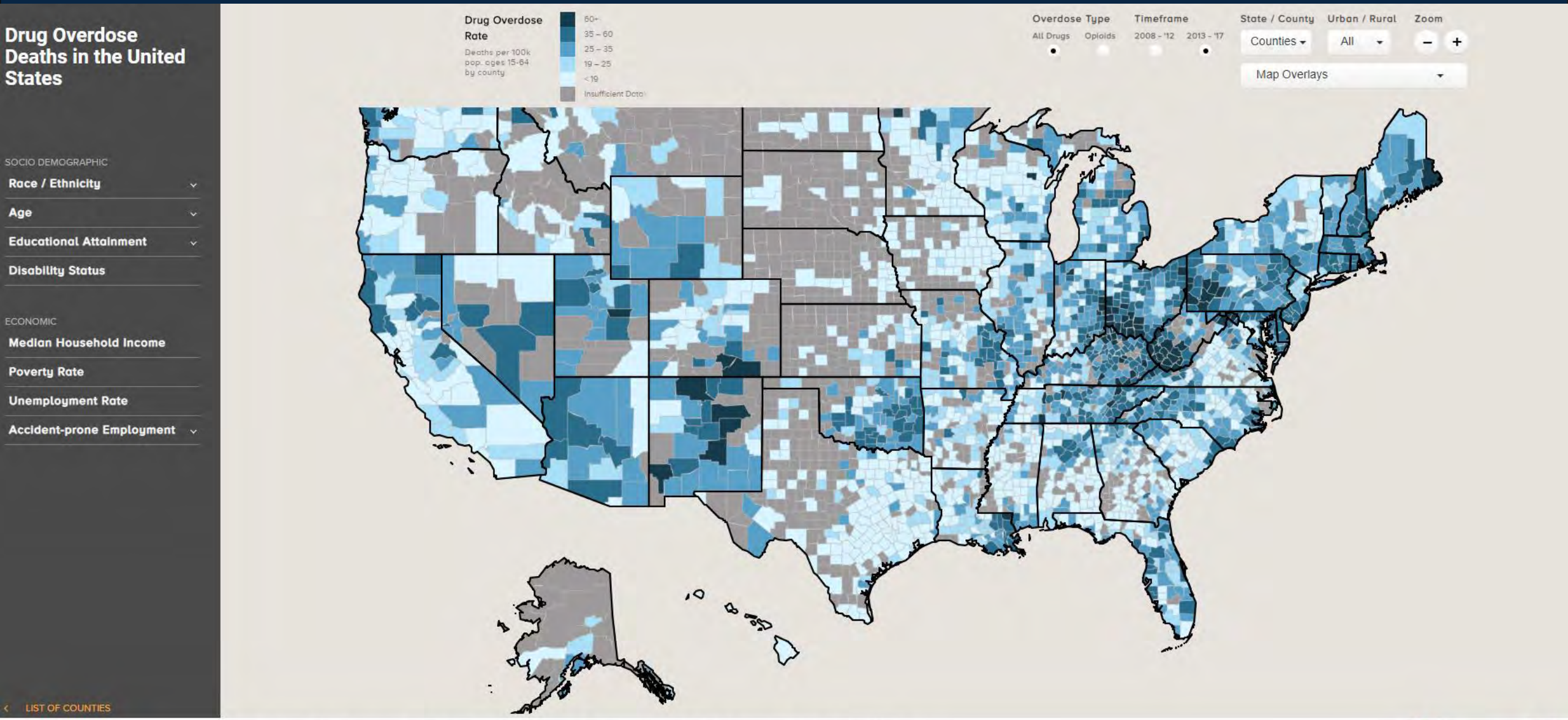
OFFICE OF NATIONAL DRUG CONTROL POLICY

Tools and Resources for Rural Communities

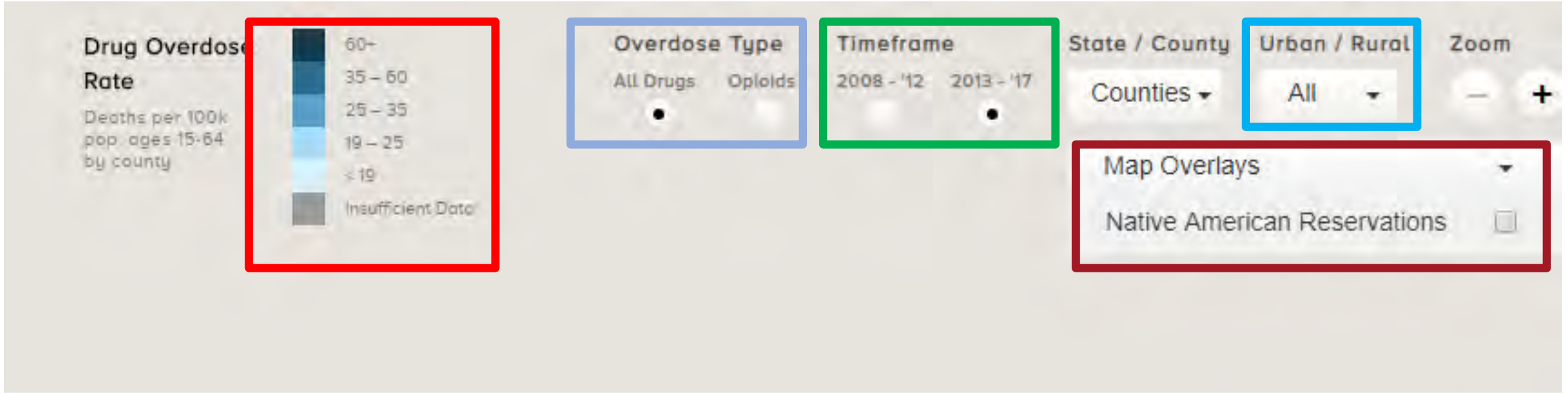
SUD Rural Workshop, Knoxville, TN

December,10, 2019

Community Assessment Tool



Community Assessment Tool

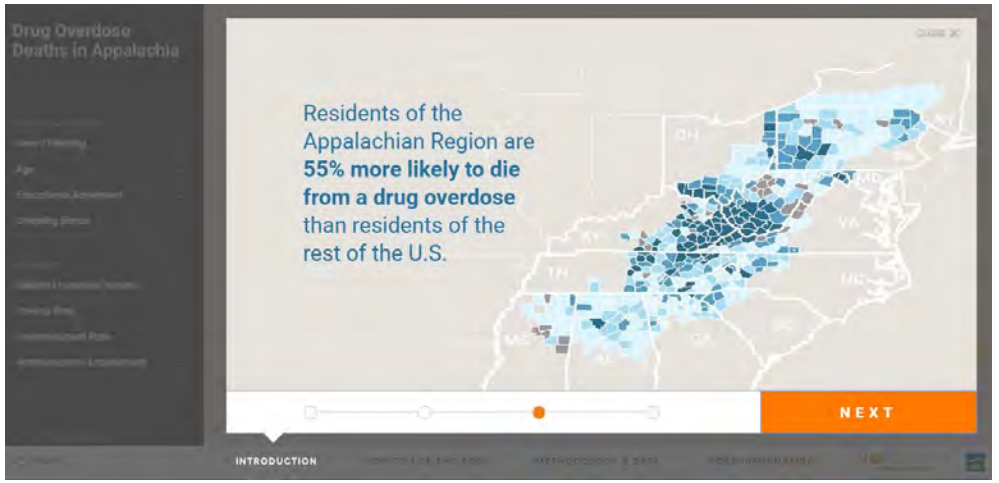


Community Assessment Tool

Background and Data Source

Background:

- NORC Walsh Center developed the Appalachian Overdose Mapping Tool for the ARC- 13 states

