committee. Most recently he served as the 2022-2023 President of the North Carolina Sheriffs' Association during their 100th Anniversary. In 2021 Governor Cooper appointed Sheriff Blackwood to the newly formed Commission for Mental Health, Developmental Disabilities and Substance Abuse Services.

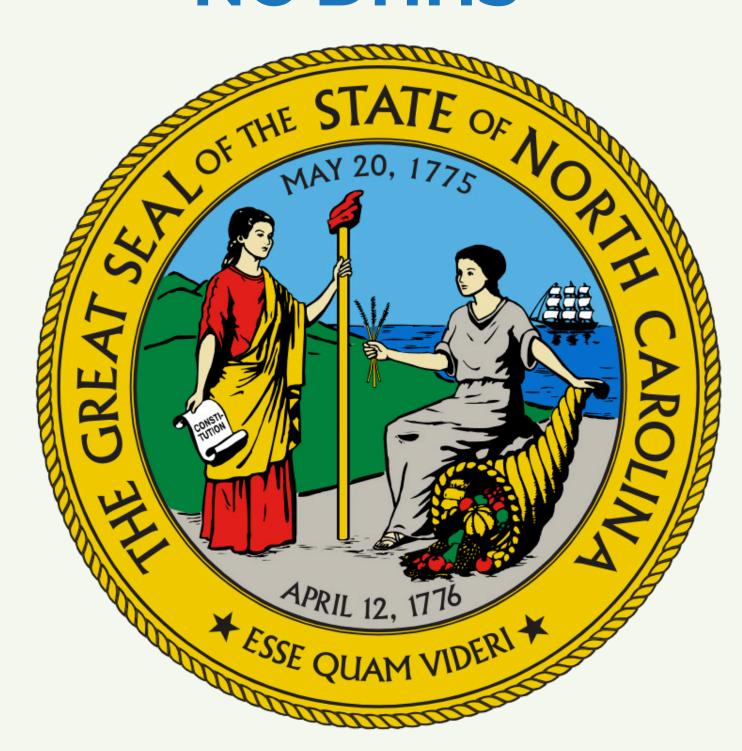
He is an advocate of the recovery community and works tirelessly to examine and develop innovative ways to address the opioid epidemic, drug misuse and mental illness, and received the Dogwood Award from Attorney General Josh Stein for his work in these areas.





THANK YOU TO OUR PLATINUM SPONSOR NC DHHS





THIS PROGRAM IS SUPPORTED AND PARITALLY FUNDED BY

THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE USE SERVICES.



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Integrated behavioral health care for children and adults

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HEALING TRANSITIONS

THANK YOU TO OUR SILVER SPONSORS



























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ADCNC

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CENTER

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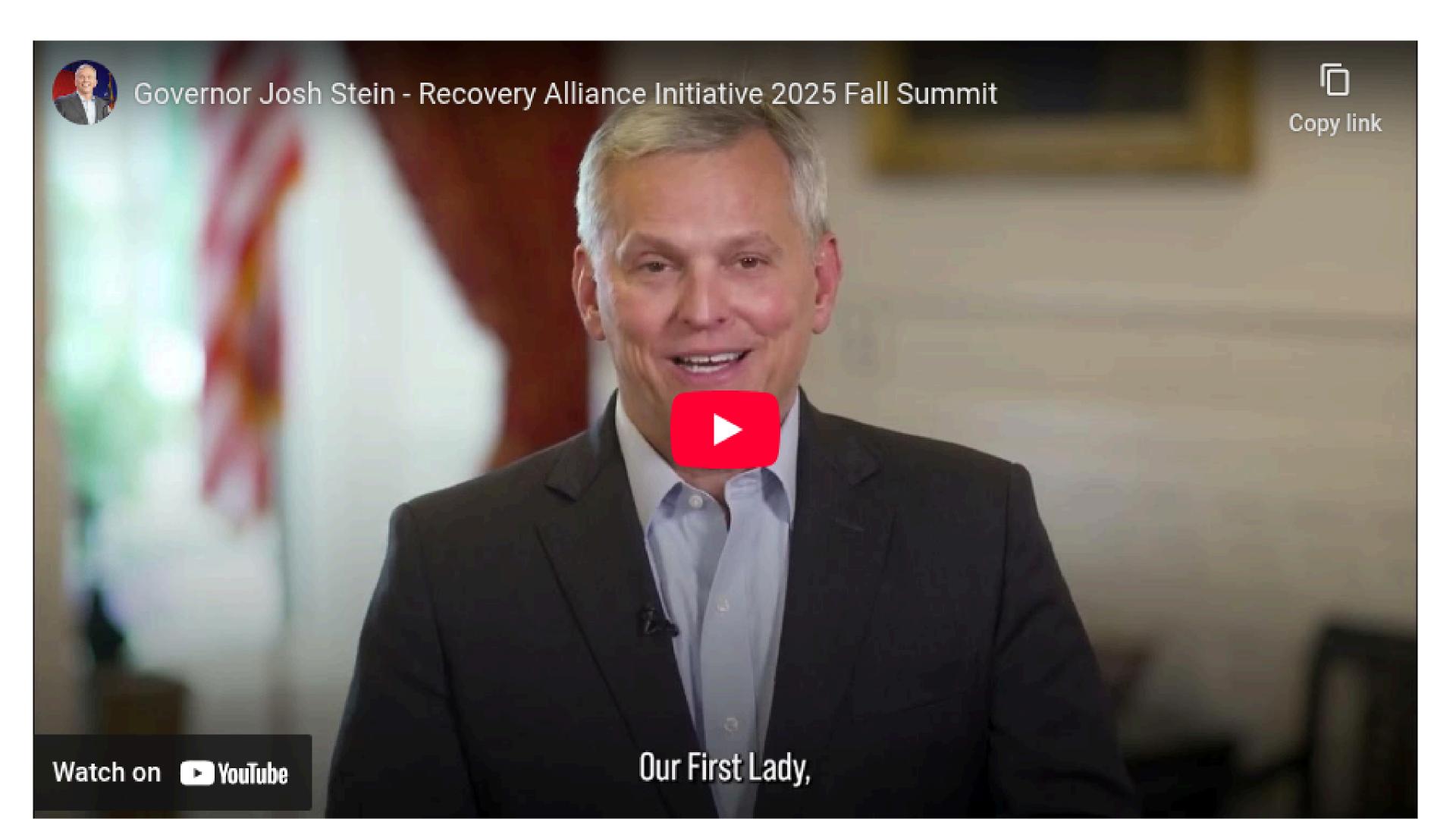


