

Assessment of Recidivism & Substance Use Disorder Needs in Tazewell County

Prepared for Project13Three

Prepared by Virginia Tech Center for Economic and Community Engagement

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Executive Summary

The Virginia Tech Center for Economic and Community Engagement (CECE), in collaboration with Project13Three, conducted an eight-month assessment (January–August 2025) to examine the recovery ecosystem in Tazewell County, Virginia. The project aimed to better understand the support systems available for individuals’ navigating substance use disorder (SUD), justice involvement, and reentry, and to identify opportunities for improving coordination, service access, and long-term recovery outcomes.

The assessment involved a mixed-methods approach, including 13 stakeholder interviews, a review of secondary data sources, and facilitation of a one-day Recovery Ecosystem Summit. Interviewees included treatment providers, workforce partners, law enforcement, legal professionals, and community-based organizations. An interactive service dashboard was also developed to map provider roles, navigate available services, and assist with future planning. Key findings from the study include:

- The region has a wide network of committed organizations, particularly peer-led and faith-based providers, offering services across prevention, treatment, and reentry.
- Despite this dedication, major gaps persist in reentry planning, recovery housing, transportation, and behavioral health support—especially for justice-involved individuals and families.
- Fragmentation and short-term funding cycles limit sustainability and coordination across providers.
- Many providers are navigating burnout and resource constraints, despite a shared desire for more collaboration and systems-level alignment.

The report outlines seven strategic opportunities to strengthen the local recovery system: Expand peer-led recovery infrastructure; Improve jail reentry planning and post-release support; Increase access to safe, affordable recovery housing; Build recovery-friendly employer networks; Improve transportation and reduce access barriers; Coordinate a cross-sector recovery coalition; and invest in youth, prevention, and family-centered supports. Tazewell County has a foundation of trust, resilience, and local leadership committed to change. Targeted investment, long-term partnerships, and strengthened cross-sector coordination, can position the community to build a more responsive and equitable recovery ecosystem.

Introduction

Southwest Virginia has long struggled with the intertwined challenges of substance use disorder and high rates of incarceration—issues that have deeply affected families, communities, and the regional workforce. Yet individuals impacted by these challenges are valuable contributors to society who, with the right support, can lead meaningful, productive lives and strengthen their communities. Recognizing the need to better understand and address these issues locally, Project13Three engaged the Virginia Tech Center for Economic and Community Engagement (CECE) to conduct a needs assessment focused on Tazewell County.

The purpose of this effort was to develop a deeper understanding of the county's recovery ecosystem, identify service gaps, and offer actionable insights to strengthen support systems and improve outcomes for individuals navigating recovery and reentry. CECE led the assessment using a data-informed approach to evaluate recovery-related services and organizations, clarify their roles within the broader ecosystem, and highlight opportunities for greater coordination and alignment. The project was designed to equip Project13Three and its partners with a clearer picture of existing resources and unmet needs, ultimately supporting more effective strategies to reduce recidivism and enhance substance use recovery outcomes in the region.

The project took place over an eight-month period, from January through August 2025. CECE employed a combination of research methods, including interviews with service providers and stakeholders, secondary data analysis to assess regional and demographic trends, and small group discussions held during a one-day summit to explore targeted issues in greater depth. A central deliverable of the project was the development of a recovery ecosystem map and interactive dashboard. This tool was created not only to support service providers and community organizations in better understanding and coordinating services, but also to assist justice-involved individuals and people in recovery in identifying and accessing the support systems available to them.

Together, these efforts produced a well-rounded assessment that offers both a strategic foundation and practical tools to guide Project13Three's ongoing work in building a more effective, coordinated, and inclusive recovery ecosystem in Tazewell County.

About Tazewell County

Demographic Context

As of 2024, Tazewell County has a population of 38,816¹. Between 2019 and 2024, the population drops by 1,918 residents and is projected to decline by another 1,720 by 2029. While most age cohorts shrink during this time, the population over age 80 grows by about 9%. In contrast, the number of children under age 14 falls by 7%.² This aging population creates both challenges and opportunities. Older adults often engage more frequently with the healthcare system, positioning them as critical partners in early identification and prevention of substance use disorders (SUD). They also help reduce stigma and strengthen intergenerational support. However, 11% of adults over age 65 live below the poverty line, raising concerns about the affordability and accessibility of healthcare.³

The county’s median household income is \$46,500—substantially lower than Virginia’s (\$87,200) and the national median (\$75,100).⁴ Poverty affects 27% of Tazewell’s children, nearly double the state average (13%) and well above the national rate (16%).⁵ Other demographic factors influencing health status and employment outcomes in the county include education levels. While most residents over age 25 hold at least a high school diploma, the share of college graduates remains well below state and national levels as seen in Table 1.⁶

Table 1: Educational Attainment in Tazewell County, VA, and the US, Lightcast 2024			
Education Level	Tazewell County	Virginia	United States
Less Than 9th Grade	5%	3%	5%
9th Grade to 12th Grade	7%	5%	6%
High School Diploma	40%	24%	26%
Some College	21%	18%	19%
Associate's Degree	11%	8%	9%
Bachelor's Degree	11%	24%	21%
Graduate Degree and Higher	5%	18%	14%

Local Economy

In 2024, Tazewell County supports 15,149 jobs, a 5.1% decrease over five years. Despite job losses, labor force participation rises slightly—from 48.3% in 2019 to 48.8% in 2024.⁷ This remains well below Virginia’s 66.3% rate, likely due to the county’s older population and a higher percentage of residents with disabilities. Currently, 19.1% of adults in Tazewell report having a disability, compared to 12.1% in Virginia and 12.9% nationwide.⁸ Approximately 14,600 residents

¹ Lightcast (2024). Population Status and Projections of Tazewell County. Accessed at lightcast.io
² Lightcast (2024). Population Status and Projections of Tazewell County. Accessed at lightcast.io
³ Lightcast (2024). Community Indicators Map for Tazewell County. Accessed at lightcast.io
⁴ Lightcast (2024). Regional Economic Overview of Tazewell County. Accessed at lightcast.io
⁵ County Health Rankings (2023). County Demographics of Tazewell, Virginia. Accessed at <https://www.countyhealthrankings.org/health-data/virginia/tazewell?year=2025#community-conditions>
⁶ Lightcast (2024). Educational Attainment of Tazewell County. Accessed at lightcast.io
⁷ Lightcast (2024). Regional Overview of Tazewell County. Accessed at lightcast.io
⁸ Lightcast (2024). Regional Overview of Community Indicators Map for Tazewell County. Accessed at lightcast.io

are expected to retire within the next five years. This shift will likely reshape the local workforce and increase demand for healthcare and related services.⁹

For those currently working in Tazewell County, the largest industries by employment are listed below in Table 2. Several of these sectors have experienced notable shifts over the past five years. Machinery Manufacturing, for instance, saw a 25% decline in jobs, while Hospitals and Ambulatory Health Care Services also contracted slightly. At the same time, sectors like Food Services and Drinking Places continue to post high numbers of hires—1,830 in 2024 alone—despite a net job loss over the same period, suggesting high turnover.