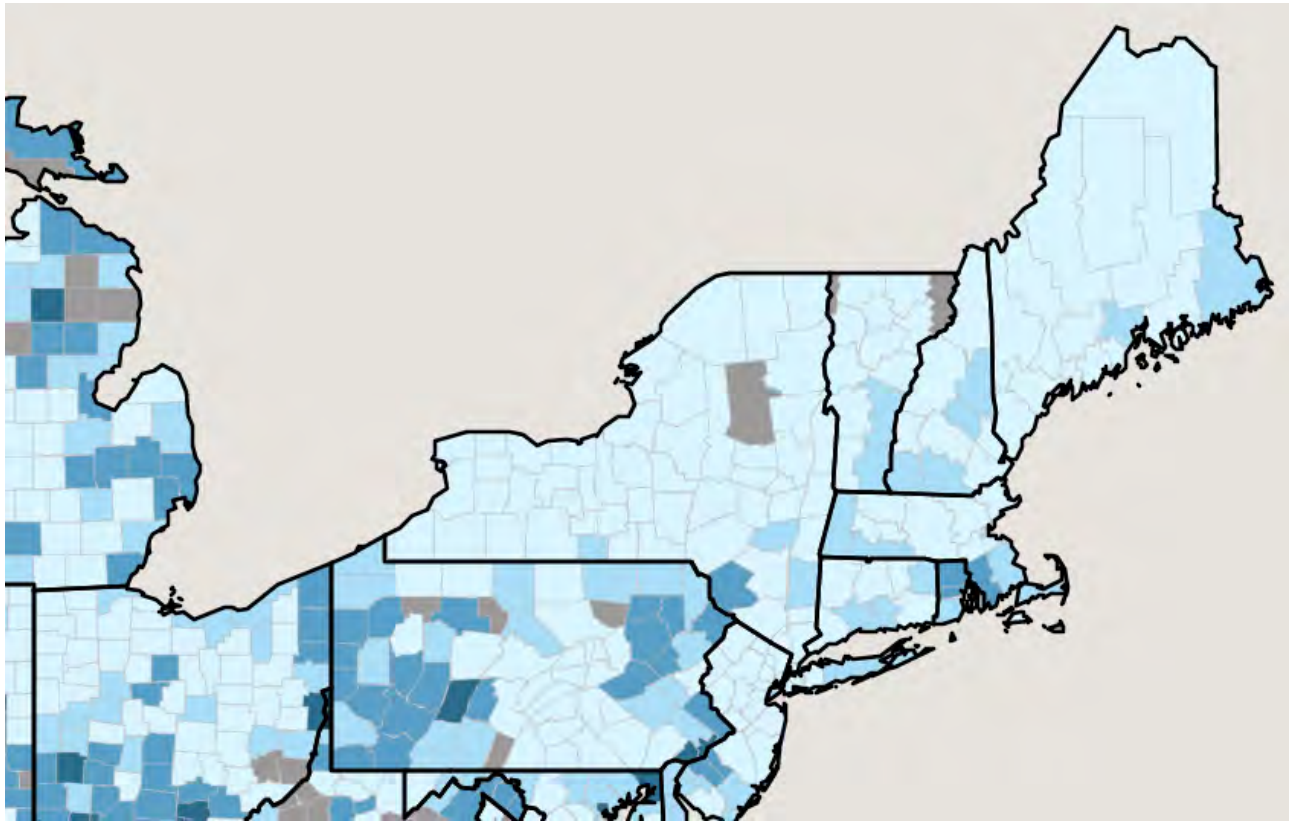


Data Source

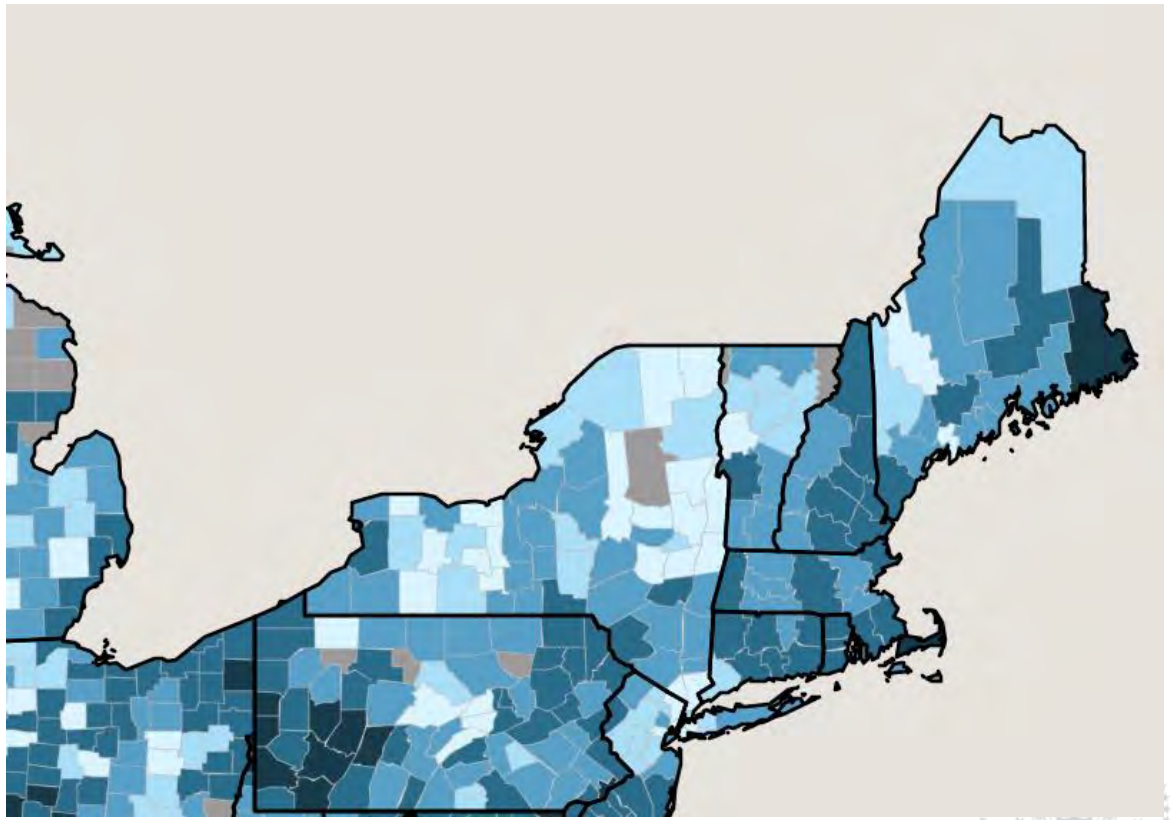
- CDC National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS) Multiple Cause of Death File
- U.S. Census Bureau, American Community Survey
- Bureau of Labor Statistics Quarterly Census of Employment and Wages

