Avril M. Pinder, CPA, ICMA-CM
County Manager

Buncombe County Government
Commissioner Briefing
May 5, 2026
3:00 PM
1st Floor Conference Room - 200 College St.

I.	Meeting Called to Order		Chair Edwards
II.	Review Meeting Agenda		Chair Edwards
III.	Staff Updates		
	a.	Resolution asking HCA CEO to Engage Directly with Stakeholders in WNC	10 mins	Commissioner Wells
	b.	Letter of Support for AdventHealth's Certificate of Need (CON)	10 mins	Chair Edwards
	c.	Community Paramedic Update	15 mins	Justin Hall
	d.	Wildfire Prevention Campaign	15 mins	Ryan Cole
	e.	Fire Chief's Budget Comments	60 mins	Fire District Chiefs
IV.	Open Discussion		All

[MEET_FOOT]

RESOLUTION #_____

RESOLUTION ASKING HCA CEO SAM HAZEN TO ENGAGE DIRECTLY WITH STAKEHOLDERS IN WESTERN NOTH CAROLINA

WHEREAS, Mission Health, which includes Mission Hospital in Buncombe County and five satellite hospitals in Transylvania, Macon, Jackson, Mitchell, and McDowell Counties, is the healthcare backbone of Western North Carolina; and

WHEREAS, Mission Hospital is the only Level I trauma center west of Charlotte and only tertiary care hospital in the 18 westernmost counties; and

WHEREAS, for profit, publicly-traded HCA bought nonprofit Mission Health in 2019 and quickly made significant changes, including reducing Mission Hospital staff by the hundreds, closing primary care practices, and reducing many services previously offered; and

WHEREAS, hundreds of long-serving and highly skilled nurses and physicians, as well as numerous physician practices, have left Mission Health and especially Mission Hospital; and

WHEREAS, due to these staffing reductions and other management decisions, Mission Hospital has been cited by the federal Centers for Medicare and Medicaid Services (CMS) for Immediate Jeopardy in 2021, 2024, 2025, and 2026; and

WHEREAS, Mission Hospital was found to have violated the federal Emergency Medical Treatment and Labor Act in 2024 and 2025; and

WHEREAS, other hospitals in the Mission Health system have also experienced regulatory censure, including Mission McDowell Hospital and Blue Ridge Regional Hospital in Spruce Pine being cited for Immediate Jeopardy in 2021 and 2023, respectively; and

WHEREAS, HCA has failed to provide sufficient resources and support for its staff, has failed to act on recommendations from nurses, and has created a culture in which doctors, nurses and staff are hesitant to raise quality of care concerns with management; and

WHEREAS, Mr. Sam Hazen, CEO of HCA, said at the time of purchase: “We are excited that Mission Health chose to be part of the HCA Healthcare family. We look forward to investing in western North Carolina and ensuring Mission Health’s 133-year tradition of caring continues for years to come. This is a model partnership and one we hope will be replicated to benefit many similar communities.”; and

WHEREAS, due to HCA’s management, Mission Health’s tradition of caring has been

severely impaired; and

WHEREAS, HCA leaders, including Mission CEO Greg Lowe, have not met with community members at public forums or meaningfully engaged community stakeholders to discuss conditions at Mission Hospital; and

WHEREAS, HCA and Mission Hospital are not transparent or accountable to our community.

NOW THEREFORE BE IT RESOLVED by the Board of Commissioners for the County of Buncombe call on Mr. Sam Hazen, as the leader of HCA, to come to Western North Carolina and meet with elected officials, healthcare advocates, and other community leaders, be accountable for HCA's decisions a t Mission Health, and engage in a collaborative and transparent dialogue to develop a plan for long term, permanent improvement at Mission Hospital and throughout the Mission Health system

This the 5th day of May 2026.

ATTEST

BOARD OF COMMISSIONERS FOR THE COUNTY OF BUNCOMBE

_____

Sarah Gross, Clerk to the Board

By: _____

Amanda Edwards, Chair

APPROVED AS TO FORM

_____

County Attorney

May 5, 2026

Ms. Micheala Mitchell
Chief, Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Center Service
Raleigh, NC 27699-2704

Dear Ms. Mitchell:

I am writing on behalf of the Buncombe County Board of Commissioners to express our full support for AdventHealth's Certificate of Need (CON) application to develop 92 additional acute care beds at its approved hospital to be developed in Weaverville. The Board of Commissioners is committed to ensuring that our residents have access to high-quality, timely, and comprehensive healthcare services, and we believe approval of this application is essential to advancing that goal.

Since 1995, Mission Hospital has operated as the sole hospital provider in Buncombe County. Following its acquisition by HCA in 2019, residents, patients, and community leaders have increasingly voiced concerns regarding access, capacity constraints, and the lack of meaningful choice in hospital-based care. These concerns have been heightened by repeated findings of Immediate Jeopardy associated with the hospital's emergency department, which are deeply alarming and underscore the risks of relying on a single, overextended facility to meet the acute care needs of our community. AdventHealth Weaverville represents a critical and much-needed alternative that strengthens healthcare access and resiliency for Buncombe County.