Industries such as Food Services, General Merchandise Retailers, and Food and Beverage Stores often provide low-barrier entry points and short-term job opportunities. However, these roles typically offer lower wages and limited advancement potential. While they may serve as initial landing spots for individuals in recovery or returning from incarceration, they are not always sustainable long-term pathways. By contrast, higher-wage sectors like Health Care, Government, and Manufacturing offer more stable career opportunities, though they may come with barriers such as educational requirements or background checks.

Engaging individuals impacted by substance use and justice involvement in the workforce is not only essential for personal recovery and reintegration—it also supports broader economic stability in the region. Helping these individuals transition into careers with long-term sustainability, livable wages, and growth potential can reduce recidivism, promote community well-being, and help address projected labor shortages due to Tazewell County’s aging workforce. With nearly half of workers in key sectors aged 45 or older, proactive workforce development strategies that include this population can help build a more inclusive, resilient economy.

NAICS	Description	2024 Jobs	2019-2024 % Change	2024 LQ	Average Earnings	2024 Hires	% of Industry Age 45+
903	Local Government	2,365	2%	1.82	\$55,136	766	49%
722	Food Services and Drinking Places	1,113	(2%)	1.03	\$23,397	1,830	34%
455	General Merchandise Retailers	1,031	7%	3.59	\$36,873	932	44%
902	State Government	876	0%	1.80	\$60,711	284	51%
621	Ambulatory Health Care Services	758	(5%)	0.99	\$76,430	399	46%
622	Hospitals	604	(6%)	1.25	\$72,489	197	51%
445	Food and Beverage Stores	484	19%	1.70	\$29,708	383	46%
333	Machinery Manufacturing	351	(25%)	3.55	\$69,506	177	46%
623	Nursing & Residential Facilities	340	6%	1.16	\$45,441	311	41%
561	Admin and Support Services	335	23%	0.44	\$51,087	377	43%

⁹ Lightcast (2024). Regional Overview of Tazewell County. Accessed at lightcast.io

Community Health Indicators

Tazewell County reports 61 drug overdose deaths per 100,000 residents in 2024—ranking sixth highest out of 104 Virginia counties and independent cities. The county also exceeds state and national averages in smoking, physical inactivity, and food insecurity.¹⁰ A full description of community health data is listed below in Table 3.

Table 3: Community Health Indicators in Tazewell County, VA, County Health Rankings, 2024			
Health Indicator	Tazewell County	Virginia	United States
Food Insecurity	17%	11%	14%
Insufficient Sleep	41%	37%	37%
Excessive Drinking	20%	20%	19%
Percentage of driving deaths involving alcohol impairment	35%	30%	26%
Adult Smoking	19%	12%	13%
Physical Inactivity	27%	20%	23%
Uninsured Adults	9%	9%	11%
Uninsured Children	5%	4%	5%

Mental health outcomes remain a concern. Residents report an average of 6.14 mentally unhealthy days per month—26% higher than the Virginia average of 4.87 days. High rates of poor mental health often coincide with increased SUD risk and may limit a person’s ability to access or maintain medical care. Coupled with lifestyle risk factors like physical inactivity and smoking, these trends contribute to chronic illness and reduced life expectancy.¹¹

Access to care is a key barrier. In the Carilion Community Health Assessment, more than half of respondents say it is difficult to access routine (52%) and emergency care (53%). Nearly two-thirds report that specialty care and alternative therapies are out of reach, and 69% say inpatient substance use treatment is not readily available. Respondents also indicate that outpatient SUD treatment is more accessible than inpatient care (see Figure 1).

¹⁰ County Health Rankings (2024). County Demographics of Tazewell, Virginia. Accessed at <https://www.countyhealthrankings.org/health-data/virginia/tazewell?year=2025#community-conditions>

¹¹ National Institute of Mental Health (2025). Substance Use and Co-Occurring Mental Disorders. Accessed at <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Mental%20disorders%20can%20contribute%20to,a%20form%20of%20self%2Dmedication>

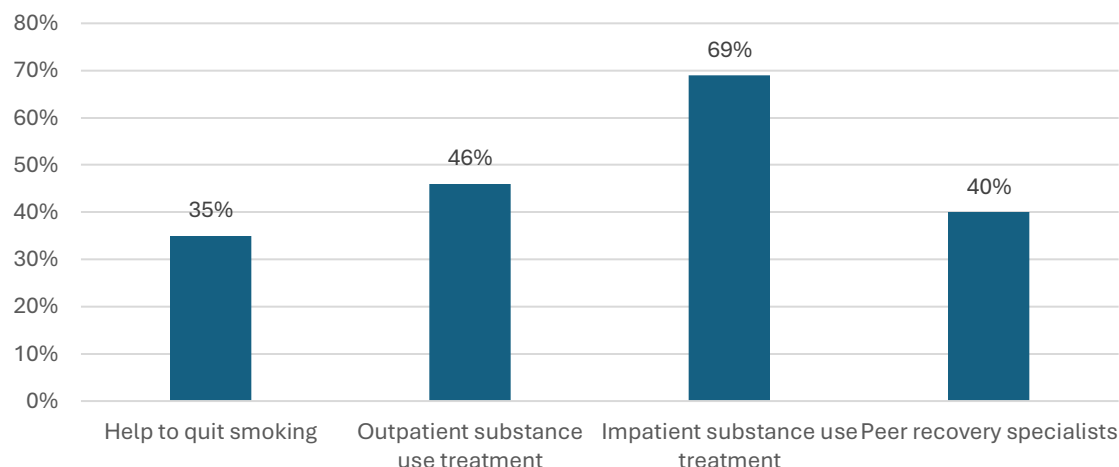


Figure 1: Community Health Survey Responses, Carillion Tazewell Community Hospital, 2024