Community Assessment Tool
Change Over Time – Northeast

2008-2012

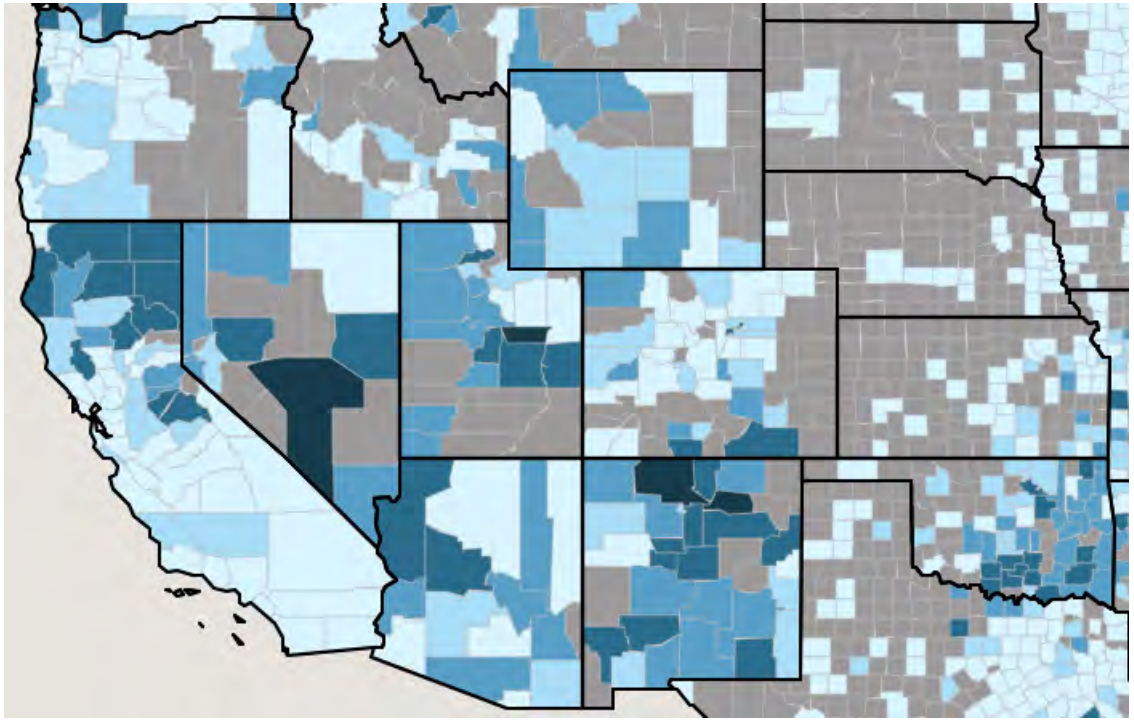


2013-2017

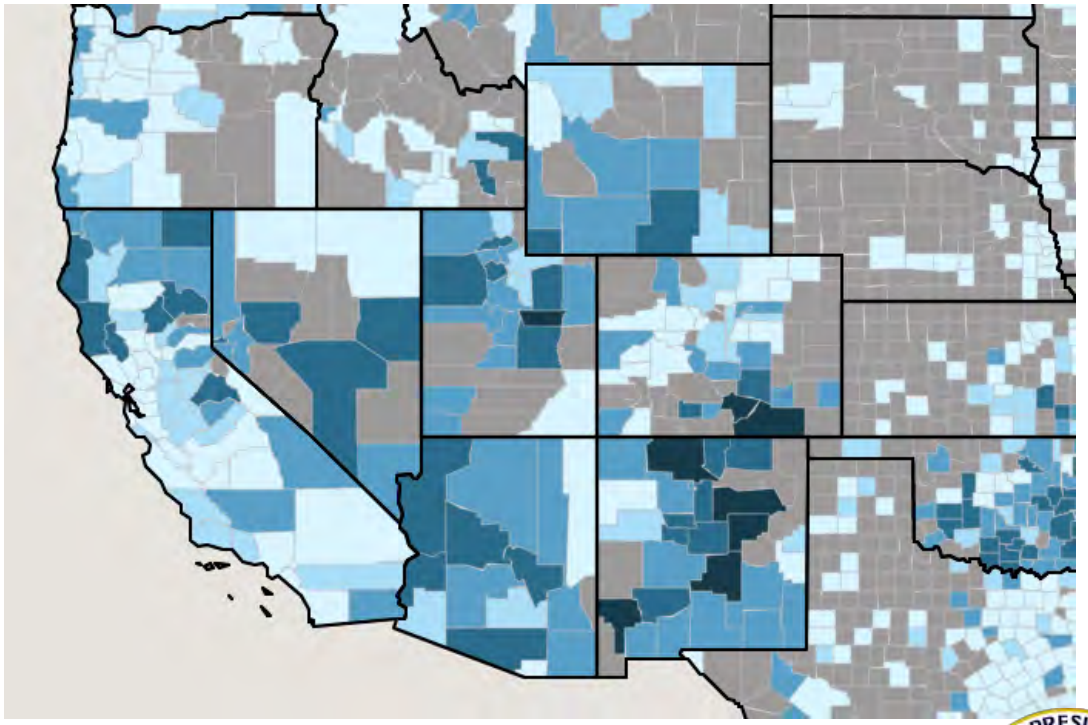


Community Assessment Tool
Change Over Time – South west

2008-2012

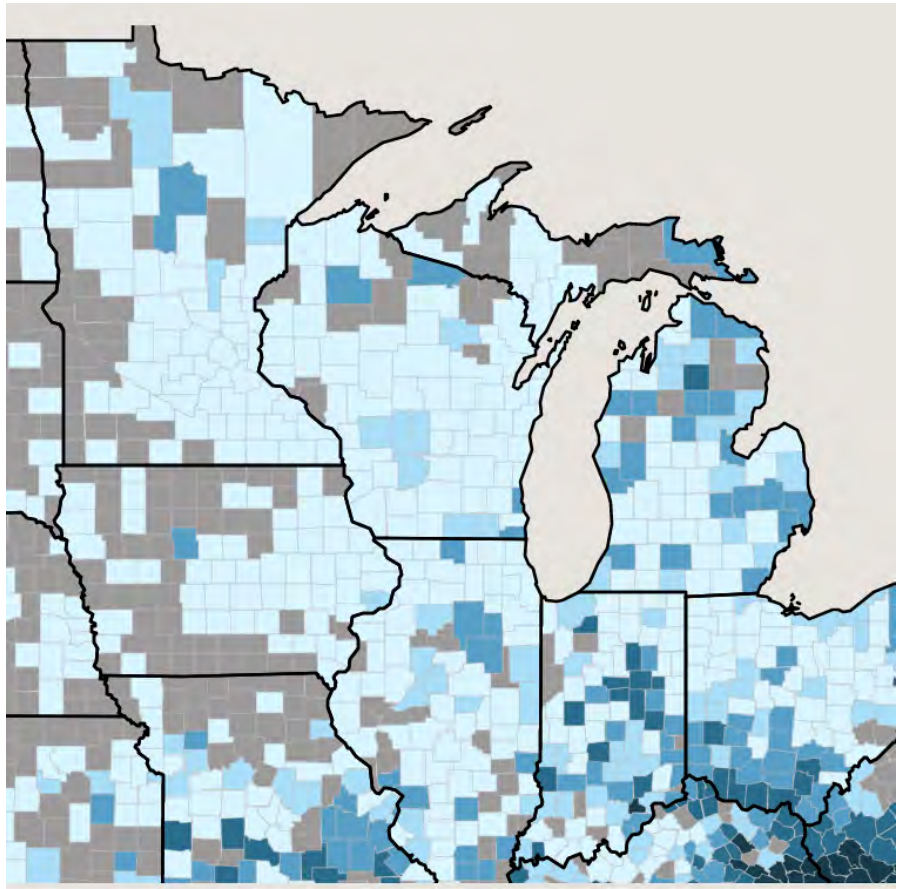


2013-2017

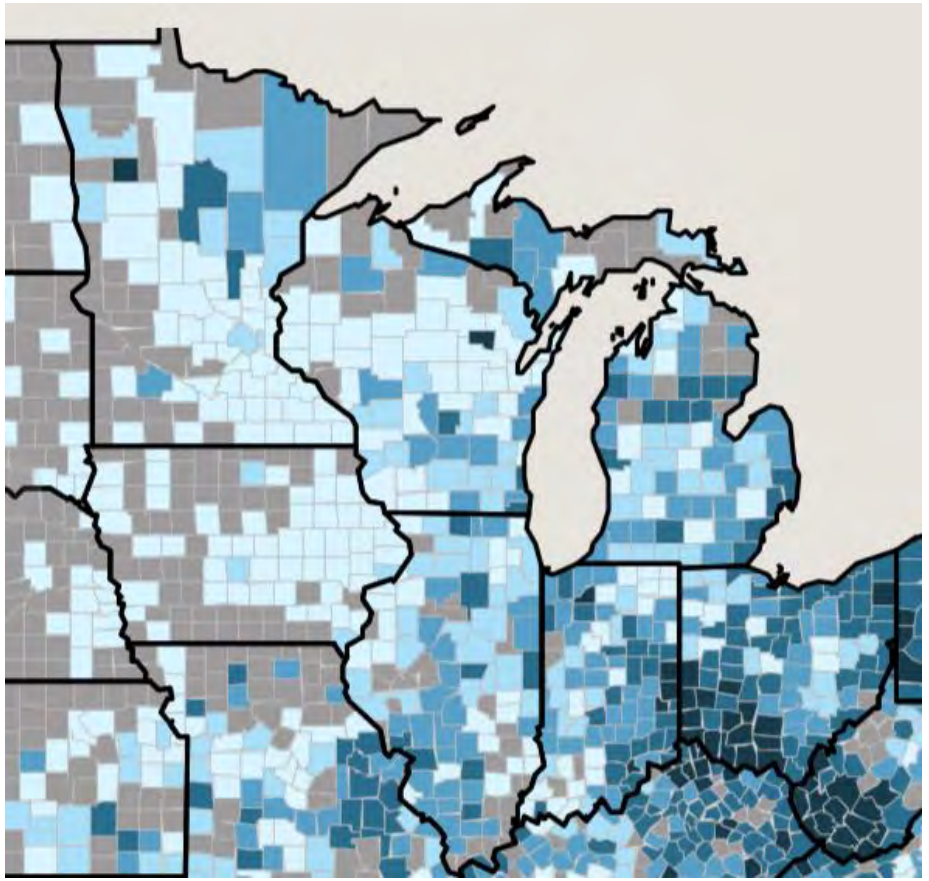


Community Assessment Tool
Close Up - Midwest

2008-2012



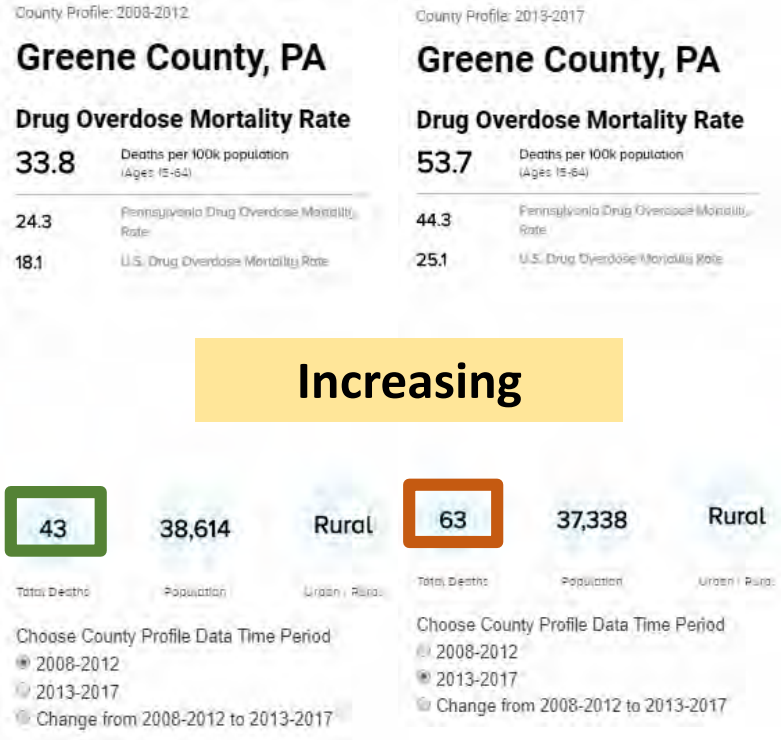
2013-2017



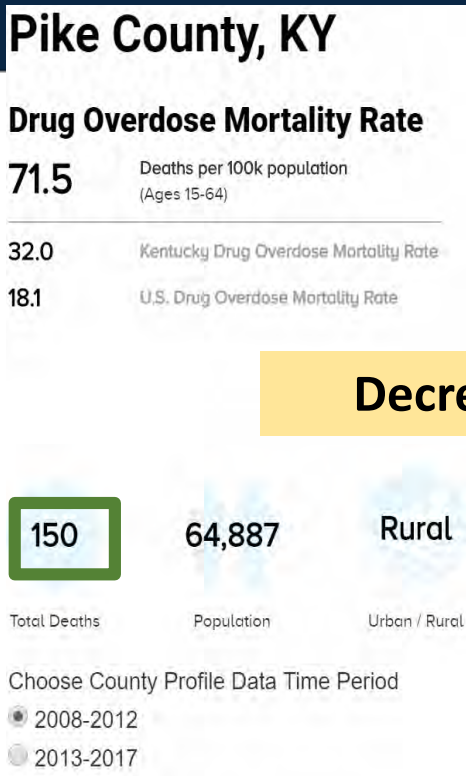
Community Assessment Tool

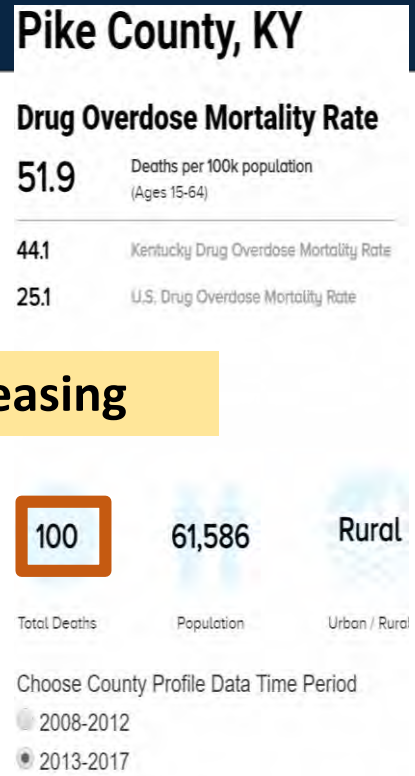
3 Scenarios

Steady



Increasing