	Attendance Verification					
To	To receive credit, please complete the following form and submit it at the registration desk before leaving the event.					
	By signing below, I certify that I have attended the sessions listed on this page and request professional credit, not to exceed the established maximum per session. <u>I understand that it is my ethical responsibility to accurately report my attendance at these sessions.</u>					
	Please complete all items HIGHLIGHTED IN YELLOW!					
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lease list all credentials including License Number and State, if applicable (e.g., LPC 12345 NC; LPN2468 NC)

Thursday, September 11, 2025							
Session	NAADAC (CE)	NC APPB (SS)	NC State Bar * (CLE)	Contact Hours	Initial session attendance		
Welcome Overview & Governor Stein	0.5	1.75	0				
Keynote: Summit Kickoff! Terrence Walton, MSW	0.5	1./5	0.5				
AM Session Kick-Off: How To Do Big Things: Heroes Assemble	0	1.5	0				
Rulo Strategies: How To Do Big Things: Harness Your Superpower	0	0.5	0				
Keynote: Mark Lefebrve - Building Recovery Ready Communities & Panel Discussion	1.5	1.75	1.5				
Rulo Strategies: How To Do Big Things: Defeat Your Kryptonite	0	0.5	0				
Total available	2.5	6	2				
Total for DAY 1 you are requesting							



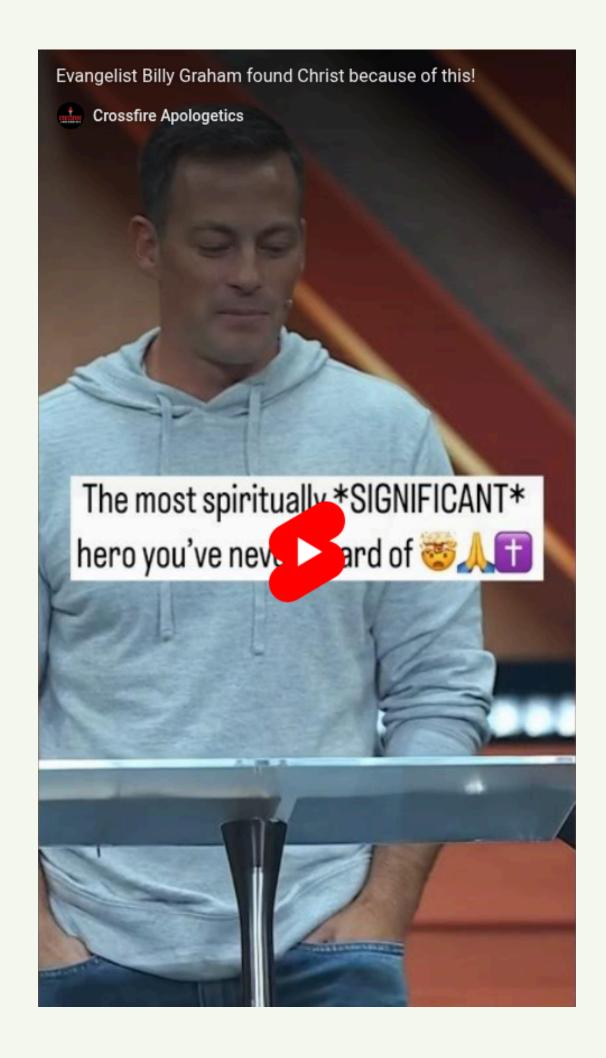


TODAY'S AGENDA



TIME	TOPIC
10:00 AM	Opening the Day: Tom Edwards, RAI Executive Director & Emcee Sheriff Blackwood
10:10 AM	Video Welcome & Opening Remarks from NC Governor Stein
10:15 AM	The Essentials of Building Willing, Able, and Recovery Ready Communities Terrence Walton, NAADAC
10:45 AM	Rulo Strategies: How To Do Big Things: Heroes Assemble
12:00 PM	Lunch & Networking
1:00 PM	Rulo Strategies: How To Do Big Things: Harness Your Superpower
1:30 PM	Keynote: Building Recovery Ready Communities: Mark Lefebvre
2:15 PM	Networking Break
2:30 PM	Panel Discussion: Stumble, Learn, Adapt: Strengthening Recovery Organizations & Communities through Reflection and Action
3:30 PM	Rulo Strategies: How To Do Big Things: Defeat Your Kryptonite
4:00 PM	Closing Remarks: Sheriff Blackwood

"The Usher"



KEYNOTE: THE ESSENTIALS OF BUILDING WILLING, ABLE, AND RECOVERY READY COMMUNITIES

Terrence Walton - Executive Director & CEO of NAADAC

- National leader in addiction recovery and professional advocacy.
- Former COO, All Rise; led U.S. & international initiatives supporting treatment & justice professionals.
- 20+ years as a certified counselor; lifelong dedication to helping individuals, families & communities recover and thrive.



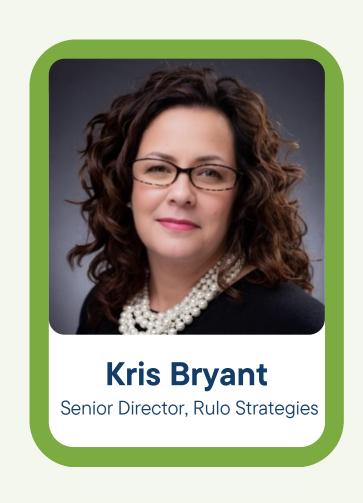


RULO STRATEGIES: TARA KUNKEL & KRIS BRYANT



- Award-winning national leader in criminal justice, substance use, and public health.
- Inspired by a family member's struggle, built a career pioneering cross-sector collaborations.
- Former Senior Drug Policy Advisor, U.S. DOJ grew opioid response program from \$27M → \$187M.
- Directed 25+ projects nationwide; forged DOJ-CDC partnership saving countless lives.
- MSW (VCU), BA (UVA). Resides in
- Arlington, VA & enjoys escape room competitions.

- 26 years of justice experience, including leadership in community corrections & court management.
- Former Principal Consultant, National Center for State Courts; led DOJ-funded projects nationwide.
- Expert at the intersection of justice, substance use, and mental health; trained in SIM & Evidence-Based Decision Making.
- Frequent national presenter on supervision, behavioral health, rural justice, and workforce wellness.
- MBA & BS in Criminal Justice (with minors in Psychology, Sociology, Business).





