



# **SHARING BEST PRACTICES: A Partner Approach to Addressing Substance Abuse**

**July 27, 2009  
Johnson City, Tennessee**

**Report prepared by**

**East Tennessee State University's  
Office of Rural and Community Health and  
Community Partnerships**

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### **With collaboration by**

Appalachian Rural Health Advisory Council of the ARC

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### **This report was prepared by**

Kristine Harper Bowers with help from Soundietta Neal  
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For further information contact  
Bruce Behringer 423.439.7809 [behringe@etsu.edu](mailto:behringe@etsu.edu)



## CONFERENCE SUMMARY

### Sharing Best Practices: A Partner Approach to Addressing Substance Abuse in Appalachia

#### Introduction

Grantees from the [Appalachian Regional Commission's](#) (ARC) 2008 substance abuse competition highlighted their best practice projects to address substance abuse in the region at a day-long conference July 27, 2009 at the Carnegie Hotel in Johnson City, Tennessee. Representatives from nearly every state in the Appalachian region and 3 federal agencies heard reports of 10 grantees from the ARC's 2008 round of substance abuse grants. The confluence of 3 agencies with the ability to make an impact on substance abuse issues in the region created pledges to continue future collaboration for joint attention to this important health threat.

In April of 2008 representatives of the [Office of Rural Health Policy](#) (ORHP) and the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) came together to identify and describe funding mechanisms available to help communities address issues of substance abuse in Appalachia. Each agency promised an avenue of support: The ARC would award competitive grants for substance abuse projects; the ORHP would host a conference of best practices involving those grantees; SAMHSA offered to bring together the Single State Authorities for each state containing designated Appalachian counties to discuss issues of mutual concern on the topic.

The first round of nine ARC substance abuse grants was awarded in the fall of 2008. A subsequent series of grants will be awarded in 2009. SAMHSA convened the Single State Authorities in August of 2008 prior to the annual State Systems Development Conference. Representatives from each state met for half a day to hear from ARC, ORHP and other regional organizations like the Coalition on Appalachian Substance Abuse Policy. The July 2009 conference funded by the ORHP was the third leg of the partnership agreement - highlighting the best practices exemplified by the ARC 2008 competitive awards for substance abuse.

**“Substance abuse in Appalachia is distinct in nature; its culture sets it apart.”**

Nicholas Reuter, Senior Public Health Analyst, Substance Abuse and Mental Health Services Administration

The objectives of the conference were to

- Collect comparable data on participating communities' strategies in response to substance abuse, including themes and strengths
- Engage participating community organizations in the exchange of information for mutual benefit and potential shared resources

- Foster communication among participating federal agencies by demonstrating cooperative approaches to substance abuse in Appalachia
- Determine the strength of altering perceptions of approaches to substance abuse in Appalachia

This conference had high expectations for useable outcomes voiced by an outstanding caliber of grantee presenters. Organized into a series of 3 panels moderated by members of the ARC’s Appalachian Health Policy Advisory Council and interwoven with presentations from the three federal agencies, the proceedings provided opportunities for cross pollination of ideas and information. In his welcoming remarks, Tom Morris, Associate

**“What’s changing Appalachia are communities getting ready to change its problems.”**  
 Henry King, Ph.D. Director of Program Operations, Appalachian Regional Commission

Administrator with the Human Resource and Services Administration’s Office of Rural Health Policy, said that social context is important to rural communities in different ways. Henry King, Director of Program Operations for the ARC, greeted attendees with background on the origins of the conference.

Lisa Davis, Director of the Pennsylvania Office of Rural Health, Susan Isaac, Senior Health Research Associate at Ohio University and Dr. John Dreyzehner, Director of the Cumberland Plateau Health District in southwestern Virginia moderated panels on Prevention Strategies with At-Risk Populations, Community Education, and Training and Assessment. Eric Stockton of the Appalachian Regional Commission piloted the speakers and panelists through the agenda. Dr. J. Edward Hill, Chair of the World Medical Association and Appalachian Health Policy Advisory Council member provided summary remarks. The Nakamoto Group, Inc. ensured conference planning and logistical support for the day.

Michael Meit, Co-Director of the Walsh Center for Rural Health Analysis, presented region-specific data from the 2007 National Opinion Research Center’s Analysis of the Substance Abuse and Mental Health Disparities in the Appalachian Region. Nicholas Reuter, Senior Public Health Analyst at SAMHSA responded with an update of data from SAMHSA’s 2008 Report on the 2007 National Survey on Drug Use and Health. The intensity of the prescription pain killer problem in coal-producing counties became especially evident with additional information from Meit that included map overlays and graphs of the severity of use and numbers of deaths.