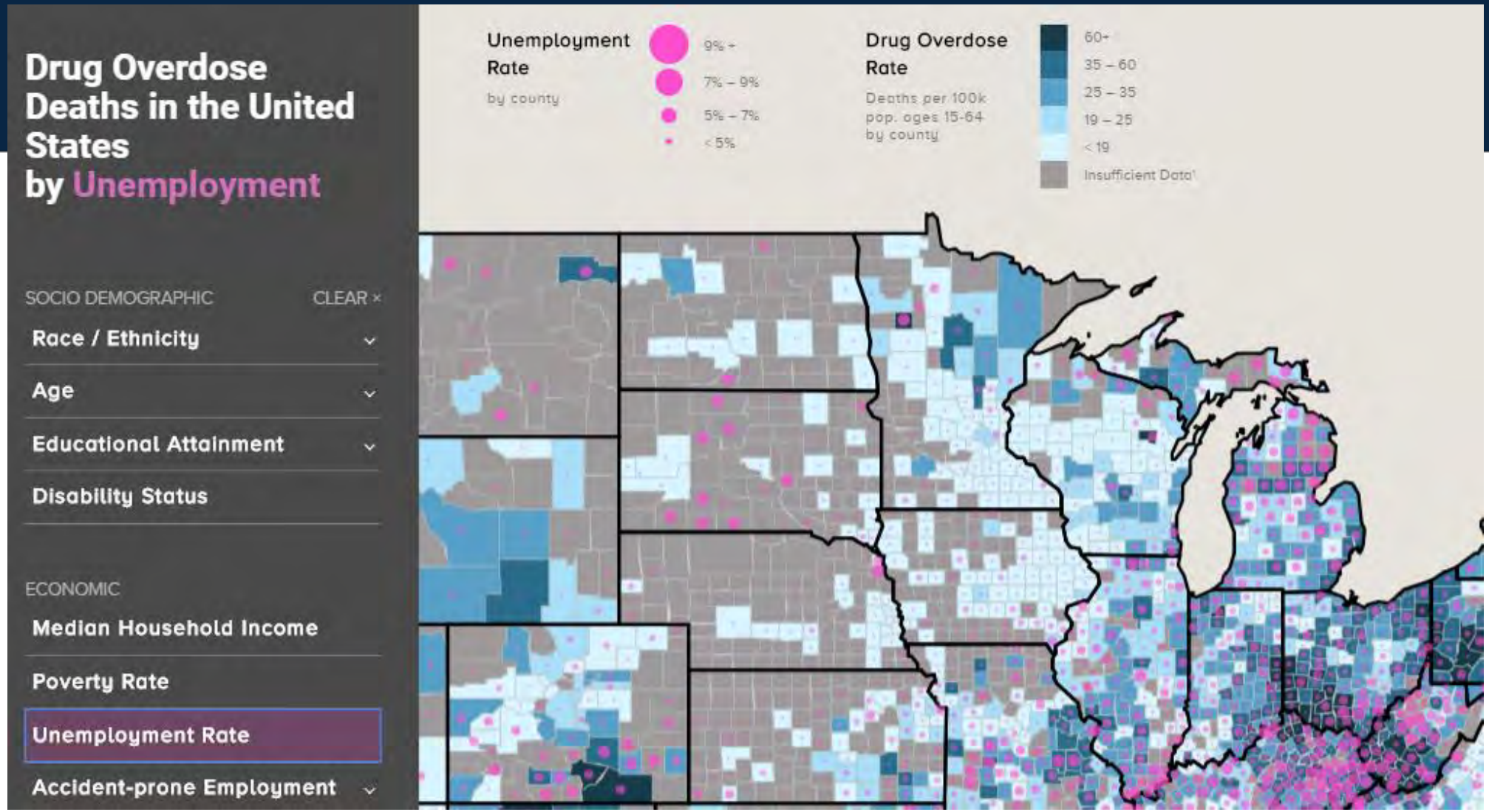


Decreasing

Community Assessment Tool
Socio demographic and economic variables

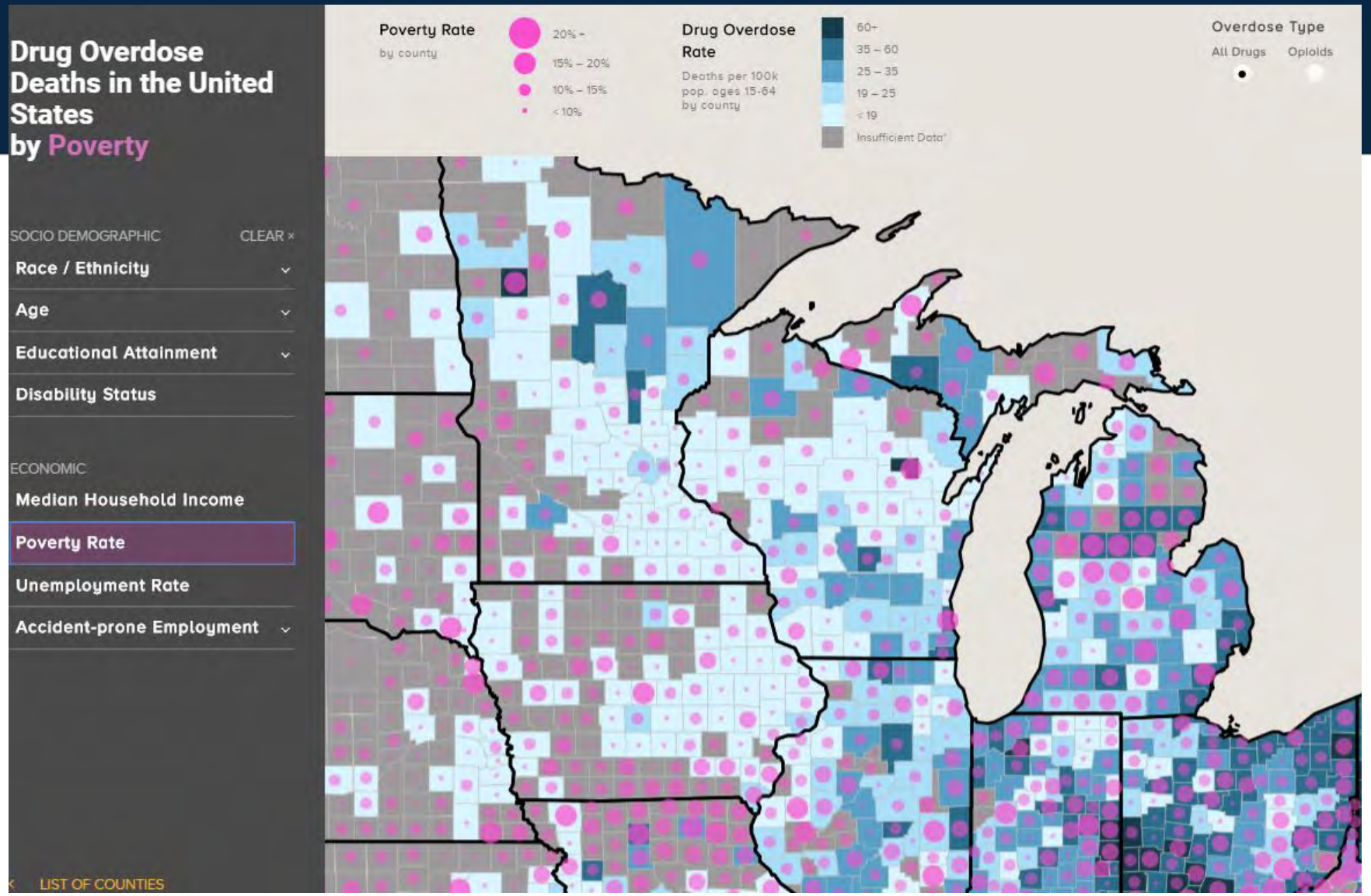
- Race/ethnicity
- Age
- Educational attainment
- Disability status
- Median household income
- Poverty rate
- Unemployment rate
- Accident-prone employment

Socio-demographic and Economic Overlays



https://opioidmisusetool.norc.org

Socio-demographic and Economic Overlays



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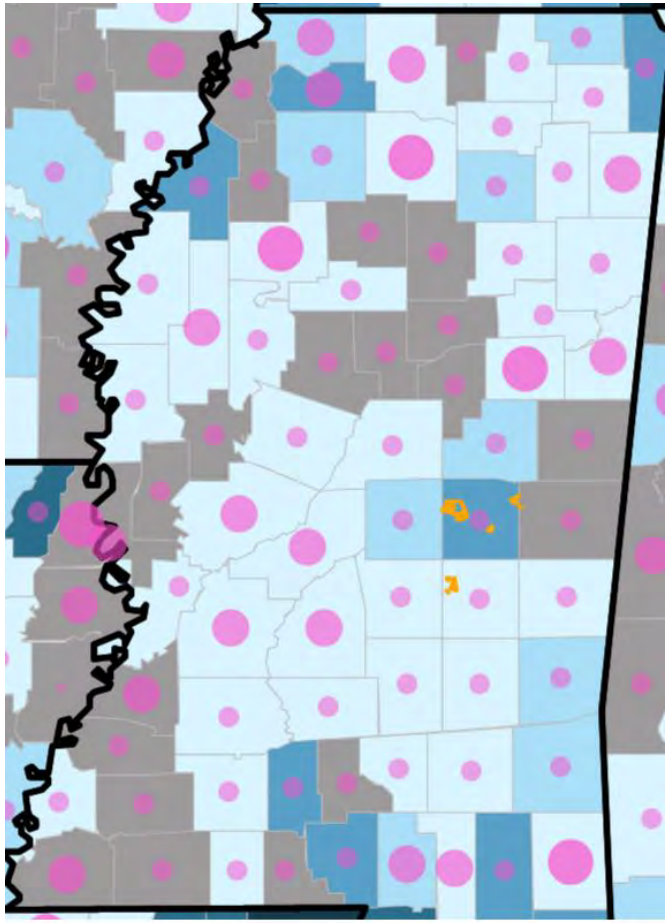
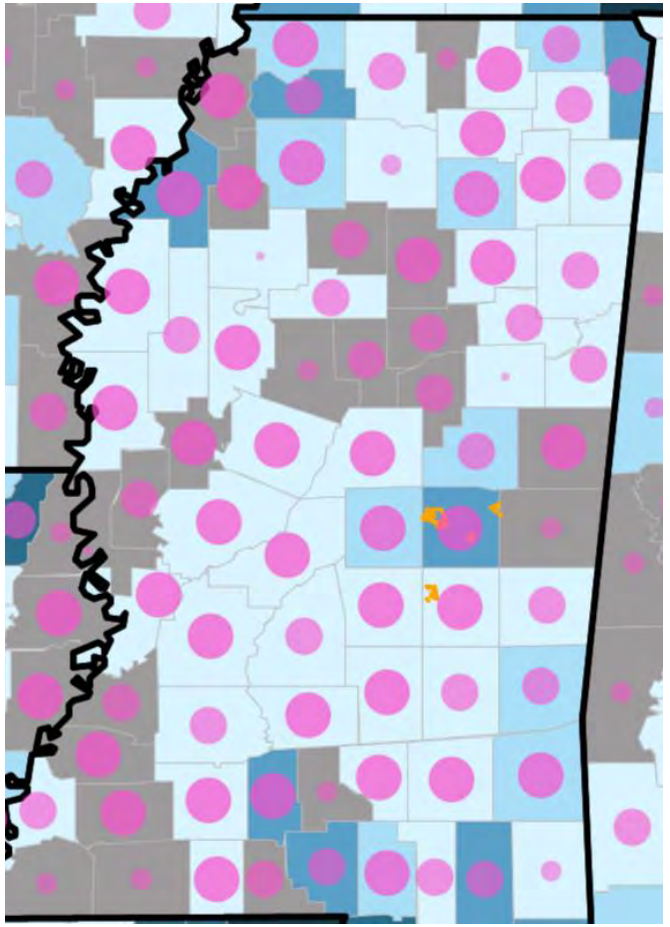
Drug Overdose Deaths by Age: MISSISSIPPI