Even where services exist, residents struggle to access them. While Ballad Health and Carilion Community Hospital provide peer recovery specialists, 40% of respondents say this support remains out of reach¹². Reasons may include transportation challenges, lack of awareness, limited childcare, or stigma. When asked how to improve quality of life, Tazewell residents identify mental health and substance use services as a top priority—ranking third, behind good jobs and affordable housing.¹³

¹² Carillion Tazewell Community Hospital (2024). Tazewell County Area Community Health Assessment. Accessed at https://issuu.com/carilionclinic/docs/2024_ctch_cha_final_report

¹³ Carillion Tazewell Community Hospital (2024). Tazewell County Area Community Health Assessment. Accessed at https://issuu.com/carilionclinic/docs/2024_ctch_cha_final_report

Existing Organizations and Service Providers

The Virginia Tech Center for Economic and Community Engagement conducted 13 interviews with key community stakeholders, including representatives from treatment providers, social services, educational institutions, the court system, faith communities, recovery coalitions, workforce development partners, and recovery advocates. From these conversations, the research team identified several recurring themes within Tazewell County's recovery and reentry ecosystem. These insights reveal both the strengths and gaps in current systems of care and point to clear priorities for creating a more coordinated, comprehensive, and person-centered approach.

Key Partners and Existing Assets

Table 4 highlights a selection of existing partners and programs that Project13Three may consider for future collaboration or continued engagement. While not exhaustive, this list illustrates key areas of activity where deeper partnerships—supported by additional funding and coordination—could significantly enhance impact.

Table 4: List of Key Partners Located in Tazewell County				
Organization	Category of Services	Summary of Services	Contact information	Link
Appalachia High Intensity Drug Trafficking Area (AHIDTA)	Law Enforcement	AHIDTA serves hundreds of counties throughout Appalachia and coordinates local High Intensity Drug Trafficking Areas. Law enforcement officials are tasked with seizing drugs and prosecuting crimes relating to substance use.	Vic Brown – Executive Director of AHIDTA Brian Hieatt – Tazewell County Sheriff (Brian.hieatt@tcsova.org)	Contacts Page for AHIDTA
Appalachian Substance Abuse Coalition (ASAC)	Community Support	Coalition serving as a consortium of ten substance use disorder coalitions throughout the Southwest Virginia region. Offers prevention services and brings attention to SUD issues in the area.	Tazewell Chapter – Mountain Movers of Tazewell County (Trinklewcash@outlook.com and Mountain Movers, Tazewell Co. Chapter on Facebook)	ASAC - Appalachian Substance Abuse Coalition
Appalachian Sustainable Development	Employment Assistance	Offers workforce training for those with barriers to employment, specifically a 6-8 month program offering paid on-the-job training and career development .	Lindsey Felty – Engagement Manager (lfelty@asdevelop.org)	Appalachian Sustainable Development

Continued...				
Organization	Category of Services	Summary of Services	Contact information	Link
Ballad Health	Healthcare	Providing medical care through a network of hospitals. Also maintains a training center, provides healthcare classes to the community, provides free Certified Nursing Assistant (CNA) classes, support groups, trauma classes, and a PEERhelp line and meetings. Part of the STRONG Accountable Community. Also offers peer-support specialists; allowed alongside those navigating the justice system and these people may receive reduced sentencing if involved in Medication Assisted Treatment or peer-support programs.	Rachel Stiltner – Senior Engagement Specialist (Rachel.Stiltner@balladhealth.org)	Ballad Health
Carilion Clinic	Healthcare	Offers Substance Treatment and Recovery Services (STARS) including therapeutic groups, counseling, and detoxification. Also runs a monthly group for those interested in substance use disorder prevention. Organizes Tazewell Health Collaborative; task force formed out of Community Health Assessment and formed to facilitate community engagement around health needs. Offers peer-support specialists.	Alicia Bales – Chief Executive Officer ((276) 988-8850 (general number))	Carilion Clinic
Clinch Valley Community Action	Community Support	Clinch Valley Community Action provides resources and opportunities to individuals, families, and communities in a supportive environment to improve the quality of life. They offer legal support to individuals and alcohol and drug abuse education programming	Robin Boyd – Executive Director ((276) 988-5583 ext. 338)	Clinch Valley Community Action
Cumberland Plateau Planning District Commission	Community Support	The PDC sets goals for economic development for the region. The PDC states they aim to “develop and support the expansion of quality medical care throughout the region... [and] support the establishment of residential drug treatment facilities”	Scotty Wampler – Executive Director (swampler@cppdc.org , info@cppdc.org and (276) 8899-1778)	PDC Comprehensive Plan

Continued...				
Organization	Category of Services	Summary of Services	Contact information	Link
Cumberland Mountain Community Services Board	Community Support	CMCSB is a progressive and innovative agency operating more than twenty locations within the three counties. Their programs impact newborn infants to the elderly, and involve individuals with mental health, substance use disorders or developmental disability diagnosis. Prevention Programs highlight creative approaches with the youth of the area. Offers peer-support specialists.	General Phone Number - (276) 964-6702	CMCSB
Emory & Henry College	Education	Marion Campus (Health Sciences Campus) serves as the home for health science and nursing graduate programs. Each program has a clinical component that graduates must complete with a licensed business. They offer a Masters of Clinical Mental Health Counselling and Addiction Counselling degree.	Matthew Tirrell, Director of Masters of Addiction Counselling Program (mtirrell@emoryhenry.edu and (276) 944-7216)	Emory & Henry
Main Street Methodist	Faith-Based Support	Supporting relationships with Jesus Christ and others. Currently uses office space and celebratory session space.	General phone number and email - (276) 988-2519 and msumctazewell@gmail.com	Main Street Methodist
New Day Recovery	Healthcare	Division of Southwest Virginia Community Health Systems; offers Office Based Opioid Treatment to citizens of Tazewell and surrounding counties; housed in leased space at Carilion Health Clinic. Also offers behavioral therapy, case management, and Medication Assisted Treatment (MAT). Capacity to serve 50 patients.	Heather Smith – Case Manager ((276) 979-9899)	Southwest Virginia Community Health Systems
One Care of Southwest Virginia	Community Support	A consortium of 16 substance use coalitions working in 21 counties in Southwest Virginia. Representatives on the Board of Directors include representatives from faith-based organizations, social services, healthcare, higher education, law enforcement, and recovery communities.	Beth O'Connor - Director of Operations (onecare.beth@gmail.com ; (540) 231-7923)	One Care – of Southwest Virginia, Inc.