The Buncombe County Board of Commissioners has consistently supported AdventHealth's efforts to expand hospital capacity and improve access in the county. This includes our support for AdventHealth's 2022 CON application to establish a new acute care hospital, as well as our support for the 2024 and 2025 CON applications to add acute care beds as demand, utilization, and patient acuity continue to increase. AdventHealth's approach reflects a responsible, phased, and data-driven strategy to building hospital capacity that aligns with demonstrated community need.

The proposed addition of 92 acute care beds in Weaverville is not merely an incremental expansion. It advances the hospital along a clear tertiary trajectory, positioning AdventHealth to support higher-acuity inpatient services, advanced specialty care, and enhanced emergency and inpatient capabilities that are currently concentrated at a single hospital site in the county. From a countywide perspective, developing additional bed capacity at a second hospital campus strengthens system redundancy, improves surge capacity, and reduces the systemic risk associated with dependence on one emergency department, particularly in light of recent regulatory findings.

Expanding acute care capacity is also essential to improving access for underserved and geographically dispersed populations throughout Buncombe County and Western North Carolina. By fostering competition, this project promotes innovation, improves service quality, and helps ensure that patients receive timely and appropriate care in a more balanced and responsive healthcare system.

By strengthening AdventHealth's ability to serve a growing and diverse population, this initiative supports the development of a more equitable, resilient, and patient-centered healthcare system. It aligns with the

Board of Commissioners' vision for a healthcare network that prioritizes accessibility, quality, and long-term community benefit.

For these reasons, the Buncombe County Board of Commissioners respectfully urges the Division of Health Service Regulation to approve AdventHealth's CON application to develop 92 additional acute care beds. Approval of this project will expand access, enhance competition, and better protect the health and safety of Buncombe County residents and the surrounding region.

Sincerely,

Amanda Edwards
Chair, Buncombe County Board of Commissioners

Community Paramedic Programs

Community Paramedics	PORT	MCOT	MIH
24/7	24/7	M-F	M-F (Starts July 1)
Mix of General Funds and Opioid Settlement	Opioid Settlement	ARPA	United Healthcare Grant

Community Paramedics

- 24/7 overdose response and MOUD induction
- Daily MOUD dosing's/follow up support 7 days a week while bridging to provider
- Additional critical 911 call response – gun shots, cardiac arrests, trauma calls, behavioral health crisis etc
- Weekly outreach events focusing on marginalized communities
- Monthly training and education in life saving skills for providers and community members
- Specialty EMS response – ie Helene sheltering/community health needs
- In the field wound care services
  - Pending protocol approval to administer oral antibiotics in the field 24/7

Post Overdose Response (PORT) Team

- Direct peer support with 6 months of case management
  - Addressing all SDOH needs
  - Community Health Workers
  - Exploring Certified Alcohol and Drug Counselor certification
- Direct connection to provider care for long term MOUD
- Referral and warm handoff to treatment
- Direct connection to our Mental Health Clinicians
  - 1:1 therapy
  - Direct ADACT referrals within 24 hours
  - Community Outreach/on-demand therapeutic interventions
- Weekly outreach events for increased footprint

Mobile Community Outreach (MCOT) Team

- Medical Case Management/bridge to provider care
  - Serving the unhoused population
- M-F standing outreach events with community partners including downtown Asheville, Big Ivy, Black Mountain, and West Asheville.
- 911 response if necessary
- Monthly training and education in life saving skills for providers and community members
- Code Purple planning, coordination, and direct support via transportation and shelter medical services.
- Supply wound kits for the Jail, so that people leaving may receive supplies



Mobile Integrated Health (MIH) Team

- 24 month grant from United Healthcare
  - $700,000
  - 2 Community Paramedics staffed M-F
- Focused on aging in place, in home assessments and bridging to medical services within identified diagnoses
  - Referrals from Rural Health Providers and FQHC's
  - Referrals from 911 and EMS crews
- Rural Community Healthcare Transformation with decreased access to care
- Silver Tsunami – Unknown effects to our Community related to chronic disease and access/affordability to care
  - Addressing BC societal trends around rising burden of Chronic conditions and obesity



Achievements

1. Develop a Peer Support case management system
2. Create fast track pathways to acute and primary care service
3. Decrease weight of calls on 911 systems
4. 24/7 access to Buprenorphine
5. Host a weekly recovery support and connection group for participants
6. Multidisciplinary team development – cross trained
7. Enhance and prioritize long-term, consistent community partnerships
8. Building out behavioral health response through partnership with BCSD Co-Response Team, RHA, BHUC and ADATC detox/rehab center
9. Increase counseling services to at-risk populations
10. Provide low-barrier, evidenced-based wound care services in the community

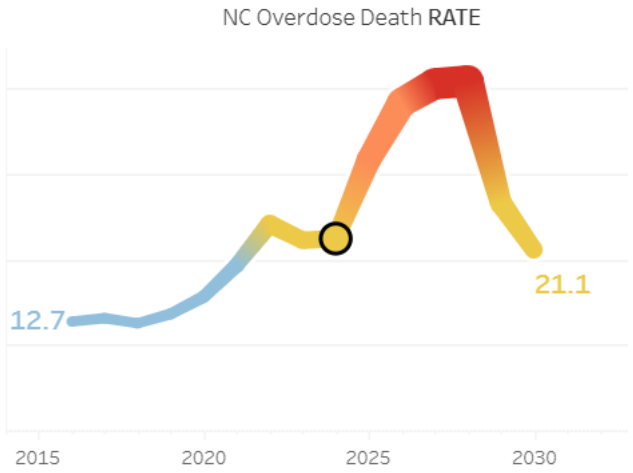
Response Data

Response Type	2023	2024	2025
Non-911 Transports	191	379	411
Total Calls Dispatched as Overdose	1166	1140	1055
Confirmed Opiate Overdoses	254	443	328
Suspected Drug Related DOA	102	88	57
MAT - Induction	163	224	265
MAT - Client Treatment	557	890	1339
Outside Agency Requests for Services	81	356	474
Community Request for Services	234	575	852
Total Responses	4202	4640	6031