% age 15-64

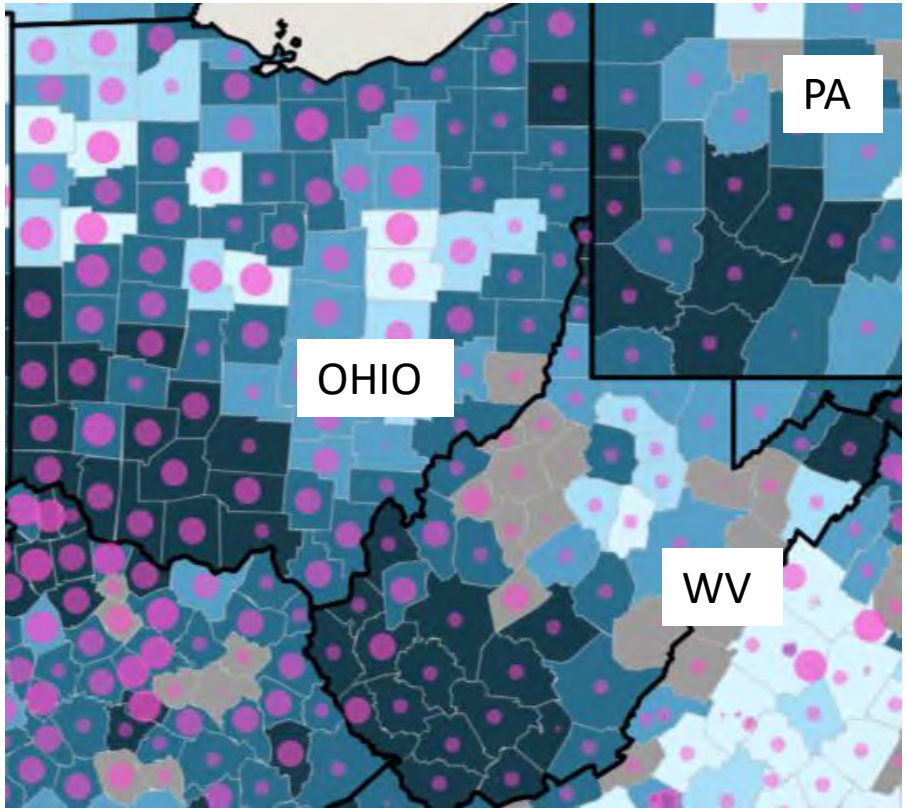


% under age 15

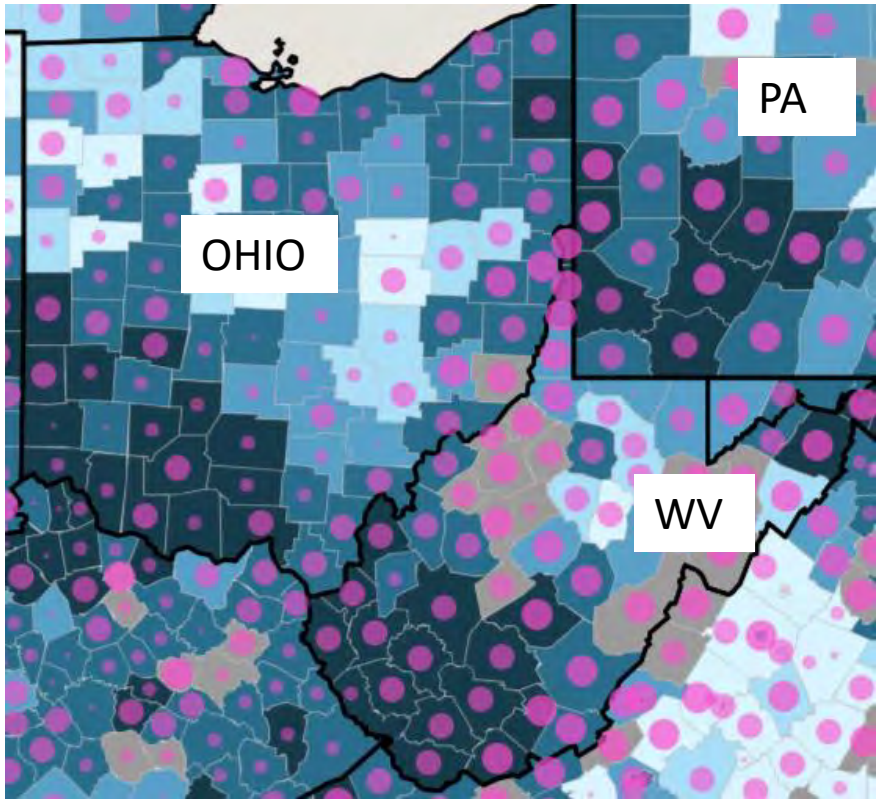


Drug Overdose Deaths by Age

% under age 15



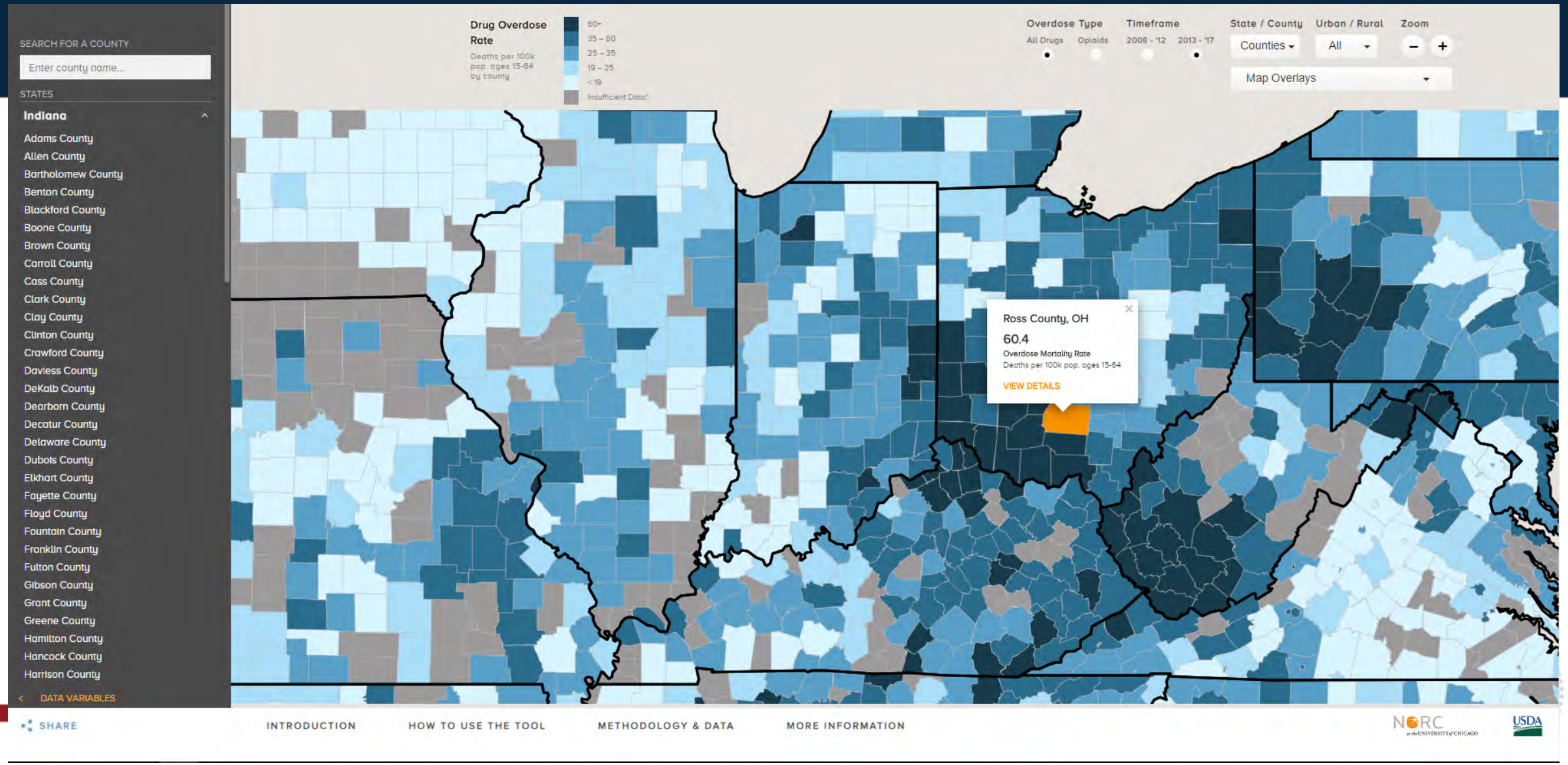
% under age 65 and above



Community Assessment Tool Updates

- Add new data sets to complete the rural story:
  - FCC – broadband access
  - DOT – rural transit gaps
  - SAMHSA – Treatment locator
  - HRSA – HPSA (Health Professional Shortage Areas)
  - USDA - Persistent Poverty
- Add a vulnerability index –
  - Factors that make rural communities vulnerable.

Community Assessment Tool
View County Details



Community Assessment Tool
One Page – County Summary

County Profile: 2013-2017

Share this Page | Print this Page

Wilson County, KS

Drug Overdose Mortality Rate

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

16.7 Kansas Drug Overdose Mortality Rate

25.1 U.S. Drug Overdose Mortality Rate

11	8,858	Rural
Total Deaths	Population	Urban / Rural

Choose County Profile Data Time Period

- 2008-2012
- 2013-2017
- Change from 2008-2012 to 2013-2017

Note: Sociodemographic and economic data are provided to show composition of the total population; they DO NOT reflect the proportions of individuals who died as a result of overdose.

*For counties with 10-19 recorded deaths over the five-year period, the crude death rate is provided.

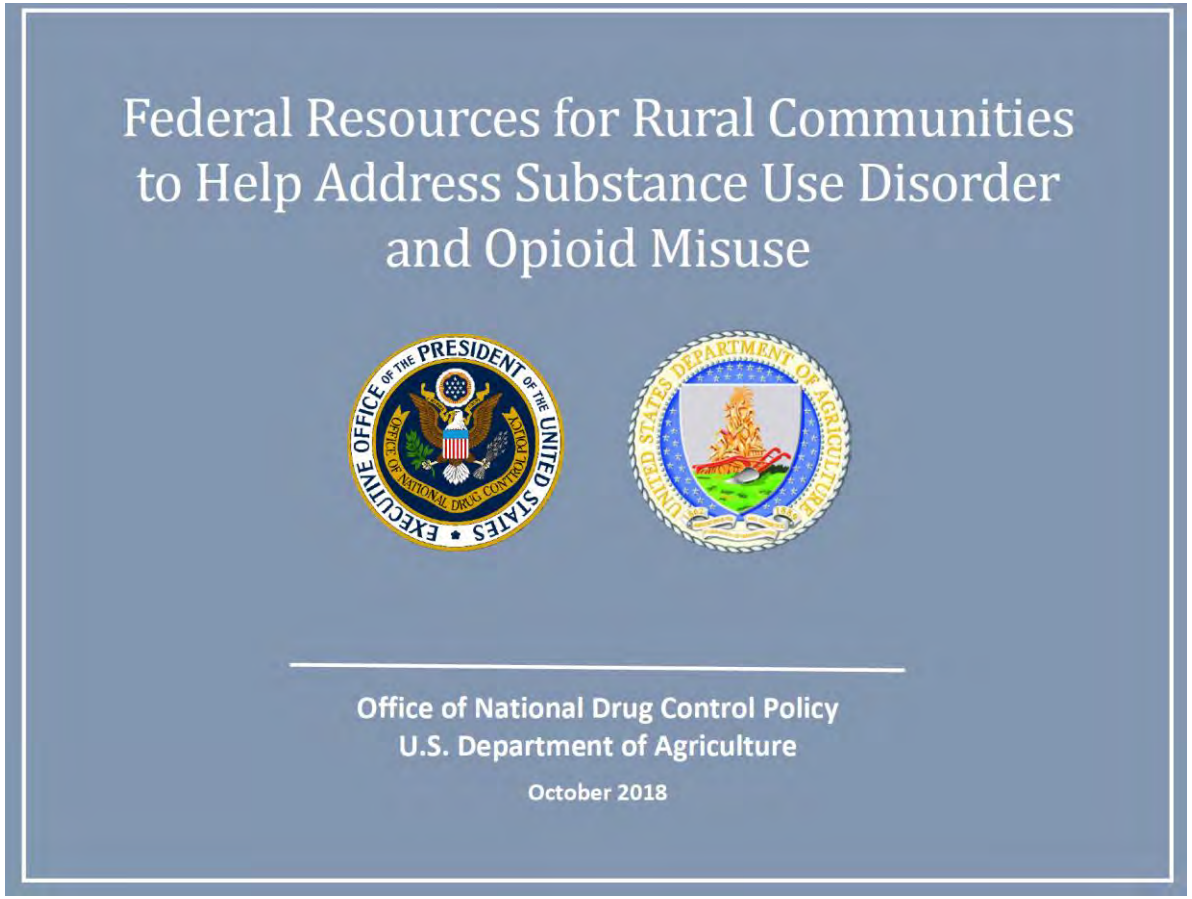
SOCIODEMOGRAPHIC	Wilson County	Kansas	United States
Race /Ethnicity			
White (non-Hispanic)	92.4%	76.5%	61.5%
African American (non-Hispanic)	0.5%	5.6%	12.3%
Hispanic or Latino	2.9%	11.5%	17.6%
Asian (non-Hispanic)	0.7%	2.9%	5.3%
Native Hawaiian/Pacific Islander (non-Hispanic)	0.0%	0.1%	0.2%
American Indian/Alaska Native (non-Hispanic)	0.4%	0.7%	0.7%
Age			
Under 15	19.7%	20.7%	19.0%
15-64	59.8%	64.7%	66.1%
65+	20.5%	14.7%	14.9%
Educational Attainment			
At least High School Diploma (25+)	87.8%	90.5%	87.3%
Bachelor's Degree or more (25+)	15.5%	32.3%	30.9%
Disability Status			
% Residents with a disability (18-64)	19.0%	10.8%	10.3%
ECONOMIC			
Median Household Income	$44,468	$55,477	$57,652
Poverty Rate	16.8%	12.8%	14.6%
Unemployment Rate	5.1%	4.8%	6.6%
Accident-prone Employment			
Construction	5.4%	4.4%	4.6%
Mining and Natural Resources	1.7%	1.5%	1.4%
Manufacturing	31.9%	11.9%	8.8%
Trade, Transportation, & Utilities	12.0%	19.1%	19.1%

OFFICE OF NA

https://opioidmisusetool.norc.org

EXECUTIVE OFFICE OF THE PRESIDENT OF THE UNITED STATES

Federal Rural Resources Guide
overview of the guide



https://www.rd.usda.gov/files/RuralResourceGuide.pdf

Federal Rural Resources Guide: Snapshot

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ONDCP has identified 26 overarching categories to organize this resource guide and help users identify potential sources of assistance for issues they find most challenging. This list is not exhaustive; many of the programs and resources listed in these pages cover a much broader range of potential uses.

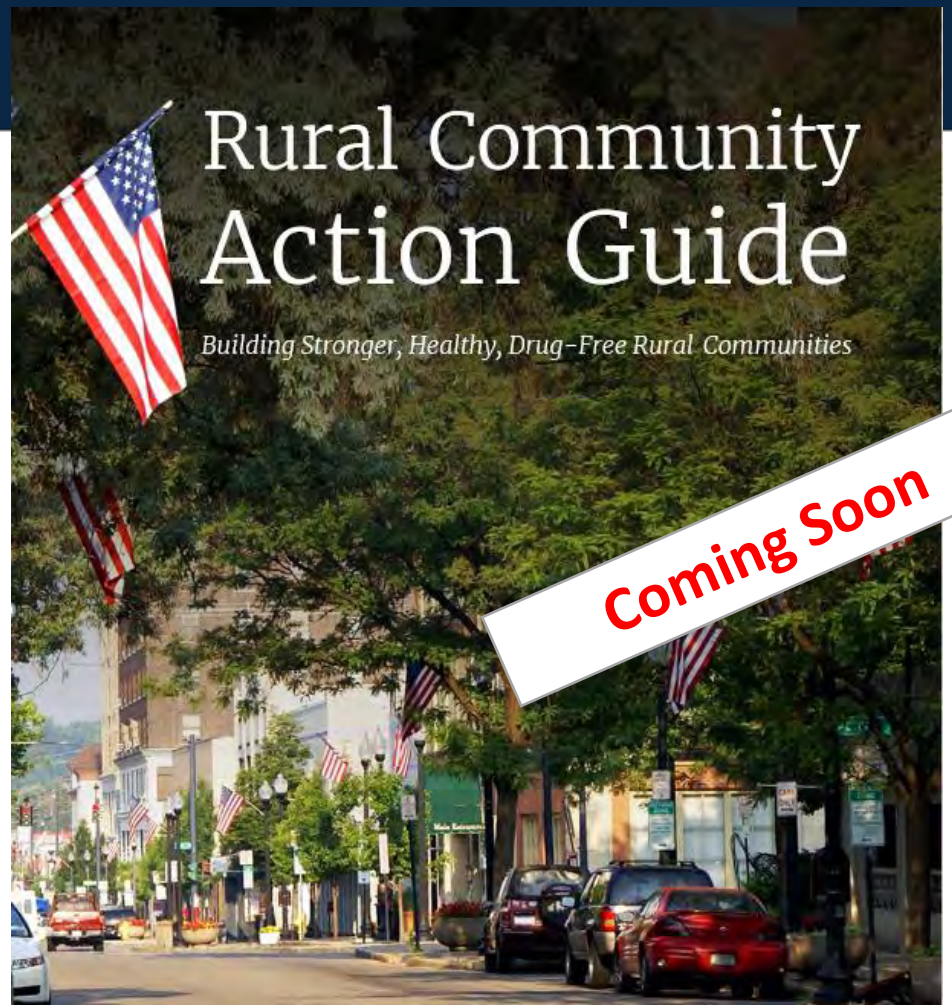
Federal Resources for Rural Communities to Help Address Substance Use Disorder and Opioid Misuse

Thursday, October 11, 2018

In May 2018, the Office of National Drug Control Policy (ONDCP) stood up a Rural Opioid Federal Interagency Working Group to help address the opioid crisis by improving coordination of and reducing potential overlap among the Federal responses in the Nation's rural communities. The IWG is co-chaired by ONDCP and USDA. This document is the first output, a guide to the resources that can help make a difference in your communities.