HOW TO DO BIG THINGS

HEROES ASSEMBLE

MARSHMALLOW CHALLENGE

Build the tallest freestanding structure out of spaghetti, tape, string, and a marshmallow. The marshmallows needs to be on top. You have 18 minutes.





You Will Need

- 20 sticks of spaghetti
- 1 yard of tape
- 1 yard of string
- 1 marshmallow
- 1 OBSERVER

MARSHMALLOW CHALLENGE



RULES

- **Build the Tallest Freestanding Structure:** The winning team is the one that has the tallest structure measured from the tabletop surface to the top of the marshmallow. That means the structure cannot be suspended from a higher structure, like a chair.
- The Entire Marshmallow Must be on Top: Cutting or eating part of the marshmallow disqualifies the team.
- Use as Much or as Little of the Kit: The team can use as many or as few of the 20 spagnetti sticks as well as little as the string or tape.
- Break up the Spaghetti, String or Tape: Teams are free to break the spaghetti, cut up the tape and string to create new structures.
- The Challenge Lasts 18 minutes: Teams cannot hold on to the structure when the time runs out. Those touching or supporting the structure at the end of the exercise will be disqualified.
- Role Observer: The team must assign an observer (follow instructions).



minutes countdow n timer



Watch video on YouTube

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MARSHMALLOW CHALLENGE



DEBRIEF

Planning

How did the team decide what to do first?

Adaptability

Did the plan change as you built? Why?

Collaboration

How did your team communicate and share ideas?

Iteration

Did you test your structure early or only at the end?

Leadership

What leadership styles emerged in your group? Which were most effective?

MARSHMALLOW CHALLENGE



KEY TAKEAWAYS

- Collaboration works best with clear communication, trust, and shared goals.
- Early prototyping saves time and prevents last-minute failures.
- Success comes from balanced leadership, encouraging and directive.
- Facilitation is a special and necessary skill.
- All team members are necessary
- Mine and address hidden assumptions. Constraints can drive innovation.
- Bring the best of all your senses thinking, feeling, and doing.



https://scope.scholastic.com/pages/promotion/120121/the-age-of-superheroes.html?language=english#Lower



GROUP PICTURE & LUNCH

PLEASE RETURN BY 12:55 PM



HOW TO DO BIG THINGS

HARNESS YOUR SUPERPOWER

What is your <u>superpower?</u>

Consider

- What are your (or your organization's) contributions, resources, skills, or knowledge that you can bring to a coalition?
- List at least one superpower on the green card.
- List your contact information.
- Share at your table.

Examples

- Fleet of cars
- Technology skill
- Data
- Data analysis
- Lived experience
- Facilitation
- Connection to likely champions
- Grant writing
- Marketing
- Meeting space

KEYNOTE: BUILDING RECOVERY READY COMMUNITIES

- Author of Healing a Village: A Practical Guide to Building Recovery Ready Communities.
- Former Director, Maine Recovery Friendly Workplace; built statewide business engagement.
- Co-founder, Safe Harbor Recovery Center; longtime leader in NH & ME recovery initiatives.
- Person in long-term recovery, consultant, speaker, and podcast producer.







BUILDING RECOVERY READY COMMUNITIES



Mark Lefebvre

RAI2025 Summit September 11-12, 2025 Raleigh, NC

www.healing-a-village.com

INTRODUCTION











What we're talking about today

- Introduction
- Current trends
- Addiction rooted in trauma
- Building resilience
- Understanding recovery
- Proposing the "community as the patient"
- Building a community coalition
- Defining the "Recovery Ready Community"
- The Recovery Ready Community in practice
- CASE STUDY: The Greater Portsmouth Recovery Coalition



Current trends

- The good news
 - Nationally, overdose deaths are down by 27% from 2023-2024
 (CDC)
 - For the same period, in North Carolina, overdose deaths also decreased by nearly 28%
 - In North Carolina, overdose deaths are projected to decrease by 34.6% from 2024-2025 (NC Overdose Epidemic Data)
- The not so good news
 - 73.6M US citizens (1 in 4) >12 years report using illicit drugs, up from
 70.5M in 2023 (NSDUH 2024 Survey)
 - 48.4M report having an SUD, but only 9.4M received treatment

Understanding Addiction



- For the individual
- For the family
- For the community



Image credit Canva Magic Studio

Understanding Addiction



- For the individual
- For the family
- For the community

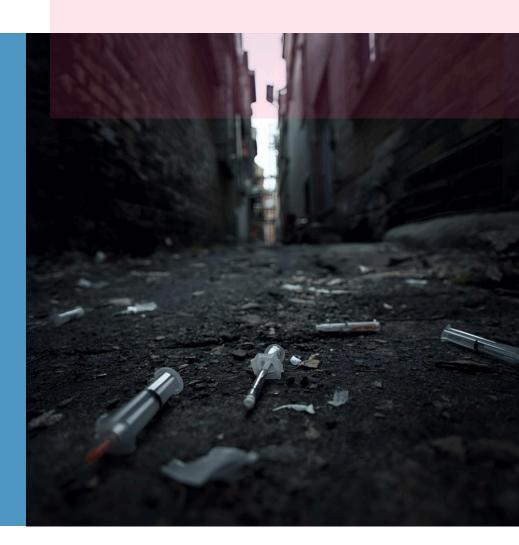
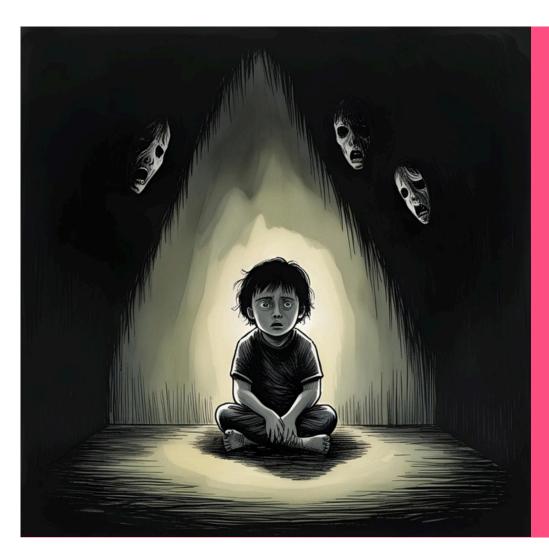


Image credit Canva Magic Studio

Addiction Rooted in Trauma





- Adverse Childhood Experiences
 - Trauma in the home
 - Trauma for the community
 - Trauma for the environment

Image credit Canva Magic Studio



Building Resilience

- Connective tissue of the community
- What is a resilient community?
- Trauma-informed community engagement

Community Resilience





"Community resilience is a measure of the sustained ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations."