NCDHHS Overdose Deaths 2025

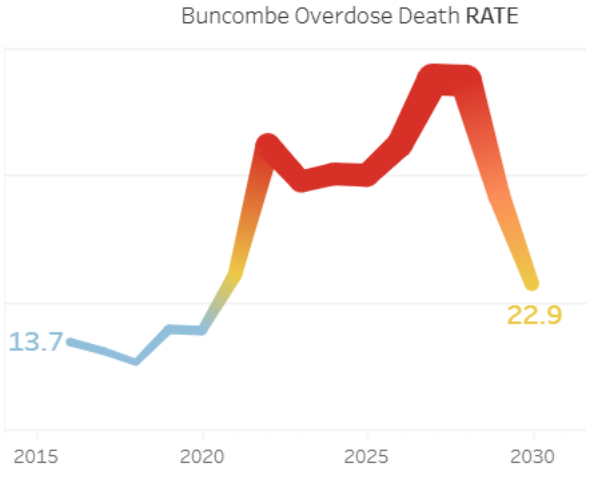
NC Overdose Deaths per 100,000 residents

- 21% decrease from 2024



Buncombe Overdose Deaths per 100,000 residents

- 38% decrease from 2024



What is our why?

“I feel like I have people in my corner and a team that helps me brainstorm for solutions to get the best plan of action, if I didn’t have you guys I’d still be out there alone.”

“I wouldn’t be alive without the PORT team. The PORT team saved my life. I was giving up hope.”

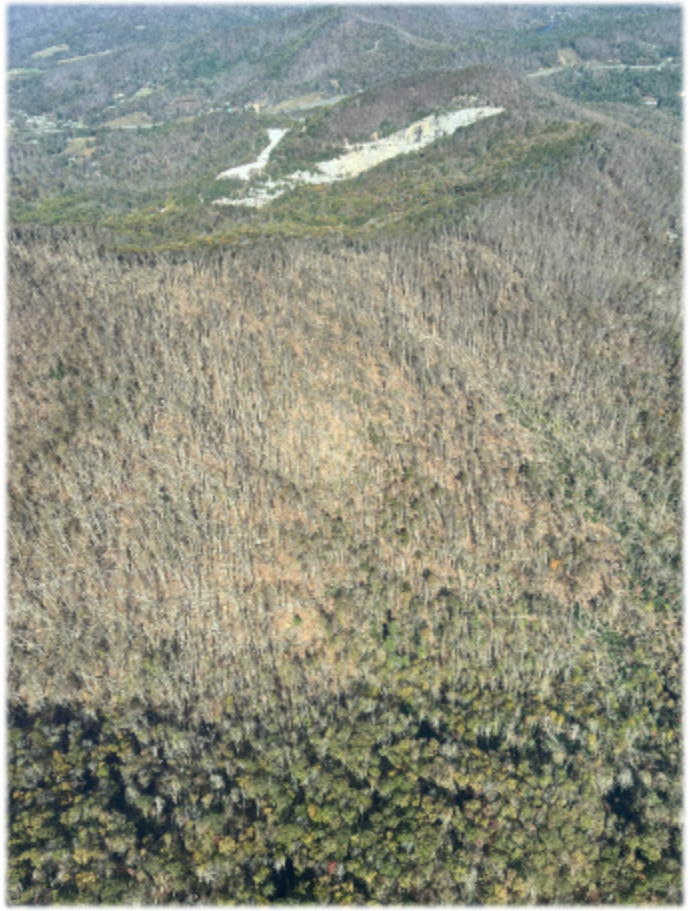
“Being part of your program has shown me that life is so much nicer living sober. I now have a job, got a girlfriend and it feels great!”

Questions?

WILDFIRE PREPAREDNESS & RESILIENCE IN BUNCOMBE COUNTY

Emergency Services

HELENE'S IMPACT ON FORESTS



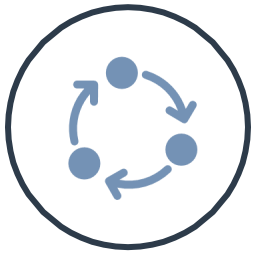
- 45,163 acres of severe forest damaged
- 16.9% of county forestland significantly impacted
- Increased fuel load
- Limited access
- **Result: Significant increase in wildfire fuel and risk**