Continued...				
Organization	Category of Services	Summary of Services	Contact information	Link
Pocahontas State Correctional Center	Correctional Facility	Pocahontas State Correctional Center is a medium-security prison located in Tazewell County that has capacity to house 1,000 inmates. The prison provides counseling programs including Alcoholics Anonymous and Narcotics Anonymous.	Tikki Hicks – Warden ((276) 945-9173)	Virginia Department of Corrections
Southwest Virginia Community College	Education	Southwest Virginia Community College has programs in counseling (including substance use disorder counseling) as well as criminal justice programming. Workforce training programs provide tuition assistance for eligible Virginia residents.	Adrianna Culbertson – Coordinator of Workforce Programs(adrianna.culbertson@sw.edu ; (276) 964-7562)	Southwest Virginia Community College
Southwest Virginia Community Health Center	Healthcare	Group of non-profit Community Healthcare Centers, a Migrant Health Network, an Integrative Behavioral Healthcare Program, a Substance Use Disorder Recovery Program, and the Southwest Virginia Regional Dental Center.	Tazewell Community Health Center - (276) 979-9899, option 4. Contact form	Home - Southwest Virginia Community Health Systems
Southwest Virginia Legal Aid Society	Legal Services	SVLAS provides free legal counseling services to low-income Virginians, including legal issues related to domestic abuse, housing, employment, and family law.	Administrative Unit in Marion, VA (276) 783-8300 and svlas@svlas.org	SVLAS
Southwest Virginia Recovery	Healthcare	Southwest Virginia Recovery treats many different types of substance use disorders and patients will see a physician each time they come to a clinic. Offers peer support specialists.	(276) 329-0073 and Contact form	Southwest Virginia Recovery
Southwest Virginia Regional Jail Authority	Correctional Facility	Southwest Regional Jail Authority operates four different jails throughout the southwest Virginia region, and has a facility located in Tazewell.	General phone number - (276)582-0650	SWRJA
Southwest Virginia Workforce Development Board	Employment Assistance	Supports workforce development in southwest Virginia counties to grow the workforce and supports greater education opportunities in the region. The WDB also offers the R.O.P.E.S. program which supports those with justice involvement in finding employment.	(276) 883-4034 and contact page	Local Strategic Plan

Continued...				
Organization	Category of Services	Summary of Services	Contact information	Link
STRONG Accountable Care Community	Community Support	Coalition of 360+ organizations focused on physical, social and economic well-being to transform the health of a 21-county region of Northeast Tennessee and Southwest Virginia by uniting efforts under a common agenda, mutually reinforcing activities, shared measures and two-way communication. Focus on enhancing supportive systems, programs and policies, and environments that nurture children, teens and families to ensure they reach their full potential	Brittany Boles – Community Engagement Specialist (brittany.boles@strongacc.org)	STRONG ACC
Tazewell County Adult Recovery Court (Drug Court)	Legal Services	Specialized court docket within the existing structure of Virginia's court system, offers judicial monitoring of intense treatment and supervises people in recovery for substance use disorder related cases	Cheryl Robinette – Main Contact (Cheryl.Robinette@cwa.tazewellcounty.org ; (276) 235-8526)	Tazewell Circuit Court Virginia Court System
Tazewell County Department of Social Services	Community Support	The Tazewell County Department of Social Services is one of 120 local departments in Virginia's public social services system. The Department is an agency of county government which administers federal, state, and local public assistance and social work service programs. Their focus is promoting self-reliance and protection for the citizens, helping people triumph over poverty, abuse and neglect, to shape strong futures for themselves, their families and communities.	General Phone Number - (276) 988-8500	DSS of Tazewell

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Organization	Category of Services	Summary of Services	Contact information	Link
Tazewell County Public Library	Education	The public library provides several career counseling and career development resources, including career coaches to assist with resume writing, applications, and skill development.	General Phone Number - (276) 988-2541	TCPL
Tazewell County Public Schools	Education	Tazewell County Public Schools state that “students will be educated in learning environments that are safe, drug-free, and conducive to learning.” TCPS has several programming opportunities for students to support substance use disorder prevention efforts.	Dr. Chris Stacy – Superintendent - (276) 988-5511	Comprehensive Plan
Tazewell County Sherriff’s Office	Law Enforcement	The Sherriff’s Office provides law enforcement and legal support for the county, and prosecutes crimes related to substance use. Also operates a drug task force.	Brian Hieatt – Tazewell County Sheriff (brian.hieatt@tcsova.org ; (276) 988-5970)	Sherriff’s Office
Trauma Informed Care Network	Healthcare	Virginia's Trauma-Informed Community Networks (VA TICNs) are multi-sector coalitions focused on building resilience and preventing and mitigating the impact of trauma and adversity	Danielle Dye - TICN of Southeast Virginia (ddye@unitedwayswva.org)	VA TICN
Tazewell Ministerial Association	Financial Assistance & Faith-Based Support	Assistance program organized by Main Street United Methodist in Tazewell; provides families with financial assistance to pay utility bills, rent, and other household expenses	General phone number and email - (276) 988-2519 and msumctazewell@gmail.com	Tazewell Ministerial Association
Thompson Charitable Foundation	Financial Assistance & Community Support	The Foundation supports projects that seek to improve the quality of life for individuals and communities. Specifically, the Foundation supports non-profit organizations in the areas of health services and sciences, education, human services, and quality of life.	General Phone Number - (865) 337-8675	Thompson Charitable Foundation

