



ORHP (Office of Rural Health Policy)

Health Resources and Services Administration

Understanding Addiction

11/19/2020

Diop, Kiley (HRSA)



Event: Understanding Addiction

Date: 11/19/2020

Event Coordinator: Diop, Kiley (HRSA)

Adobe Connect License: Meeting (<100 participants)

Unique Users: 20 unique users

Audio: Universal Voice/ Conference Bridge

Start and End Time: 2:30 – 3:30 PM EST.

Duration: 60 minutes

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https://hrsa.connectsolutions.com/understanding_addiction_n_rhd/

Problems Encountered with Adobe Connect Pro

No Problems Encountered

Recording

<https://hrsa.connectsolutions.com/pehmgsh1htn1/>

Attendees

Adobe Tech - Nolan

Simon

Captioner-Pat

David Yens

Diana Wang

Erin Schneider

Erin Towner

Ernie Fletcher

Fraser Byrne

Kari Commerford

Kari Earle

Katherine Kennedy

Kiley Diop

Megan Meacham

Patrick Grady

Sabrina Frost

Samia Ismail

Sandeep Puri

Sarah O'Donnell

Sheena Johnson

Tony White

Chat History

Sarah O'Donnell: Hello all! Please let us know in the chatbox when you have finished the film and returned to the adobe connect.

David Yens: Is HRSA or other agencies funding startups like this?

David Yens: Do you have psychological of psychiatric or social work assistance on a routine basis?

Sandeep Puri: Thank you!

Sarah O'Donnell: Hi David, We're going to wrap up but feel free to reach out to me directly: sodonnell@hrsa.gov

Polls

N/A

Q&A

Q/A Done Over the Phone

Transcript

RAW FILE

HEALTH RESOURCES SERVICES ADMINISTRATION

NOVEMBER 19, 2020

1:30 P.M. CT

UNDERSTANDING ADDICTION

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>> OPERATOR: This is the operator. Please continue to hold. The call will start shortly. Once again, please continue to hold. The call will begin shortly.

>> OPERATOR: Welcome, thank you for standing by. To ask a question, please press star one, unmute your phone and record your name.

I'd like to inform all parties that today's conference is being recorded. If you disagree, disconnect.

It's now my pleasure to turn the call over to Miss Sarah O'Donnell. Thank you, and you may begin.

>> SARAH O'DONNELL: Hello, everybody. Thank you for joining today. We will be watching a YouTube video for about 30 minutes. So we will come back after you watch the YouTube video.

I'm super excited. Let's kick it off with introductions so you can know who you are chatting with today, and then we will give you the link. Unfortunately, the way that Adobe Connect works, we are not able to

show the videos to the Adobe attendees and have you able to hear. So we will do a work around to provide you with the YouTube link and you can click the link and see the video and come back with us.

So that said, my name is Sarah O'Donnell. I am the lead for the initiative for this program. I'm with the Federal Office of Rural Policy. And I'll turn it over to my colleagues.

>> KARI EARLE: I'm the project director and technical expert lead.

>> KARI COMMERFORD: I'm the project director for the Director of the Department of Juvenile Services in the county.

>> TONY WHITE: And I'm Tony White. I am a national outreach engagement specialist with the Fletcher Group. we work on the replication of the model that we have here in Kentucky. I'll get into that later. It's good to be here.

>> SARAH O'DONNELL: So we have this amazing video. I'll monitor the Adobe Connect throughout the next, it's about half an hour or so. So feel free, if you want to make comments here, I'll be available in the chat. Otherwise, after you're done viewing, come on back and we will have a discussion with the three panelists.

Any questions?

Okay. Great. Thanks, everyone.

(Video playing on another link)

>> OPERATOR: You may go ahead.

>> SARAH O'DONNELL: Thank you. If you can hear me, just go ahead and make sure when you are done watching the video, let me know in

the chat box, so then we will know when most of the folks are done and then we will know when to continue.

>> SARAH O'DONNELL: We will get started in another couple minutes. Maybe five after, we will start the discussion.

>> SARAH O'DONNELL: We will get started. And I'll say a few words about the video and then we will move into Tony's presentation. Does that sound good to you guys?

