

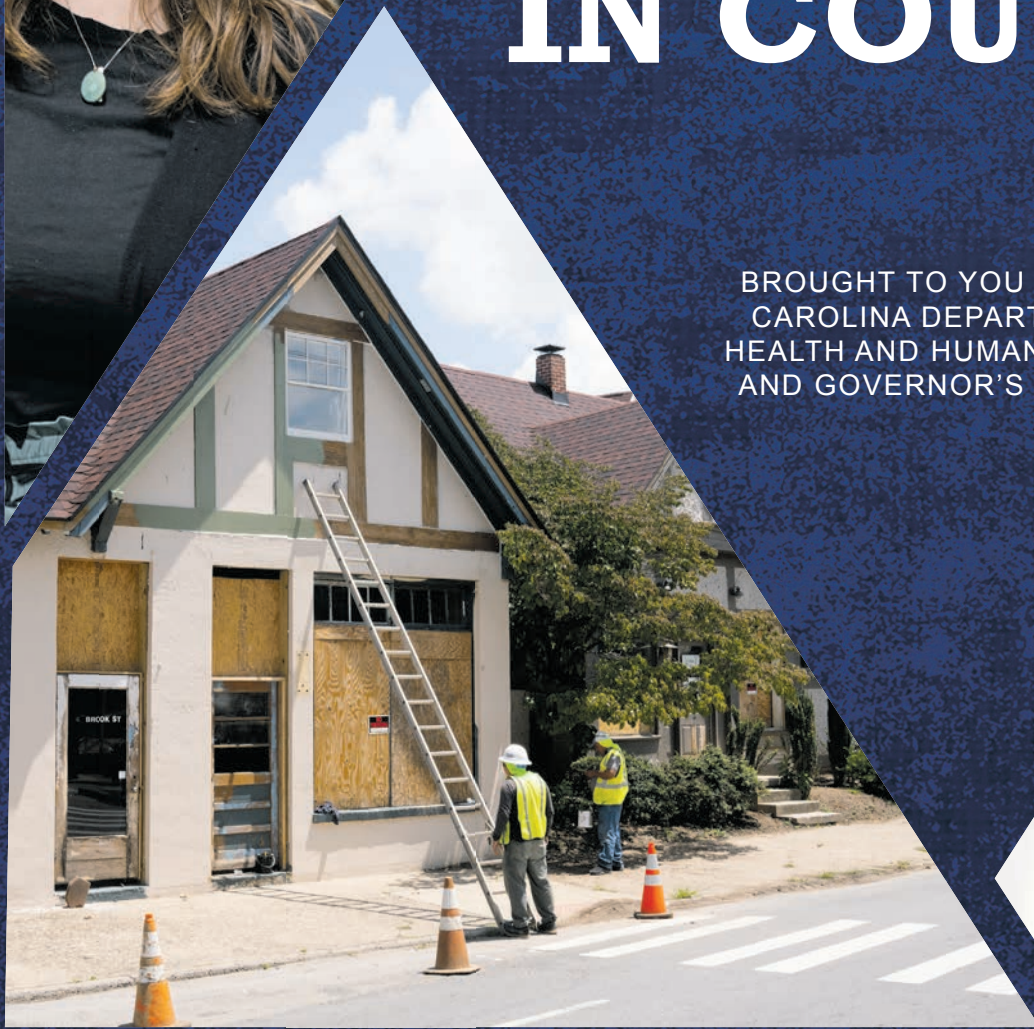
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A MESSAGE FROM GOVERNOR JOSH STEIN



You don't know how strong you are until you are put to the test. Hurricane Helene tested our state and our people in unprecedented ways. The storm stole too many lives from us and devastated too many communities. But in the aftermath, heroes emerged: swift water rescuers saving lives, utility workers clearing felled trees, donors contributing to small businesses' recovery, and ordinary people stepping up to help their neighbors. Just as they are supporting each other, so must we continue to support them. I offer my sincere thanks to the thousands of heroes for making North Carolina safer and stronger.

A MESSAGE FROM NCDHHS SECRETARY DEV SANGVAI



Whether directly or indirectly, millions of people in North Carolina are impacted by Hurricane Helene. The response and recovery efforts still underway show the resilience of North Carolinians across the state but particularly in counties hit the hardest. Each state agency has risen to the challenges, providing expertise and support. The response from NCDHHS ensured people had access to food, water, infant formula, medical and mental health care and life-saving medications. Public health teams continue to help communities reopen and resume daily life safely – providing guidance, resources, and support to protect health as recovery continues. Thank you to the county and state staff for their heroic efforts and to the people who continue to persevere in the wake of destruction.

A MESSAGE FROM MENTAL HEALTH DIRECTOR KELLY CROSBIE



Hurricane Helene showed the depth of care in our communities—neighbors checking on neighbors, responders and organizations rushing to help, and local and state leaders standing alongside you. Recovery takes time, and the emotional weight of loss can linger. Hope4NC (1-855-587-3463) is here 24/7, offering free support whenever you need it. You don't have to face this alone. Reaching out is a sign of strength, and together—with your community and your state—we can find hope, heal, and keep moving forward. We are honored to walk this journey with you.

PEOPLE BEHIND THE PROJECT

TBJ teamed up with the NCDHHS to send a team to the mountains of North Carolina following Hurricane Helene.

At our bi-annual brainstorming session with folks from the North Carolina Department of Health and Human Services and the Governor's Institute, an idea was floated in front of those present at the meeting — a focus on a few individuals in western North Carolina who spent countless hours to help families and individuals in need following Hurricane Helene.

That was the birth of Profiles in Courage — a Mental Health Journal special.

Reporter Caroline Barnhill was joined by photographer Mehmet Demirci and videographer Josh Manning to spend a couple of days canvassing western North Carolina and listening to the inspiring stories of these individuals.

Much of their stories were captured in text, audio and video. You can read about them in the following pages, or go to the TBJ's website and select Mental Health in NC from the drop down menu.

- **Sougata Mukherjee**
President and Publisher



*Pictured from left to right, Josh Manning, Caroline Barnhill, and Mehmet Demirci.
Photo by Mehmet Demirci.*



Erin Bowman stands in the garden of the Julian F. Keith Alcohol and Drug Abuse Treatment Center in Black Mountain. Photo by Mehmet Demirci.

THE HEART OF RECOVERY: SERVING PATIENTS THROUGH CRISIS

BY CAROLINE BARNHILL

When conditions in western North Carolina deteriorated into complete isolation – no power, no running water, flooded roads and severed communication lines – a team at the Julian F. Keith Alcohol and Drug Abuse Treatment Center (JFK ADATC) refused to abandon the people in their care. For nearly a week, around 30 staff members stood firm, living on-site without access to basic infrastructure, to ensure their patients remained safe, medicated and supported.

What unfolded wasn't defined by a natural disaster – it was defined by teamwork, ingenuity and compassion. Without functioning generators or even port-a-potty facilities, maintenance crews hauled water from a nearby creek, administrative staff turned gym spaces into kitchens

and makeshift command centers, and clinicians continued group therapy and medication distribution. Every member of JFK ADATC, from housekeeping to peer support, played a vital role in turning crisis into care.