Continued...				
Organization	Category of Services	Summary of Services	Contact information	Link
United Way of Southwest Virginia	Community Support	Provides comprehensive programming for children and youth, including classes and training on social and behavioral development, career exploration programs, and professional development for educators. United Way also hosts the THRIVE program focused on trauma-informed literacy among the community.	General Phone Number - (276) 628-2160	United Way of Southwest Virginia
Virginia Department of Health	Healthcare	The mission of the Cumberland Plateau Health District (CPHD) is to achieve and maintain optimum personal and community health by emphasizing health promotion, disease prevention, emergency preparedness, and environmental protection.	Dan Hunsucker – Main Point of Contact (daniel.hunsucker@vdh.virginia.gov)	VDH
Virginia Department of Juvenile Justice	Correctional Facility / Support Services	VDJJ provides support for those involved in the juvenile justice system, including reentry assistance and educational programming.	Robert Foster – Regional Program Manager (robert.foster@djj.virginia.gov and (540) 580-0301)	Department of Juvenile Justice
Virginia Eviction Reduction Pilot (VERP)	Housing	A pilot program designed to prevent and divert evictions through providing access to funds to stabilize housing situations.	Senta Leslie - Main Point of Contact (senta.leslie@dhcd.virginia.gov)	VERP
Virginia Highlands Community College (VHCC)	Education	Offers workforce development programs that support skills development and training in high-demand jobs. VHCC travels to local jails and prisons to deliver training sessions in OSHA safety. Trainers can connect with students who are incarcerated and follow-up with short-term training upon release to better position them for earning a life-sustaining wage.	Robert Phillips – Workforce Development Coordinator (rphillips@vhcc.edu)	VHCC

Out-Of-State Organizations

Table 4: List of Key Partners Located in Tazewell County				
Organization	Category of Services	Summary of Services	Location & Contact information	Link
Mercer County Fellowship Home (West Virginia)	Housing	Provides housing and recovery services to adult men recovering from substance use disorder. The program allows residents to stay 3 to 18 months.	Serves Mercer County in WV, borders Tazewell County; Jim McClanahan – Director jimmccclanahan1@frontier.com and (304) 327 - 9876	Mercer County Fellowship Home
Recovery Soldiers	Housing and Community Support	Offers faith-based recovery homes for those with substance use disorders. Those affected receive housing assistance for at minimum one year. They also run a thrift store to benefit the program.	Serves Elizabethton, TN General Contact Information - (423) 518-1450; Contact@rsminc.org	Recovery Soldiers
West Virginia Reentry Councils (REACH)	Community Support	Statewide coalition of reentry councils in West Virginia; advocates for the rights for formerly incarcerated individuals, provides reentry assistance, and hosts an annual conference.	Contact for Princeton division serving south-eastern WV; william.long@courtsww.gov	REACH annual report REACH website
West Virginia ReFORM Initiative	Community Support	Provides training, resources, and support needed to overcome the challenges faced by ex-offenders prior to incarceration and during incarceration. *Does not explicitly serve Tazewell county, but serves neighboring WV counties	Statewide for WV; Local chapter serves Raleigh, Fayette, Mercer & McDowell Counties General Contact Information - (304) 252-5657 and kisrainfo@kisra.org	WV ReFORM

Key Themes from Interviews and Partner/Asset Mapping

1. Holistic, Community-Rooted Service Networks

Tazewell County’s recovery ecosystem reflects a deep commitment to whole-person care, often rooted in community institutions like churches, court-affiliated programs, and peer-run organizations. Trusted, low-barrier programs such as Celebrate Recovery and jail chaplaincy are frequently cited as key entry points. Peer navigation and faith-based mentorship cut across multiple services—not just specialty programs—underscoring the central role of lived experience in fostering trust and reducing stigma.

“We don’t just help people get clean—we help them find a path, get housing, jobs, and reconnect with family. It all goes together.” - Recovery Services Director

“People open up to us because they know we’ve been there too.” - Peer Recovery Specialist

2. Gaps in Capacity, Infrastructure, and Continuity

Despite strong local commitment, the service landscape faces major gaps in infrastructure and continuity:

- No residential treatment facility exists in the county.
- Medication-Assisted Treatment (MAT) and psychiatric care are limited.
- Jail-based services are sporadic and lack reentry planning.
- Programs often rely on short-term grants or volunteer staff, making them vulnerable to turnover and discontinuity.

“They’re getting released straight from jail with nowhere to go—no meds, no plan, no ride.” - Case Manager, Public Safety Partner

“You’ll see coalitions form for a grant, but they fade away when the money runs out.” - Community Services Board Representative

3. Workforce Development is Promising, But Under-leveraged

Workforce initiatives offering stipends, apprenticeships, and transitional employment are producing strong outcomes—especially when paired with transportation and housing supports.

- Some efforts include car donation or mobility programs.
- A few providers engage with second-chance employers, though no formal employer network or incentive system exists.
- Skills training is inconsistently available, particularly for incarcerated individuals or those with justice involvement.

“Our biggest success stories come from programs that give people a second chance and a paycheck.” - Employment Services Provider

“A lot of people want to work, but they don’t have the skills—or they have charges that shut them out.” - Community Reentry Coordinator

4. Peer Support and Faith-Based Models Are Foundational

Faith-anchored programs and peer-led models serve as primary points of contact for many in recovery—both during incarceration and post-release.

- Celebrate Recovery, church-based housing, and spiritual mentorship are widely accessible.
- Peer mentoring is woven into many services, offering emotional and practical support rooted in shared experience.

“Celebrate Recovery saved my life. It’s where I learned I wasn’t alone.” - Participant in Recovery

“The jail chaplain is often the only consistent support people have in there.” - Corrections Officer

5. Structural and Social Barriers Present Challenges to Recovery

Strong individual motivation and peer support are often overshadowed by systemic challenges:

- Lack of sober or supportive housing for people with criminal records
- Transportation barriers persist across nearly all services
- Few trauma-informed services or family reunification supports exist
- Inconsistent access to education and credentials in jail due to high turnover

“When someone gets out, their biggest enemy isn’t the drugs—it’s the world they’re returning to.” - Reentry Support Specialist

“GED programs in jail are spotty. It’s hard to get any consistency when people are in and out so fast.” - Adult Education Provider

6. Strong Collaboration Exists—But It’s Not Yet Systematic

Tazewell County’s community partners share a strong spirit of collaboration, often driven by relationships and shared values. However, the absence of formal structures limits long-term coordination:

- No centralized hub or backbone organization coordinates recovery and reentry services.
- Collaboration is informal and dependent on personalities rather than shared systems.
- Joint programs (e.g., embedded employment services) exist but often lack sustainability.