OUR WILDFIRE STRATEGY



Prevention

Education, awareness, defensible space



Operations

Emergency response, coordination



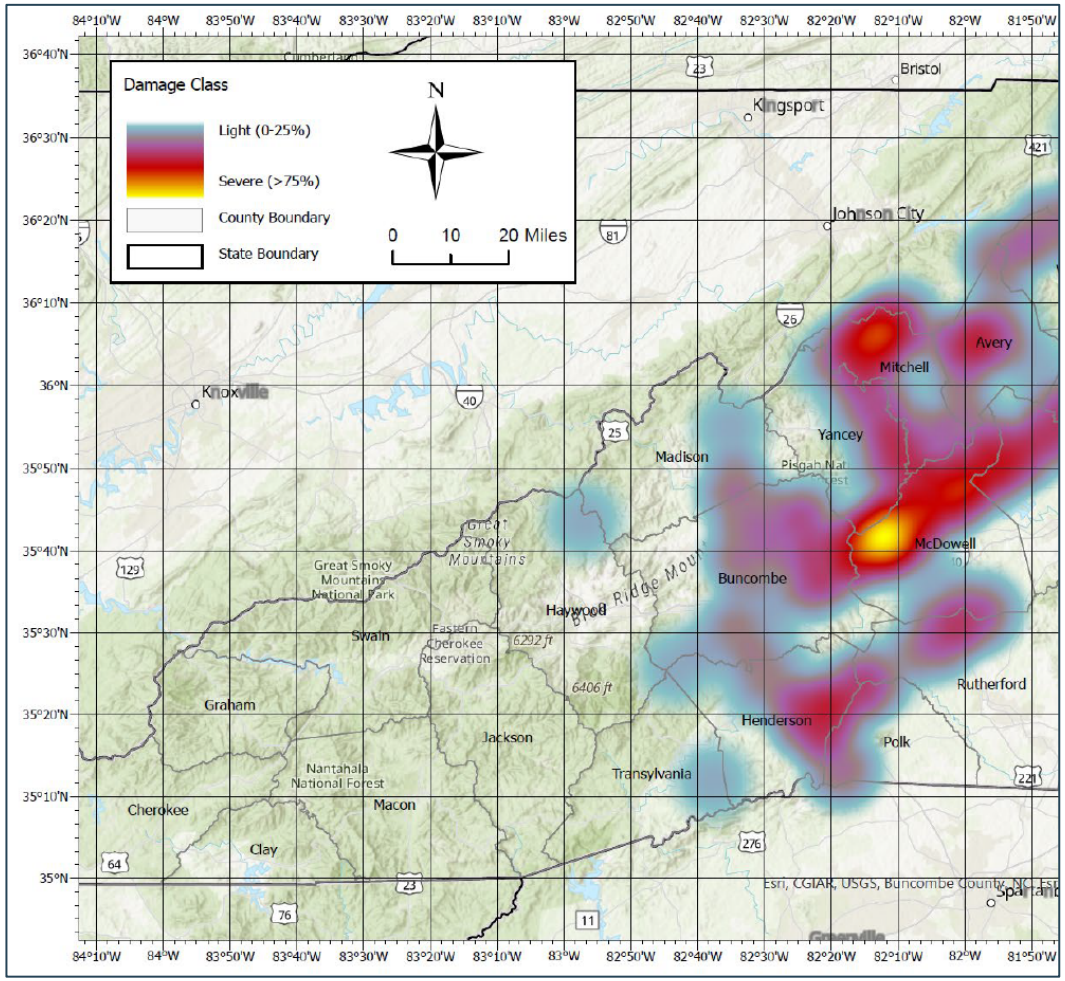
Projects & Mitigation

Long-term mitigation and resilience



PREVENTION

PREVENTION STRATEGY



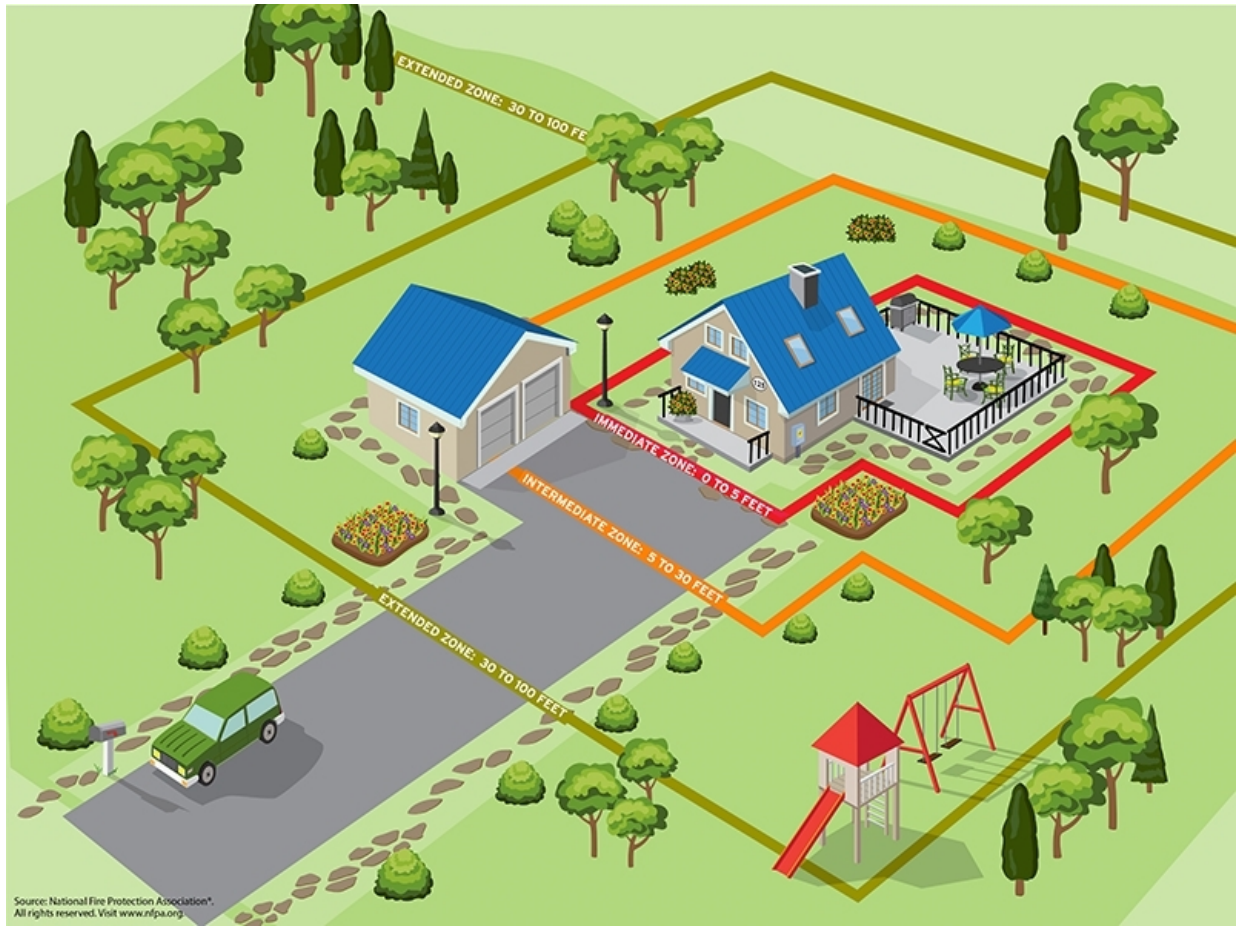
- Focus on reducing ignition risk
- Increase public awareness
- Increase public engagement and action
- Encourage behavior change

PREVENTION IN ACTION

- Social media campaigns (in development)
- Defensible space education
- Community outreach
- Partner coordination
  - Buncombe County Fire Departments
  - NC Forest Service
  - US Forest Service
- Prevention Projects



WHAT CAN YOU DO



- Up to 5 ft remove vegetation and install noncombustible ground cover materials such as rock, stone, gravel, or pavers.
- 5 to 30 ft Use noncombustible or low-fire-risk ground covers to interrupt the potential path of an oncoming fire.
- 30 to 100ft Remove excess vegetation, plant only vegetation that is selected and spaced to reduce the risk of wildfire. Use noncombustible or low-fire-risk ground covers to interrupt the potential path of an oncoming fire.

FIRE RISK GROUND COVER

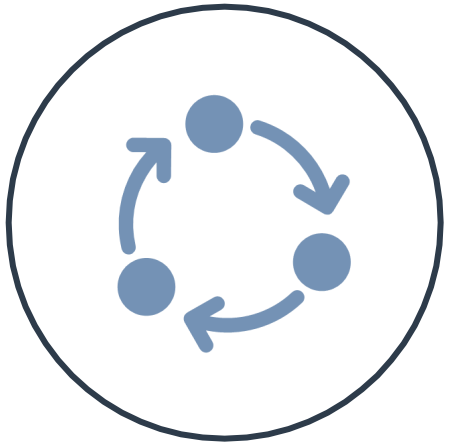
LOW RISK

- Live trimmed grass
- Impatiens
- Sumac
- Flowering Dogwood
- Eastern Redbud

HIGH RISK

- Pine Straw
- Virgina Creeper
- Laurel
- Rhododendron
- Holly

Fire-Resistant Landscaping in North Carolina
NC State Extension



OPERATIONS

OPERATIONAL CHALLENGES

- Increased fuel load across county
- Limited access due to debris
- Resource demands for extended incidents