Program	Webpage	Resource Type
American Indian/Alaska Native		
Corporation for National and Community Service		
AmeriCorps	https://www.nationalservice.gov/focus-areas/native-american-affairs	Funding for Volunteer Support
Department of Commerce		
Economic Development Administration		
Economic Development Planning Assistance	https://www.eda.gov/pdf/about/Planning-Program-1-Pager.pdf	Funding
Department of Health and Human Services		
Indian Health Service		
Alcohol and Substance Abuse Program	https://www.ihs.gov/asap/	Funding
IT Operations Network Services	https://www.ihs.gov/oit/operations/networkoperations/	Direct Service Provider
Mental Health Program	https://www.ihs.gov/dbh/programs/	Direct Service Provider
Office of Clinical and Preventative Services	https://www.ihs.gov/ocps/aboutocps/	Direct Service Provider
Substance Abuse and Mental Health Services Administration		
Medication-Assisted Treatment-Prescription Drug and Opioid Addiction Tribal Set-Aside	https://www.samhsa.gov/grants/grant-announcements/ti-18-009	Funding

Rural Community Action Guide



SECTION 1: Face of Addiction

The Changing Face of Addiction

Moving Beyond Stigma in Rural Communities by Addiction Policy Forum

Using Data to Better Understand Substance Use Disorder and Opioid Use Disorder by NORC Walsh Center for Rural Health Analysis

SECTION 2: Impact of Addiction on a Rural Community

Managing the Push and Pull on Fiscal Resources during the Opioid Crisis by National Association of Counties

Workforce Development: Increasing Opportunities for Employment During the Opioid Crisis by National Association of Development Organizations

Rural Broadband is Fundamental to Increasing Healthcare Access in Rural Communities by The Rural Broadband Association

Bridging the Transportation Gap for Access to Substance Use Disorder Services in Rural Communities by National Rural Transit Assistance Program

Overcoming Economic Challenges Amid the Opioid Epidemic by Appalachian Regional Commission

Thank you!

Betty-Ann Bryce

Betty-Ann.M.Bryce@ondcp.eop.gov

CCAM

Coordinating Council on Access and Mobility

Coordinating Council on Access and Mobility (CCAM): Improving Transportation Access in Rural America

December 10, 2019

Danielle Nelson,
Office of Program Management,
Rural and Targeted Programs
Danielle.Nelson@dot.gov
(202) 366-2160

CCAM Mission and Organization

Mission

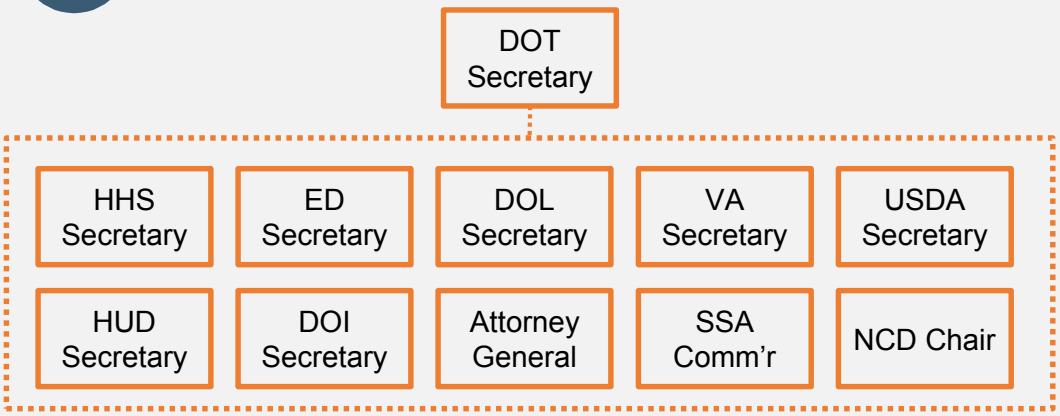
The CCAM issues policy recommendations and implements activities that improve the **availability**, **accessibility**, and **efficiency** of transportation for the following targeted populations:

- **Individuals with Disabilities**
- **Older Adults**
- **Individuals of Low Income**

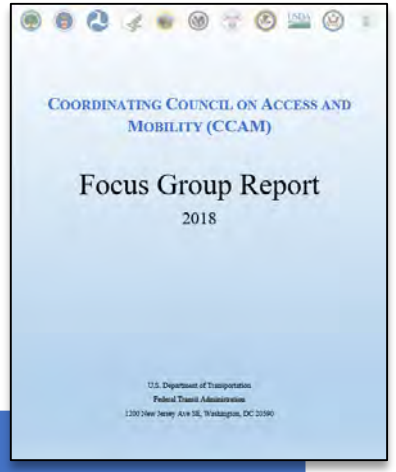
History

The CCAM is an interagency partnership **established in 2004 by Executive Order 13330** to coordinate the efforts of the Federal agencies that fund transportation for targeted populations.

Organization



2018 CCAM State Focus Group Findings



The barriers to transportation coordination reported by focus group participants are organized into barrier categories. The following barriers emerged across a majority of focus group sessions and stakeholder groups as the most prevalent barriers to coordination.

Barrier	Description
Limited Awareness	A lack of awareness of the federal funding sources available for human service transportation, the policies that enable transportation coordination, and/or the community's transportation options for targeted populations
Unengaged Stakeholders	Challenges associated with establishing and maintaining the organizational and community partnerships necessary to pursue transportation coordination
Program Restrictions	Reporting obligations, eligibility criteria, trip purpose restrictions, and other program rules that make it difficult to coordinate across different transportation programs
Insufficient Incentives	A lack of incentives or financial motivation for human service providers to pursue transportation coordination initiatives
Limited Federal Guidance	An absence of the federal guidance that states and local communities need to coordinate transportation in compliance with federal law

CCAM Program Inventory

1. ***2008: 64 programs*** were identified via the Charter Service Rule Appendix A - Federal Programs Providing Transportation Assistance
2. ***2012: 80 programs*** were identified via the GAO Report: Transportation-Disadvantaged Populations - Federal Coordination Efforts Could Be Further Strengthened: Appendix II: Inventory of Federal Programs
3. ***2019: 130 programs*** were identified via the **CCAM Program Inventory** - includes detailed program information, such as CFDA numbers and statutory references, information on recipients and beneficiaries, eligible transportation activities, etc.

Goal: Increase Coordination Among 130 Federal Transportation-Eligible Programs

https://www.transit.dot.gov/regulations-and-guidance/ccam/about/ccam-program-inventory

2020 Webinar Series: CCAM Program Inventory - A Call to Coordination

Goal: Increase local, state and federal coordination to increase transportation access for older adults, people with disabilities, and individuals with low incomes.

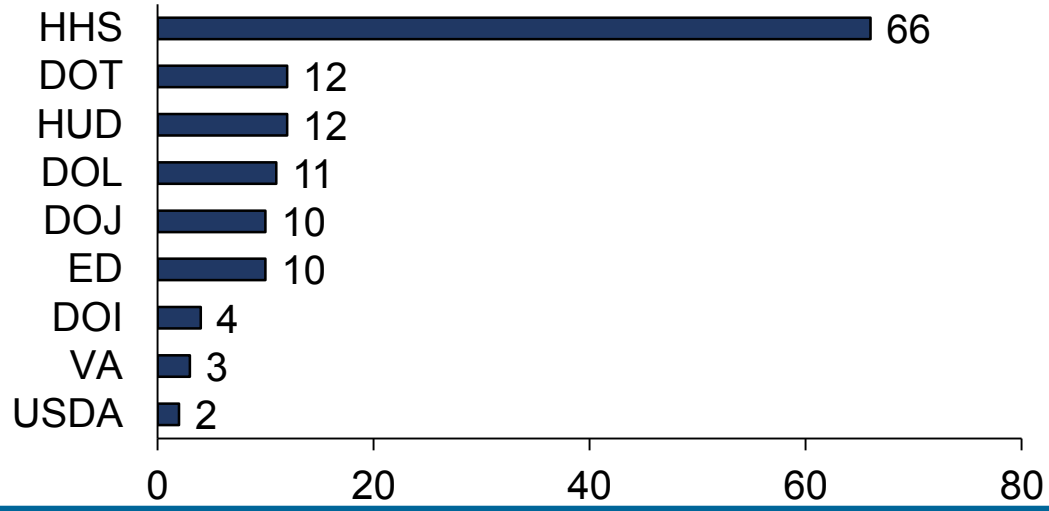
Objectives:

- Bring diverse networks together to learn from the experts:
  - Federal program managers of the 130 federal programs on the CCAM Program Inventory,
  - Current program grantees innovating in the field.
- Address the most prevalent barriers to transportation coordination, gathered through the 2018 State and Local Focus Groups.

Target Audience: Grantees of the CCAM member agencies.

Date: Second Thursday of the month (starting on Feb. 13, 2020); **Time:** 2:00 – 3:30 PM EST

Presentations will be monthly, CCAM agencies will highlight their programs. Presentations will go in order of the CCAM agency with the largest number of programs to the smallest:



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Free Mobility Management Course

U.S. Department of Transportation
Federal Transit Administration

The CCAM directed the development of an ***Advancing Mobility Management Course*** offered by the National Transit Institute (NTI). The new 2-day course aims to improve coordination between transit and non-traditional stakeholders. The interactive course highlights community partnerships that improve coordination and helps participants identify new partners to expand networks and resources.
The course is free for public transit and government agencies.

