



# OFFICE OF NATIONAL DRUG CONTROL POLICY

Rural Faith Leaders Workshop: Empowering Faith Leaders to  
Help Persons with Substance Use Disorder

We will begin promptly at 1:00 pm EST

Technical difficulties please visit the Zoom Help Center at [support.zoom.us](https://support.zoom.us)

OFFICE OF NATIONAL DRUG CONTROL POLICY

December 8, 2020



**Erin L. Winstanley, Ph.D.**

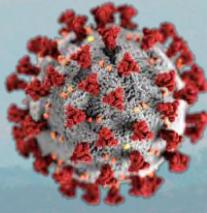
Dr. Winstanley is the Vice Chair of Research and an Associate Professor at West Virginia University, Department of Behavioral Medicine and Psychiatry. Dr. Winstanley received her doctoral degree from The Johns Hopkins Bloomberg School of Public Health and she has over 20 years of experience as a behavioral health services researcher. She is a Board Member of the College on the Problems of Drug Dependence, a professional association of addiction scientists, and she is Co-Chair of the Rural Special Interest Group of the National Institute on Drug Abuse's (NIDA) Clinical Trials Network (CTN). Her current research is focused on reducing the morbidity and mortality associated with the overdose epidemic, as well as the use of technology to improve access and quality of behavioral health services.

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# The Intersection of the Overdose Epidemic & COVID-19 in Rural America

Rural Faith Leaders Workshop: Empowering Faith Leaders to Help Persons with Substance Use Disorder  
December 8, 2020



**Erin L. Winstanley, Ph.D.**

*Associate Professor & Vice Chair of Research*

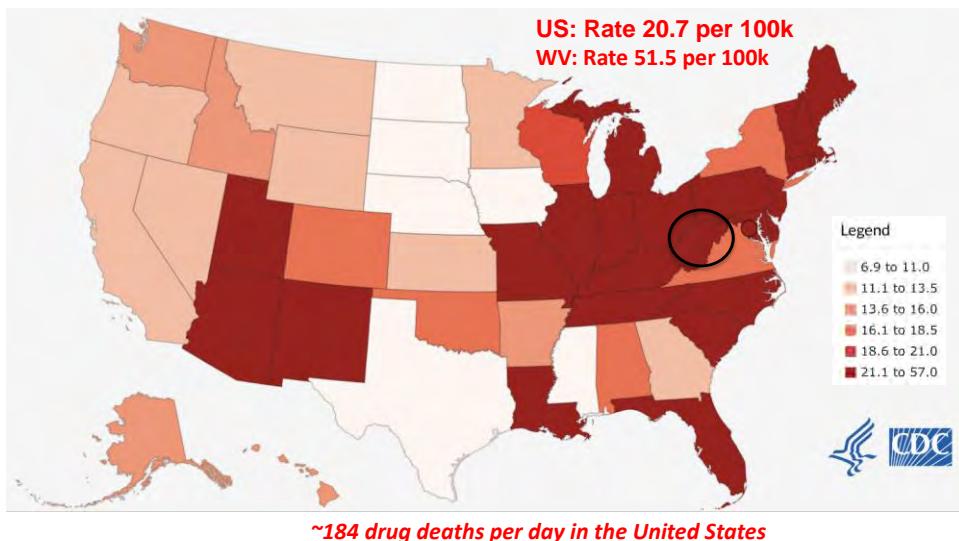
*West Virginia University, Department Behavioral Medicine & Psychiatry*

## Introduction

- Overdose deaths are disproportionately higher in rural areas & preliminary data suggests that during the COVID-19 pandemic:
  - ↑ Drug use
  - ↑ Overdoses (non-fatal & fatal)
- Data from early in the pandemic (Feb.-June 2020) found that COVID-19 deaths were lower in rural areas:
  - Geographic isolation may reduce risk of exposure
  - Lower population density
- BUT .... there may be lower rates of COVID-19 testing in rural areas and rural areas be may be more vulnerable due to:
  - 1) Older populations
  - 2) Higher prevalence of chronic health conditions
  - 3) Decreased access to health care

SOURCES: Karim & Chen (2020) *Journal of Rural Health*; Stack et al. (2020) *Journal of Addiction Medicine*; Souch & Cossman (2020) *Journal of Rural Health*

# Overdose Deaths, 2018



SOURCE: <https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2018.html>

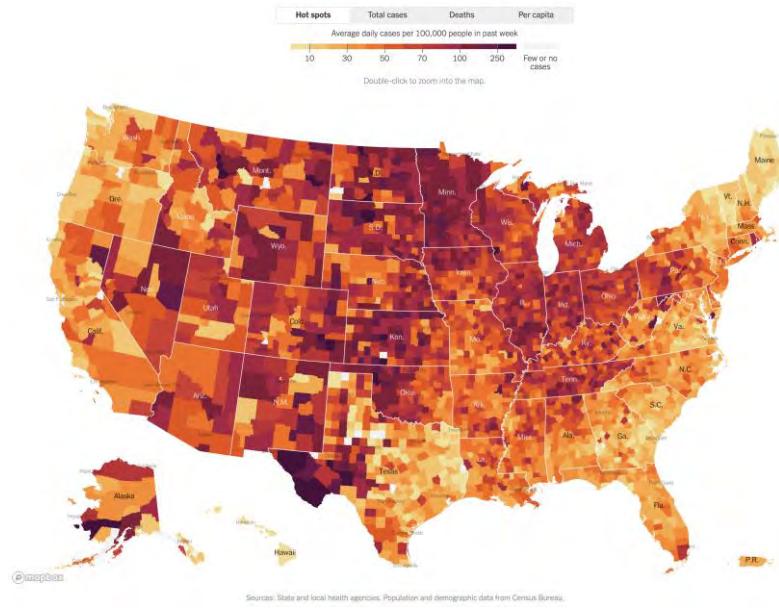


## Overlapping Mechanisms

- COVID-19 is caused by severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2)
- Drug use may compromise lung function:
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Chronic lung disease is associated with increased risk of opioid-related death
- Drug use may impair the immune system and/or cause neuroinflammation which in turn could decrease efficacy of COVID-19 vaccines
- The hallmark symptom of an opioid-related overdose is decreased respiration

SOURCES: Volkow (2020) *Annals of Internal Medicine*; Leece et al. (2015) *Journal of Substance Abuse Treatment*; Wei & Shah (2020) *Pharmaceuticals*

## NY Times: COVID-19 Hotspots



## SUDs & COVID-19

- Patients with substance use disorders (SUDs) are 8.7 times more likely to be infected with COVID-19
  - Even higher (10.2x) for patients with opioid use disorder (OUD)
  - Higher risk (2.2x) for African Americans
- Patients with SUDs + COVID-19 have worse outcomes

	No SUD	Caucasians with SUDs	African Americans with SUDs
Death	6.6%	8.6%	13.0%
Hospitalization	30.1%	35.2%	50.7%

SOURCE: Wang et al. (2020) *Molecular Psychiatry*

# Mortality Risk Factors

## Substance Use Disorders:

- Male sex
- Relapse after period of abstinence
- Using drugs alone
- Not receiving medications for opioid use disorder (MOUD)
- Chronic respiratory disease