- Need for continued coordination and training

WILDLAND TASK FORCE

BUNCOMBE COUNTY FIRE CHIEFS' ASSOCIATION

WILDLAND and STRUCTURAL PROTECTION TASK FORCE POLICY

Incident Region	EOC Staffing
North	West (On Call, rostered by West Buncombe)
South	East (Swannanoa or Black Mountain)
West	North (Weaverville or Reems Creek)
East	South (Skyland or Fairview)

Wildland Task Force Assignments

	Manpower Requirement	North	South	West	East
Brush Truck	2	Reems Creek Jupiter	Reynolds Asheville B11	Leicester Upper Hominy	Asheville B8 Riceville
Tanker	1	Barnardsville	Garren Creek	French Broad	Broad River
Chief	1	Weaverville (Pri) Reems Creek (Alt)	Skyland (Pri) Fairview (Alt)	Enka (Pri) W. Buncombe (Alt)	Black Mountain (Pri) Swannanoa (Alt)
Hand crew	3	Weaverville Woodfin	Skyland Fairview	W. Buncombe Enka	Black Mountain Swannanoa

Structural Protection Task Force Assignments

	Manpower Requirement	North	South	West	East
Engine	3	Weaverville Woodfin	Fairview Skyland	West Buncombe Enka	Black Mountain Swannanoa
Tanker	1	Barnardsville	Garren Creek	French Broad	Broad River
Chief	1	Weaverville (Pri) Reems Creek (Alt)	Skyland (Pri) Fairview (Alt)	Enka (Pri) W. Buncombe (Alt)	Black Mountain (Pri) Swannanoa (Alt)
Brush Truck	2	Reems Creek Jupiter	Reynolds Asheville B11	Upper Hominy Leicester	Asheville B8 Riceville

- Implemented by Buncombe County Fire Chiefs' Association
- County divided into operational regions
- Predefined response structure for rapid wildfire deployment
- Resources assigned by region for rapid deployment



PROJECTS

PROJECT: OPERATIONAL COORDINATION & RESOURCE MGMT.