"In 56 years, our facility had never

closed for more than 24 hours," said Erin Bowman, CEO of JFK ADATC. "But the conditions after Helene made it impossible to stay open. Still, those first few days completely isolated up here in Swannanoa showed me what it really means to serve."

A MISSION ROOTED IN COMPASSION

For Bowman, substance use treatment is deeply personal. "Most people who work in this field either have lived experience or care for someone who has," she said. "For me, it was family – and the belief that people struggling with addiction deserve dignity and the same quality of care as anyone with a chronic illness. This is a brain disease, not a moral failing."

At JFK ADATC, one of North Carolina's two state-operated

inpatient alcohol and drug treatment centers, many patients arrive after outpatient options have failed. "We treat people from all walks of life, insured or not," Bowman explained. "Our inpatient detox and rehab programs give people a chance to stabilize and begin recovery. But the work doesn't stop there – it's about changing the trajectory of entire families and generations."

A STORM WITH NO EXIT

In the days leading up to Hurricane Helene, Bowman and her leadership team reviewed emergency protocols and prepped supplies, including extra food and cots. But when both facility generators failed – one known, one unexpected – the team was forced to improvise.

"By the morning after the storm hit,

power was out completely except for one building – the activities center – which was never intended for patient care,” she said. “We thought it would just be for a few hours, but that power didn’t come back for 10 days.”

With roads closed in and out of Swannanoa, no emergency personnel able to reach them, and no way to contact loved ones, Bowman and roughly 30 staff members worked around the clock to relocate every patient to the one powered building. Cots were arranged, makeshift medication stations were created, and meal preparation moved into the gym. Meanwhile, maintenance staff hauled five-gallon buckets of water from the nearby creek to manually flush toilets.

“You don’t realize how much you’ll think about bathrooms until you have 60 people and no functioning plumbing,” she laughed, recalling how a single porta-potty became a temporary solution until reinforcements arrived days later. “The day we got more porta-potties felt like Christmas.”

LEADING THROUGH UNCERTAINTY

What stuck with Bowman most wasn’t the logistics – it was the people.

“Our staff were incredible. They left behind flooded homes and walked to work because roads were impassable. They didn’t know if their own families were safe, but they came anyway,” she said. “They didn’t complain. They just kept asking, ‘What can I do to help?’”

Despite the dire circumstances, her team continued delivering care: conducting group therapy, administering medications and sitting with patients through detox. With no access to medical records or digital systems, everything was done on paper. “It was chaotic, but it was also kind of beautiful,” Bowman said. “We were all in it together.”

She also gave patients temporary access to their phones – something typically restricted during recovery. “They were terrified for their families. Once they started connecting and saw what was happening out there, it helped them understand and calm down.”



Before starting her shift, Erin Bowman prepares for the day in her office. Photo by Mehmet Demirci.

One patient, she recalled, spent her downtime crafting bracelets for fellow patients. “She came to me one day and said, ‘I prayed over this bracelet and made it for you.’ I still wear it. It reminds me of what we all went through.”

REBUILDING AND REIMAGINING CARE

After several days, JFK ADATC began transferring patients to other state facilities. Walter B. Jones Center (WBJ) in Greenville, N.C., and Broughton Hospital in Morganton, N.C., accepted the displaced individuals – thanks to an extraordinary, rapid effort by North Carolina Division of Health and Human Services (NCDHHS) and North Carolina State Opioid Treatment Authority (SOTA) and other regional partners to transfer patients to WBJ and temporarily open a unit at Broughton Hospital.

“Everyone came together. I’ve never seen a system move that fast,” Bowman said. “We knew treatment couldn’t stop just because our building wasn’t operational.”

The JFK ADATC campus remained

“Everyone came together. I’ve never seen a system move that fast. We knew treatment couldn’t stop just because our building wasn’t operational.”

ERIN BOWMAN JFK ADATC

closed until December while water systems, generators and safety infrastructure were restored. Today, Bowman says the experience has permanently reshaped their approach to emergency preparedness.

“We did a 100-page after-action report and now have backup satellite phones, new communication tools and more redundancy built into our infrastructure,” she said. “I hope we never go through something like that

again – but we’re better prepared if we do.”

FIGHTING STIGMA, SAVING LIVES

To those who may not understand why continuing treatment during a natural disaster is so critical, Bowman is clear: “Whether you realize it or not, this affects you. Untreated substance use disorders strain our healthcare system, hurt the economy and tear families apart.”

JFK ADATC serves people across the western half of the state, many of whom have no other access to care. “If we don’t show up for them, who will?” she asked. “Every person who walks through our doors is making one of the hardest, bravest decisions of their life – to ask for help. We want them to know they’re not alone.”

Looking back, Bowman says the storm revealed the strength of her team and the resilience of her patients.

“I always knew our staff were mission-driven,” she said. “But watching them sleep on-site, carry water from the creek, sit with patients in the dark – I’ve never been more proud. They are the real heroes.”

KEEPING KIDS SAFE IN CRISIS: HOW DAYMARK RECOVERY SERVICES RESPONDED TO HURRICANE HELENE

BY CAROLINE BARNHILL



Billy West in the enclosed garden of the Caiyalynn Burrell Child Crisis Center in Asheville, N.C. Photo by Mehmet Demirci.

At the Caiyalynn Burrell Child Crisis Center in Asheville, N.C., the staff is used to navigating high-stress situations. As one of just two child facility-based crisis units operated by Daymark Recovery Services, the 16-bed center provides care to children in acute mental health and substance use crisis – often during the most vulnerable moments of their lives.

But in late September 2024, the team was tested in ways few could have imagined.

“When the storm hit, we thought being on a hill would protect us. But within hours, roads were impassable, the power was out and we were running low on supplies. We had 15 children and staff members stuck

inside,” recalled Billy West, president and CEO of Daymark Recovery Services, a nonprofit behavioral health provider operating in 28 counties across North Carolina.

Though the team had prepared ahead of the storm, the severity of flooding brought on by Hurricane Helene quickly overwhelmed their

contingency plans. With no way in or out and only sporadic text messages for communication, Daymark’s staff had to act fast – and with care.

“Staff couldn’t leave, and others couldn’t get in. We were facing a ticking clock,” West said. “Our generator couldn’t power everything. It became clear we had to evacuate, but we couldn’t risk moving

the kids until we knew it was safe.”

FROM CRISIS TO COORDINATION

What followed was a coordinated effort across local, regional and state agencies. With help from the North Carolina Highway Patrol and Vaya Health, Daymark identified a route out of Asheville and arranged transport to its other child crisis unit in Richmond County – nearly 200 miles away. The Richmond facility was made possible only through the monetary support of Trillium Health Resources, like Vaya Health – a public manager of Medicaid, explains West.

“The trip should have taken four

hours,” West recalled. “It took 24. But every time we got an update – ‘We’re in Gastonia, we’re in Charlotte’ – it was cause for celebration. When they arrived, it was monumental.”

Throughout the ordeal, Daymark’s focus remained on the children. Staff transformed what could have been a traumatic experience into something that felt, at least in part, like an adventure.

“These are kids in crisis,” West emphasized. “But they experienced this together, and that collective experience helped them cope. The staff created a sense of safety and structure even in the chaos. I’ve worked in psychiatric care for a long time, and this could have gone very differently. But the kids held it together. They were remarkable.”