>> TONY WHITE: Sounds good.

>> SARAH O'DONNELL: So I think we are having people trickle back in from having watched the video. We will hear from Kari Commerford, the project director who put together the film, and then we will hear from Tony White. And then we will open it up for some discussion.

Over to you.

>> KARI COMMERFORD: Thank you for participating and letting us share the video with you. And I just wanted to give you a bit of the "why" behind the creation of the video.

When our consortium got together, we thought it was important for our community to have a larger lens in understanding addiction. And we really believe that in order to address addiction, we need to address connectedness. And so part of the "Why" was to create a local video that was not only our community members who are using substances or in recovery, but also some of our helping professionals, our judicial court Judge, and others who are using, and to humanize addiction and understand it under a lens that a lot of people are not that far from struggling themselves.

Another reason that we felt it was a need to build this was to have an ongoing dialog. We wanted to create something during the planning grant that would be able to sustain us in conversations and years into the future. And we have been able to utilize this documentary in that way, as a platform as a way to start the discussion.

And the third reason is stigma reduction. We thought it was important to have that local community lens in order to, again, really create a humanistic understanding of addiction, and to have a call for action, that it's okay to not be okay. And it's all of our places to ask somebody if they're not okay. There are small communities, and we need to be connected and there for each other.

So I just wanted to share those two points of why we felt it would be beneficial for us.

>> SARAH O'DONNELL: Before we open it up to all of you, let's go ahead and hear from Tony, who will give us a quick presentation with his work on the Fletcher Group. Do you want to advance the slides?

>> TONY WHITE: If you can do that for me, that would be fantastic.

I just want to thank you. It's a privilege to be here. And I want to thank Kari for the work that you did on the video. As we are going through this, one way to provide the connectedness and that sense of community is through the work that we're doing with the Fletcher Group, with the expansion -- whether it be a recovery model or different levels of recovery, housing, to assist with destigmatizing and a call to action, and to also help to provide services.

I'm Tony White, National Outreach Engagement Specialist with the Fletcher Group. And we work -- our company, we have subject matter

experts that we provide assistance to rural communities that need assistance with combating the addiction epidemic.

Next slide.

The Fletcher Group was founded in 2017 to expand nationwide the successful Kentucky program. In 2009 we were awarded three HRSA grants. One provides assistant for safe recoveries. One of the major goals that aligns with this activity is housing.

Second, we have begun to realize that there is not a lot of help especially in the rural areas, and our efforts include boots on the ground, working with local partners to bring educational resources to find what works and what doesn't.

Thirdly, there is a large need for help to help recovery providers across the spectrum of evidence-based practices, but even more basic things like zoning, not being in my backyard, financing, bundling, and creative resources. That is what our activities will be focused on. So it's a large component of data and collection and outcomes measurement that will help us develop industry standards and best practices.

Next slide, please.

My goal today is to introduce you to an urban recovery housing model that is safe and affordable and sustainable.

Next slide.

There is a growing consensus: Treatment, rather than punishment, is the way to go. But providing effective treatment within a safe and nurturing environment can be challenging, especially in the rural area,

where there may be high drug use, few resources, and debilitating stakes in communities where everyone knows everyone.

Next slide.

The Fletcher Group believes that a safe, sustainable place to live is the most important piece of the recovery piece. That's because recovery is virtually impossible without it.

Next slide.

Our unique approach, what might be called a recovery model within a housing model, provides residents with evidence-based care over a long period of time, in a non-punitive peer driven environment. Typically it's seven months, but they can stay for two years and are welcome back if there is a recurrence.

Next slide.

Sorry, one more. My bad y'all!

So what does recovery -- what does the recovery Kentucky model look like? At the center, recovery is care driven for substance use disorders, with criminals, with emphasis on accountability. All outcomes are documented, and it includes an employment component with training and work and life skills to ensure that those leaving the program have the kind of meaningful employment essential to lasting recovery.

Next slide, please.

Here are some key statistics regarding those who enter the facility. As you can see, many are arriving through the criminal justice system.

And the sidebar is from the centers as they contract with the Department of Corrections where they have been designated individuals as being community released, so that they can -- they can participate in the program and receive services that will help lead them towards recovery.

