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**Regional Convening on  
Opiates and Substance Use Disorders in Appalachian Ohio**  
*November 13, 2018*  
*Stuart's Opera House*

In November, partners from across Appalachian Ohio gathered in Nelsonville for a discussion focused on opioids and substance use disorders in our communities. It was an atmosphere of learning from one another, of truly listening, and of thinking about how we can reach across geographic and practice boundaries.

Because experts at work in our region have such deep experience to share, this discussion was focused on hearing from local mental health and addiction services boards and substance use disorder providers. Many in attendance reflected on how good it was to sit down across county lines and discuss what we can all focus on together in our communities and where funders might pay particular attention.

### WITH APPRECIATION

This convening would not have been possible without the partnership of many coming together. We are grateful for the vision and funding from the Osteopathic Heritage Foundations, which made this convening possible, and for the partnership of the Nationwide Foundation, Ohio University, and the 317 Board. And with additional thanks to the Athens County Foundation and Sisters Health Foundation who joined us as listening and discussion partners and supported the above partners in capturing the conversations in such detail.

As funders and partners serving our region, we truly valued the opportunity to learn from the boards and providers who joined us to help guide us in our work and to consider the roles we can play in addressing substance use disorder in our region and its communities.

### WHAT YOU WILL FIND INSIDE

In this report, we'll share more about what was discussed at each of the table conversations, drawing out common threads from across the tables and also sharing some of the specific models, opportunities, and ideas that were transferred through individuals' feedback sheets.

Inside, you will see common themes, areas of need, and ideas for how to partner moving forward. While there are threads running within the areas of prevention, treatment, and recovery, you will see that much of the discussion focused on rising above and beyond the borders of these three areas to focus on the community supports and developments needed to fight substance use disorder over the long-term together.

For additional information from the Regional Convening, please visit [FAO's website](#), where you will find the day's agenda, links to the Ohio Opioid Education Alliance, the presentation from the Nationwide Foundation on Denial, OH, and links to all the sites of all other hosting partners.

### WHAT WE HEARD AND LEARNED



During report-outs as well as through the in-depth discussions at each table, a number of common themes emerged to guide all of our work and the ways in which we educate other partners in our efforts:

**1. We cannot focus solely on opioids. We need to have conversations about substance use disorder and we need to consider the role of trauma.**

Opioids have dominated the conversation and media coverage (and with good reason), but as we approach this challenge, we need to be reminded that focusing singularly on opioids will not be a good long-term strategy. Opioid misuse is one of many forms of substance misuse and “it occurs in a long history of addiction,” as one participant shared.

With the substances being misused most changing over time, we must be conscious in our conversations, community approaches, and funding to remember that opioids are one piece of the substance use disorders plaguing so many people. There is a larger picture, and a strategy focusing on long-term prevention and recovery will need to be openly inclusive of all substances, including alcohol.

Many participants also raised the need to consider the effects of trauma within this larger framework. While developing initiatives, we should remember to address the impacts of trauma, be that in the classroom for our children or for those seeking workforce development. In a region where intergenerational poverty is not uncommon, our approaches must recall the intergenerational socioeconomic trauma associated with living in poverty.

**2. We need to continue to destigmatize substance use disorder and change a culture of zero tolerance.**

Most participants believed there was awareness in their communities of the challenge of substance use disorder, but a continued stigma about those affected by it. There was a call for changing the perception of having substance use disorder from being a “character issue” and a desire to shift the general culture of zero tolerance to provide more understanding and supports. This was expressed most frequently regarding the workplace and from community members who didn’t understand the challenges facing their neighbors.

Many reflected on the need to destigmatize addiction with the effect of changing the culture for those in need of treatment as well as the culture in workplaces and communities. One participant outlined this as, “we need them compelled to care about the issue even if they aren’t personally impacted,” while others acknowledged how far too often a community begins to rally around the issue only after a tragedy has occurred. With a change in perception and culture, we might see:



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- More people engaged in treatment and more supports available for them after treatment.
- Supportive services from employers who can help address substance use disorder among their employees and their employees' family members, as well as supportive re-entry to the workplace after treatment.
- A shift in perceptions on how people with felony charges related to substance use disorder might re-enter our communities.
- A change in the general feeling of NIMBY (Not In My BackYard) around the development of treatment and recovery locations and harm reduction services.
- Community involvement and collaborative approaches.

### 3. Policy can play a significant role in having the resources and environment to address substance use disorder.

Policy at various levels can deeply affect the work of local mental health and addictions services boards and their providers. Local levy funding can deeply impact not simply the level of funding available, but the flexibility of the funding available to work across various aspects of substance use disorder. Local levy funding can also create gaps between those counties with levy funding and those without. Additionally, the challenge of state reimbursement rates was raised regarding payment for services, as was the challenge of some services not qualifying for Medicaid reimbursement, including peer support specialists for those in recovery with felony convictions.