The Richmond County facility, a newer and more spacious center, was uniquely suited to accommodate the displaced group. Thanks to the flexibility of the North Carolina Department of Health and Human Services (NC DHHS), Daymark was allowed to temporarily house the children there until the Asheville site was back online – an effort that took just over a month.

“The City of Asheville and Buncombe County went above and beyond to help us reopen quickly,” West said. “Sixteen pediatric psychiatric beds offline might not sound like much, but with a statewide shortage, that’s 16 children who might otherwise be stuck in emergency rooms.”

CARING FOR STAFF, PATIENTS – AND THE COMMUNITY

Daymark serves more than 77,000 North Carolinians annually, offering everything from outpatient therapy and psychiatry to medication-assisted treatment and crisis care. In addition to its two child facility-based crisis units, it operates six adult facility-based crisis units, seven behavioral health urgent cares, 28 outpatient clinics and manages an adult psychiatric hospital in the Triangle.

But during the disaster, it wasn’t just their patients who needed support.



One year after Hurricane Helene, traces of debris can still be seen along the Swannanoa River. Photo by Mehmet Demirci.

“Some of our staff lost or had damage to their homes. Some lost loved ones. Others were dealing with damage, power outages or impassable roads,” said West. “Our leadership made a decision early on: we were going to take the pressure off our mountain-area teams. If you could work, great. If you couldn’t, focus on your home and family. No one was going to lose their job or be penalized for not showing up during a crisis.”

Daymark mobilized staff from other parts of the state to fill in at the Richmond facility. Clinics that remained operational supported medication delivery efforts by any means necessary – often using ATVs or personal vehicles to reach patients isolated by storm damage.

“We weren’t just helping Daymark patients,” West added. “We were delivering medication for people in the community with chronic conditions like high blood pressure or diabetes – anyone who needed help. We set up staging areas in central

locations, gathered specific supply lists and got things moving.”

Throughout it all, communication was a lifeline – and sometimes the biggest challenge.

“Our manager here in Asheville walked nearly a mile every day just to find a spot where she could text us,” West said. “She told us what supplies they really needed – like toilet paper – not just what we thought they needed. She became the leader on the ground.”

That kind of empowered, community-driven response, West said, is only possible with trust and flexibility – especially from partners like Vaya Health and DHHS, who helped Daymark navigate regulatory hurdles and ensure staff could be paid even when normal billing practices were suspended.

“Hurricane Helene validated our investment in technology and in our people,” West said. “Having access to electronic health records, knowing

what medications our patients were on, being able to text or track staff – that saved lives. But it also reminded us that you can’t care for your patients if you don’t care for your staff first.”

As for the long-term effects, West warned the full mental health impact of the storm may not be felt for years.

“People cope in the moment. But the trauma settles in later – when the adrenaline fades, when they realize what they’ve lost,” he said. “That’s when we see increases in depression, suicide or homelessness. That’s when the safety net really matters.”

In the aftermath of Helene, West is more convinced than ever of the importance of having a public behavioral health infrastructure – one that’s agile, coordinated and deeply rooted in the communities it serves.

“When the next crisis comes – and it will come – you need to know there’s someone to call,” he said. “We were lucky. We had a team ready to answer.”



Rev. Philip Cooper, Founder of Operation Gateway, at the organization's center in Asheville. Photo by Mehmet Demirci.

REENTRY, RESILIENCE AND RECOVERY

BY CAROLINE BARNHILL

When Hurricane Helene barreled through western North Carolina in the fall of 2024, it left behind a swath of destruction, displacing thousands and compounding trauma in communities already struggling with poverty, addiction and systemic inequities. But for Rev. Philip Cooper, Founder of Operation Gateway, the storm also revealed something powerful: the strength and resilience of individuals who had spent their lives weathering personal hurricanes.

Operation Gateway supports formerly incarcerated individuals as they navigate the complex path of reentry. From job placement and addiction

recovery to housing and mentorship, Cooper's team connects people to the tools and networks they need to rebuild their lives. In the wake

of Helene, those same individuals became some of the most committed volunteers in the recovery effort.

"They've already lived through chaos," Cooper said. "To them, a hurricane is just another day of trying to make it. So they were out there doing the work – helping others, cleaning up, distributing food – because they know what it feels like to have nothing."

Cooper, who goes by "Coop" and was formerly incarcerated himself, understands the value of lived experience in service work. Operation Gateway isn't just a program – it's a

movement rooted in empathy and connection. That approach became critical in the days and weeks following the storm, as communication lines broke down and systems were stretched thin.

"A lot of the people who needed help the most – they weren't going to walk into a church or a government office and ask for it," Cooper explained. "They came to us. Or we went to them. Because there was trust already built."

That trust came from years of showing up – for court dates, for job fairs, for late-night phone calls from someone on the verge of relapse. It came from

meeting people where they were, literally and figuratively. And when Helene hit, Operation Gateway's connections became a lifeline.

BUILDING CONNECTIONS

Post-Helene, Operation Gateway transformed the Edington Center gymnasium, just south of downtown Asheville, into a distribution and support hub – providing essentials, FEMA assistance and community health services. And, thanks to rapid funding, it also provided jobs.

“Once those funds were released, I immediately used them to hire returning citizens for day labor, offering \$60-\$70 per day,” Cooper said. “And I’ll tell you what – they were some of the hardest workers you have ever seen. So yes, they were getting money, but they were also able to be in their community. And being in the community blessed them, because now they’re helpers. Some of them were newly released and immediately stepped into the role of helping others – carrying water out to somebody’s car, organizing supplies or praying with people, because we did a lot of praying in there.”

But Cooper is quick to point out that this kind of work doesn’t happen in a vacuum. Partnerships with organizations like the Asheville Housing Authority, United Way, Oxford House, Asheville Dream Center, Pisgah Legal Services, Asheville Buncombe Community Christian Ministry (ABCCM) and countless other groups made it possible to scale response efforts quickly. And it was the interlocking network of trust – between nonprofits, state agencies and grassroots leaders – that ensured people didn’t fall through the cracks.

That ethos of collaboration was exemplified in Operation Gateway’s ability to deploy volunteers quickly. And while offering a paid work experience for recently incarcerated individuals provided some financial support, Cooper was intentional about ensuring physical and emotional needs were also being met.

“You can stay busy, busy, busy doing work but as soon as you slow down,



Rev. Philip Cooper, pictured with volunteer that helped with the recovery efforts after the hurricane. Photo courtesy of Philip Cooper.

you break down,” Cooper said. “So every day we made sure we had a therapist on site – along with a chiropractor and massage therapist to make sure we were taking care of everybody. So that gym became a real healing space for a lot of people.”

In a disaster response landscape often dominated by formal agencies and structured logistics, the presence of these grassroots volunteers offered something else: humanity. Having formerly incarcerated individuals working side by side with successful people who have been in their shoes in the past was extremely powerful in showing them a path forward.

A POWERFUL REMINDER

Today, hanging in a plexiglass box behind Cooper’s desk, is a pair of red, black and grey Jordans – shoes Cooper wore every day as he served alongside those whom he felt called to support.

“Those shoes will forever remind me of the role that lived experience plays because a lot of people had counted

“We’ve got to stop seeing formerly incarcerated people as liabilities and start seeing them as assets. Give folks a second chance, and they’ll show you who they really are.”