What It Is

- Systems to coordinate response resources (including WebEOC)

Benefits

- Faster, more efficient wildfire response
- Better situational awareness



What We're Doing

- Improving resource tracking and deployment
- Enhancing coordination between agencies

What's Next

- Continue WebEOC training with Fire Departments
- Utilize County information to inform response decisions

PROJECT: WILDFIRE RISK ASSESSMENT-DATABASE

What It Is

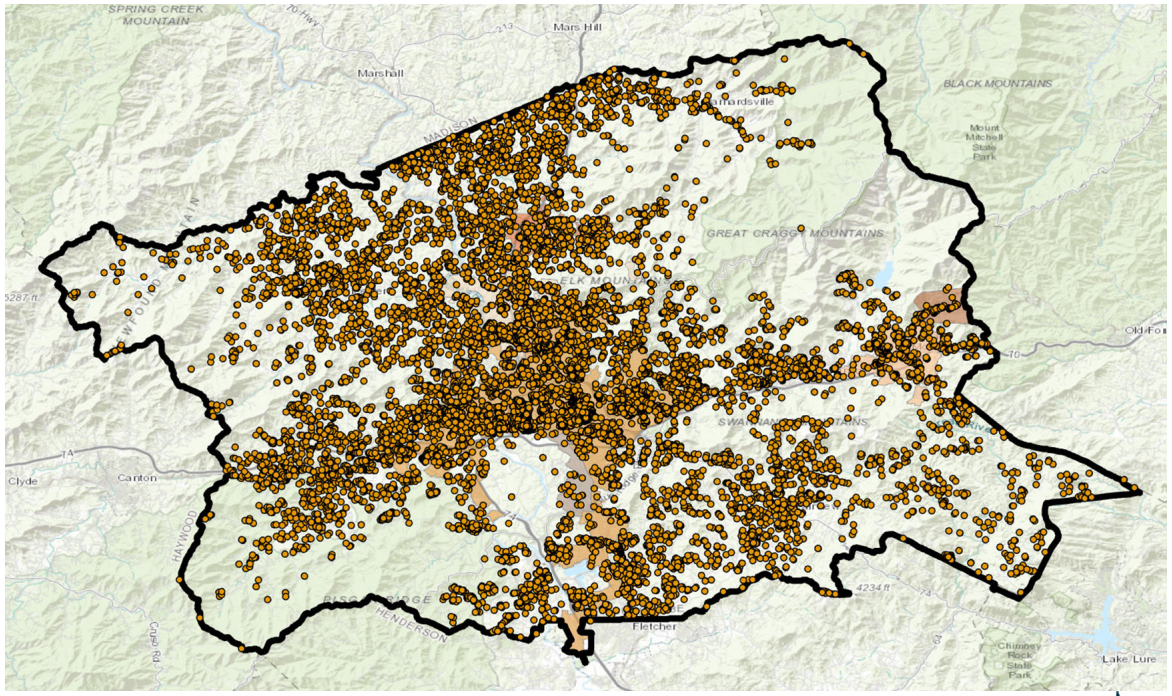
- Identifying wildfire-prone areas post-Helene

Benefits

- Better targeting of mitigation efforts
- Improved preparedness

What We're Doing

- Incorporating new fuel load conditions
- Updating planning assumptions



What's Next

- Utilize HMGP Funding to support assessments and technology
- Providing current data to community with additional staff resources

PROJECT: COMMUNITY WILDFIRE RISK REDUCTION

What It Is

- Public awareness and prevention campaign

Benefits

- Reduced ignition risk
- Increased community preparedness

What We're Doing

- Social media campaigns
- Defensible space education and risk reduction

What's Next

- Requested HMGP funding to support all hazards CRR
- Begin the wildland CRR with public and community partners



PROJECT: COMMUNITY WILDFIRE PROTECTION PLANS

What It Is

- A comprehensive plan coordinated with the NC Forest Service.