## COVID-19:

- Male sex
- Older age
- Tobacco use
- Obesity
- Co-occurring chronic health conditions:
  - Hypertension
  - Diabetes
  - Cardiovascular disease
  - COPD
  - Chronic lung disease

**Racial, economic & social disparities**

SOURCES: Jenkins et al. (2020) *Journal of Rural Health*; Noor & Islam (2020) *Journal of Community Health*

## Health Care in Rural Areas

- Rural residents have less access to health care:
  - Fewer hospital beds, in particular ICU beds
  - Fewer addiction treatment programs & Syringe Exchange Programs
- Rural residents may be less likely to use preventative services
- Less access to broadband, which limits use of telehealth
- Due to stigma, individuals with SUDs may be reluctant to seek health care
- COVID-19 has caused reductions (or cessation) in SUDs services in rural areas:
  - MOUD regulations require frequent in-person visits

SOURCES: Peters (2020) *Journal of Rural Health*; Karim & Chen (2020) *Journal of Rural Health*; Murphy et al. (2020) *Journal of Substance Abuse Treatment*; Ostrach et al. (2020) *Journal of Rural Health*



## Vulnerable Populations

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The human suffering  
due to the overdose  
epidemic is poorly  
characterized by  
statistics

# Compassion Fatigue

- Compassion fatigue (CF) is a reduction in empathy or distress that results from exposure to traumatic events
- Overdoses are traumatic events whether directly witnessed or indirectly
- High rates of overdoses & low access to addiction treatment may increase community-level CF in rural areas
- COVID-19 may exacerbate CF in rural areas hardest hit by the overdose epidemic, particularly among behavioral health care providers

SOURCE: Winstanley (2020) *International Journal of Drug Policy*



Claudia La Bianca's mural  
on Jackson Memorial  
Hospital

*Build community resilience*

# Future Considerations

- The long-term economic consequences of the COVID-19 pandemic could be worse in rural communities:
  - Higher unemployment
  - Fewer social services
  - Exacerbate risk of poor mental health & drug use
- Need to extend emergency regulations regarding telehealth:
  - Allowing patients to receive phone-based treatment in their homes (not just video-based telehealth)
- Consider novel low-threshold models to deliver care in rural areas
- Integrate programming to reduce drug-related harms & transmission of COVID-19
- Community resilience may be higher in rural areas, in part due to religious organizations

SOURCES: Cutter et al. (2016) *Annals of the American Association of Geographers*; Winstanley et al. (2020) *Journal of Addiction Medicine*



## What You Can Do

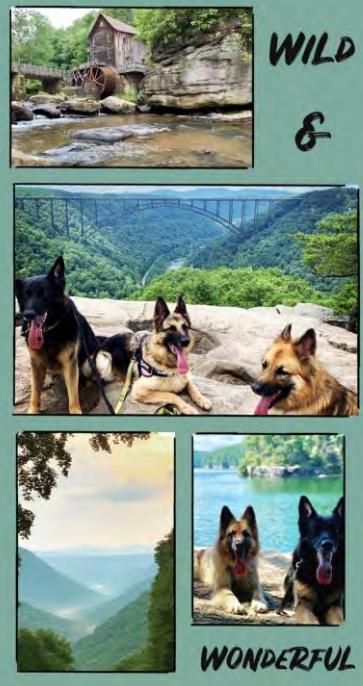
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- Recognize vulnerable individuals in your community:
    - Individuals struggling with SUDs (actively using drugs or those working to sustain long-term recovery)
    - Their family members & friends
    - Clinicians & other service providers
  - Provide non-judgmental support & work to reduce stigma
  - Consider integrating enhanced outreach services during these extraordinary times
  - Facilitate coordination of services to reduce overdose deaths & prevent COVID-19 transmission

# THANK YOU!

## Contact Information:

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 Psychiatry  
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@DrEWinstanley #AODtxWorks  
#StopODdeaths #REFUSEstigma



WILD  
&



WONDERFUL



**Vanessa Lominac Haste, J.D.**

Vanessa Lominac Haste joined Fahe in 2019 as the Program Manager to develop and implement Kentucky Access to Recovery (KATR). Within her first year at Fahe, Vanessa coordinated the opening and staffing of three offices in Boone, Jefferson, and Letcher counties serving fifteen Kentucky counties. Vanessa managed \$3.66 million in KATR's first year and will manage \$2.4 million in KATR's second year. Before joining Fahe, Vanessa spent thirteen years operating her own legal practice with offices in southern and central Kentucky. Vanessa also served as the first female Assistant Commonwealth Attorney for Knox and Laurel County, Kentucky. The majority of her professional life has been spent working with clients, families, and children involved in the addiction crisis.





Years of Service  
40  
**fahe**  
*is building the  
American Dream.*

ONDCP Rural Faith Based Workshop



**fahe**  
*Strength in Numbers*

## How Fahe Works

Fahe is a backbone organization, financial intermediary, and CDFI founded 40 years ago by nonprofits comprising our original Membership.



Our mission is to lead a Network of Appalachian organizations to sustainable growth and measurable impact through a collective voice and provide access to capital that creates housing and promotes community development.



## How Fahe Works

Fahe supports local leaders in Appalachia so they can remain strong and vibrant, to ensure that everyone in their community has the chance to achieve the American Dream.

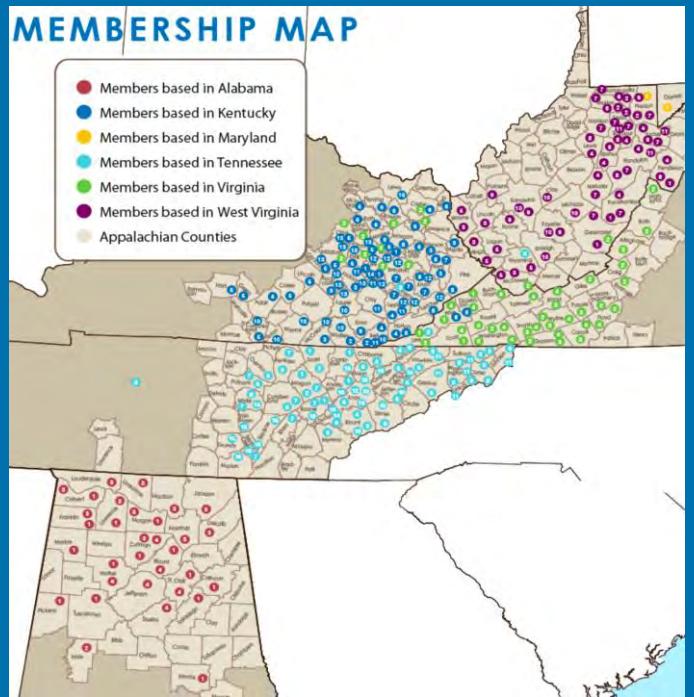
Fahe leverages our capacity and relationships to create access to regional and national level resources.