Next slide.

Okay. Now let's take a look at outcomes. Recovery Kentucky has had its outcomes documented and detailed for nine consecutive years. This is done by the Kentucky Injury Prevention and Resource Center at the University of Kentucky.

Next slide.

Here is a kind of return that we would like to see on our investment!

Next slide, please. And this is just an example of what some of the centers look like. I believe this picture is one of the women's centers. And it could be a combination of some of the centers that are around the state, because there are a total of 18 programs. Next slide, please.

As you can see, a home-like environment, residents have a really nice place to stay where they can set up fellowship with one another and build that connectivity and that sense of community. And all -- you know, the participation is encouraged also from the outside community. You know, we want to build the relationship. And that's one of the things that can help with stigma and addressing stigma and normalizing and inviting folks back into the community.

Next slide, please. If you look up there in the upper right, that's probably one of my favorite rooms. That's the meditation room. You can see the gym equipment and the ladies are fellowshipping in the cafeteria. Just a nice, clean, creative, home-like environment.

So in the upper right corner there, if you look, you see the women's program in Henderson and what WARM stands for is Women Addiction Recovery Manor.

So do facilities like this make a difference? Yes, they do. Housing, expanded capacity for services, and then, you know, the participants and the residents being able to have a place to stay where they can take pride in the environment that they are living in and the fantastic services that they are getting.

Next slide, please.

And there is my contact. I don't want to take up anymore time because I really want to get to the discussion about the video. But here is my contact information. And also, if anyone has any questions, or would like some technical assistance or some how to, please go to the Fletcher Group website, Fletchergroup.org website. And there is a tab where you can reach out for technical assistance. And we would love to help in any way that we possibly can.

So again, thank you for your time now.

Thank you.

>> SARAH O'DONNELL: Now we are going to turn it over to the folks who joined us on the Webinar on the phone. It looks like a small

group, which is great. It means that our discussions can be a bit more intimate. Operator, are you on the phones?

>> OPERATOR: Yes, I am.

>> SARAH O'DONNELL: If we can just get everyone's lines open.

>> OPERATOR: Okay. They are open.

>> SARAH O'DONNELL: Great. Thank you. So does anyone have a couple of questions that we can put out to the panelists? You are open to ask a question. The lines are open. Or you can just put it in the chat box.

And I'm also thinking we can have a little bit about how communities can work to replicate something similar to the film that Kari put together. You probably have a lot of project officers, and I think that this would be interesting for us to hear about as we work with other projects who are also struggling with stigma, and we can help them think of innovative ways to work around that in our community.

Any thoughts from our panelists about that?

>> KARI EARLE: Well, this is Kari Earle, not Kari Commerford. And I think it's interesting -- it would be interesting to hear a bit more from Kari about how the community responded, and what some of the impact has been around this, including potentially ginning up additional resources. I think we talked about different ways that the community really activated after this became available.

>> KARI COMMERFORD: Yes, thanks, Kari. Every time I saw the community in the showing, I cried. It's very powerful. And the feedback that we have gotten from everybody is "Thank you." Thank

you for caring. Thank you for putting this together. Another really big feedback is that community stakeholders hear this information louder and differently than they do from the organizations whose job it is to do this work.

And I think that is a huge piece. Really having community members who are impacted by supporters being heard in that way is monumental for our stakeholders. And we have seen more of an understanding and more of the correlation between disorders and behavioral health issues.

I was sharing with Sarah and Tony earlier that we were asked about a month ago about what are some of the behavioral health needs right now. Because we have seen an increase of substance misuse in the community. And to me that indicates that those stakeholders and policymakers and city officials, they understand that there is a correlation and that we need to take care of the behavioral health needs of our community members if we are going to thrive.

So I think those have been some of the most impactful pieces. We also have been able to share this with some of our state officials, the Colorado Department of Public Health and Environment, and really worked to raise funding so that even without implementation funds for the R4 consortium, and there is buy in from community stakeholders to invest in the work.

>> SARAH O'DONNELL: Thanks, Kari, if you had one piece of advice that you were going to give to another community in the situation struggling with stigma and other health issues, where would you suggest that they start?