REV. PHILIP COOPER

Operation Gateway

people like us out. But when the stuff hit the fan, it was a lot of us formerly incarcerated people who answered the call, boots on the ground, not scared. Why? Because we had already been living in drama. We come from drama. We come from chaos. So it’s like everybody’s screaming like, ‘oh my god, oh my god,’ and we like, ‘Okay, what’s next? What do we do next? Where do you need me?’”

Moving forward, Cooper hopes Hurricane Helene can be a case study in the power of lived experience and the importance of preparing recovery systems that center equity and inclusion.

“We’ve got to stop seeing formerly incarcerated people as liabilities and start seeing them as assets,” he said. “Give folks a second chance, and they’ll show you who they really are.”

Operation Gateway continues to grow its impact in western North Carolina, helping men and women not just reenter society but become pillars of their communities. And as Helene’s long recovery stretches on, Cooper remains focused on building systems that leave no one behind.

“We ain’t just talking about recovery,” he said. “We’re living it.”

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

PREPARED FOR IMPACT

BY CAROLINE BARNHILL

When Hurricane Helene battered western North Carolina, the storm left a wake of destruction that was as disorienting as it was swift. Roads were washed out, communication systems failed and infrastructure buckled under record-breaking rainfall and wind. Yet amid the chaos, state leaders moved quickly to ensure no North Carolinian was left behind.

From those living with intellectual and developmental disabilities (IDD) to individuals receiving treatment for opioid use disorder, the N.C. Department of Health and Human Services' (NCDHHS) Division of Mental Health, Developmental Disabilities, and Substance Use Services mounted an around-the-clock response — activating emergency protocols, navigating regulatory barriers and coordinating an extensive network of care partners on the ground.

"Oftentimes, when it comes to the government, people see it as something very distant and removed. I think North Carolina's response to Hurricane Helene showed that is not the case," explained Kelly Crosbie, Director of the NCHHS Division of Mental Health, Developmental Disabilities, and Substance Use Services. "In responding to the aftermath, every day we were talking with our partners in the west — examining lists of individual names and working around the clock to make sure they were cared for not just physically, but mentally, socially and emotionally."

RAPID RESPONSE FOR THOSE IN TREATMENT

One of the division's early challenges was maintaining access to life-saving medications for more than 22,000 individuals enrolled in North Carolina's 87 opioid treatment programs (OTPs). These federally regulated programs provide medication-assisted

treatment — including methadone and buprenorphine — for people living with opioid use disorder, which is the gold standard of care.

"We went into Hurricane Helene with strong continuity plans," said Anna Stanley, administrator of the State Opioid Treatment Authority (SOTA). "Every OTP is required to have an emergency plan, and in anticipation of the hurricane, most patients received take-home doses. But the damage in the west was beyond what we expected — roads weren't just closed. They were gone."

That forced Stanley's team to take extraordinary steps. Using the state's Lighthouse Central Registry, a secure system tracking every one of the state's patients in treatment, OTPs in unaffected counties were able to locate and dose displaced patients. "We worked directly with clinics across state lines in Tennessee, Georgia and South Carolina to get patients the medication they needed," she said.

The registry also enabled OTPs to send mass text messages and emails to patients with critical updates, including alternative dosing locations. In some cases, OTP staff physically delivered medication into disaster zones. "We were seriously considering ATV delivery," Stanley added. "Ultimately, we assigned OTPs to regional shelters where they could hand-deliver treatment. We had to get creative."



Sources for Hurricane Helene stats, National Hurricane Center and National Weather Service. Photo provided by Caroline Barnhill.

OVERCOMING SYSTEMIC AND LOGISTICAL HURDLES

The devastation Helene caused required rapid regulatory flexibility. Stanley's team coordinated with federal partners at the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Administration (DEA) to temporarily waive requirements for drug screenings, in-person visits, and in some cases, the physical structure of clinic sites.

One inpatient opioid treatment facility that was flooded was able to relocate within weeks to Broughton Hospital in Morganton. "Under normal conditions, relicensing a facility like that could take months," Stanley said. "But we were meeting daily with the DEA, SAMHSA and our state licensing partners. Everyone understood the urgency."

The state also ensured that incarcerated individuals in medication-assisted treatment continued to receive care. At the Buncombe County Detention

Center, where power and running water failed, officials sheltered in place to avoid disrupting treatment for more than 100 individuals. "Interrupting treatment in custody isn't just dangerous — it's illegal," Stanley noted. "Opioid use disorder is a protected disability."

PROTECTING INDIVIDUALS WITH IDD AND TBI

While the opioid response was underway, another crisis was unfolding. Many individuals with IDD and traumatic brain injuries (TBI) had been displaced from group homes, apartments and supported living settings with little clarity about where to go next.

"All licensed facilities have crisis plans and agreements in place. If people receive services, they have person-centered plans that include their triggers, supports and emergency contacts," said Ginger Yarbrough, Chief Clinical Officer overseeing IDD, TBI and Olmstead services for the division. "But we were dealing with infrastructure loss, power outages and

communications being down – which made it particularly difficult to connect with those who lived alone.”

Yarbrough’s team quickly activated care managers and partnered with managed care organizations like Vaya Health and Partners Health Management to locate individuals and assess needs. “They were the eyes and ears for us on the ground,” she said. “They went door-to-door, determined who had power and relayed what supports were necessary. We even had clinical teams stationed in shelters to provide additional support.”

One significant challenge: communication breakdown. “Getting in touch with people who didn’t have phones or lived in remote areas was the hardest part,” Yarbrough recalled. “Individuals with IDD or TBI are an at-risk population, and we had to be sure every person was accounted for.”

To help those processing trauma in the aftermath, Yarbrough’s team developed a Hurricane Helene IDD workbook – a visual and narrative tool to help individuals express what they had experienced. “It was geared toward people with IDD,” she said, “but really, it could be used by anyone. Everyone is going to process disaster differently.”

COORDINATING HOUSING AND EMERGENCY SHELTERS

Angela Harper King, a human services program consultant and housing specialist with the division, was brought in days after the storm to support coordination between the state, housing providers and local managed care organizations.

“When I came in, we were already meeting daily with the tailored plans – Alliance, Vaya, Trillium and Partners – to review residential facilities impacted by the storm,” King said. “We had a list from the Division of Health Service Regulation of all licensed homes in the impacted counties. Our goal was to make contact with every single one.”

Facilities that couldn’t be reached were flagged for site visits. “We weren’t the ones knocking on doors, but we made sure someone did,” she



Repair work in Biltmore Village is still ongoing. Photo by Mehmet Demirci.

said. “Whether it was a provider, a case manager or someone from our network, we made sure no one fell through the cracks.”

In the rare instances where relocation was necessary, most providers already had contingency housing options lined up. “Many of these group home operators also owned properties in other parts of the state. They relocated quickly before the storm got worse,” King said.

Statewide coordination proved essential. “We had facilities where residents might be under Vaya Health’s geographic footprint, but their Medicaid was with Alliance or Partners. That meant we all had to talk to each other, and we did,” King said. “Relationships made that happen.”