“We work together because we care, not because there’s a system making us do it.” -Faith-Based Program Leader

“We need something that brings everyone to the table—regularly and with purpose.” - Local Funder

The Tazewell County service ecosystem is built on deep community trust, strong faith and peer networks, and a shared commitment to recovery. However, meaningful systems change will require filling critical infrastructure gaps, reducing stigma, expanding coalition leadership, and sustaining employer and youth-centered prevention strategies.

Gaps in the Recovery Ecosystem and Strategic Opportunities for Improvement

While Tazewell County has many dedicated providers and promising practices, several clear opportunities emerged from stakeholder interviews that could significantly strengthen recovery, workforce, and reentry outcomes. The following strategic opportunities reflect both community-identified needs and tested models in peer communities. Each is accompanied by insights from local interviews and an initial assessment of ease of completion.

Strengthen Peer-Led Infrastructure

Opportunity: Expand peer recovery services and create a dedicated, community-centered space for individuals in recovery.

Stakeholders repeatedly emphasized the value of peer support and the need for spaces where people can connect outside of formal treatment. A peer-led center could offer structured and informal programming such as recovery group meetings, social activities, life skills workshops, and access to food, Wi-Fi, and navigation services.

“People don’t relapse because they want to—they relapse because they get lonely and lose structure. Peer support fills that gap.” - Peer Recovery Specialist

“Even just a place to play cards, sit on a couch, or use a computer. Somewhere to go where people get you.” - Celebrate Recovery Leader

Ease of Completion: *Moderate to High.* Requires space and sustained staffing, but could begin as a drop-in program within an existing facility and build out over time.

Build Employer Capacity for Recovery Hiring

Opportunity: Develop a network of “recovery-friendly employers” and provide technical assistance, training, and supported employment models.

Several local employers have expressed informal support for second-chance hiring but lack clear guidance. A liaison or “Recovery-to-Work Coordinator” could train businesses, provide on-the-job coaching, and reduce stigma.

“We’ve had some of our best employees come from recovery. But not every business is ready or knows what support looks like.” - Local Employer

“What’s missing is someone to help both sides—the employer and the person in recovery—to make it work.” - Workforce Development Partner

Ease of Completion: *Moderate.* Requires funding for coordination and employer engagement, but aligns well with Workforce Development Board priorities and existing job placement programs.

Expand Jail Reentry Planning

Opportunity: Introduce more structured reentry case management before release, with warm handoffs to recovery, housing, and employment supports.

Interviewees noted that many incarcerated individuals are released without any connection to services—often transferred or bonded out before completing programming. Pre-release coordination could reduce recidivism and increase treatment continuity.

“Right now, people are coming out of jail with nothing—no plan, no ride, no ID.”- Chaplaincy Leader

“Even if they start a program inside, they’re usually gone before they can finish. We need a way to catch them on the other side.”- Behavioral Health Provider

Ease of Completion: Moderate. Dependent on jail leadership buy-in and reentry staffing, but can begin through partnerships with existing navigators and probation offices.

Increase Transportation Solutions

Opportunity: Pilot peer ride networks, subsidized transportation, or employer-supported transit options to address the most commonly cited barrier in the county.

“You can have the best program in the world, but if someone can’t get there, it doesn’t matter.”- Recovery Navigator

“Transportation is the number one thing that holds people back here—especially in rural areas.”- Workforce Case Manager

Ease of Completion: Low. Gas cards and peer driver programs can be quickly implemented. Larger transit solutions require coordination with regional transportation providers.

Improve Access to Recovery Housing

Opportunity: Increase the availability of recovery-supportive housing, particularly for women, parents, and justice-involved individuals.

There are few stable, substance-free housing options for individuals post-treatment in Tazewell County. Returning home is often not safe or conducive to recovery, especially for those with histories of trauma or family dysfunction.

“A lot of people relapse because they go right back into the same environment. They need time to stabilize.”- MAT Program Coordinator

“We really need a place for women—somewhere safe, with support, not judgment.”- Faith-Based Provider

Ease of Completion: Low. Requires significant funding and partner collaboration. Potential for phased development or partnership with existing housing nonprofits.

Coordinate a Recovery Coalition

Opportunity: Formalize a cross-sector recovery and workforce coordination group for planning, shared measurement, and resource alignment.

Multiple providers mentioned the lack of a standing coalition or centralized forum for collaboration, which limits communication and resource leverage.

“We’re all doing good work, but we’re doing it in silos. It’s time to connect the dots.” - Nonprofit Director

“There’s energy here, but no one’s organizing it.” - Workforce Stakeholder

Ease of Completion: High. Low-cost, high-impact. Could be launched with a shared MOU and facilitated quarterly meetings. Existing coalitions that need additional funding or support such as, the Tazewell Health Collaborative, could be a starting point.

Support Youth and Family Resilience

Opportunity: Provide public access to Wi-Fi, digital skills workshops, and devices for job searching, education, and telehealth.

Substance use often affects entire families. Schools and youth providers emphasized the need for therapeutic outlets, parenting supports, and prevention programming.

“We’re seeing younger and younger kids impacted by parental drug use—and they’re acting out, shutting down, or slipping through.” - School Counselor

“If we want to stop the cycle, we need to support the whole family—not just the person in treatment.” - Family Services Provider

Ease of Completion: Moderate to High. Prevention and parenting programs can be integrated into existing school and community settings. Funding may be available through state or foundation sources.

Dashboard

The Virginia Tech Center for Economic and Community Engagement developed the Recovery Ecosystem Dashboard to serve as a practical, data-informed tool for both individuals accessing services and the organizations that support them. Primarily, the dashboard is designed to help service users and their families navigate available resources by providing a clear view of programs, providers, and areas of support across Tazewell County. Secondly, it functions as a strategic resource for service providers, enabling them to understand their role within the broader ecosystem, identify opportunities for coordination, and assess service gaps. By offering both a user-friendly interface and a system-level perspective, the dashboard supports more effective collaboration, informed decision-making, and advocacy for continued investment and innovation in recovery, reentry, and workforce development.

The dashboard integrates both secondary data and primary insights gathered through stakeholder engagement. Together, these data sources informed the structure, content, and functionality of the dashboard, ensuring it reflects both quantitative trends and lived experience across the Tazewell County recovery ecosystem.