Image credit Canva Magic Studio





- Know your community
- Know who they are as individuals, families, and businesses
- Understand the impact of traumatic events
- Create safe spaces to provide support
- Prepare for challenges

Maine Resiliency Center









- Safe physical environments
- Trustworthy relationships
- Empowerment through opportunity
- Collaborative environment
- Peer support
- Cultural diversity
- "Nothing about us without us!"

Image credit Canva Magic Studio



VIII. AP GUIDE T

- Individual Recovery
- Family Recovery
- Community Recovery









Understanding Recovery

"Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential."

Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's Working Definition of Recovery. 2012.

The Community as the Patient



- Obligations of the community
- Community stakeholders

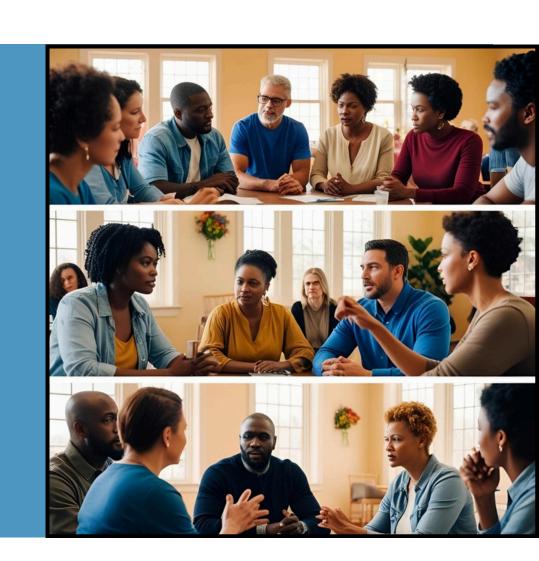






- What is recovery capital?
 - Personal recovery capital
 - Family & social recovery capital
 - Community recovery capital

Faces and Voices of Recovery 2024



Community Recovery Capital



 Treatment, recovery support, and response to the individual's basic needs of shelter, food, and security.

Faces and Voices of Recovery 2024

Image credit Canva Magic Studio





- Why form a coalition?
- A framework
- Funding the coalition
- Develop rules of engagement
- Documents and record keeping



Why Form a Coalition?

- It's a common form of community engagement
- Shared leadership and accountability



Requirements of a Community Coalition

- An influential champion
- Adequate financial resourcing
- A sense of urgency for change



A Coalition Framework

- Understand your community
- Identify potential coalition members
- Orient members to SUD and evidence-based practices
- Develop coalition rules of engagement
- Invest in independent facilitation and coordination





- Stigma
- Lack of common understanding
- Where to begin
- Denial of the problem
- Lack of key decision makers on the coalition
- Poor communication
- Lack of capacity
- Lack of leadership
- Lack of sustained funding for coordination



Where to Begin

- Representation: Ensure recruiting sector decision makers for coalition leadership committees.
- Sustainability: Seek multi-year funding sources for the coalition to ensure year-to-year continuity.
- **Coordination:** Coordination of the coalition is no one's job if it is everyone's job. Ensure there is funding for a neutral-party coordination role.



The Recovery Ready Community - What Is It?

- Should it be self-defined by the community?
- Does recovery look the same in every community?
- How would the community measure readiness?
- Is there (or should there be) a standard model?
- What are the common (minimal) elements for a Recovery Ready Community?



Breaking it Down

- Introducing the Recovery-Oriented System of Care (ROSC)
 - SAMHSA A "coordinated networkofcommunity-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems."

Substance Abuse and Mental Health Services Administration (SAMHSA). The Recovery-Oriented System of Care (ROSC) Resource Guide. 2010. https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf.



Trauma-Informed Recovery-Oriented System of Care

"This system of care also recognizes the widespread impact of trauma, understands trauma's connection to addiction and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatization."





The Recovery-Oriented Continuum of Care Model





Minimum Elements of a Recovery Ready Community

- Youth Programming
- Harm Reduction
- Community Education & Outreach
- Medication-Assisted Treatment
- In-Patient Treatment
- Out-Patient Treatment
- Treatment Court

- Recovery Housing
- Recovery Community Organizations
- Recovery Employment
- Access to Services
- Re-Entry Services
- Peer Recovery Coaches
- Recovery Community Navigators

Sources:

- Greater Portsmouth (NH) Recovery Coalition
- Lewiston-Auburn (ME) Area Recovery Collaborative
- Portland (ME) Recovery Community Center
- Maine Governor's Office of Opioid Response
- Kennebunk (ME) Coordinated Response to SUD

Mapping Elements of a Recovery Ready Community



Prevention	Treatment	Recovery Supports
 Youth and Family Programming Harm Reduction Community Education & Outreach 	 MAT In-Patient Treatment Treatment Treatment Courts 	 Recovery Housing Recovery Community Organizations Recovery Coaches Recovery Community Navigator Recovery Employment Access to Services Re-Entry Services



What Does the ROSC Model Look Like in Practice?