As each of the grantees presented overviews of their projects, similar themes emerged which pointed to place-based problems and solutions, the necessity for networks of committed partners, and an enthusiasm for community-centered solutions. They also underscored the regional nature of the substance use and abuse problems throughout the mountains and across state lines. Grantee projects will be summarized in a Best Practices document. The following paragraphs will detail an analysis of themes, the presentations and connectivity among the grantees and agencies.

## Emerging Themes



Patterns that emerged from the panel and agencies presentations were based in the shared vision of partners joining together across disciplines to break cycles of addiction and abuse and to create new standards of care, service, expectation, and hope. The primary groupings that formed the basis for the panels were taken from apparent similarities in strategies for target populations. **Prevention Strategies with At-Risk Populations** addressed how 4 grantees use innovative ways to reduce drug use and increase protective assets for pregnant female addicts, children, at-risk and addicted youth, and adolescent girls. **Community Education** strategies were methods by which Kentucky and regional coalitions provide increased opportunities and awareness of drug use prevention in the form of mini-grants, prevention programs and clearinghouse functions, including a research journal on Appalachian health. **Training and Assessment** was a strategy that connected courts and addiction counselors, healthcare providers with new information on treatment and diversion, and incarcerated individuals with community resources.

Below are the expanded stated and implied themes gathered from the panel and agency presentations in post-conference analysis. Key themes from every presentation are the necessity for partnerships, use of multiple strategies, recognizing the cultural base within the national context, the importance of persistence and using programs that work.

### Conference Themes

<b>Partnerships</b>	Partnerships with like-minded organizations and community stakeholders are essential to creating the strength and depth necessary to deliver valid programs and sustain community acceptance.
<b>Multiple strategies</b>	Groups address substance abuse issues with more than one strategy, i.e. workforce training, service delivery, education, community participation, etc.
<b>Culture/place</b>	Place-based issues affect community perceptions of use and abuse of drugs as well as perceptions of effective measures to prevent substance use and abuse, deliver treatment and contribute to recovery. Generational drug use patterns and faith/religious issues are two examples.  <i>“Each community has a little different challenge and a little different empowerment method.” Susan Isaac</i>
<b>Appalachia within the national context</b>	Most substance abuse data are collected and reported at state or national levels. These data determine funding allocations and is used by the media when reporting national substance use trends. Data from Appalachian counties compared to national data puts local and regional problems in a national context.

<b>Programs that work</b>	Programs with a history of success incorporate innovative community-based methods and have evidence-based origins.
<b>Persistence</b>	Grantees have strong, long term partners with whom they work to accomplish goals and the endurance to stay the course.
<b>Cross border connections</b>	Grantees report substance abuse issues that cross county and state borders.  <i>"This is not a problem that recognizes borders." John Dreyzehner.</i>
<b>Data</b>	Grantees use national and state data but also find local data sources. Centralized data and consistency across data sets increases usability and reliability. Grantees seek out and use available data to establish clearly defined problems and solutions but would like to see more research on Appalachian issues. Better data is needed for assessment for planning (grant writing) and implementation (targeting populations and problems).
<b>Increased resources</b>	The pool of resources and support for prevention activities is enlarging through the efforts of the federal agencies and grantees' awareness of evidenced-based programs, data and research. However, more can be done.
<b>Reduced stigma/fear</b>	Grantees reported that fear of seeking treatment, social stigma, and apprehensions about self revelation were evident among users, treatment providers, and communities.
<b>Primary care prevention</b>	Grantees illustrated a need for more knowledge about substance abuse diagnosis and treatment by primary health care providers and the need for drug use prevention at early ages.
<b>Social and other infrastructure</b>	Grantees pointed to the importance of community and family support in prevention and the need for identifying and implementing mechanisms to increase involvement by law enforcement, courts, parents, and churches.

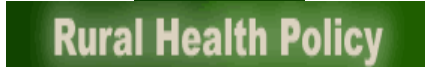
## Region-Wide Agency Themes

ORHP and SAMSA are federal agencies with nationwide programming. ARC is a federal-state partnership that encompasses the entire Appalachian region. The complementary approaches and strengths of the three agencies formed another thematic overlay of broad environmental strategies that work effectively to address substance abuse and encourage prevention and treatment partnerships. Each of the three agencies has clearly identifiable strengths and experience. Grantees recognized themes that were exemplified by the agencies' methods of connecting with people in meaningful ways: **Network development and service collaboration, Regionalism, Community coalition building** with additional emphases on community education or workforce training.