2020 Courses:

~~September 25-26, 2019 – St. Cloud, MN~~
February 5-6, 2020 -Phoenix, AZ
February 24-25, 2020 – Nashville, TN
March 25-26, 2020 – Springfield, MA
May 5-6, 2020 – Denver, CO
June 16-17, 2020 – Ithaca, NY

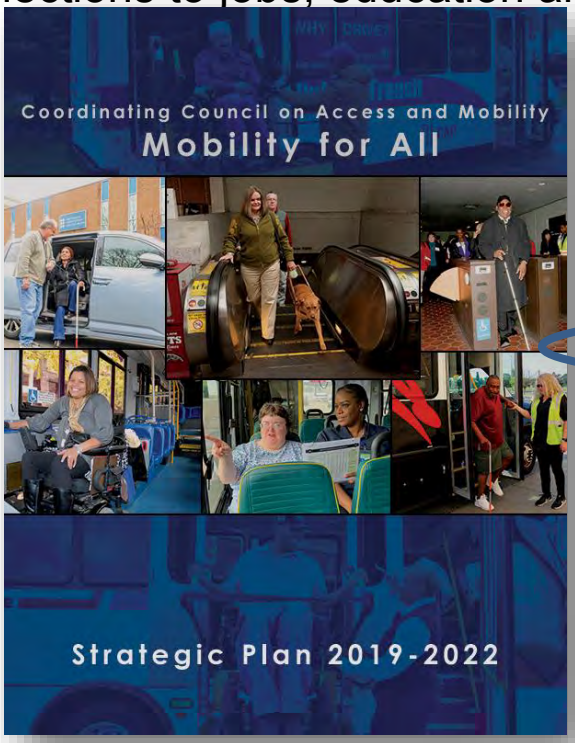
The course is designed to build the capacity of community professionals to implement and scale up mobility management strategies and initiatives, and expose participants to promising practices in the field.

Register: www.ntionline.com/advancing-mobility-management

Access and Mobility for All Grant Program

CCAM Pilot Program

On October 29, 2019, during the USDOT Access and Mobility for All Summit, Transportation Secretary Elaine L. Chao announced a Notice of Funding Opportunity for the **Access and Mobility for All Grant Program**, which seeks to improve mobility options through strategies to enhance mobility and access to community services for older adults, individuals with disabilities, and people with low incomes. The $3.5-million program will fund projects that enable transportation connections to jobs, education and health services.



Goal 4: Demonstrate Innovative Coordinated Transportation

Objective 1: Implement and evaluate CCAM pilot programs
Objective 2: Incorporate the use of innovative technologies in coordinated transportation

Public Transportation

U.S. Department of Transportation
Federal Transit Administration

Transit Passengers

FTA provides funding that delivers over 10 billion trips to public transportation customers, supporting access to jobs, education, health care and other important activities.

Transit Agencies & Assets

- 4,000 public transit providers
  - 900 FTA grantees (States, transit agencies & Tribes)
  - 3,000+ Recipients of FTA funds through the States
- 130,000 transit vehicles

Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities

U.S. Department of Transportation
Federal Transit Administration

	FY 2019
Enhanced Mobility of Seniors and Individuals with Disabilities Program (Section 5310)	$278,247,957

- **Program Purpose:** To improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options
- **Eligible Recipients**: States, Tribes and Designated Recipients. Nonprofits, local government authorities, or operators of public transportation are eligible as sub-recipients
- **Eligible Projects**: Vehicles, volunteer driver programs, mobility management, technology, travel training, etc.

Disability & Addiction

Section 5310 Fact Sheet:

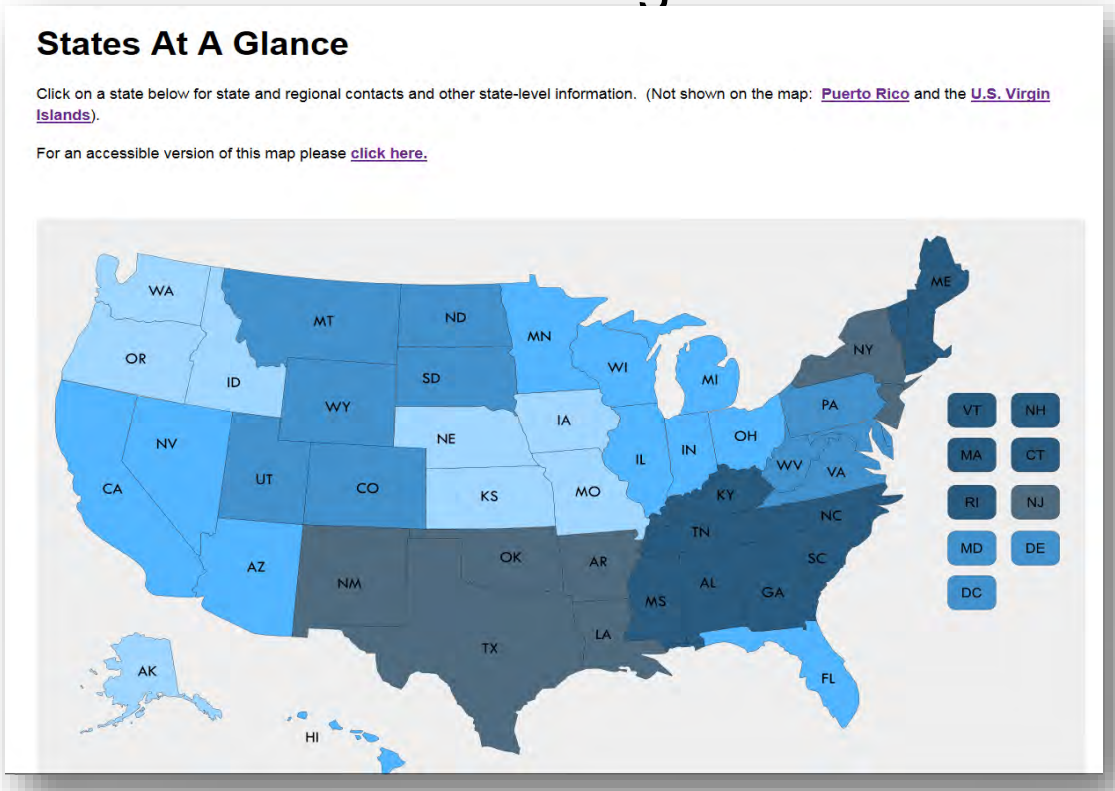
"A person whose addiction to drugs poses a substantial limitation on one or more major life activities is a person with a disability and is eligible to receive transportation through this program, including to a drug treatment center"
https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/funding/grants/37971/5310-enhanced-mobility-seniors-and-individuals-disabilities-fact-sheet_1.pdf

Section 5310 Requires a Coordinated Transportation Plan

U.S. Department of Transportation
Federal Transit Administration

A locally developed, coordinated transportation plan:
https://nationalcenterformobilitymanagement.org/states-at-a-glance/

- Identifies the **transportation needs** of individuals with disabilities, older adults, and individuals with low income
- Provides **strategies** for meeting those needs
- **Prioritizes** transportation services for funding and implementation



Free Transportation Resources

U.S. Department of Transportation
Federal Transit Administration

National Center for Mobility Management
website: www.nc4mm.org phone: 1-866-846-6400
email: info@nc4mm.org Annual Community Grants

National Aging and Disability Transportation Center
website: www.nadtc.org phone: 1-866-983-3222
email: contact@nadtc.org Annual Community Grants

Rural Transit Assistance Program
website: www.nationalrtap.org 1-888-589-6821
email: info@nationalrtap.org

Access Challenges in Rural Communities

Transportation to Treatment and Recovery
December 10, 2019

National RTAP
Rural Transit Assistance Program

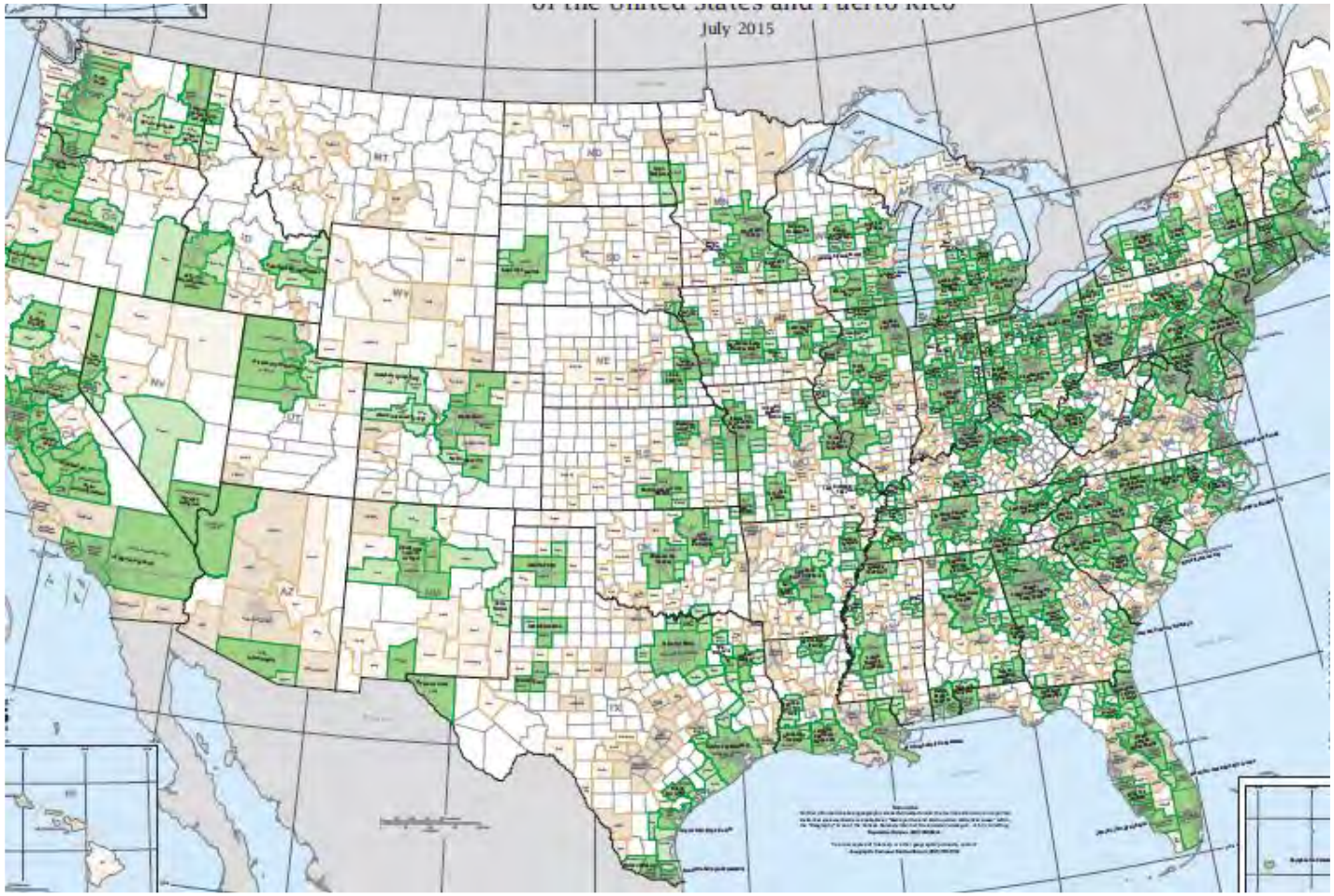
FTA U.S. Department of Transportation
Federal Transit Administration

Agenda

- Access challenges
- How do I find transit?
- What tools and resources are available to assist community health programs interested in increasing access to healthy food, medical and social services and activities?
- How have tribal and rural communities developed strategies for effective service?