Since 1980, Fahe has invested **\$908M** generating **\$1.5B** in finance. This investment was channeled through our Members and community partners, directly changing the lives of **616,694 people**.



Fahe's **50+ Members** serve over 100 of the most underserved communities in the Appalachian region.

Last year, over 80,000 people were provided with economic opportunities through affordable housing and community development.





## Challenges in rural communities due to COVID-19 and how the pandemic has effected SUD programs/clients and the local economy.

- Lack of resources and technology.
- Decrease in treatment and increase in relapse.
- Challenges of staying connected.
- Workforce and economic impact.
- Hard work feels undermined.



### What did Fahe see in Rural Communities that prompted involvement in SUD programs and projects?

- Community Crisis & Personal Connections.
- Addiction crisis hinders evolution and investment in the region.
- Fahe can use our expertise and wheelhouse to be one piece of the solution.
- Observed a great need for treatment and recovery options as well as post-treatment support for individuals.





## Recovery Housing Projects

### Hickory Hill - Emmalena, Knott County, KY

Number of units - 68 efficiency units, two dorm rooms with 32 beds for a total of 100 beds.

Completed 2014



## Recovery Housing Projects

### Sky Hope - Somerset, Pulaski County, KY

Number of units: 68 efficiency units, two dorm rooms with 32 beds for a total of 100 beds.

Completed 2018





# Recovery Housing Projects

# **Odyssey House - Neon, KY**

This three apartment complex can house 16 men in a transitional setting after they have completed a recovery program.

There are plans to open an outpatient treatment office on the first floor.



## Recovery Task Force & Member Working Group

In 2018, Fahe convened a Recovery Task Force, funded by an Appalachian Regional Commission POWER Grant, and the focus area was primarily eastern Kentucky counties.

When the ARC funding ended, Fahe developed a **Member Working Group** to continue engaging with Members around recovery solutions, and the Working Group has begun to connect with Fahe Members in other states.

The Member Working Group connects members of the Fahe Network engaging in recovery housing And other support around recovery in their communities.



*Figure 1: Recovery Task Force Focus Area*



## KENTUCKY ACCESS TO RECOVERY (KATR)

**KENTUCKY ACCESS TO RECOVERY (KATR)** is a pilot, KORE funded program. The KATR contract was awarded to Fahe in April 2019.

In the first year of operations, the KATR program served 1,253 clients and administered over \$1 million dollars for KATR client services.



KATR is a program to help men and women recovering from opioid addiction. Services are free to low income adults in eligible service areas who are currently in treatment or early stages of recovery (2 years or less).



## KENTUCKY ACCESS TO RECOVERY (KATR)

The KATR program serves 15 Kentucky counties, including:

- Boone
- Knott
- Bullitt
- Letcher
- Campbell
- Oldham
- Gallatin
- Perry
- Grant
- Pike
- Harlan
- Shelby
- Jefferson
- Spencer
- Kenton

For additional information, visit  
<https://fahe.org/access-to-recovery/>





## FAHE'S TRANSFORMATIONAL EMPLOYMENT PROGRAM

### **Transformational Employment Program:** Change Lives, Change Your Community

The purpose of transformational employment is to connect recovering individuals with meaningful employment opportunities.

Employment is proven to be a critical aspect in achieving long term recovery, and our goal is to remove the stigma around recovery and change society's perception of transformational employment.

The program places recovering individuals in meaningful positions across the **12 Kentucky counties** of Bell, Clay, Leslie, Letcher, Perry, Whitley, Harlan, Jackson, Knox, Laurel, Pulaski, and Rockcastle.



## How can you help?

- Transportation
- Food Banks
- Clothing Banks
- Personal Connection





**Heidi Christensen**

Heidi Christensen is a Public Affairs Specialist at the HHS Partnership Center. Her efforts focus on strengthening the capacity of faith and community organizations to respond to critical public health issues. Heidi has coordinated coalitions of diverse faith and community-based partners to address critical health issues including childhood obesity, diabetes, access to care, and the epidemic of addiction, as well as the social and economic issues challenging the health of our nation's communities. In response to the opioid crisis, she created the *Opioid Crisis Practical Toolkit for Faith and Community* (now in its fourth edition) and will soon release the *Roadmap to Recovery Support for Faith and Community Leaders: Getting Back to Work*. Previously, at the Center for Interfaith Action on Global Poverty, she supported U.S. faith-based organizations on collaborative efforts addressing malaria and other health issues affecting the developing world.

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**Partnering with the**  
**Center for Faith and Opportunity Initiatives**  
**U.S. Department of Health and Human Services**  
**December 8, 2020**



## Gather and Disseminate Relevant HHS Information and Resources

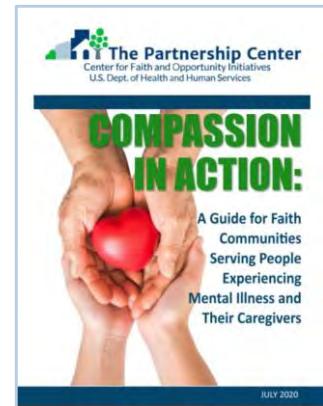
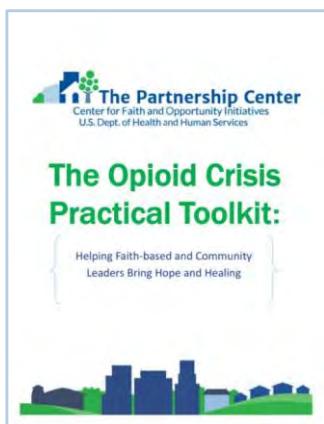


National Institute  
on Drug Abuse



For a complete list of HHS Agencies and Offices visit <https://go.usa.gov/x7MPx>

## Recent Partnership Center Publications



Publications are accompanied by webinars that illustrate their content with practical faith and community models and practices (See HHS Partnership Center YouTube )

**THE OPIOID CRISIS PRACTICAL TOOLKIT**  
Helping Faith-based and Community Leaders Bring Hope and Healing to Our Communities

OVERVIEW

#### INCREASE AWARENESS

- Addiction is a treatable, chronic medical condition. Tap local health experts to help dispel the stigma surrounding the condition, its symptoms, as well as any contributing factors.
- 62.6 percent of Americans misuse opioids for pain. Promote an understanding of pain treatment options and management. [GOUSA.gov/OpPain](http://GOUSA.gov/OpPain)
- Educate your community by downloading and distributing information from the CDC's Rx Campaign [CDC.gov/RxAwareness](http://CDC.gov/RxAwareness) and SAMHSA's Opioid Resource website [GOUSA.gov/OpPolicy](http://GOUSA.gov/OpPolicy).
- Invite individuals in recovery to share their stories with your community.

#### OPEN YOUR DOORS

- Increase the number of "life lines" in your community by hosting or connecting people to community-based, recovery support programs (e.g., NA, AA, Celebrate Recovery, etc.).
- Post local meetings and the link to SAMHSA's <http://FindTreatment.gov> in your newsletters, community calendars, websites, and social media channels.
- Screen a film on the opioid crisis and host a post-show community dialogue. Films, such as NOVA's Addiction, Heroin(e) or the FBI's Chasing the Dragon, include free discussion guides.