*Advocate for and partner with the people of Appalachia to create opportunities for self-sustaining economic development and improved quality of life*

**Regionalism** – The ARC was formed in the 1960s because of a national recognition of clearly identified regional social, economic and infrastructure deficiencies. The ARC, working with thirteen state governments, has been a national model in focusing attention and resources on regional multi-state problems and solutions. The image of the new interstate highways that opened the region for economic development and tourism are a metaphor for regional connectivity: roads crossed state lines, connecting people within the region to help goods, services and people connect outside the region. A regional focus is required to address substance abuse, the influences and results of which are not bounded by state lines.



*Promoting Better Health Care Service in Rural America*

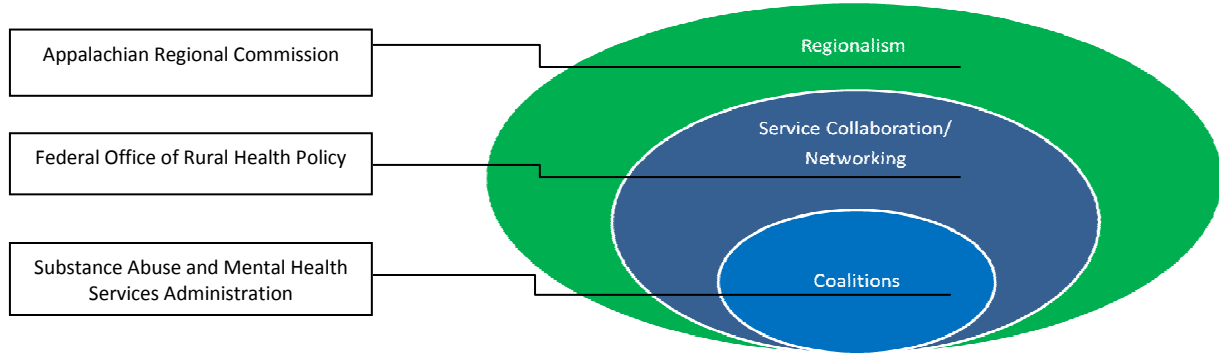
**Network development and service collaboration** - Since the mid-1980s, ORHP has funded hundreds of Rural Health Outreach and Rural Network Development grants that require different agencies and organizations, both governmental and non-governmental, to collaborate in addressing services gaps in rural areas. Collaboration is cultivated through a clear understanding of the assets and expertise of multiple organizations needed to address substance abuse. ORHP has led the nation in defining those rural values that promote collaboration, has helped rural regions identify the methods and steps needed to plan, implement and evaluate joint efforts, and has encouraged innovation in service delivery within a framework of limited resources.



*Building Resilience... Facilitating Recovery... A Life in the Community for Everyone*

**Community coalition development** – SAMHSA has consistently promoted community-based approaches to substance abuse prevention and treatment. Coalition development strategies through multiple SAMHSA grant initiatives have tested, revised and perfected the agency's Strategic Prevention Framework (SPF): community assessment, capacity development, planning, implementation and evaluation of prevention and treatment systems, within an understanding of the important cultural context of substance use. Community engagement is seen as pivotal in defining values and successful strategies. SAMHSA provides block grant funding to states for treatment and prevention and to regional service entities for technical support as well as funding for research, training, planning and targeted populations.

The schematic below illustrates the potential complementarity of the federal agencies' strategic strengths to help Appalachian communities with substance abuse issues.



### Grantee Best Practice Themes

Because the 10 featured grantees were chosen from a competitive field of 52 applicants, they are models of quality project ideas in the Appalachian region. The grantees displayed awareness of the regional perspective and addressed broad national problems within the Appalachian perspective. They demonstrated proven, systematic planning methods built on community-based risk and protective factors and the five SAMHSA-recommended strategic prevention framework principles: local needs assessments, building organizational and community capacity, focused plan development, effective implementation of community-based programs, policies and practices, and outcome evaluation.