>> KARI COMMERFORD: I think you start locally. And some things we are starting to talk about now and continuing leveraging this film is to have a newspaper spotlight. And starting with some of us in the work, talking about behavioral health challenges, and finding community members who are identifiable to other community members, to also share their stories. And to talk about -- as an example, to say I've struggled with managing my stress for the past few months. And I didn't want to get help, because I thought I would be able to do it on my own. And then I realized that it was starting to impact my kids and my work. And then I reached out for help. And after I reached out for help, I found that I was able to be more present with my kids. And I found that I was able to be more productive at work. And it's okay to not be okay. And it's okay to ask for help.

And then so having different local community members share their stories like that, in the newspaper, that cross all demographics and cultures, so for us that is getting representation from our community and our construction workers and our Spanish communities, our University students, our young adult population, and all those collectives. So it really creates a sense of community and universality that it is okay to not be okay and to ask for help.

>> SARAH O'DONNELL: And I think that's a specially powerful message just today, in the situation that everyone is in right now with COVID and so much uncertainty. So thank you for that.

We have a question in the chat box. What are other agencies having start ups like this? I'm happy to clarify. So this grant, this film was part of a grant project under the Rural Communities Addiction Response Program. And the Rural Communities Response Program

have several grant programs underneath it. One of which is a planning grant, which is a grant that Kari Commerford held. And it provides support for organizations to conduct planning activities related to addressing addiction disorders. And they go through a process of putting together a plan, workforce plan, and really taking all the steps that are needed to get ready to actually implement and provide directive to the community. And then we have other grants that are more focused towards supporting those direct services, when the community is ready to provide that.

Any other questions? Okay. Good. Well, we just have a couple of minutes left. Because I know we got a bit of a late start. So I just wanted to put one other question out there for everyone to consider.

And that question is: In terms of understanding and humanizing addiction, what else is needed that the video didn't discuss? And again, you can feel free to just type something in the chat box or your lines are open.

>> I think where a lot of the stigma is coming from is historically, you know, substance abuse and disorders is being criminalized and not being looked at as a brain condition and a health condition. It kind of -- it kind of puts this slant on it. And it has historically, that not only -- you know, you've got a person with a substance use disorder, and in my own case being in recovery, that I'm a bad person. There is something wrong with my character. And then the label of being a criminal or I'll use the old term word Miscreant. That classifying someone as "Other" that no other health condition has the same stigma that substance abuse disorders do. And until -- you know, working at the center and having these community engagements, we would remind folks that, you know, that's -- the residents are -- that's

someone's son. That's someone's grandson. That's someone's uncle.
That's someone's dad. And that was someone's boss at one time.

In speaking from a men's center, there is someone out there, there is a kid that is still someone's hero, and we want to allow recovery to deliver that hero or heroine back to their loved one. And it's -- it's why films like this are so effective, that to actually show and put context, you know, not only just to the power of how powerful the substance abuse disorders are, but also how powerful recovery can be.

Because I think about the couple at the end. I am 58 years old, but I put my parents through that stuff where they were afraid that they were going to get that phone call that night that their son wasn't coming home anymore.

So just trying to be more compassionate with one another. And it goes right back to speaking to what Kari was saying. And I'll just say it. There is an expectation that we're all supposed to be perfect. And that's just not how life and society are. Everyone at some point is going to need a little help. And I kind of overall believe that we were all put here to help one another and to provide that community support and that sense of connectedness.

And between the pandemic and other stuff that I wouldn't mention, there is a separateness and a divide is -- we just have to find ways to press through that stuff to maintain our humanity and to see our humanity in one another. And especially to see the light and the good that is in everyone.

>> SARAH O'DONNELL: Thank you, Tony. And I think that that is a really great statement to close on.

So I really appreciate everyone joining today. I just want to honor Kari Commerford for her amazing work on this film. It's just really so powerful. And thank all of our panelists for coming today, and wish you all a safe and healthy Thanksgiving.

>> Thank you.

>> Happy Thanksgiving.

>> And my five-year-old wishing you a Happy Thanksgiving.

>> OPERATOR: That concludes today's conference. Thank you all for participating. You may all now disconnect.

(End of session. 2:33 p.m. CT)

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