### 4. Substance use disorder is more than a health issue and we have to approach it that way.

Substance use disorder is more than a health issue. It is an issue of community and economic development as well. Frequent discussion focused on the belief that "we can't act as if substance use disorder is one thing in isolation." One of the most pervasive themes, different tables took this discussion point in a number of directions:

- Without consistent internet connection/wifi, how can people even find services and resources? It's one more place where broadband is isolating people within Appalachian Ohio's communities.
- In opening up substance use disorder to be about more than health, we find more opportunities for others in the community to join the work. Suggestions included offering opportunities to teach faith leaders how their congregation can be supportive of community efforts.
- By far the most common discussion on this front was for the need for more wraparound services, including the need for:
  - Affordable Housing, transitional housing, and recovery housing;
  - Transportation services;
  - Heating oil and other home supports;

- More jobs and economic opportunities including
  - Socialization opportunities;
  - Employment training; and
  - Certificates to show individuals are hireable;
- Drug court services;
- Children’s services, including basic needs, mental health, medical services;
- More navigators to help make connections to wraparound and social services; and
- Education that it’s all a long-term process.

**5. We need ways to assess our success together, see what’s working, and share the results back out.**

One question ran at the center of multiple conversations – *How do we know what works?*

Some raised this question in relation to how their community should begin work on prevention initiatives or when they were wondering which efforts would be the most effective to fund. Where could they turn to see what truly works and to learn what other communities are doing, since the deep investment of time required to research across communities would draw largely on their limited capacity? How could they find those best practices?

Others wondered how we could measure or track goals focused on community or regional success, looking for a way to develop a community goal or vision so that we might see what’s working, share the results out, and adjust from there.

Funders and other organizations also asked how we can get a better understanding of the gaps so that we might better support them. A few of these discussions focused on how we might all need a better understanding of how behavioral health services are offered to then be able to pinpoint where there gaps exist and help address them.

**6. Develop, sustain, and value the prevention, recovery, and treatment workforce for the region.**

Reports from many communities included the need to develop the prevention, treatment, and recovery workforce to serve the growing needs of their populations. We need more pathways to develop this workforce as well as ways to retain the workforce. One table focused on the aging clinician workforce. Discussion also turned to how often workers leave the region for higher-paying positions in other communities. One recruiting and retention strategy proposed included student loan forgiveness programs.

## 7. Prevention is essential, but should be focused across the lifespan.

From discussions focused on how best to reach youth to those focused on improving harm reduction services, the need for greater prevention was clear throughout conversations as was the need to think about it across the lifespan.

The challenge of developing a prevention portfolio for youth was felt during the discussions as communities talked through the challenges of identifying the most effective approaches and having the capacity and funding to support those approaches.

Other discussions focused on how and where to distribute drug disposal bags (e.g., discharge from the hospital) and other ways to reach older citizens. A few tables discussed the need for harm reduction in their communities and the political challenge of orchestrating efforts like needle exchange programs.



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## MORE OF THE DETAILS

During table discussions, many tables shared specific efforts, models, and ideas that we've captured here. Though broken down by prevention, treatment, and recovery for ease of review, many ideas could cut across sections while the previous portion of the report captures recommendations and themes that stretch across all three areas and beyond.

### **Prevention**

There was general agreement that prevention was generally not strongly supported across the lifespan in all communities. While some communities shared what efforts were underway, others lamented not having the funding to focus heavily on prevention with acute needs in the areas of treatment and recovery.

#### *For Youth*

There was a call for a better understanding of what prevention initiatives should be supported, acknowledging that evidence-based approaches need to be better known across community partners. Participants discussed the challenges of implementing prevention initiatives within schools that often have barriers regarding time available. There is also a need for more trained preventionists who know the best programs to implement as well as how to execute them with and for young people.

In terms of the efforts being sought out or already underway, participants shared the knowledge that scare tactics were not effective for youth as well as some of the programs they do have at work:

- Mentorship programs;
- PAX Good Behavior Game;
- HOPE curriculum;
- Botvin LifeSkills;
- Youth resiliency programs for young people in addicted households;
- Youth-led prevention where youth are part of the process; and
- Mental health staff members in schools.

Although many shared that it is challenging to determine what is happening in schools, many also identified needs for more comprehensive plans and approaches in schools as well as more outreach to parents and other older adults.

#### *Across the Lifespan*

There was widespread support for thinking about prevention across the lifespan, including efforts to get better and easier methods of drug disposal into more hands. There was also a call for clear and coordinated messages to reach through a variety of channels, and many participants shared suggestions for how the Denial, OH campaign might reach a wider audience.



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In terms of targeting the specific population of those with substance use disorders, many suggestions were shared in terms of preventing deaths and providing additional pathways to treatment:

- Quick Response Teams;
- The development of case managers to visit with those affected; and
- Harm reduction approaches, including needle exchange programs, naloxone, and fentanyl test strips.

While participants acknowledged that the politics of a number of these options is challenging, they have been shown to reduce deaths and to be sound economic choices as compared to the public health costs that would otherwise arise.

### **Treatment**

While all participants agreed that the bulk of funding is currently focused on treatment, it was also evident that the capacity is still not sufficient for the demand. Many commented on waitlists being too long and the need for more options for women with children.