SUPPORTING CHILDREN, FAMILIES AND VULNERABLE ADULTS

In the days before Helene made landfall, Carla West, Director of Human Services within the Division of Social Services (DSS), was already in action. Her team, which oversees a range of programs including child

HURRICANE HELENE AND ITS AFTERMATH CAUSED 1,400 LANDSLIDES AND DAMAGED 160+ WATER AND SEWER SYSTEMS, 6,000+ MILES OF ROADS, 1,000+ BRIDGES AND CULVERTS AND AN ESTIMATED 126,000 HOMES.

- NORTH CAROLINA OFFICE OF STATE BUDGET AND MANAGEMENT

support, temporary assistance for needy families (TANF), aging services, energy assistance and the state refugee office, played a critical role both on the ground and from the State Emergency Operations Center.

“We start preparing long before there’s ever a disaster,” West said. “We train regularly with our teams and coordinate closely with Emergency Management to monitor forecasts and prepare for activation.” Once Helene’s impact became clear, West’s team sprang into 12- and 24-hour operations – coordinating resources for both county-run and state-operated shelters,

managing emergency supplies like food, water, medicine and disability-access equipment, and deploying more than 220 DHHS volunteers to staff shelters. “We had four state-run shelters open for 35 days,” she added. “And we couldn’t have done it without help from county partners – more than 50 volunteers from 10 counties joined us. It was an incredible effort.”

Beyond shelter operations, her team coordinated the state’s Disaster Supplemental Nutrition Assistance Program (D-SNAP) and responded to urgent needs from families with children and older adults across the

western counties.

Perhaps most critical was the effort to account for every child in the foster care system. “Within 24 hours of the storm passing, local DSS offices had checked on every single child in foster care to ensure they were safe,” West said. “If a foster family needed anything – clothing, food, temporary housing – those needs were immediately met.” A similar process was carried out for adults under guardianship, ensuring their safety, stability and access to necessary care.

The state also received emergency funds from the General Assembly to support families connected to child welfare and adult services. “These funds were lifesaving,” West emphasized. “They helped families make urgent home repairs, replace lost essentials, pay utility bills – whatever was needed to keep them safe and in their homes.”

For West, the experience was deeply personal. “Every time a new group was rescued from the top of a mountain, people at the Emergency Operations Center would cheer,” she said. “We weren’t just responding to a crisis – we were worrying about communities. That kind of commitment and humanity came through in everything we did.”

LESSONS IN READINESS AND RESILIENCE

The department’s preparation didn’t begin with Hurricane Helene – and it won’t end there either.

“Everyone knows their role. And most importantly, everyone knows each other,” King said. “That’s what makes the difference. You’re not figuring things out for the first time in a crisis – you’re activating what you already built.”

Yarbrough echoed that sentiment. “We’re partnering now with other divisions to develop new materials around crisis planning,” she said. “And we’re training emergency personnel and shelter volunteers on what people with IDD might need – sensory supports, behaviors they may exhibit and communication tools. We can’t leave that education to chance.”

LONG-TERM RECOVERY: HOPE4NC AND BEYOND

While immediate response efforts stabilized access to care, long-term mental health recovery is still underway.

“When we think about natural disasters, we prioritize people’s basic needs – do they have food, water and shelter. And, of course for individuals in our division, it’s maintaining continuity of care for things like IDD, drug treatment and mental health support. However, after those immediate needs are met, that’s when individuals start to process trauma more fully,” Crosbie explains. “And that’s why we started planting seeds immediately after Helene to share that the state has free resources through the Hope4NC program.”

Hope4NC is a free, 24/7 confidential helpline that connects people in disaster-affected areas with counselors, crisis support and ongoing mental health services. As of October 2025, the crisis line has received more than 12,321 calls and assisted more than 64,540 individuals.

The state applied for – and received – federal funding in record time that allowed NCDHHS to start recruiting community counselors to be trained in an evidence-based model of crisis counseling. The counselors then hit the ground across the state at food distribution centers, churches and school events to be present and share the resources available and connect individuals with licensed counselors to meet their mental health needs.

“Something our team has heard over and over in the year since Helene is how much it meant to individuals and families to know that they weren’t alone and that there were so many people willing to help them pick up the pieces,” Crosbie says. “And we are committed to making sure that infrastructure is there for the long haul. We want every individual to know we are here, we care about you, and we have resources available to you right now.”

If you or someone you know needs support, please call our Hope4NC Helpline at 1-855-587-3463.



Along the Swannanoa River, debris is still visible in many areas. Photo by Mehmet Demirci.



In Biltmore Village, many shops are still closed. Photo by Mehmet Demirci.

DHHS LEADERS BEHIND HURRICANE HELENE RECOVERY EFFORTS



KELLY CROSBIE

Kelly Crosbie, Director of the NCDHHS Division of Mental Health, Developmental Disabilities, and Substance Use Services. Photo courtesy of NCDHHS.



ANGELA HARPER KING

Angela Harper King, a human services program consultant and housing specialist with NCDHHS. Photo courtesy of NCDHHS.



ANNA STANLEY

Anna Stanley, State Opioid Treatment Authority (SOTA). Photo courtesy of NCDHHS.



CARLA WEST

Carla West, Director of Division of Human Services, Child Support, Economic Services, Aging, and Operations. Photo courtesy of NCDHHS.



GINGER YARBROUGH

Ginger Yarbrough, Chief Clinical Officer overseeing IDD, TBI and Olmstead services for NCDHHS. Photo courtesy of NCDHHS.

Support when you need it most.

When life feels out of control, get the support you need. Crisis services offer immediate support, no judgment and a safe way to get back on track, even when everything seems impossible. Help is available at little or no cost.



Connect with someone who will listen and help.

Call or text 988. You can also chat online. Support is available for people who are deaf or hard of hearing. It's free, private, one-on-one help that's available 24 hours a day, 7 days a week.

Talk to someone who has been there.

Call 855-PEERS-NC (855-733-7762) to talk to someone who has faced tough times and is trained to help with mental health and substance use recovery.

Have help come to you.

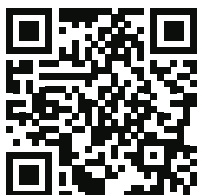
A mobile crisis team of trained mental health specialists will meet you in a safe place. They can help with a mental health, substance use, or behavioral crisis. When you call a mobile crisis team, they will ask for your basic information and details about the crisis that's happening. They'll send a trained team to you, or to a safe location nearby, as soon as they can. Available to everyone, no matter your insurance or ability to pay.

Go someplace safe.

Community crisis centers are safe places where you can get help from a licensed clinician, without needing to go to the emergency room. Most centers are open 24 hours a day, 7 days a week. You don't need an appointment. There are two kinds of crisis centers where you can go:

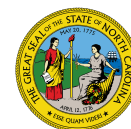
Behavioral health urgent care centers provide an immediate assessment and short-term care, like a medical urgent care center. If you need longer term care, they can refer you to a facility-based center or other community resources.

Facility-based crisis centers are residential centers open to people in crisis. You need to meet certain criteria to be admitted. They are typically for overnight or longer stays.



To learn more, visit:
ncdhhs.gov/CrisisServices

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Karen Russell was less than six months into her role as Director of the newly launched HOPE Center. Photo by Mehmet Demirci.