#### BUILD COMMUNITY CAPACITY

- Train community members to recognize the symptoms of an overdose and how to administer naloxone, an opioid overdose-reversal drug. [GOUSA.gov/OpTreat](http://GOUSA.gov/OpTreat)
- Coordinate a Mental Health First Aid® or Screening, Brief Intervention, Referral to Treatment (SBIRT) training for your community.
- Learn about trauma-informed approaches and the critical connection between recovery and resiliency for people affected by trauma. [GOUSA.gov/OpTrauma](http://GOUSA.gov/OpTrauma)

#### REBUILD AND RESTORE

- Support individuals and families who are rebuilding their lives by assisting with food or housing. Consider a take repair and loan program for those needing transportation.
- Connect with job placement efforts and certification programs that provide life skills, on-the-job training, and internships. Consider partnering with the local business sector to support folks in getting back to work and to school (e.g., culinary arts, housekeeping, welding, etc.).
- Offer financial literacy courses or assistance with job readiness that includes reading, writing, and communication skills, or help with securing their GEDs.

**THE OPIOID CRISIS PRACTICAL TOOLKIT**  
Helping Faith-based and Community Leaders Bring Hope and Healing to Our Communities

OVERVIEW

#### GET AHEAD OF THE PROBLEM

- Find ways to give teens the straight facts about brain development and substance use, so they can make smart life choices. [TeenDrugBlaze.gov](http://TeenDrugBlaze.gov)
- Host educational series on Adverse Childhood Experiences (ACEs) and trauma-informed approaches. [GOUSA.gov/OpEWry](http://GOUSA.gov/OpEWry)
- Learn how to identify and support youth at high-risk for substance misuse with prevention efforts. [GOUSA.gov/OpPrev](http://GOUSA.gov/OpPrev)
- Create or volunteer for mentoring programs that help to strengthen the resilience of younger generations.

#### CONNECT AND COLLABORATE

- Participate in local coalitions by contacting the Community Anti-Drug Coalitions of America. [CADCa.org](http://CADCa.org)
- Help prevent access and misuse of prescription drugs in your home and community. Partner with local pharmacies near you, as well as local law enforcement, and host a "Prescription Drug Take Back Day." [TakeBackDay.OA.gov](http://TakeBackDay.OA.gov)
- Partner with local providers to assist foster families by donating clothing, furnishings, and other necessities, as well as volunteering for support services (e.g., babysitting, house-keeping, lawn care, etc.).

#### FEDERAL RESOURCES

- Share the federal resources included in this toolkit. To access the online version of our Practical Toolkit (live link), please visit. [HHS.gov/Opioid-Practical-Toolkit](http://HHS.gov/Opioid-Practical-Toolkit)
- Sign up for our monthly newsletters: [Partnerships@HHS.gov](mailto:Partnerships@HHS.gov) and follow us on Twitter® (@PartnersForGood) and Facebook® (@HHSPartnershipCenter).




## Recent Partnership Center Publications



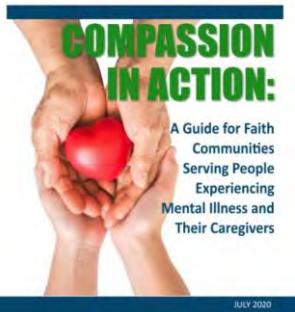
**The Opioid Crisis Practical Toolkit:**  
Helping Faith-based and Community Leaders Bring Hope and Healing

**FAITH & COMMUNITY ROADMAP TO RECOVERY SUPPORT: GETTING BACK TO WORK**



The Partnership Center  
Center for Faith and Opportunity Initiatives  
U.S. Dept. of Health and Human Services

**COMPASSION IN ACTION:**  
A Guide for Faith Communities Serving People Experiencing Mental Illness and Their Caregivers



JULY 2020

Publications are accompanied by webinars that illustrate their content with practical faith and community models and practices (See HHS Partnership Center YouTube )



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/HHSPartnershipCenter

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**Pastor Greg Delaney**

Greg serves as the HOPE DIRECTOR for “Reach for Tomorrow Ohio” a non-profit community organization located in Highland County, Ohio where he leads a coordinated effort to educate churches, faith and community leaders about addiction, trauma and human trafficking. Greg is also a part of Ohio Governor Mike DeWine’s RECOVERYOHIO Advisory Council championing the efforts of the FAITH/RECOVERY community in Ohio. Greg also serves as the current Outreach Coordinator for a Statewide Alcohol and Drug Treatment Center, WOODHAVEN, and is a presenter and contributor to the FAITH-BASED RECOVERY EFFORTS of the HHS Center for Faith and Opportunity Initiatives in Washington D.C. In this role Greg serves and leads efforts to educate communities on the benefits of faith-based engagement in recovery efforts across the United States.

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**Monty Burks, CPRS, PLC, PhD.**

Dr. Burks, serves as the Director of Faith-Based Initiatives for the Tennessee Department of Mental Health and Substance Abuse Services, where his role is engaging and connecting Tennessee’s faith communities to the behavioral health care system, with the goal of expanding addiction and mental health support services across the state. He also oversees the Tennessee Lifeline Peer Project, a state program aimed at reducing the stigma associated with people who suffer from addiction and the Tennessee Faith Based Community Coordinators, whom seek to help congregations build their capacity to combat addiction and mental health issues in their respective community. Dr. Burks earned his master’s degree in criminal justice from Middle Tennessee State University, his Doctorate in theology from Heritage, and wears the honorable badge of Certified Peer Recovery Specialist.

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## FAITH-BASED RECOVERY ENGAGEMENT

Rural Faith Leaders Workshop Series:  
Empowering Faith Leaders to Help Persons with Substance Use Disorder

Dr. Monty Burks and Pastor Greg Delaney

### Faith-Based Initiative Goals

The goals of the Faith-Based Initiative are to:

- Connect individuals struggling with addiction and mental health concerns to treatment.
- Facilitate understanding of what treatment and recovery are.
- Increase knowledge of what addiction and mental health are.
- Understand the continuum of care and collaborate with it.
- Help understand and implement the best practice model.

[https://www.tn.gov/content/dam/tn/mentalhealth/documents/TDMHSAS\\_Faith-Based\\_Toolkit.pdf](https://www.tn.gov/content/dam/tn/mentalhealth/documents/TDMHSAS_Faith-Based_Toolkit.pdf)

## WHY...

**Faith based communities are uniquely designed to offer repentance, honest self-assessment without judgment, and responsible living with spiritual devotion. Because intervention and recovery is a holistic process, faith-based communities are equipped to minister to individuals and their families. Congregations can provide a caring community which fosters acceptance, nurtures self-worth, offers forgiveness, reconciliation and supports spiritual healing and growth.**

• SOUTHEASTER ATTC – FAITH GATHERING – KELLY MOSELLE



## Getting Started

Resources to access and leverage across your state might include:

- Community Anti-Drug Coalitions
- Treatment and Recovery Courts
- Addiction Recovery Program (ARP) Agencies
- Local Health Departments
- Health Educators
- Local Law Enforcement Agencies
- Colleges /Universities

See descriptions of each at:

<https://www.tn.gov/content/tn/behavioral-health.html>

# LOOK!

## DON'T RE-INVENT INSTEAD *RESEARCH*

*The most common problem for those seeking help is not a lack of capacity of service providers but a lack of Information ABOUT those service providers*

**TIM ELLIOTT – RELINK.ORG**

WHEN LOOKING FOR YOUR LANE...