Youth and Family
 Programming



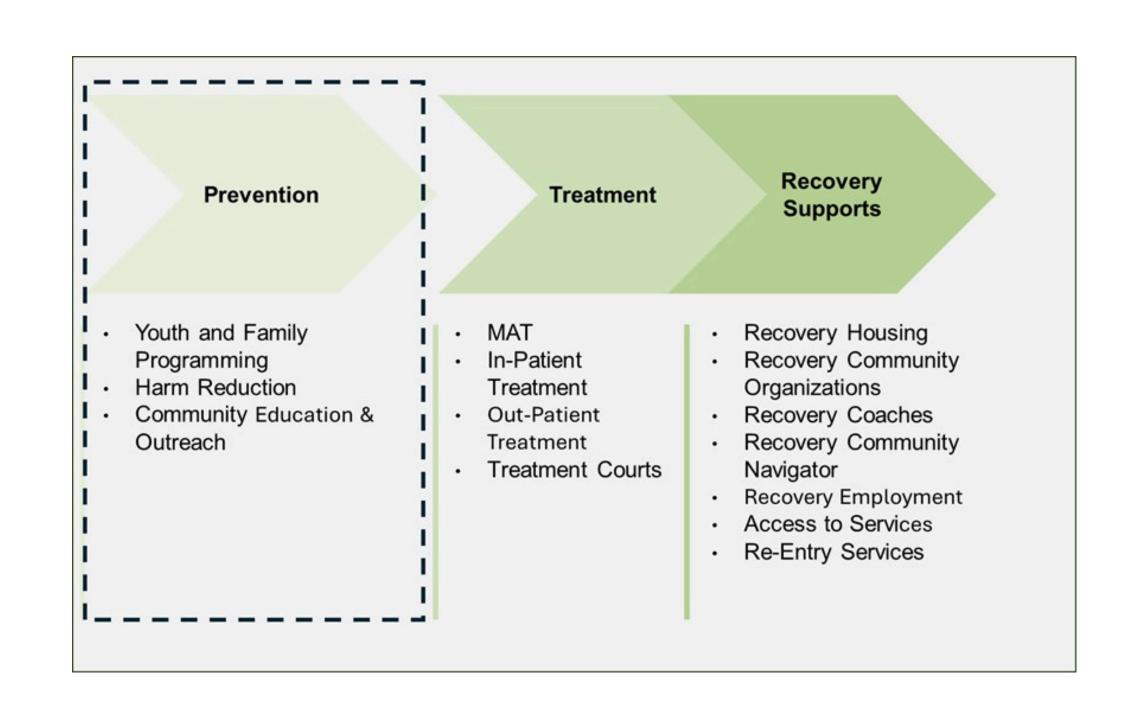
Risk factors



Protective factors



Interventions







Harm Reduction

Naloxone

Fentanyl test strips

Syringe service programs

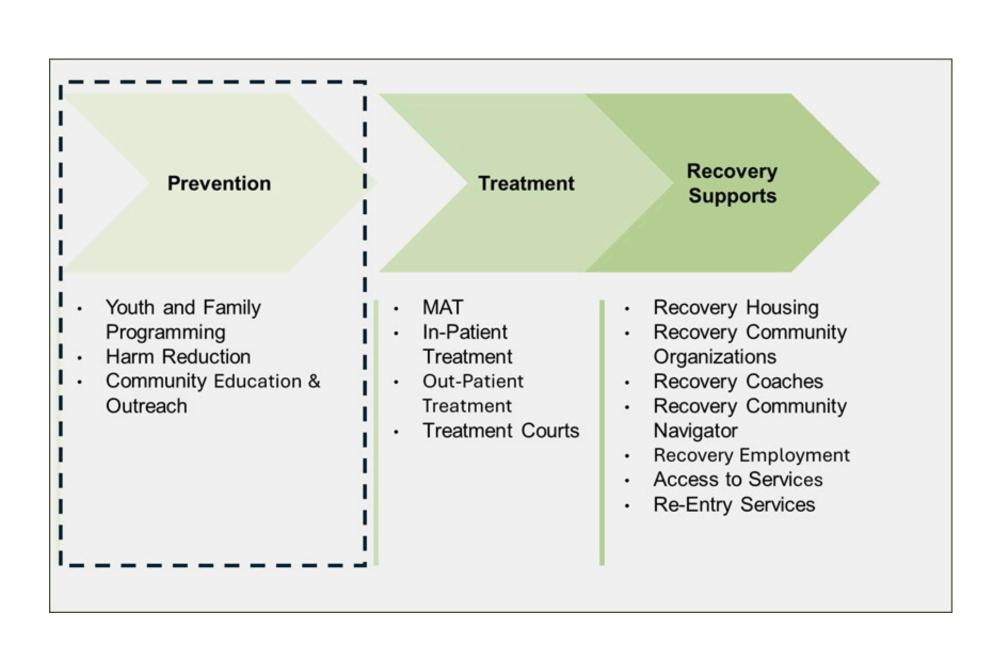
Safe injection sites

Wound care kits

Sofe sex kits

Education

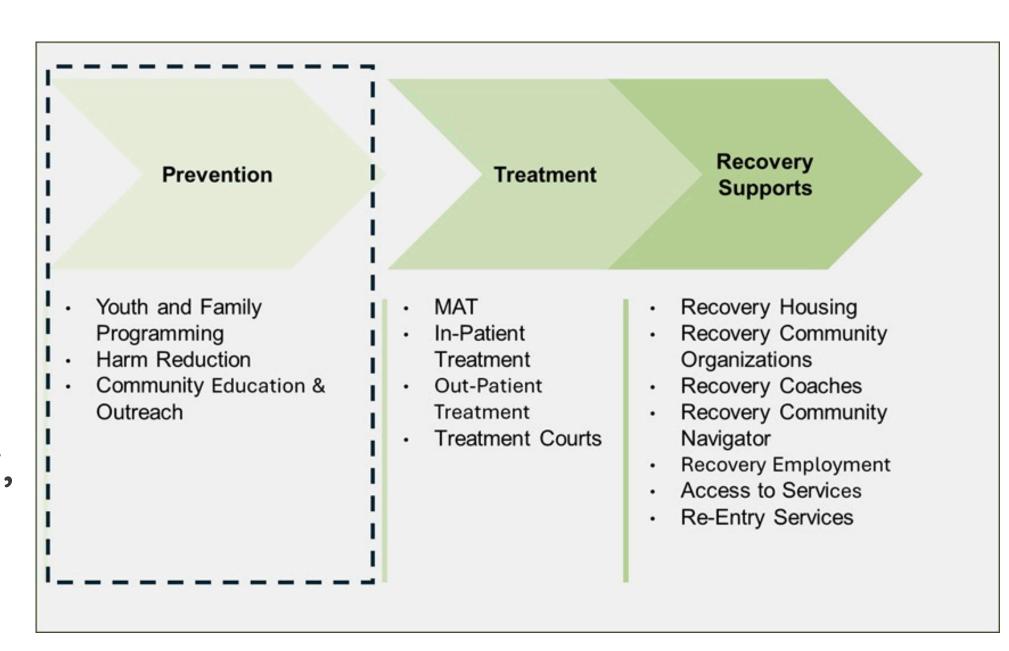
Other?