PEOPLE HELPING PEOPLE: THE HOPE CENTER'S RESPONSE TO HURRICANE HELENE

BY CAROLINE BARNHILL

When Hurricane Helene swept through western North Carolina in September 2024, Karen Russell was less than six months into her role as Director of the newly launched HOPE Center – a place whose name stands for exactly what it provided during the storm: Helping Others Persevere Every Day.

Located within Burke United Christian Ministries (BUCM), the HOPE Center focuses on recovery

support for individuals struggling with substance use, mental health challenges, domestic violence and

other trauma. It serves both housed and unhoused people – offering everything from peer support and linkage to care, to basic needs like food, showers and transportation.

But in the days surrounding Hurricane Helene, those needs intensified, and Russell and her team became a lifeline to many.

**“WHERE ARE MY PEOPLE
SUPPOSED TO GO?”**

As news of the approaching hurricane began circulating, Russell reached out to the local health department, asking what shelter plans were in place. The answer was unclear.

“I told my people – many of whom are unsheltered – to stay close. I figured if I could get home and get things settled, I could come back and get them,” she said.

Later that evening, a colleague

called: a local church had opened as a shelter. Russell breathed a sigh of relief, believing her people were safe.

But that peace was short-lived.

“I got a call around 9:30 p.m. from my supervisor saying the shelter wouldn’t allow non-taxpaying people to stay,” she said. “That’s when I jumped out of bed, threw on my clothes and drove through the pouring rain to go to where I know my people are.”

Over the course of the night, Russell and her coworkers rescued eight people, including one woman who was reluctant to get into Russell’s truck because she had soiled herself and was ashamed. “I told her, ‘I don’t care. I just need you safe,’” Russell recalled. “That kind of shame is exactly what we try to lift off people every day.”

By the next day, Russell and her team were navigating washed-out roads, downed trees and rising floodwaters to reach the camps of those who hadn’t made it to safety. Some, like a diabetic man stranded without access to medication, were in urgent need. Others simply wouldn’t come, choosing to stay hidden in the woods.

“Shame and mistrust run deep,” Russell said. “They were told they didn’t deserve help, and they believed it.”

PATCHWORK SHELTER AND THE POWER OF VOLUNTEERS

With the shelter turning people away and few hotels willing to rent rooms to unhoused individuals, Russell and her team got creative. Using BUCM funds, they secured rooms at one hotel for 16 to 18 people – even though the hotel had no power. It was shelter, at least. But only temporarily.

By Saturday, the hotel evicted the group, prompting Russell to relocate them to an outdoor shelter at Burke United Christian Ministries. There, under tarps and tents, the community came together in a different kind of refuge.

“Volunteers showed up – people who didn’t have power or running water themselves. They didn’t come to receive help. They came to give it,” Russell said, her voice catching with emotion. “They lit the gas stove, cooked meals and served everyone



Photo of the flood levels near the HOPE Center. Photo courtesy of Karen Russell.

else before they even thought of themselves.”

One of her proudest moments came during breakfast service: “We had no power, no hot water. Our chef had to drive around a washed-out road to get there. But once he arrived, he just got to work. The volunteers followed his lead. It was beautiful.”

Even those who had lost everything – their tents, their belongings, even their pets – began asking how they could help.

“They showed up and said, ‘You did this for me. How can I help you now?’ That’s what community looks like,” said Russell.

“WE NEED A SHELTER. PERIOD.”

The experience underscored an urgent gap in the county’s infrastructure: the absence of a low-barrier shelter – one that accepts people regardless of housing status, sobriety or ability to pay.

“I lay down that first night thinking everyone was safe. Then I got a call

saying, ‘They’re being turned away.’ I was in disbelief. This is a hurricane,” Russell said. “But we had to fight just to get people allowed to stay at our own facility – on a covered patio, not even inside.”

In the weeks that followed, Russell helped many rebuild what they could: providing tents, sleeping bags, socks and food. But some refused to reveal where they were setting up camp again – a habit built out of distrust.

“One woman let me walk her only so far and then said, ‘If you stand here and yell, I’ll hear you and I promise to come,’” Russell said. “That’s how I kept tabs on her.”

Now, Russell and her team are advocating for a permanent emergency shelter in the county. “BUCM is committed to not turning people away,” she said. “We just need the space and the support to do it.”

HEALING THROUGH SHARED EXPERIENCE

Russell’s leadership at the HOPE

Center is deeply rooted in her own lived experience. After working in mental health and corrections, she began her personal recovery journey in 2015, following a period of profound depression and suicidal ideation.

“I had to find my own self-worth,” she said. “Once I did, I knew I had work to do.”

She became a peer support specialist and eventually a trainer, helping others with lived experience enter the field. The HOPE Center, which opened in March 2024, reflects her belief that healing comes through connection.

“Peer support is different from case management,” she explained. “It’s about saying, ‘I’ve been there. I see you. Let’s walk this together.’”

That spirit of solidarity shaped every decision she made during Hurricane Helene – and continues to guide her work as the center rebuilds and prepares for whatever comes next.

“There’s no judgment here,” Russell said. “Just people helping people.”

HERE TO SERVE: ABCCM'S DISASTER RESPONSE RISES TO THE MOMENT AFTER HURRICANE HELENE

BY CAROLINE BARNHILL



Keri Hill stands inside the new warehouse of the Asheville Buncombe Community Christian Ministry. Photo by Mehmet Demirci.

When Asheville Buncombe Community Christian Ministry (ABCCM) moved into its new facility on the south side of town last summer, staff were still settling in, getting used to the larger space and the expansive warehouse that came with it. They had no idea just how critical that space would become just a few months later when Hurricane Helene blew into western North Carolina and left thousands in urgent need of food, water and basic supplies.

"It was amazing that we had just moved into this building a few months before the hurricane," said Keri Hill, ABCCM's Volunteer Coordinator and Church Engagement Shepherd, as well as a suicide prevention trainer and chaplain. "We had no idea it would be needed in the way it was."

The organization quickly transformed its new warehouse space into a disaster response hub, coordinating food, water, hygiene kits and other emergency supplies for distribution to families across western North Carolina and beyond. Within hours of Helene hitting, the ABCCM team

was contacted by a Lutheran church in Pennsylvania, which let them know that supplies were on the way.

And that was just the beginning. From October to December 2024, 477 trucks dropped off supplies with 1,782 volunteers clocking 7,532 hours of service.

"It became almost a grassroots supply chain operation," Hill remembered. "But it was a lot of work trying to coordinate how to categorize and organize all the supplies, and then figure out the best way to get them back out into the community."

For weeks after the storm, ABCCM staff and volunteers worked around the clock – even though many of these individuals were themselves impacted by the storm.

"The community response was amazing. We've had hundreds of volunteers show up to help," Hill said. "I remember this one volunteer who came nearly every day with his

wife to help. We had so many people who would tell us that they couldn't just sit around and do nothing. Even if they had needs themselves, they recognized this crisis was so much bigger than their individual situation."

A TRUSTED PARTNER IN CRISIS

With nearly 55 years of service to the community, ABCCM has long been a trusted source of crisis support in western North Carolina. Through partnerships with local churches, volunteers and government agencies, it provides emergency assistance, medical care, housing support and ministry to veterans and those experiencing homelessness.

The organization's south location, which opened in 2024, quickly became the center of ABCCM's Helene response.