## GETTING STARTED





## FAITH BASED ENGAGEMENT PROCESSES'

### Faith Based Community Coordinator

- A group of individuals with lived experience responsible for recruiting, training, and certifying congregations as Recovery Congregations
- There are four (4) Faith Based Community Coordinators. One (1) in each of Tennessee's Grand Divisions



**West Tennessee**  
Sherman Mason  
901-337-2712  
smason@caapincorporated.com

**West Tennessee**  
Amy Bechtol  
731-694-1993  
amy@jimprevent.org

**Middle Tennessee**  
Jaime Harper  
615-603-9092  
jharper@pc4s.org

**East Tennessee**  
Erick Landry  
843-509-0764  
elandry@metrodrug.org

<https://www.tn.gov/behavioral-health/substance-abuse-services/faith-based-initiatives.html>

## Best Practice Model

- Provide Spiritual/Pastoral Support according to your congregation culture
- View addiction by its definition - as a treatable disease
- Embrace and support people in recovery and walk with them on their journey
- Disseminate recovery information that the Department will provide
- Host or refer individuals to recovery support groups
  - TN Project Lifeline will help guide, if needed
- **Become a Certified Recovery Congregation**

[https://stateoftennessee.formstack.com/forms/certified\\_recovery\\_congregations](https://stateoftennessee.formstack.com/forms/certified_recovery_congregations)



## Faith Based Community Coordinator

736 Certified Recovery Congregations

Educational Forums in all 95  
Counties

Increased Awareness of Recovery  
Support Resources Statewide



<https://www.tn.gov/behavioral-health/substance-abuse-services/faith-based-initiatives/faith-based-community-coordinators.html>



## Types of Support Ministries Recovery Friendly Congregations

Recovery Support is not just 12 Steps:

- Employment services and job training
- Outreach
- Life skills
- Relapse prevention
- Spiritual and faith-based support
- Housing assistance and services
- Education
- Child care
- Substance abuse education
- Family/marriage education
- Case management and individual services coordination, providing linkages with other services
- Self-help and support groups (e.g., 12-step groups, SMART Recovery®, Women for Sobriety)
- Parent education and child development support services
- Transportation to and from treatment, recovery support activities, employment, etc.
- Peer-to-peer services, mentoring, and coaching



## After WHY (*Congregational Readiness*)

### LEARN

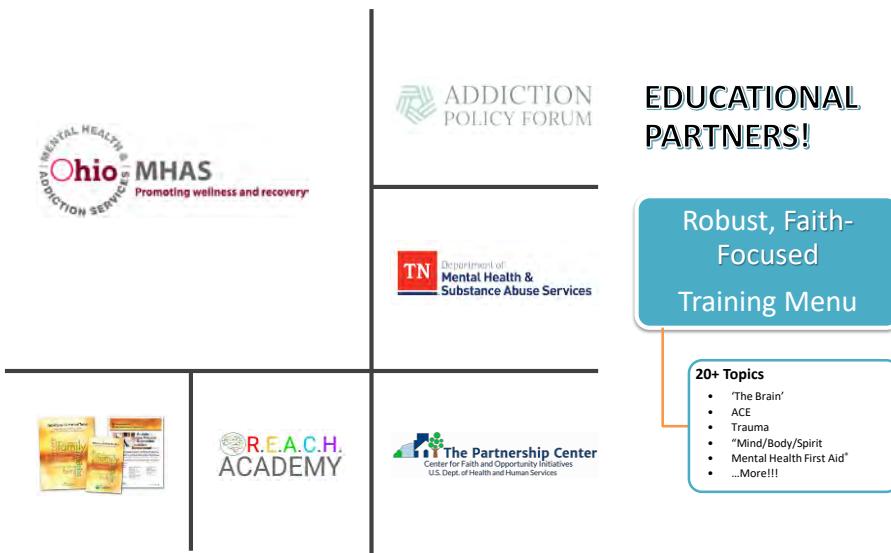
Identify Gaps → Seek Existing Partners → Use Best Practices → Integrate

Started with De-Stigmatization



Moved the Narrative from “Either/Or” to “Both/And”





**IMPLEMENTATION**

## What is the Lifeline Peer Project

The Lifeline Peer Project was established to reduce the stigma related to the disease of addiction and increase community support for policies that provide for treatment and recovery services.

Project approaches include:

- Establishment of evidence-based addiction and recovery programs
- Educational presentations for civic groups, faith-based organizations, and community leaders to increase understanding of the disease of addiction and support for recovery strategies.

<https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/prevention/lifeline-peer-project.html>



## Lifeline Peer Project

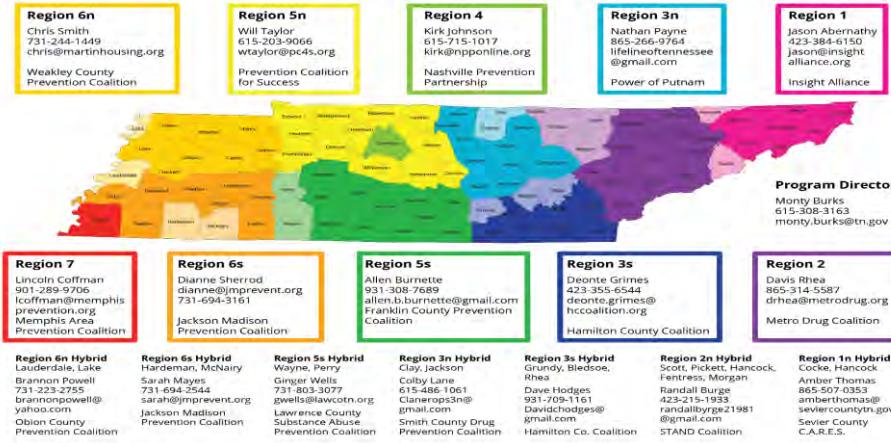
- There are 17 Lifeline Peer Project Coordinators
- Each located in Substance Abuse Prevention Coalitions across the state
- Lifeline's Outcomes:  
Provided **6,089** recovery trainings
- Referred **13,854** people to treatment and recovery support services
- Started over **660** new recovery meetings



## All Lifeline MAP:

### Lifeline Peer Project Regional Coordinators

**TN** Department of  
Mental Health &  
Substance Abuse Services



**TN** Department of  
Mental Health &  
Substance Abuse Services

## ONCE YOU FOUND THE “WHAT” (IMPLEMENTATION)

### GRASSROOTS APPROACH





Department of  
**Mental Health &  
Substance Abuse Services**

Monty Burks, CPRS, Ph.D.  
Director of Faith Based Initiatives  
Tennessee Department of Mental Health And  
Substance Abuse Services  
[Monty.burks@tn.gov](mailto:Monty.burks@tn.gov)  
(615) 770-1783 Office



Pastor Greg Delaney  
Faith-Based Partner  
Ohio Governor Mike DeWine's  
RecoveryOhio Advisory  
[Greg.Delaney@woodhavenohio.com](mailto:Greg.Delaney@woodhavenohio.com)  
937-397-6423

thank you!