**“We are searching for the keys that can turn the lock on the problems, assumptions, and attitudes in our communities, and in ourselves.”**  
 Susan Isaac, Senior Health Research Associate at the Voinovich School, Ohio University

Repeating the success of the ARC small challenge grant idea, April Stone and Sharon Hensley of the [Kentucky River Foothills Development Council](#) said their organization is dispersing mini-grants to other local community groups and providing evidenced-based training in schools. They feel the project has high probability of success because their communities have shown that they have been “good stewards” in the past.

Reinforcing local belief, national data report that the teen years are windows of high risk and susceptibility to drug use. [Morgan \(OH\) Behavioral Health Choices](#), the [Health Care Foundation of North Mississippi](#), [People Encouraging People of Eastern Kentucky](#) (PEP), and the [Rowan County \(Kentucky\) UNITE Coalition](#) mentioned youth as a target population.



Donna Loden of HealthWorks! in Tupelo, Mississippi introduced their regional program to give girls, ages 5-14, the tools to resist drugs with proven prevention techniques like comprehensive health education in a nurturing atmosphere. Elaine Shuster of Morgan Behavioral Health Choices presented the Life Skills program they are sponsoring for students in the county. Brenda Campbell of PEP showed some of the mountain arts at-risk youth will learn through local instructors in inclusive settings.

Dana Quesinberry of Rowan County which is providing community training for law enforcement and parents mentioned the stigma that attaches to seeking treatment in a rural area where everyone knows each other and addiction is seen as moral weakness. Drug use that may be the result of low self esteem was contrasted with use by persons who have legitimate prescriptions. The showcased programs promote hope and reduce fear of change by sharing what works across county and state borders and introducing multiple strategies for the same problems– workforce education, service delivery and education.

Workforce education is an important component of [Kentucky River Community Care’s \(KRCC\) Regional Prevention Center](#). Donna Hardin introduced Judy Martin as KRCC’s academic detailer and prevention specialist. Judy will deliver information among area physicians, dentists and pharmacists to strengthen collaboration and reduce prescription drug diversion by patients. Likewise Connie Payne of the [Kentucky Administration Office of Courts](#) spoke of the need to increase the number of treatment providers in the region by providing supervised certified alcohol and drug counselor training. [Steuben County Community Services’](#) Christina Pellegrino said their project will employ a full time re-entry case manager to assess, identify and coordinate services for released prisoners, linking addicts to appropriate community-based services.

Culture and place influences drug use and prevalence in the community. In the same way lack of community resources and inattention by primary care providers may stimulate drug use and increase its acceptance as a community norm. The [Charleston Area Medical Center Health Education and Research Institute](#) is educating clinic staff to provide early intervention and referrals for addicted pregnant women and working to collaborate with women in recovery through a multidiscipline task force said Denise Burgess. Fear of seeking treatment, access barriers to existing treatment options, and stigmatization of individuals or families echoed data presented by Michael Meit.

Dr. Randy Jessee of the [Coalition on Appalachian Substance Abuse Policy](#) (CASAP) reiterated the need for consistent local and regional data and analysis. CASAP will provide a clearinghouse website for Appalachian substance abuse topics and begin a peer-reviewed health journal.

Another presentation that illustrated the progress in selected counties funded by the ARC fir community-initiated response to substance abuse was made by the East Tennessee State [University’s Office of Rural and Community Health and Community Partnerships](#). ETSU assisted ARC to engage communities to redefine rural Appalachia’s substance abuse issues. From 2005 through 2008 concern over the dramatic rise in methamphetamine production and use led to the multi-stakeholder identification of regional issues at a 2005 workshop, which in turn became a conference on the topic.



Using a three-step process, twenty-six community multi-stakeholder teams from 6 Appalachian states explored the scope of regional drug problems, learned new skills and formulated community plans for addressing their problems in the community. Goals from plans developed by economically distressed communities were evaluated at one and two year intervals. A work group spawned from the conference analyzed progress of the communities and identified research questions. The group also synthesized a new community-driven definition of Appalachian substance abuse based on workshop and conference documents and data. Bruce Behringer and Kris Bowers of ETSU reviewed the progress of this process. Eleven of these grantees were present at the conference. This office is also developing community capacity building activities for substance abuse coalitions in 8 Tennessee counties identified as economically distressed.

## Survey of Conference Participants

**“Every community knows the challenges it faces.”**

Michael Meit, Co-Director, Walsh Center for Rural Health Analysis, National Opinion Research Center at the University of Chicago

During the conference day, attendees were asked to complete a survey. While results and opinions from the survey cannot be scientifically substantiated, they did reveal some common concerns that echoed those heard from the grantees and added to assumptions about

substance abuse in the Appalachian region. Not surprisingly over 90 percent reported some federal funding, many from multiple sources; more than 70 percent reported state funding.