Hill said much of the work was about helping people feel heard and supported in the midst of chaos. "They didn't know what to do. They were stressed. We were trying to be a calming force for people – sitting with them, letting them talk, helping them figure out what steps to take next."

ABCCM also deployed volunteers and staff to distribute supplies in areas where transportation was limited. "People couldn't get to us, so we were loading up trucks and taking things to churches and community centers," Hill said. "That way, they could distribute it directly to folks in need."

SERVING THOSE WHO SERVED

Hill brings a special passion to her work with veterans – an area of focus for ABCCM's ministries. As the wife of a military veteran, the mission hits close to home.

"I love working with our veteran clients," she said. "Being a veteran's wife, I have a heart for those who've served and what they've gone through."

Hill helps veterans navigate services available to them and find a path forward – especially those who are unhoused or struggling with trauma. Her role often includes providing a listening ear and helping veterans see their own worth again.

This population was heavy on her mind following Helene.

"I coordinated a lot with NCServes, our state's coordinated network of service providers for veterans and their families, to locate folks and make sure they were cared for," Hill said. "But it was also amazing to see how other veterans rose to the occasion. I had individuals who were deployed with my husband who were sending supplies to us, knowing what we do in his community, and asking us to get those supplies to other veterans in need."

ABCCM operates several veteran-specific programs, including transitional housing and job readiness support, but Hill believes the most powerful tool is compassion. "You never know what someone's been through," she said. "But everyone deserves dignity."

GIFTS LARGE AND SMALL

Despite long days and nights of serving her community, Hill was struck by the compassion and care others showed. While hundreds of groups showed up to lend support, one she'll remember for a lifetime.

"We had New York City firefighters come in on their engine and that was surreal," she remembered. "Just knowing what they went through with 9/11 and seeing them come here to lend their support was humbling."

And while truckloads of supplies became the norm, sometimes it was the smallest offering that stood out.

"I had one older lady show up with a small box of homemade quilts that she made along with her knitting circle," Hill shared, clearly emotional. "She told me, 'I know it's not much but I know a lot of veterans lost their homes and I was hoping you could give these to them so they had something homemade.' That memory will always stick with me."

LONG-TERM SUPPORT BEYOND THE STORM

While the immediate response focused on emergency supplies, ABCCM's work has continued. Staff began helping clients connect with longer-term support for everything from housing assistance to mental

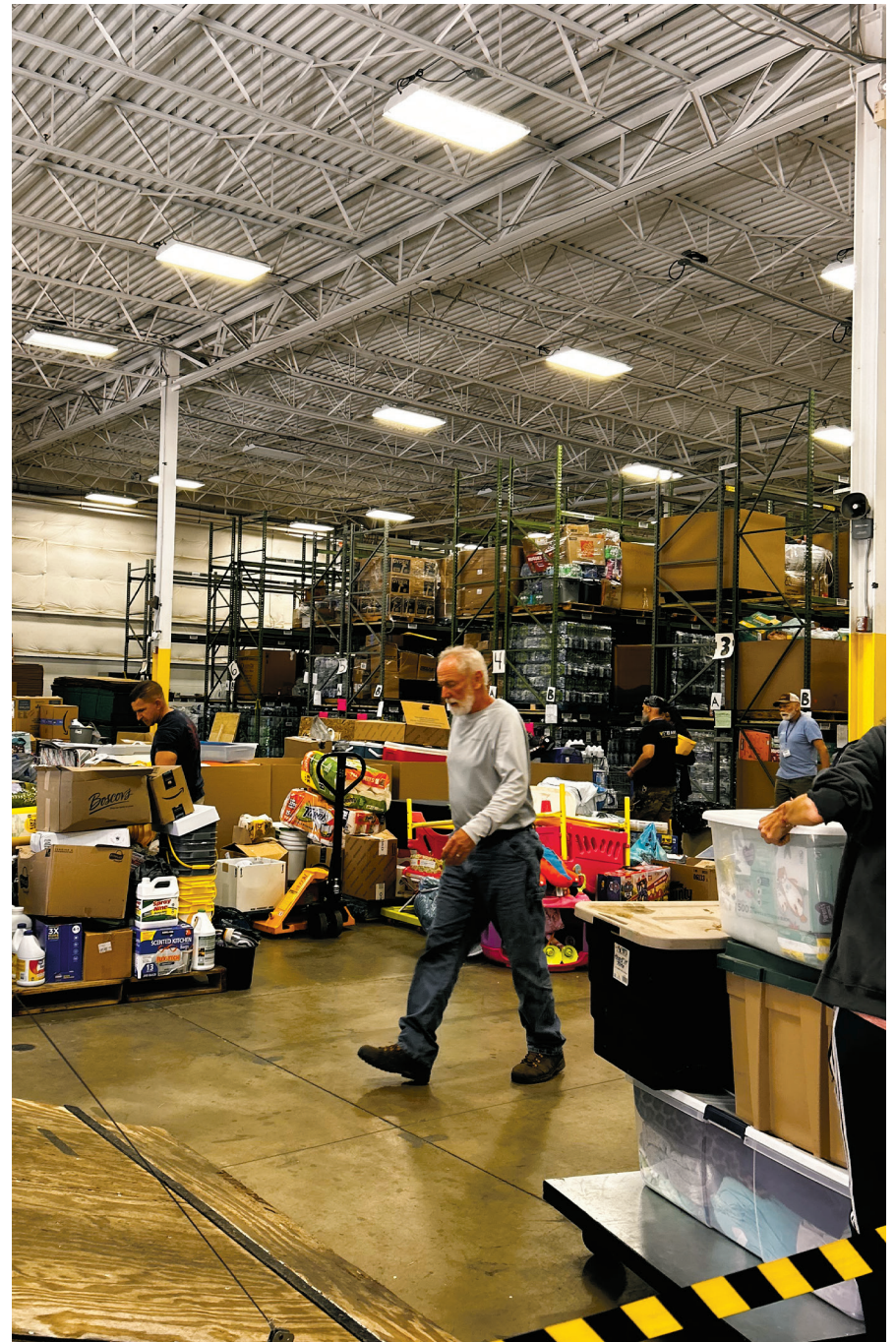


Photo of people working in the new warehouse of the Asheville Buncombe Community Christian Ministry. Photo courtesy of Keri Hill.

health services.

"We had people who had lost everything – jobs, homes, access to food," Hill said. "We were helping them get connected to resources and apply for assistance. Our Faith360 Network and crisis ministries have played a huge role in our disaster recovery efforts to improve the outcomes of all people in our community."

Today, ABCCM continues to serve as a key resource for the region, strengthened by the lessons of Helene and the resilience of its

community partnerships. The organization is restocking its warehouse, supporting families still recovering, and preparing for whatever challenges may come next.

Hill says the experience reaffirmed what she already knew about the people ABCCM serves – and those who serve alongside her.

"We have an incredible team. Everyone stepped up," she said. "It was a hard time, but it showed us how strong this community really is."

AFTERMATH OF HURRICANE HELENE



Getty Images

Directional Sign Blown over By Hurricane Helene in the River Arts District in Asheville, NC



Getty Images

Damage to Carrier Park in Asheville, North Carolina after Hurricane Helene.



Getty Images

Displaced Boat and Damage from Hurricane Helene 2024.