**Betty-Ann Bryce**

Betty-Ann Bryce is detailed to the White House Office of National Drug Control Policy (ONDCP) from the U.S. Department of Agriculture to serve as the Special Advisor for Rural Affairs in the National Opioids and Synthetics Coordination Group. Prior to joining the U.S. government, she served as the Senior Policy Analyst for the Rural and Regional Unit at the Organization for Economic Cooperation and Development (OECD), for several years, in Paris, France. In this capacity, she assessed regional and rural government policies in different countries and co-authored several OECD Publications. In addition to a Juris Doctorate, she holds a Masters in Economic and Territorial Development from L'Institut d'Etudes Politique de Paris (The Paris Institute of Political Studies) in France, and a Masters in Economic and Political Development from Columbia University, School of International and Public Affairs (SIPA) in the United States.





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## Using Data to better understand SUD and OUD

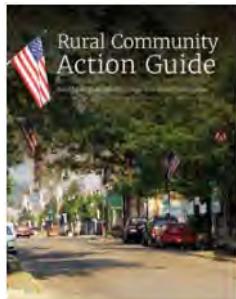
Rural Faith Leaders Workshop:  
Empowering Faith Leaders to Help Persons with Substance Use Disorder

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December 8, 2020



## Rural Community Action Guide



### [Rural Community Action Guide: Building Stronger, Healthy, Drug-Free Rural Communities](#)

This guide shares insights and expertise from a wide range of stakeholders working to address substance use disorder and related issues in rural communities nationwide. Learn about recommended action steps rural communities can take related to prevention, treatment, and recovery.

### [Rural Community Action Guide: Promising Practices](#)

Discover rural programs and activities underway to address these issues that can be adapted in other rural communities.

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# Rural Community Action Guide

## SECTION 1: Face of Addiction ..... 13

The Changing Face of Addiction ..... 14

Moving Beyond Stigma in Rural Communities by Addiction Policy Forum ..... 16

Using Data to Better Understand Substance Use Disorder and Opioid Use Disorder

by NORC Walsh Center for Rural Health Analysis ..... 20

Data can help you:

- Respond to the big questions—what causes the use of illicit substances, what perpetuates the problem, and what will mitigate the problem.
- Understand the changing face of the crisis.
- Better understand the impact on the local community.

- Identify prevention, treatment and recovery models that work
- Also looking at socioeconomic and demographic information, will help you consider local factors that may contribute to higher or lower overdose mortality rates in your communities.

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## Drug Overdose Trends Over Time (one of three)

### Steuben County, IN

#### Drug Overdose Mortality Rate

**11.5\*** Deaths per 100k population  
(Ages 15-64)

22.3 Indiana Drug Overdose Mortality Rate

18.6 U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)

[See Prosperity Index](#)

<b>13</b>	<b>34,190</b>	<b>Rural</b>
Total Deaths	Population	Urban / Rural

Choose County Profile Data Time Period

2009-2013

2014-2018

Change from 2009-2013 to 2014-2018

### Steuben County, IN

#### Drug Overdose Mortality Rate

**11.7\*** Deaths per 100k population  
(Ages 15-64)

34.3 Indiana Drug Overdose Mortality Rate

271 U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)

[See Prosperity Index](#)

<b>13</b>	<b>34,474</b>	<b>Rural</b>
Total Deaths	Population	Urban / Rural

Choose County Profile Data Time Period

2009-2013

2014-2018

Change from 2009-2013 to 2014-2018

### Nye County, NV

#### Drug Overdose Mortality Rate

**57.1** Deaths per 100k population  
(Ages 15-64)

29.8 Nevada Drug Overdose Mortality Rate

18.6 U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)

[See Prosperity Index](#)

<b>69</b>	<b>43,368</b>	<b>Rural</b>
Total Deaths	Population	Urban / Rural

Choose County Profile Data Time Period

2009-2013

2014-2018

Change from 2009-2013 to 2014-2018

### Nye County, NV

#### Drug Overdose Mortality Rate

**53.5** Deaths per 100k population  
(Ages 15-64)

28.8 Nevada Drug Overdose Mortality Rate

271 U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)

[See Prosperity Index](#)

<b>69</b>	<b>43,705</b>	<b>Rural</b>
Total Deaths	Population	Urban / Rural

Choose County Profile Data Time Period

2009-2013

2014-2018

Change from 2009-2013 to 2014-2018

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## Drug Overdose Trends Over Time (two of three)

**Cass County, MN****Drug Overdose Mortality Rate**

30.0 Deaths per 100k population (Ages 15-64)

12.5 Minnesota Drug Overdose Mortality Rate

18.6 U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)[See Prosperity Index](#)**25**

28,485

Rural

Total Deaths

Population

Urban / Rural

**Cass County, MN****Drug Overdose Mortality Rate**

48.3 Deaths per 100k population (Ages 15-64)

16.7 Minnesota Drug Overdose Mortality Rate

271 U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)[See Prosperity Index](#)**36**

29,022

Rural

Total Deaths

Population

Urban / Rural

**Somerset County, ME****Drug Overdose Mortality Rate**

16.7 Deaths per 100k population (Ages 15-64)

17.1 Maine Drug Overdose Mortality Rate

18.6 U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)[See Prosperity Index](#)**27**

51,942

Rural

Total Deaths

Population

Urban / Rural

**Somerset County, ME****Drug Overdose Mortality Rate**

36.4 Deaths per 100k population (Ages 15-64)

38.2 Maine Drug Overdose Mortality Rate

271 U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)[See Prosperity Index](#)**55**

50,710

Rural

Total Deaths

Population

Urban / Rural

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## Drug Overdose Trends Over Time (three of three)

**Itawamba County, MS****Drug Overdose Mortality Rate**

39.4 Deaths per 100k population (Ages 15-64)

15.8 Mississippi Drug Overdose Mortality Rate

18.6 U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)[See Prosperity Index](#)**29**

23,366

Rural

Total Deaths

Population

Urban / Rural

**Itawamba County, MS****Drug Overdose Mortality Rate**

&lt;11.9 Deaths per 100k population (Ages 15-64)