Benefits

- Identifies risk at the district level
- Provides strategies for response and mitigation

What We're Doing

- Swannanoa and Barnardsville Fire Districts are Complete
- Requesting HMGP for additional district assessments

What's Next

- Utilize the plans already developed to enhance response and education
- If funding is not available through HMGP utilize staff to complete additional plans

PROJECT: WEATHER, WILDFIRE AND LANDSLIDE MONITORING

What It Is

- Weather, wildfire and landslide monitoring equipment at 36 locations on tower sites and fire stations

Benefits

- Provides situational awareness in all topographical areas
- Provides enhanced response with earlier notification



What We're Doing

- Partnership with other counties to identify funding resources for camera systems
- Requesting HMGP for 36 monitoring sites

What's Next

- Continue to seek alternate funding with partner agencies
- If alternate funding is unavailable seek capital investment

PROJECT: AI WILDFIRE DETECTION & CAMERA NETWORK

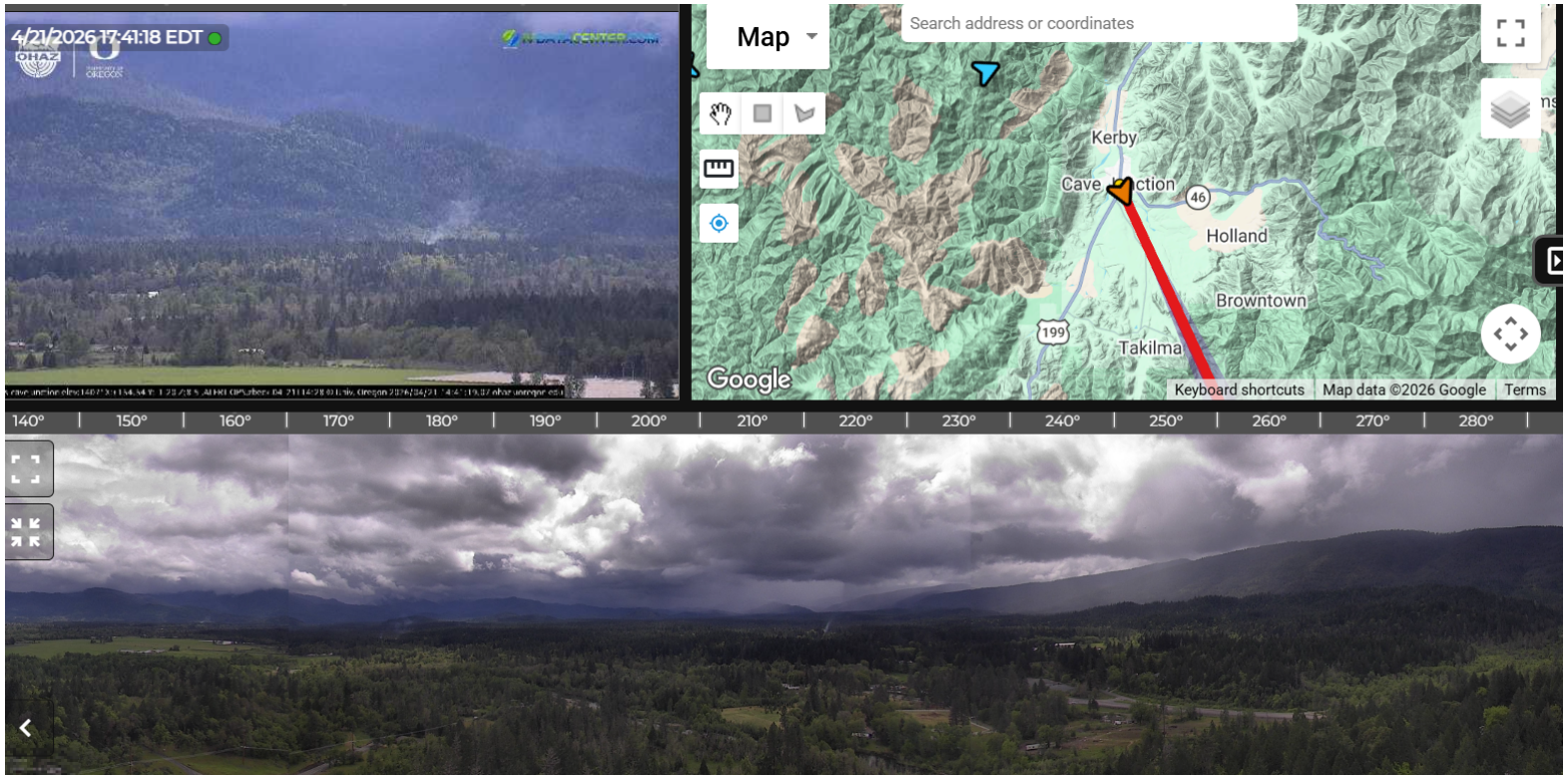


Photo property of ALERTCalifornia | UC San Diego

What It Is

- Network of mountaintop cameras with AI smoke detection
- Early wildfire detection and situational awareness system
- Regional pilot with Buncombe, Henderson, and McDowell counties

PROJECT: READY SET GO EVACUATION PROGRAM

What It Is

- A nationally recognized program for evacuation preparedness and activation.

Benefits

- Regional all hazards evacuation planning
- Consistent planning and activation



What We're Doing

- Coordinating with State agencies to develop common operating plan
- Coordinating with other Counties to have consistent mapping and coordination

What's Next

- Continue to coordinate with other Counties and State
- Implementation of Ready Set Go in Buncombe County