Some survey questions were taken from remarks made by Appalachian governors in the past two year at ARC annual meetings. Attendees overwhelmingly agreed that **“substance abuse is a barrier to economic development”** and that **“substance abuse affects the quality of the workforce.”** Most were concerned that **“trafficking across county or state lines is a problem.”** They concurred that **“abuse of prescription drugs is a huge problem in the region,”** and that **“we must share approaches to fight the problem.”** Nearly all respondents believe that **“substance abuse is a threat to the health of the public,”** that it **“affects the community as much as the individual,”** and that it needs to be addressed ‘in place.’ Only half agreed that **“we have made tremendous progress.”** Almost a third were either neutral or disagreed that **“methamphetamine continues to be a significant issue.”** Over 70 percent felt that **“substance use and abuse is different in Appalachia.”**

Key partners were identified as connectors who share information, coordinate plans and sponsor joint activities around substance abuse issues in communities. These were mental health providers, law enforcement, schools, social services, other non-profits, and public health. Stakeholder groups or sectors not sharing as much information, resources, activities and plans were parents, recreation and environmental services, business, industry and the media. Medical providers, faith organizations, youth, and the courts are a second tier of support.

Respondents described the nature of substance abuse perceived in their communities. The most common indicators of problems at the local level were data from legal system reports

(probation, arrests, conviction, etc.), overdose deaths, data from youth behavior surveys, and increases in children referred to foster care or children and family services.

While alcohol ranked as the most commonly abused substance, prescription drugs were the most pressing problem. Methamphetamine and marijuana were also mentioned. Forming community partnerships and coalitions within their local communities were the primary ways respondents said that they were addressing the issues among partners with similar or common goals. A good relationship with schools was cited as a primary facilitating partnership. Limited resources and money, limited information, negative community perceptions and denial were identified as barriers to partnership formation or effective working relationships. Respondents said they wanted better relationships with the faith community and local government. The enthusiasm and persistence with which the grantees identified problems with place-based causes, focused on clear goals, and dedicated local resources inspired other attendees to take home ideas for dealing with regional and local issues of substance abuse.

**“The key is passionate individuals who are committed to the work they are doing to put those programs into place.”**

Lisa Davis, Director, Pennsylvania Office of Rural Health

## Recommendations

Based on themes and comments from the survey and presenters, opportunities for increasing more sophisticated regional data and cross border collaboration, enlarging available resources, and sharing ideas for “programs that work” would enhance Appalachian communities’ ability to effect long lasting change. One participant remarked that exploring ways to build the “social capital and political will to join hands” would help to make that change a reality.

Specific recommendations:

- Primary care should become more integrated with substance abuse and mental health treatment, including encouragement of wider use of SBIRT techniques (screening, brief intervention, and referral to treatment), incorporating it into physician and residency training, use of prescription monitoring systems, and repeal of laws that perpetuate fear of seeking prenatal care.
- Community level needs must be met at the community level. Social context is an important factor in designing appropriate prevention approaches, as is partnership among all community stakeholders. Rural communities are diverse, as are their available resources and their ability and willingness to address a substance use as a community issue.
- Regional, state and county level data, including prescribing and criminal justice data, are important to collect and use.
- Substance abuse treatment should consider continuity with recovery services and co-occurring mental health issues.
- A “set aside” for Appalachian research and community capacity expansion should be a priority.
- Increased sensitivity to regional cultural issues that influence use of health and substance abuse care could help to better recognize and address stigma and fear of seeking treatment.

- Finally Appalachian states should share information about what works and coordinate policies and strategies, especially for border counties.

## **Conclusion**

Dr. J. Edward Hill wrapped up by encouraging participants to think of the impact of their work on jobs, infrastructure and education. This conference was an example of how federal agencies can come together to address substance abuse prevention, to define a regional approach and to increase knowledge about reliable programs and strategies used by community organizations to prevent or mitigate substance abuse in Appalachia particularly in rural areas. The conference brought together local grantees with federal agencies and interested individuals to share strategies, discuss common issues, set precedence for continued inter-agency cooperation and disseminate useful and useable ways to address common problems with uncommon solutions.

## **Attachments:**

Conference Agenda, with imbedded links  
Synopsis of Grantee Projects with themes  
Conference participants