Getty Images

Two months after the record-breaking flood in Asheville caused by Hurricane Helene, damage remains on the banks of the French Broad River in Asheville's River Arts District. (December 6, 2024)

LEADING WITH COMPASSION: VAYA HEALTH'S MISSION IN THE STORM

BY CAROLINE BARNHILL

When Hurricane Helene tore through western North Carolina, few organizations were as directly responsible for safeguarding some of the state's most vulnerable residents as Vaya Health. The public managed care organization oversees Medicaid and other public funds for people with complex behavioral health conditions, serious mental illness, severe substance use disorders, intellectual and developmental disabilities, and traumatic brain injuries across a 32-county region.

Leading that response was Tracy Hayes, who has been with Vaya for more than a decade. She joined the organization as general counsel and Chief Compliance Officer after working at the North Carolina Office of the Attorney General, where she represented the state Medicaid program. Hayes became Vaya's CEO in 2023.

"The simplest way to explain what Vaya is," Hayes said, "is we are a public managed care organization. We're local units of government, subject to the same restrictions as counties. We're not accountable to stockholders or trying to make a profit. We're here to serve people."

PREPARING FOR THE UNEXPECTED

For Hayes, Helene wasn't her first catastrophic storm. She and her family evacuated New Orleans the weekend before Hurricane Katrina hit in 2005. That experience left her with heightened awareness about disaster preparation – and anxiety

when forecasts began warning about Helene's potential.

"No one, even the most seasoned meteorologist, really predicted the level of devastation we saw," she recalled. Days of heavy rainfall had already saturated the ground in the mountains. When Helene arrived overnight with high winds and record rainfall, mudslides and flooding quickly cut off roads, cell service and power.

Hayes' first clue that the situation was dire came early Friday morning when she woke to no electricity at home. By noon, cell coverage was gone. Driving from her home to Vaya's Asheville office required multiple detours around downed power lines and trees. When she finally reached Interstate 26 and saw the French Broad River "lapping at the interstate," she knew this was a disaster unlike any Vaya had faced.

STAFF FIRST, THEN MEMBERS

Vaya employs more than 1,200 staff across its service area, and most live in



Tracy Hayes is the Chief Executive Officer of Vaya Health. Photo by Mehmet Demirci.

the same communities they serve. The first priority, Hayes said, was making sure every employee was safe. It took several days to account for everyone. While no staff lives were lost, some lost homes, cars or had to move into temporary housing.

"I use the analogy from airplanes – put your own oxygen mask on first," Hayes said. "We needed to make sure our staff were okay so they could help others."

Despite their own hardships, Vaya employees pivoted quickly to check on members and providers. With internet and cell service down, staff drove to parking lots where they'd heard there might be a signal, making calls to check on high-risk members,

coordinate care and support providers operating without power.

MEETING BOTH BASIC AND BEHAVIORAL HEALTH NEEDS

The storm presented dual challenges: meeting basic survival needs while ensuring behavioral health support for people experiencing trauma. Vaya's team worked to get food, water, diapers, gasoline and other supplies to provider agencies so they could keep operating. At the same time, Vaya deployed behavioral health clinicians to staff emergency shelters.

"The population we serve is especially vulnerable in a situation like this," Hayes explained. "People were arriving at shelters in shock, having

lost everything and needed immediate support.”

Using data, Vaya also identified members at highest medical risk – those whose medications were about to run out or who relied on equipment requiring electricity – and prioritized help for them. For example, when a member in a devastated part of Buncombe County needed a heart medication, Vaya’s deputy chief medical officer personally coordinated with a cardiologist and pharmacy before a Vaya vice president drove the medicine to the member.

PARTNERSHIPS UNDER PRESSURE

Key partnerships were essential. Vaya leaned on core provider agencies such as RHA Health Services, Appalachian Community Services partnered with ncgCARE, and Daymark Recovery services, which manage crisis facilities, mobile crisis units and walk-in centers. When a Daymark child crisis facility in Buncombe County needed to relocate 12 children with all major roads closed, Vaya worked with the North Carolina Department of Health and Human Services (NCDHHS) and law enforcement to secure a van and safe passage.

Stories of heroism emerged daily. Hayes recounted how an RHA mobile crisis clinician stayed on the phone with a person trapped on a roof until the National Guard rescued her and a neighboring family, which included a pregnant woman in labor.

Support also poured in from across the state. Other LME/MCOs (Local Management Entity/Managed Care Organizations) sent water, gasoline and supplies. County commissioners personally delivered truckloads of donated items with sheriff escorts. Vaya staff set up a makeshift donation center in their Asheville office, assembling supply kits for members and hand-delivering them.

REACHING THE UNHOUSED AND UNDERSERVED

Vaya’s housing team, which administers HUD grants and interfaces closely with people experiencing homelessness, played a vital role. Staff supported the Gold’s



Tracy Hayes is the Chief Executive Officer of Vaya Health. Photo by Mehmet Demirci.

Gym shelter in Buncombe County, which remained open the longest. In Yancey County, Vaya helped a family who lost their trailer secure an emergency Medicaid waiver slot and successfully apply for FEMA assistance. With donations and church support, the family is building a small home on their property – an outcome Hayes said will leave them with “better supports in place than they had prior.”

LESSONS FOR THE FUTURE

Helene revealed both strengths and gaps in disaster preparedness. Vaya’s wide geographic footprint allowed staff from unaffected counties to step in for colleagues. But it also underscored the need for clear decision-making protocols when leadership can’t communicate. Smaller provider agencies, especially those offering residential care, often lacked adequate disaster plans or equipment like generators.

In partnership with DHHS, Vaya is now working to help providers improve their preparedness. Hayes also hopes the state will integrate

mental health and substance use needs more fully into emergency operations planning, including training shelter staff to support individuals with severe autism, intellectual disabilities or traumatic brain injuries.

“We saw people going into unintended detox, which can be dangerous,” she noted. “And we saw challenges when people with complex conditions arrived at shelters that weren’t equipped to handle their needs. We want to make sure staff are prepared so law enforcement doesn’t end up being the default response.”

FINDING STRENGTH IN THE MISSION

For Hayes, the hardest days of Helene were also the most inspiring.

“I pulled my strength from Vaya staff,” she said, her voice breaking. “They showed up every day – people who hadn’t showered in weeks, who were hungry and exhausted, people who’d lost their homes – still chainsawing their way out of neighborhoods to check on the people on their caseloads.”

“Everyone got past division and focused on how we were going to get through this and support each other. Seeing how the community came together gave me a lot of hope.”

TRACY HAYES
Vaya Health

Employees opened their homes to displaced colleagues. One staff member who lost both her house and vehicles never missed a day of work.

“It was a true community effort,” Hayes said. “Everyone got past division and focused on how we were going to get through this and support each other. Seeing how the community came together gave me a lot of hope.”

Need someone to talk to?



CALL
24/7

The impact of Hurricane Helene can be overwhelming for adults, youth and children. Everyone has different stress responses that may include:

- Feeling alone.
- Irritability or feeling out of sorts.
- Head, stomach or body aches.
- Changes in sleep or eating patterns.
- Difficulty concentrating, forgetful.
- Fear for your own health.
- Worrying about the health of your family or friends.
- Increased use of alcohol, tobacco or other drugs.
- Feeling stuck, no time for self-care.
- Looking for ideas to stay calm and healthy.

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