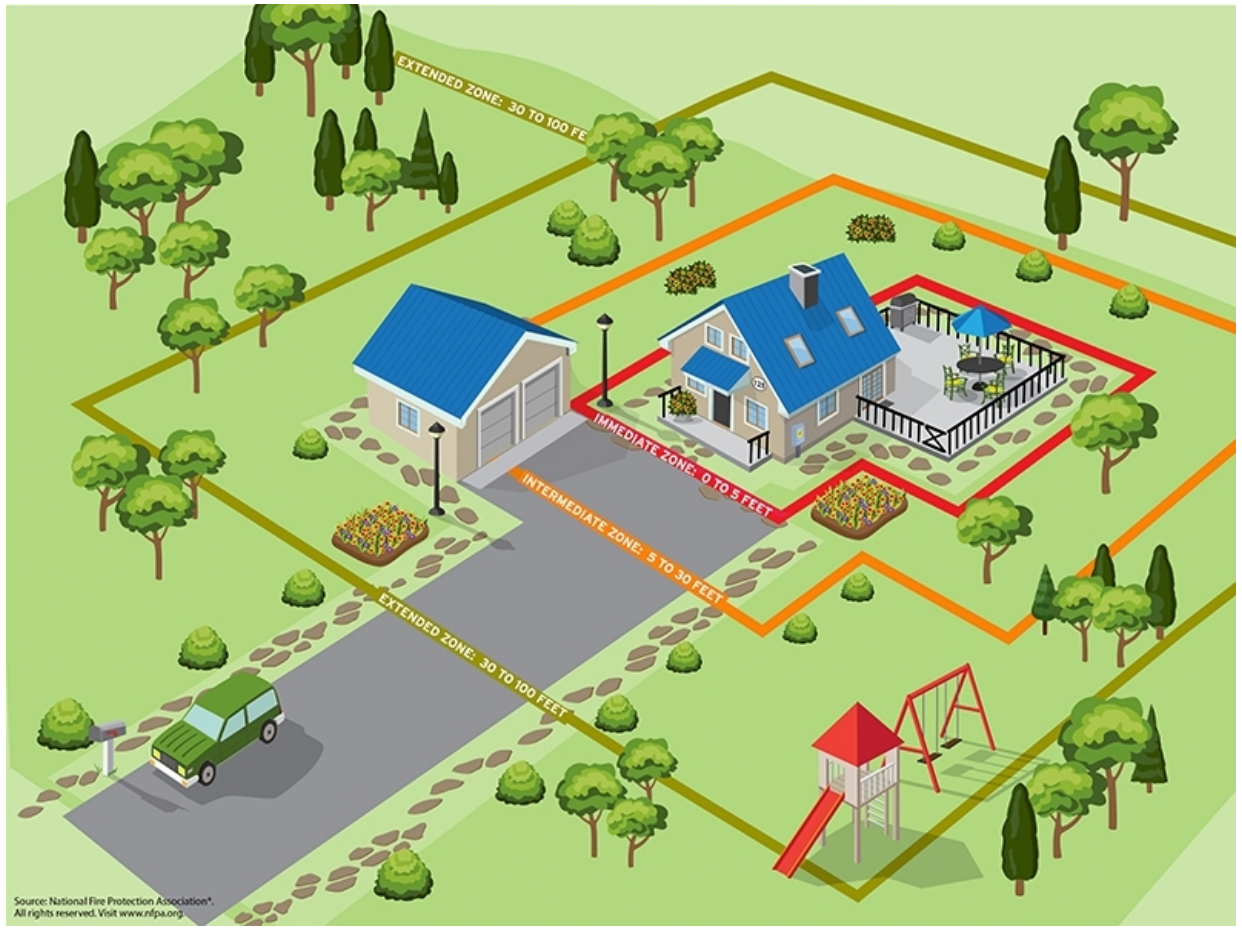
KEY TAKEAWAYS



Party Rock Fire Progression 2016

- Wildfire risk has increased post-Helene
- Severe drought creates significant risk
- Community is engaged and concerned
- Continue to respond through:
  - Prevention
  - Preparedness
  - Operations
  - Resiliency Projects
- Continue to invest in reducing and responding to wildfire risk

Questions



- Create A Defensible Space
- Remove Dead Vegetation
- Have an Evacuation Plan
- Maintain Awareness

- Wildfire Safety is a Community Solution

Unified Fire Tax Funding

Rafael Baptista

Strategy & Innovation

FY2027 Unified Fire Tax District Funding Methodology

- Provided 7.7% increases to salary budgets
- Funded benefit requests except those related to unfunded new positions
- Funded some additional positions for safety purposes
- Funded requested debt service
- Funded capital pay-go where fiscally responsible
- Not funding reserve contributions

FY2027 Unified Fire Tax District Funding

	FY26 Fire System Budget	FY27 "Revenue Neutral"	FY27 Requested	FY27 Proposed
Estimated Revenue	$49,355,715	$52,157,077	$74,117,268	$62,977,963
Tax Rate Needed	13.24¢	9.19¢	14.37¢	11.73¢

- FY27 request drivers – salary & benefit increases, capital needs
- FY27 proposed budget is a 28% increase over FY26 budget

Includes property tax and sales tax revenues

Action since last budget work session

- Provided each fire department opportunity to meet with County Staff regarding their budget
  - County staff met with the 10 departments that requested to meet
  - 8 other departments confirmed no request to meet
  - 1 department did not respond

Next Steps

- May 5th Commissioner Regular Meeting – Presentation of County Manager's Recommended Budget
- May 19th Commissioner Regular Meeting – Budget Public Hearing
- June 2nd Commissioner Regular Meeting – Budget Adoption
- July – October: Work with Fire Departments on updated long-range financial plan and budget process for Unified Fire Tax District