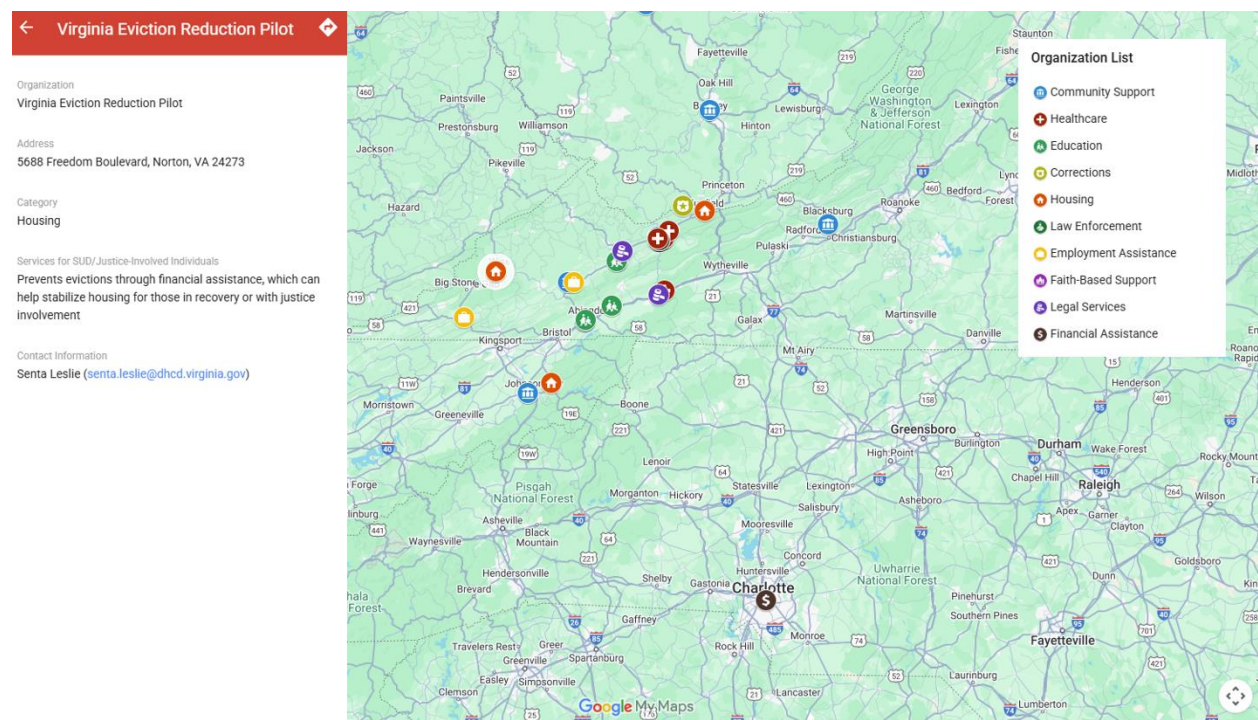


Figure 2: Interactive Recovery Services Dashboard, 2025

To ensure accessibility and ongoing utility, the dashboard will be embedded on Project13Three's website, providing community members and partner organizations with direct, user-friendly access to the tool. For individuals who may have limited or inconsistent internet access, a downloadable PDF version of the dashboard will also be made available. This version contains all the same information as the interactive dashboard, presented in a static, easy-to-navigate format to support

offline use and community outreach. The dashboard is designed to be updated on an as-needed basis, allowing for the integration of new data, services, or organizational changes as the recovery ecosystem evolves.

Appendices

SWOT Analysis: Recovery, Workforce, and Supportive Services in Tazewell County

This SWOT analysis is based on 13 interviews conducted by the Virginia Tech Center for Economic and Community Engagement in partnership with Project13Three. It reflects key themes around existing strengths, gaps, opportunities, and external threats impacting recovery, reentry, and workforce development services in Tazewell County.

Strengths

Concerning internal capacities, existing providers, and collaborative assets in Tazewell County.

- **Strong Network of Committed Stakeholders:** Numerous local organizations are engaged in substance use recovery, reentry, peer support, workforce development, and family services—creating a strong foundation for cross-sector collaboration.
- **Experienced and Trusted Providers:** Many programs have long-standing community presence and are known for delivering effective, person-centered support. Peer-led and faith-based services are particularly valued.
- **Recovery-to-Work Pathways Already in Practice:** Innovative employment models, including stipends, transitional work, and mentoring, are being used to connect individuals in recovery or reentry to job opportunities.
- **Existing Infrastructure and Resources:** Local organizations operate mobile services, drop-in spaces, and faith-based gatherings that could be leveraged to expand or enhance service delivery.
- **Collaboration Readiness:** Many providers expressed a shared vision for deeper coordination, especially around peer navigation, workforce preparation, and family-centered supports.

Weaknesses

Concerning internal challenges and system-level limitations in the region.

- **Limited Capacity for Coordination and Integration:** While many organizations are mission-aligned, staffing constraints and funding limitations may hinder sustained coordination of services across partners.
- **Funding Gaps for Programming:** While some physical assets and general operations are grant-supported, sustained funding for services like peer mentoring, recovery support, or navigation remains a challenge.
- **Few Revenue-Generating Activities:** Most core services (e.g., case management, peer groups, mental health supports) are not self-sustaining and would require ongoing public or philanthropic investment.

- **Childcare and Transportation Remain Major Barriers:** Lack of affordable childcare and limited access to transportation are consistent obstacles to service utilization and employment for individuals and families in recovery.
- **Gaps in Behavioral Health Services:** Limited local access to psychiatric care, long-term therapy, or coordinated mental health services was noted as a persistent gap.

Opportunities

Concerning external needs, regional trends, and partnership possibilities.

- **Ongoing Community Need for Recovery Services:** SUD and overdose impacts continue to affect families across the region. Demand for harm reduction, peer support, navigation, and post-treatment support remains high.
- **Workforce Development Alignment:** Emerging growth in sectors such as manufacturing, trades, and healthcare presents opportunities to strengthen recovery-to-employment pathways with credentialed training and job placement.
- **Recognition of Peer Support Value:** Peer Recovery Specialists (PRS) are gaining traction as vital supports. Training and deploying more PRSs could extend reach and deepen engagement across the recovery continuum.
- **Education and Employer Collaboration Potential:** Local schools, workforce boards, and employers could expand soft skills training, credentialing, and recovery-informed employment practices with the right support.
- **Unmet Needs in Aftercare and Youth Engagement:** Stakeholders identified a need for structured aftercare for adults exiting treatment, as well as recreational and therapeutic services for youth impacted by SUD or trauma.
- **Digital Literacy and Internet Access:** Many community members lack home broadband or computer access. Programs that offer digital skills, job search support, or remote training access could meet an important need.
- **Family-Centered Supports:** Families affected by SUD need more integrated supports—including parenting classes, childcare, family counseling, and reunification services.