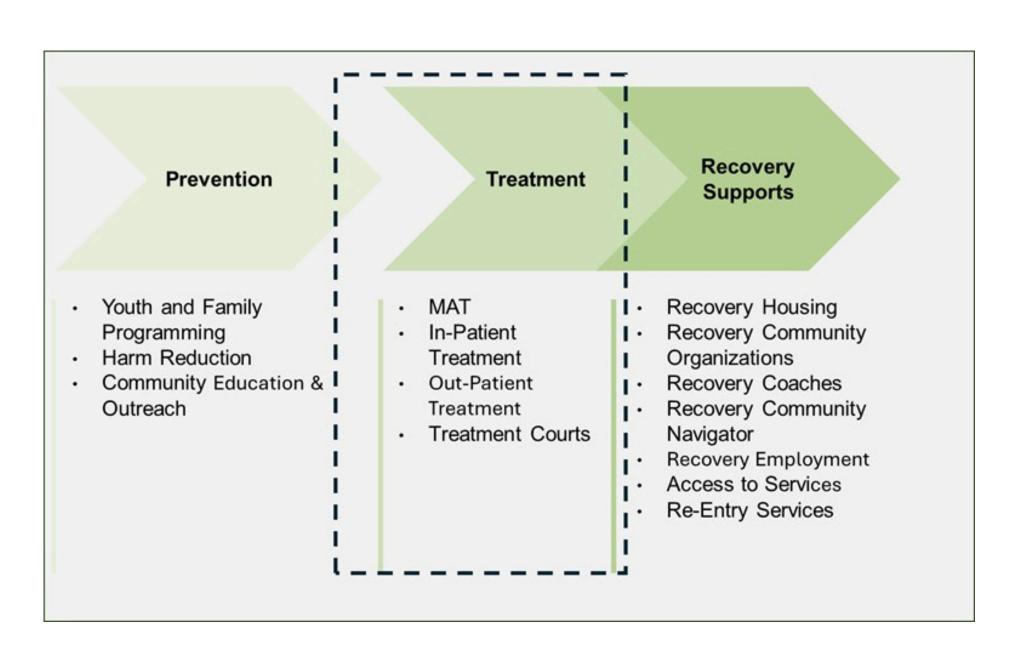


- Community Education &
 Outreach
 - Stigma
 - Misinformation
 - Preconceived opinions
 - Barrier for employment, housing, services, civil rights





- ASAM Model for Adult
 Addiction Treatment
 - Level 4: Inpatient
 - Level 3: Residential
 - Level 2: IntensiveOutpatient, PartialHospitalization
 - Level 1: Outpatient



American Society of Addiction Medicine. The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder. American Society of Addiction Medicine, 2020.

Medication-Assisted Treatment (MAT)



- Buprenorphine
- Naltrexone
- Methadone



Millenial Health





- Treatment for co-occurring SUD and mental disorders
- Detox/withdrawal management
- Residential treatment







- Intensive outpatient treatment (IOP)
- Partial hospitalization (PHP)
- Home-based treatment
- Tele-health/tele-recovery/ teletreatment
- Treatment courts

Both provide a higher level of care than weekly talk therapy and may involve medication management, individual and group treatment, and other therapeutic modalities. However, there are some key differences.

IOP

Intensive Outpatient Program

- Typically 10-15 hours per week
- Allows individuals to maintain their daily routines

PHP

Partial-Hospitalization Program

- Typically 25-30 hours per week
- Generally requires more supervision than IOP

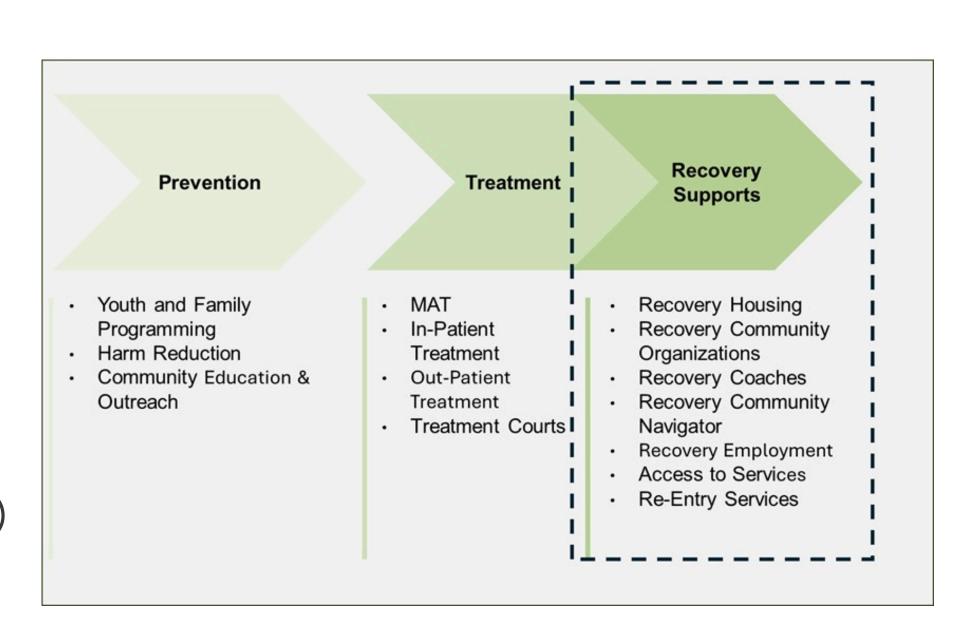


Charlie Health



Recovery Supports

- Recovery housing
- Recovery community organizations
- Recovery coaches
- Recovery community navigators
- Recovery employment (RFWs)
- Access to services
- Re-entry services