17.1 Mississippi Drug Overdose Mortality Rate

271 U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)[See Prosperity Index](#)**Suppressed\***

23,480

Rural

Total Deaths

Population

Urban / Rural

**Pike County, KY****Drug Overdose Mortality Rate**

68.3 Deaths per 100k population (Ages 15-64)

33.8 Kentucky Drug Overdose Mortality Rate

18.6 U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)[See Prosperity Index](#)**142**

64,473

Rural

Total Deaths

Population

Urban / Rural

**Pike County, KY****Drug Overdose Mortality Rate**

50.0 Deaths per 100k population (Ages 15-64)

46.2 Kentucky Drug Overdose Mortality Rate

271 U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)[See Prosperity Index](#)**95**

60,483

Rural

Total Deaths

Population

Urban / Rural

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# Economic Factors

## Overdose Statistics in Socioeconomic Context

### Fayette County, AL

#### Drug Overdose Mortality Rate

**23.3\*** Deaths per 100k population  
(Ages 15-64)

**23.8** Alabama Drug Overdose Mortality Rate  
**27.1** U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)

[See Prosperity Index](#)

**12** **16,585** **Rural**

Total Deaths Population Urban / Rural

Choose County Profile Data Time Period  
 2009-2013  
 2014-2018

ECONOMIC	Fayette County	Alabama	United States
Broadband Access (3 or more providers)	37.8%	87.0%	93.3%
Median Household Income	\$37,458	\$48,486	\$57,652
Poverty Rate	20.0%	17.5%	14.6%
Unemployment Rate	7.0%	6.6%	6.6%
Injury-prone Employment			
Construction	2.4%	4.4%	4.6%
Mining and Natural Resources	5.2%	1.0%	1.4%
Manufacturing	21.7%	13.6%	8.8%
Trade, Transportation, & Utilities	17.8%	19.6%	19.1%

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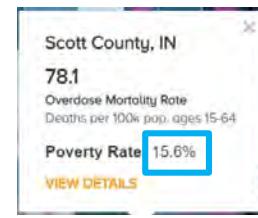
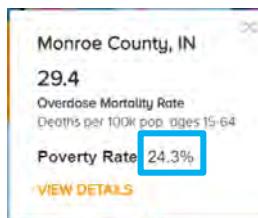
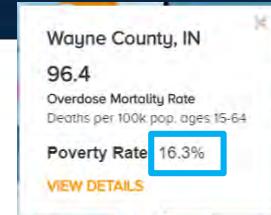


# Poverty Rate

#### IN Poverty rate 14.1%



#### Below the Poverty Rate



#### Above the Poverty Rate



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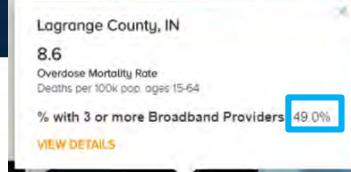
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# Broadband Access: Connectivity

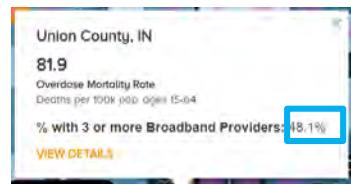


More connected

IN Broadband access rate  
92.9%



Less connected



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# Prosperity Index: Risk/Resilience

County Profile: 2014-2018

## Greene County, NC

### Drug Overdose Mortality Rate

19.7\* Deaths per 100k population (Ages 15-64)

28.1 North Carolina Drug Overdose Mortality Rate  
27.1 U.S. Drug Overdose Mortality Rate

[See Behavioral Health Resources](#)

[See Prosperity Index](#)

14 21,008 Rural

Total Deaths Population Urban / Rural

Choose County Profile Data Time Period  
 2009-2013  
 2014-2018

### Overall Prosperity Index Score: 4

Component	Score	Sub-Component	Greene County	North Carolina	United States
Economic - Risk	4	Poverty Rate	25.8%	16.1%	14.6%
		Number of Industry Dependencies	0	0.44	0.5
		Net Migration per 100 people	9	10	2.9
Economic - Resilience	5	Labor Force Participation Rate	63.1%	81.5%	81.7%
		Self-employment Rate	3.7%	3.5%	3.5%
		Business Establishments per 100 workers	3.2	4.8	5.5
Social - Risk	3	Number of Hospitals Beds per 10,000 population	0	18.7	29
		Median Household Income	\$36,989	\$50,320	\$57,652
		Digital Distress (1=Yes; 0=No)	0	0.15	0.08
Social - Resilience	2	High School Drop Out Rate	76%	4.2%	4%
		Teen Birth Rate per 1,000 population	391	301	24.9
		All-cause Mortality Rate per 1,000 population	8.3	8.3	7.9
	1	501(c)3 and c4s per 10,000 population	24.2	35.6	49.2
		Educational Attainment - Bachelor's Degree or more	9.8%	29.9%	30.9%
		Primary Care Providers per 10,000 population	5.7	20.3	21.5
	5	Voter Participation Rate	52.9%	62.8%	60.5%

The prosperity index provides a single numerical measure designed to reflect the prosperity of a county. For the overall prosperity index score, 1 represents highest **prosperity and 5 represents lowest prosperity**.

For the component scores, 1 represents **lowest risk or highest resilience** and a score of 5 represents **highest risk or lowest resilience**.



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# Rural Community Toolbox

- The [Rural Community Toolbox](#) is a clearinghouse for funding, technical assistance, and other information from [17 federal departments](#) and agencies to support local action in rural America.
- In addition to funding and technical assistance, the Toolbox includes a library of current information resources from federal Departments and agencies on [46 key topics](#) related to drug addiction in rural America.
- It also houses the [Community Assessment Tool](#) and the [Rural Community Action Guide](#).

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The screenshot shows the homepage of the Rural Community Toolbox. At the top, there's a navigation bar with links for 'STARTING POINTS', 'FUNDING', 'TREATMENT & SERVICES', 'INFORMATION RESOURCES', 'EXPERT HELP & TRAINING', 'COMMUNITY ASSESSMENT', and 'RURAL COMMUNITY ACTION GUIDE'. Below the navigation is a search bar with a magnifying glass icon. The main content area features a large image of a small town street with parked cars. To the right of the image, there's a welcome message: 'Welcome to the Rural Community Toolbox where you can find resources to address substance use disorder (SUD) and the opioid crisis.' Below this is a yellow 'Learn More' button. A sub-section below the image says 'Federal resources that can help rural communities become strong, healthy, prosperous, and resilient places to live and work.' There's also a dropdown menu labeled 'I am looking for' with a placeholder 'Select an Option'. The bottom section contains four boxes: 'Funding' (with a dollar sign icon), 'Treatment and Services' (with a person icon), 'Information on SUD and Opioids' (with an info icon), and 'Expert Help and Training' (with a computer icon). Each box has a brief description and a link to 'Browse by Sponsoring Organization - Find all types of resources offered by each federal department/agency.'



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The screenshot shows the 'Funding for Rural Communities to Address Substance Use Disorder' section. It features a large image of a construction site. On the left, there's a sidebar with a '\$' icon and the heading 'Funding'. Below it is a list of funding categories: 'What's New in Funding', 'Opportunities added in the past 30 days', 'Funding by Type', 'Funding by Topic', and 'Funding by Eligible Applicant'. A red box highlights the 'Funding by Type' link. The main content area has a heading 'Funding Programs by Type' with a sub-section 'Funding for Buildings and Facilities'. This section includes a large image of a building under construction, a 'Funding' box, a 'Narrow results' button, and a 'Multi-Family Housing Loan Guarantees' box. Another red box highlights the 'Funding by Type' link again. Other sections shown include 'Financial Aid for Healthcare Workforce', 'New Program', 'Operating Costs and Staffing', and 'Equipment'. Each section has a small image and a brief description. At the bottom, there's a footer for 'OFFICE OF NATIONAL DRUG CONTROL POLICY' and the seal of the Office of the President of the United States, Executive Office.