Threats

Concerning external risks and systemic barriers to service effectiveness.

- **Community Stigma Toward SUD and Harm Reduction:** Public resistance to programs like syringe exchange, MAT, or justice-involved support can hinder service expansion or funding.
- **Low-Wage Employment Landscape:** A predominance of entry-level, service-sector jobs may create instability for individuals reentering the workforce, especially those managing recovery or mental health challenges.
- **Limited Employer Engagement in Recovery Hiring:** Few employers are known to actively recruit or support individuals in recovery, and stigma or liability concerns may discourage participation.

- **Lack of Reliable Transportation:** For many rural residents, travel to appointments, support groups, or jobs is inconsistent or unavailable, which impacts engagement and outcomes.
- **Affordable Housing Shortage:** Quality, affordable housing is difficult to access, particularly for individuals exiting treatment or incarceration—complicating sustained progress in recovery or employment.
- **Provider Burnout and Workforce Strain:** Staff in peer, social service, and healthcare roles report high levels of burnout and compassion fatigue, especially given increasing overdose rates and behavioral health crises.
- **Dependence on Short-Term Grant Funding:** Much of the system relies on time-limited grants, creating uncertainty about long-term service continuity.
- **Lack of Clear Pathways to Living-Wage Employment:** Without specific technical training or credentials aligned to local labor market demand, many recovery-focused programs struggle to translate into sustainable, living-wage careers.

Interview Summary

Community-Based Interviews and Stakeholder Insights

The Virginia Tech Center for Economic and Community Engagement conducted nearly 20 interviews with key stakeholders in Tazewell County as part of a collaboration with Project13Three. Interviewees were identified in partnership with Project13Three and represented a broad cross-section of organizations serving individuals impacted by substance use disorders (SUD), incarceration, and related barriers. These interviews provided valuable insight into the range of existing services, community strengths, and areas of unmet need across the local recovery and reentry landscape.

Service Offerings and Approach

Partner organizations offer a diverse mix of services including behavioral health treatment, peer navigation, faith-based recovery programs, and workforce development. Supports often extend beyond core programming to address transportation, job readiness, and access to public benefits. Faith-based efforts like Celebrate Recovery provide structured, Christ-centered support, while community organizations offer practical resources such as stipends, apprenticeships, and small group mentoring. Prevention and youth outreach are also prominent, with school-based drug pledges and family engagement programs.

Client Reach and Demographics

Programs serve a variety of populations. Behavioral health providers currently support around 35 clients, while the jail system manages approximately 119 inmates, many with SUD histories. Faith-based and chaplaincy services engage 30–40 individuals weekly, with chaplaincy alone reaching up to 150 individuals, predominantly men. A grant-funded workforce program aims to serve 300 individuals over three years. Newer recovery navigation efforts are still expanding. Overall, clients tend to include youth, adults in recovery, and justice-involved individuals, many of whom experience co-occurring disorders.

Strengths and Innovations

Programs benefit from deep community roots, lived experience among staff, and a commitment to holistic, person-centered care. Peer-to-peer models, flexible support services, and strong spiritual mentorship stand out as core strengths. Creative workforce integration strategies—such as stipends, job placements, and vehicle access—support recovery through sustainable employment. Youth-focused drug prevention models and wraparound reentry support further reflect the community’s innovative response to recovery and reintegration needs.

Recovery and Mental Health Support

Recovery services typically follow structured protocols with phased treatment, therapy, and access to medication-assisted treatment (MAT) when available. Peer navigators and court advocates help clients navigate complex systems and access needed services. Though some

mental health care is available through partnerships with behavioral health providers, gaps persist, especially in psychiatric services and integrated care models.

Support for Justice-Involved Individuals

Reentry services include peer mentoring, job readiness support, housing assistance, and collaboration with court systems. However, limited in-jail services—due to volunteer constraints, facility structure, and inmate transfers—present ongoing challenges. While chaplaincy and faith-based programs are available, their reach is limited by legal restrictions and lack of awareness.

Maintaining Recovery and Post-Treatment Stability

Ongoing recovery support hinges on consistent community engagement through programs like Celebrate Recovery and AA/NA, alongside structured follow-up from treatment centers. Peer support and court coordination offer accountability, while practical assistance with food, transportation, and life skills helps clients maintain stability. Programs emphasize long-term relationship-building to reinforce recovery over time.

Partnerships and Collaboration

Successful partnerships span faith organizations, legal system stakeholders, health providers, and employers. Collaboration methods include formal referrals, joint programming, and strategic planning participation. Noteworthy partnerships include Celebrate Recovery's integration into church networks, Project13Three's space and advisory roles, and workforce development projects funded through philanthropic grants. Trust, consistency, and shared goals are key drivers of success.

Barriers to Service and Employment

Common challenges include limited transportation options, lack of housing (especially for women and families), and inconsistent access to childcare and healthcare. System navigation, emotional trauma, and mistrust also hinder progress. Employment barriers include stigma, restricted job types, and lack of transportation or licensure. Entrepreneurship is often viewed as a promising alternative to traditional employment pathways.

Employment Preparation and Stigma Reduction

Workforce programs emphasize interview skills, confidence building, and mindset shifts. Peer recovery specialists assist with transportation, while new community spaces aim to support job readiness and life skills development. Stigma remains a significant barrier, and programs actively work to educate employers, humanize recovery, and promote inclusive second-chance hiring.

Remaining Gaps and Opportunities

Despite many strengths, service gaps persist—including the absence of local residential treatment, limited mental health capacity, and fragmented transportation infrastructure. Stigma within the court system and limited local coordination continue to limit progress. Expanding

recovery housing, creating tailored workforce pathways, enhancing volunteer driver networks, and increasing employer partnerships were all cited as key opportunities to strengthen the local recovery ecosystem.