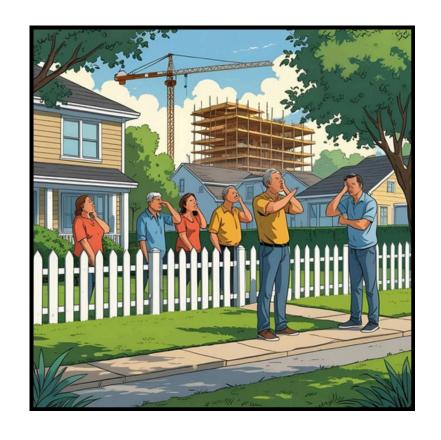
Other Important Topics



• Rural communities



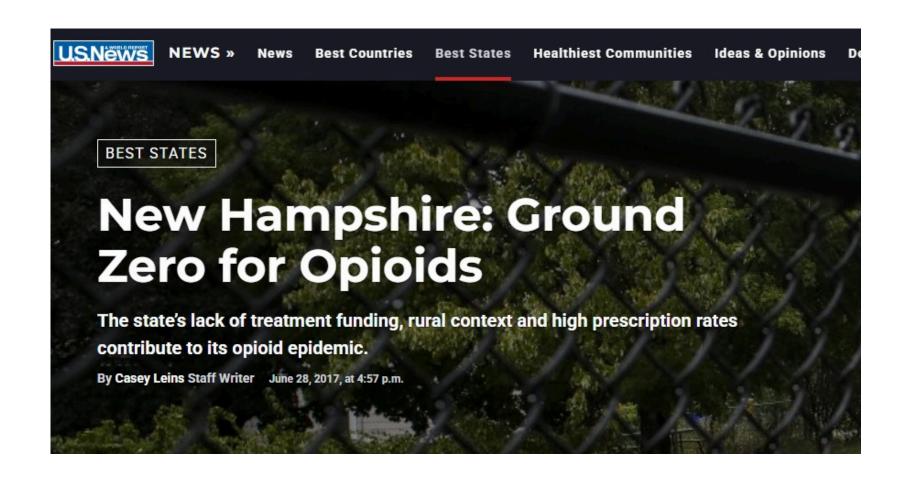
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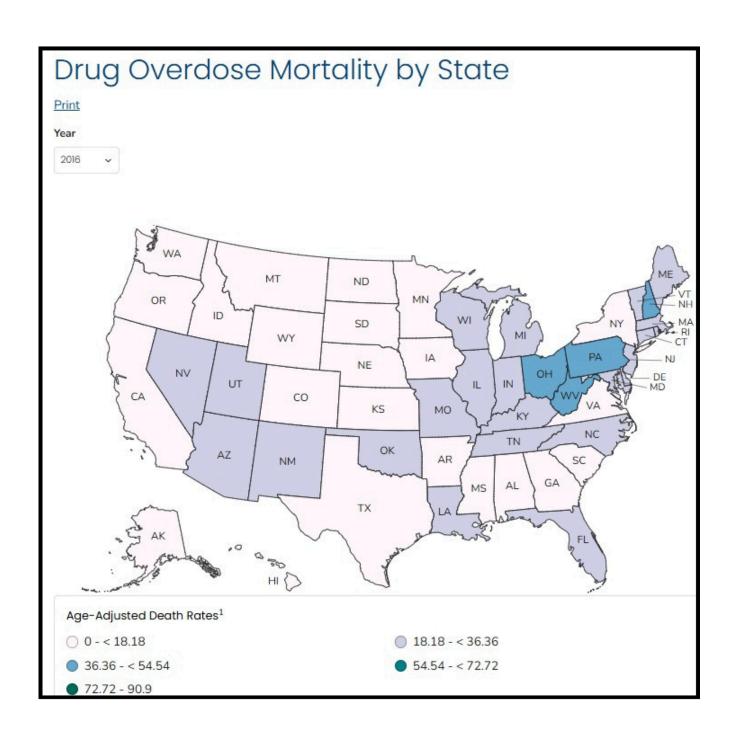


Case Study: TheGreaterPortsmouth Recovery Coalition



Background









Evolution

2018: Conversations with community leaders and interested groups.

2019: Portsmouth community breakout group at Pinetree Resilience Conference; discussion of collaboration options.

2019: Launch of Portsmouth Coordinated Response to SUD; identification of top priority needs for focus.

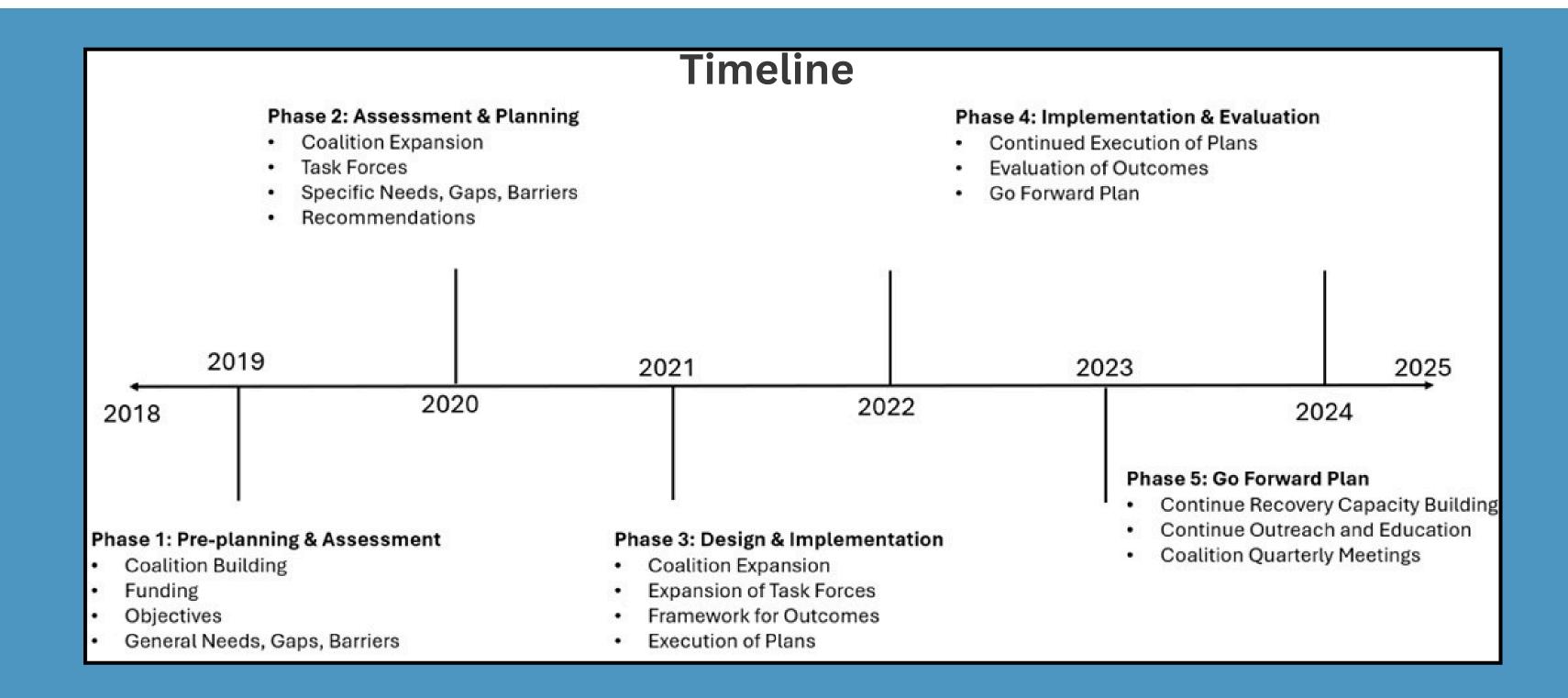
2020–2021: Initial phases of Coordinated Response with task forces focusing on key priority areas and significant accomplishments.