There was celebration of a strong network of providers at work, but acknowledgements of some of the barriers to pursuing treatment, including the stigma of accepting treatment, controversy for some around the idea of medication assisted treatment (MAT), and barriers within the behavioral health system. The expense of personnel was also discussed as a challenge in many venues.

Though detailed more in the prevention section, community hesitancy around harm reduction was also mentioned specifically during treatment discussions because of the avenues it presents for engaging those with substance use disorder in discussions regarding treatment.

Suggestions were shared that there should be more coordinated efforts to treat people with co-occurring conditions and more resources invested in behavioral health services with the belief that this will not only reach more people in need of treatment, but increase trust among more organizations in the community.

Given the challenges of finding services online, it was also recommended that an interactive map could assist in directing people to services and navigating to those services.

A number of promising efforts were shared in participants' notes and can be found in the *Models Shared* section later in this report.

### **Recovery**

Recovery discussions echoed the need for shorter waitlists and more options for women with children. The challenge of many funding streams dropping off at the end of treatment and not supporting recovery was a common theme.





Recovery houses in particular were a point of discussion due to the challenges of operating them. While there are options for capital, many then struggle with securing funding for operations because that isn't considered sustainable. Recovery houses are also struggling with the length of time residents are able to stay, with the period of time getting shorter and shorter.

Some creative ideas were shared around building more social enterprises to help fuel recovery housing in ways that would also provide re-entry support for those looking to grow their entrepreneurial skills or start businesses.

The issue of wraparound services was pervasive across these discussions, and the need for more housing, community outreach and services, and employment was addressed in each table's discussion of recovery. The struggle of accessing transportation in most of the region's communities was brought to light repeatedly. Another community challenge stems from a reluctance to have treatment and recovery services located in neighborhoods due to stigma and a fear of what might come along with the facilities.

The need for navigators to help those in recovery identify and access available services, food, security, housing, transportation, and childcare was reiterated repeatedly, as was the need for residential facilities where people can stay with enough time to stabilize.

## MODELS SHARED

- Ohio Health is working with Health Recovery Services and has two addictionologists on staff as well as an opioid physician task force working on education and standardization in treatment.
- Hocking County's Project HOPE – Overdose Prevention Team visits people each Wednesday who overdosed to help connect them to treatment and visit with naran in hand. The program is driven by the idea of having a caring community champion.
- Hughes Recovery Program is focused on working with individuals leaving recovery to find job placements with partner organizations in high-need areas in Scioto County.
- Washington County has been training educators to use the PAX Good Behavior Game in their elementary classrooms to reinforce good behavior. A K-5 program, PAX has shown evidence of preventing substance use. Trainings have been free through the state. The key to successful implementation was identified as getting principals and superintendents on board.
- Hopewell Health Center's Early Childhood and Mental Health Model is based on the Devereux early childhood assessment and creates a system of care.



## WHAT FUNDING CAN DO

In addition to the areas highlighted above, a number of tables unearthed and suggested a few places in which funders can play a particular role in this work across the communities of Appalachian Ohio.

### 1. Convening

Foundations and their partners can hold convenings where the table is larger. Foundations are often at the crossroads of many different sectors of communities and could bring school systems, faith-based partners, and businesses to the table alongside partners like the local mental health and addiction services boards and their providers. These convenings could also focus on subsets of partners, including the employers who could begin providing services to their employees and changing the zero tolerance policies currently in place, or the funders who could focus on specific evidence-based practices or approaches.

### 2. Developing a vision, method of measuring success, and reporting out

With support from foundations, could a community vision and road map be developed that organizations and communities could rally around together? Such a vision could help to unite goals and create a structure for even greater cross-sector collaboration. This could also assist in securing additional funding for community partners. A number of discussions also suggested that foundations could help measure the success of such a vision and assist in supporting community partners in collecting and reporting successes together.

### 3. Creating a model for supportive employment

There is currently not a gold standard model for assisting people in recovery as they re-enter the workplace. Could foundations play a role in forging connections between businesses and treatment providers? Or perhaps fund a review of existing approaches to find a supportive employment model that could be adopted more widely? Could foundations and providers work together to identify employment partners to be a part of this effort?

### 4. Supporting county collaborative planning

In some areas, community collaboration is lacking and foundations may be able to play a role in funding the development of county collaborative planning where it hasn't been supported in the past.

### 5. Focusing on funding that is flexible beyond opioids and will support operations and maintenance

Most participants discussed the challenges associated with most funding. The majority is short-term funding and much of it cannot be used for the operational pieces that are so necessary. Even when capital dollars are available, organizations far too often cannot find the operating dollars that will allow the capital asset to serve its purpose. Additionally, many mentioned that funding



focused to opioids is top of mind, but dollars that are more flexible to substance use disorder and wraparound services are needed.

### WHAT DID WE MISS?

If this report spurred additional ideas for you, you think we missed some of your input, or you weren't able to join us on November 13<sup>th</sup>, please share your ideas with us now. Send an email to the Foundation for Appalachian Ohio at [listening@ffao.org](mailto:listening@ffao.org).