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# Rural Community Toolbox

**Funding**

Grants, financial aid, and other funding for operating costs, buildings and equipment, starting a new program, and more.

**Funding for Rural Communities to Address Substance Use Disorder**

**Funding Programs by Eligible Applicant**

- Businesses / For-profits**: Corporate and business entities, including for-profit companies, for-profit enterprises.
- Colleges / Universities**: All institutions of higher education, including community colleges, two-year colleges, and universities.
- Community-Based Organizations & Non-profits**: Non-governmental organizations that serve the needs of rural communities at the local level and across wider geographic areas. Includes not-for-profit associations, foundations, cooperatives, faith-based organizations, and other types of organizations.
- Cooperatives**
- County / Local Government**
- Healthcare Facilities**

**Funding Available to Businesses / For-profits**

**Funding**

**What's New in Funding**

**Funding by Type**

**AmeriCorps VISTA for Project Sponsors**

Offers organizations the opportunity to engage and sponsor AmeriCorps VISTA service members to help develop or expand community anti-poverty projects. AmeriCorps VISTA members commit to one year of full-time, volunteer service, helping to build capacity and sustainability in programs to address poverty and other issues identified by the community. Requires sponsors to operate and direct the project, recruit and supervise AmeriCorps VISTA members, and complete the necessary administrative support activities to meet the project goals. VISTA's fiscal year (FY) 2021 Healthy Futures focus area gives priority to projects that address substance use in low-income communities impacted by the opioid crisis through opioid prevention and recovery programs. VISTA FY 2021 priority populations and regions includes a focus on rural communities and Indian country.

Application Deadline: Oct 5, 2020  
Sponsor: Corporation for National and Community Service (CNCS)

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# Rural Community Toolbox

**Treatment and Services**

Treatment options and services to help individuals who have been impacted by substance use.

**Treatment and Services for Individuals**

Find treatment options and services to help individuals who have been impacted by substance use.

**Hotline**: Phone numbers and call centers that provide real-time help to meet urgent needs.

**Recovery Support**: Providers of support services related to recovery and directories of providers.

**Treatment Provision**: Providers of substance use disorder treatment and directories of SUD treatment providers.

**All Treatment and Services for Individuals to Address:**

- American Indians, Alaska Natives, and Native Hawaiians**
- Community Planning and Coalition Building**
- Education and Training**
- Employment**
- Health and Wellness**

**Treatment and Services for Employment**

**Health Care for Re-Entry Veterans (HCRV) Services and Resources**

Helps veterans achieve success and avoid homelessness following release from incarceration in state or federal prison. Provides outreach and assessment services; referral services to connect veterans to clinical, mental health, and social services, such as job assistance; and short-term case management support.

Sponsor: Veterans Health Administration (VHA)

**Maternal, Infant, and Early Childhood Home Visiting Program**

Offers evidence-based, voluntary programs that provide families with new parents and pregnant women with home visiting services and child development professionals. Supports at-risk pregnant women and parents with children up to kindergarten entry with resources to raise physically, socially, and emotionally healthy children. Provides guidance on parenting and health topics, such as breastfeeding, safe sleep practices, injury prevention, nutrition, and childcare solutions. Seeks to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness.

Sponsor: Maternal and Child Health Bureau (MCHB)

**VIA Veteran Readiness and Employment (VRAE)**

Offers services designed to help veterans and service members secure employment, including assistance with job training and accommodations, resume building, job skill development coaching, and more. Contains information on vocational counseling and support for military family members, and informs employers about the benefits and possible incentives for hiring veterans.

Sponsor: U.S. Department of Veterans Affairs

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Kristine Sande, MBA

Kristine Sande serves as an associate director at the Center for Rural Health (CRH) at the University of North Dakota (UND) School of Medicine & Health Sciences, in Grand Forks. She has been with the Center since February 2002 and provides leadership to the Center's web-based information portals. Kristine has directed the federally-funded Rural Health Information Hub (RHIhub) since 2004 and the Center's TruServe initiative since 2012. As the director of RHIhub, Kristine manages the development of the programs' products and services. She also acts as a liaison to the project partners, advisory boards, and stakeholder organizations, as well as the funding agency. She provides strategic leadership, speaks to national audiences, and ensures the integration, coordination, timing, and consistency of project activities, processes, and products.

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[ruralhealthinfo.org](http://ruralhealthinfo.org)

Your *First STOP* for  
*Rural Health*  
**INFORMATION**



Kristine Sande  
Program Director

[ruralhealthinfo.org](http://ruralhealthinfo.org)


Online Library
Topics & States
Rural Data Visualizations
Case Studies & Conversations
Tools for Success

*Your First Stop for  
Rural Health Information*



**Get Rural Updates & Alerts**



Sign-up to receive our [weekly newsletter](#):

[Daily and weekly custom alerts](#) also available

**Find Rural Data**



The [Rural Data Explorer](#) and [Chart Gallery](#) provide access to a wide range of data on rural health issues.

Learn how to locate and use data in the [Finding Statistics](#) and [Data Related to Rural Health](#) topic guide.

**Funding Opportunities**



**Am I Rural?**



**Coronavirus Disease 2019 (COVID-19)**

[Rural Response to COVID-19](#)  
Key federal and state resources to address COVID-19.

[Rural Healthcare Surge Readiness](#)  
Up-to-date and critical resources for rural healthcare systems preparing for and responding to a COVID-19 surge.

**The RURAL MONITOR**

[Listening to Rural Stories: Q&A with Alisa Druzba](#)  
Alisa Druzba, director of the New Hampshire's Office of Rural Health and Primary Care, discusses her journey to becoming a SORH director, the ways her state has been affected by the pandemic, and the favorite parts of her job.





## RHIhub Updates

### RHIhub Updates & Alerts



#### RHIhub This Week

Receive weekly email updates with the latest news, funding opportunities, publications, model programs, new *Rural Monitor* articles, and more.



#### Daily and Weekly Custom Alerts

Select the issues and types of information most relevant to you and receive notification of all RHIhub additions on those issues by email, daily or weekly.



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- Statistics
- Experts
- Research

...and more!

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## Contact, Connect, & Stay Informed

RHIhub Contact Info:

1-800-270-1898

[info@ruralhealthinfo.org](mailto:info@ruralhealthinfo.org)



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# Thank you!

**Betty-Ann Bryce**

Special Advisor for Rural Affairs  
National Opioids and Synthetics Coordination  
Group

**ONDCP**

**Betty-Ann.M.Bryce2@ondcp.eop.gov**

Slides will be available at [www.ruralcommunitytoolbox.org/starting-points/rural-faith-leader](http://www.ruralcommunitytoolbox.org/starting-points/rural-faith-leader)

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