2022–2023: Establishment of Greater Portsmouth Recovery Coalition; maintaining focus on initial priorities, and expanding to address emerging issues. Recognize greater Portsmouth as a Recovery Ready Community.

2023-2024: Measure Outcomes.

Case Study: TheGreaterPortsmouth Recovery Coalition





Case Study: The Greater Portsmouth Recovery Coalition



Initial Task Forces

- Recovery housing
- Access to services
- Coordination of services
- Recovery workforce development
- Education

Case Study: The Greater Portsmouth Recovery Coalition



Initial Task Forces (Phase 2)

- Recovery housing
- Access to services
- Coordination of services
- Recovery workforce development
- Education

Expanded Task Forces (Phase 3-4)

- Define & measure outcomes
- Harm reduction
- Services for homeless
- Co-occurring behavioral health
- Education and outreach

Case Study: The Greater Portsmouth Recovery Coalition



A word about outcomes

Category	Resources/Interventions	Task Force	Notes
			Medical disposal at local police departments and select local
Prevention	Safe medication disposal sites/programs	Harm Reduction	pharmacies
	NH Harm Reduction Coalition visits scheduled for the		NH Harm Reduction Coalition visits to Safe Harbor Recovery
	community	Harm Reduction	Center
	Harm Reduction program offers access to		
	vaccinations	Harm Reduction	Families First mobile health van visits
	Harm Reduction program offers free HIV and HCV		
	testing	Harm Reduction	NH Harm Reduction Coalition
	Harm Reduction program offers access to free		
	syringe support services	Harm Reduction	NH Harm Reduction Coalition
	Harm Reduction program offers free fentynal test		
	strips	Harm Reduction	NH Harm Reduction Coalition
	Community hosts Naloxone training and distribution		
		Harm Reduction	NHHRC and Portsmouth Health Department

Case Study:

The Greater Portsmouth Recovery Coalition

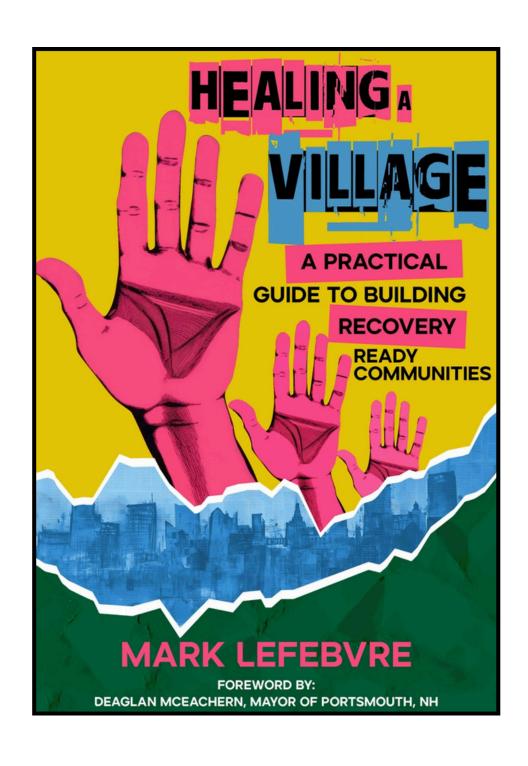
2025 and beyond:

- Over 25 organizations and 75 members have participated in the coalition since its inception.
- Today the coalition meets every other month as a check-in for updates and collaboration.
- Portsmouth and the surrounding communities now have the capacity to support the entire continuum of care from prevention to harm reduction to treatment to recovery support.





Thank you!



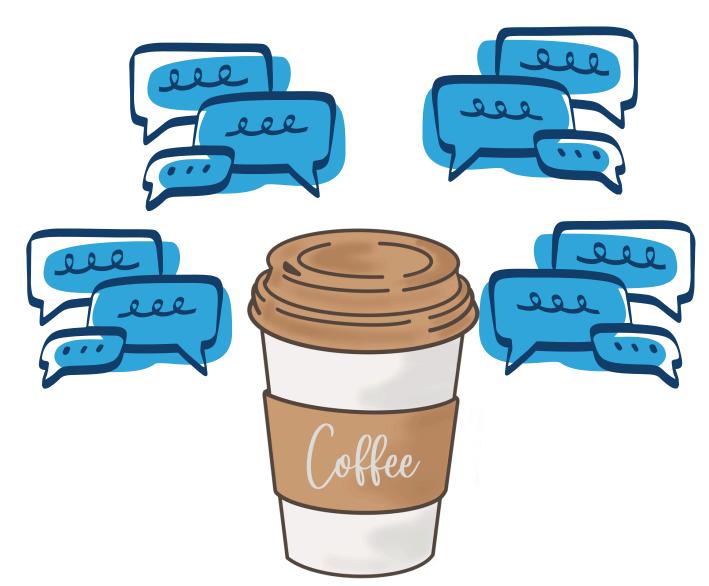


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You don't want to miss what's coming up...



Panel 1: Facilitated by Mark Lefebvre

STUMBLE, LEARN, ADAPT: STRENGTHENING RECOVERY ORGANIZATIONS & COMMUNITIES THROUGH REFLECTION AND ACTION













HOW TO DO BIG THINGS

DEFEAT YOUR KRYPTONIE

What is your kryptonite?

Consider

- What gaps/vulnerabilities do you have that limit your impact in building a strong, resilient coalition?
- List at least one gap/vulnerability on the yellow card.
- Leave your contact information.
- Share at your table.

Examples

- Funding
- Marketing
- Data
- Data analysis
- Lived experience
- Facilitation
- Connection to likely champions
- Grant writing
- Meeting space

EVALUATIONS

Take 1 minute to share your thoughts

Helps us reflect, improve, and shape future events

Every response matters—thank you!