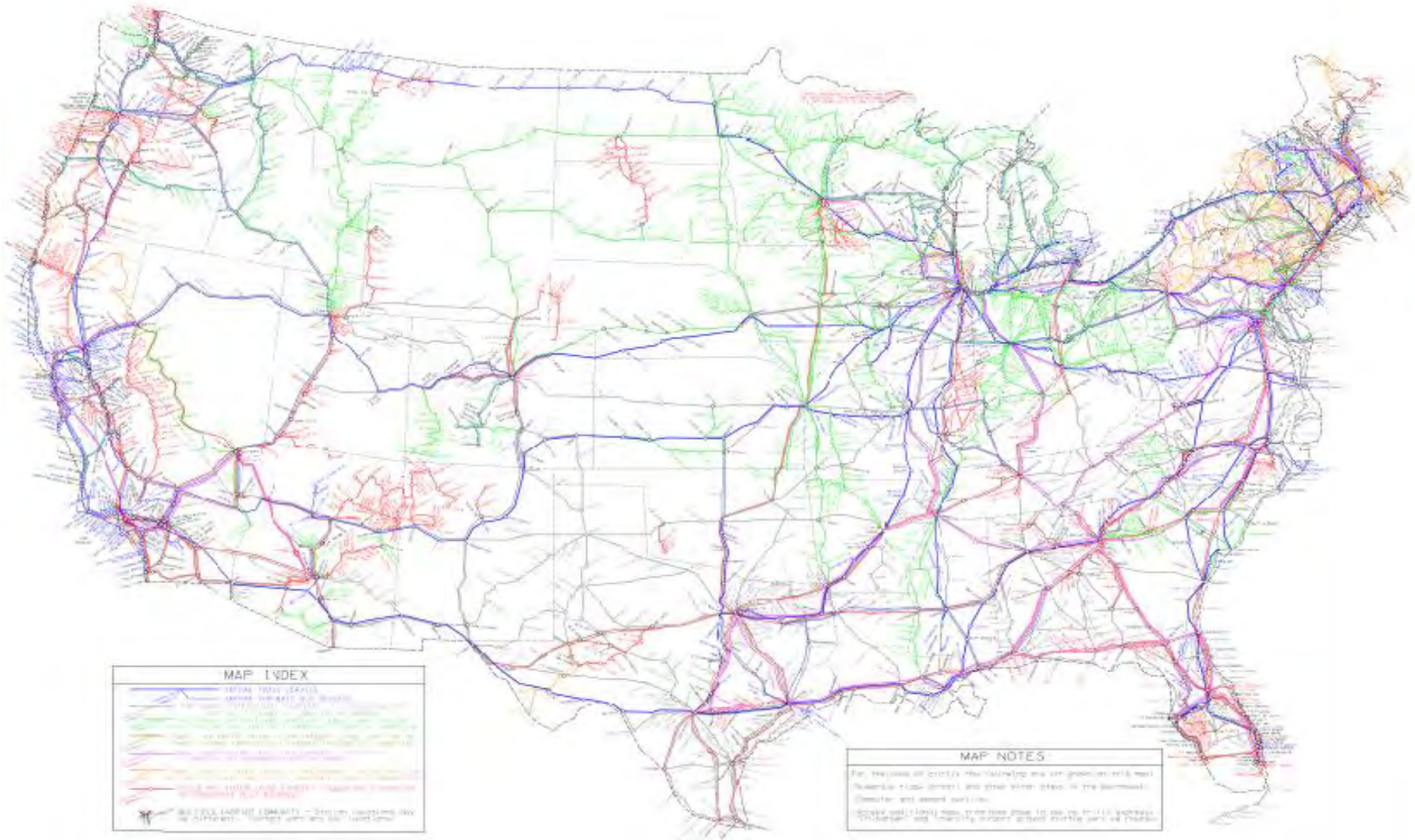
Access Challenges

Rural and Urban

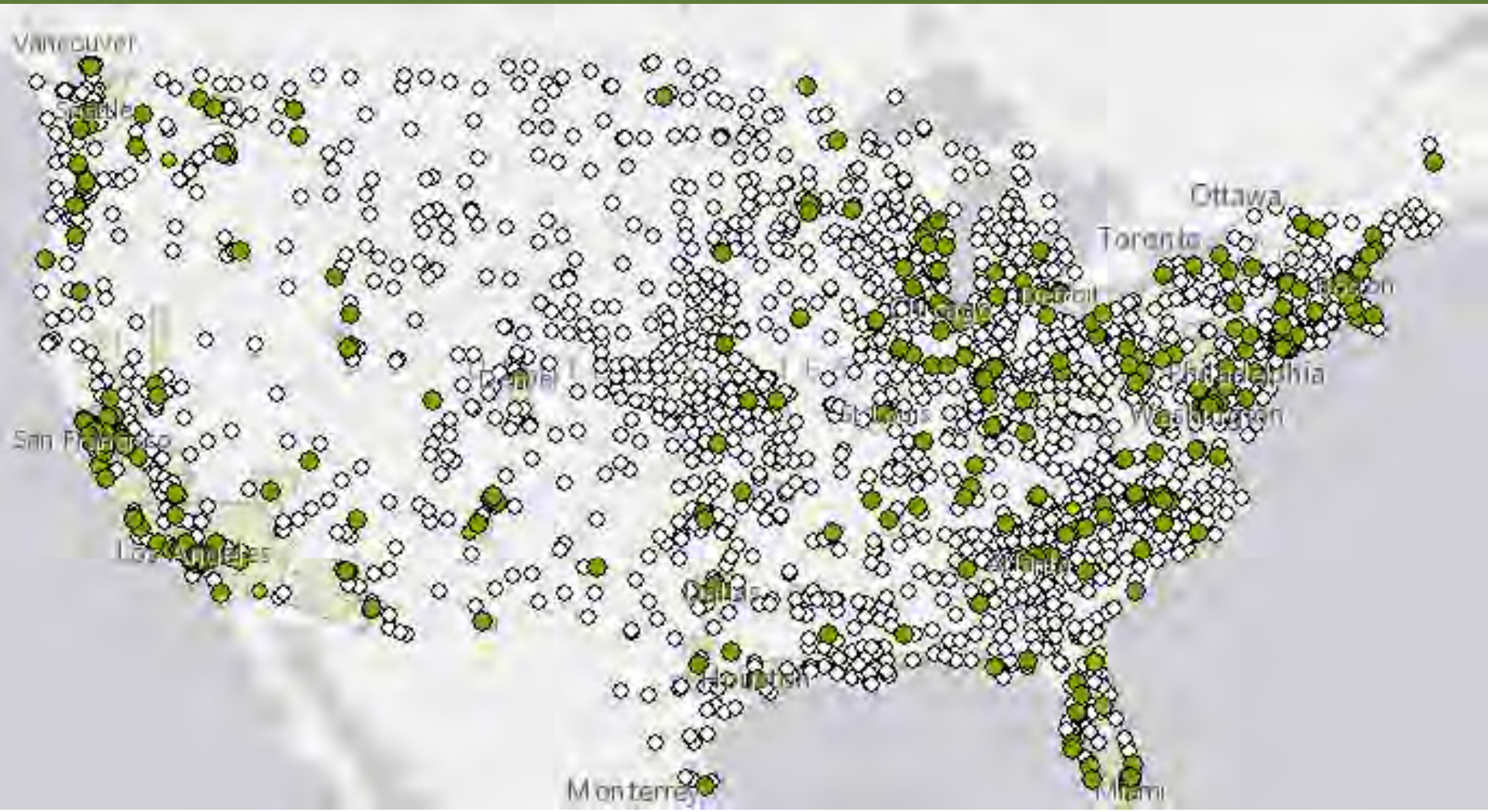


A National Network of Services

US Intercity Bus and Rail



What is out there: US Transit Map



[Bureau of Transportation Statistics]

Access Challenges and Shared Values

- The NRTAP transit and mobility vision is
  - *safe,*
  - *secure,*
  - *compliant,*
  - *efficient and*
  - *effective*
- rural and tribal transit reflecting the needs and values of communities individually and nationally.
- Through NRTAP Review Board, state RTAP manager and operator forums, rural and tribal operators can share interests and needs, as well as guide development of products and services to achieve our vision.
- Local/State Coordinated Human Service and Transportation Plans

Challenges

Infrastructure, Demographics, Data and Distance

- **17% of people over 65 don't drive,** *Stuck Without Options, AARP 2012*
- Between 2000 and 2007, older adults **age 65 and older** accounted for nearly **22 percent of total pedestrian fatalities**. *Dangerous By Design AARP 2011*
- 8% of people urban or rural are **mobility challenged**, Oregon DOT Research 1998
- **Healthcare is only 10% of health**, Kaiser Family Foundation. Social determinants of health.

How do I Find Transit?

How do I find transit : Steps 1 to 3

In a rural area you may not see a bus stop but that is not the first step:

1. **What do you or your clients need?**
   - Ask them. Where to where, when, if they have a way is it reliable?
   - If you know who your transit operator is ask them what information they need to help you translate your client needs into transportation speak.
2. **Google the name of the location** you are working with and the word ”transit” in one search. This is to find the closest transit to your project
   - Try it with the county name if nothing comes up
   - If you still get nothing call the state DOT transit section and ask about services in the area, potentially demand response transit (DRT) or social service grantees.
3. **If there is transit in the area talk to them**
   - Ask whether they have a transit plan, get a copy, it may just be a project list
   - If they receive FTA 5310 they have a coordinated human service and transportation plan. The state may have one statewide plan.

Above Average Fatality Rate, Income, and Employment

County Profile: 2013-2017

Knox County, TN

Drug Overdose Mortality Rate

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

32.2 Tennessee Drug Overdose Mortality Rate

25.1 U.S. Drug Overdose Mortality Rate

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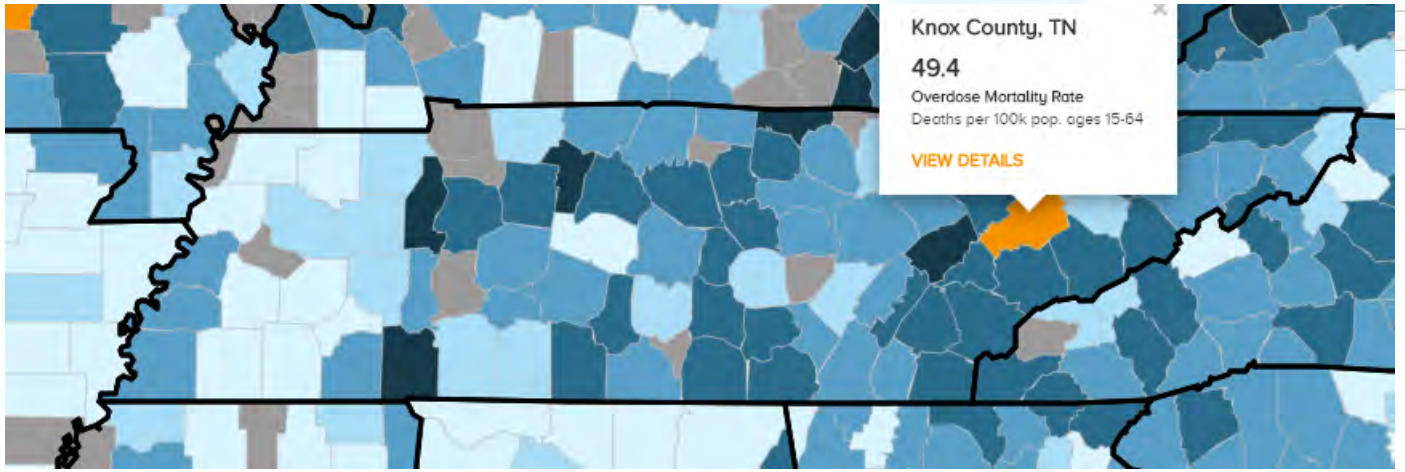
	Knox County	Tennessee	United States
Race /Ethnicity			
White (non-Hispanic)	82.7%	74.3%	61.5%
African American (non-Hispanic)	8.8%	16.7%	12.3%
Hispanic or Latino	4.0%	5.2%	17.6%
Asian (non-Hispanic)	2.1%	1.7%	5.3%
Native Hawaiian/Pacific Islander (non-Hispanic)	0.0%	0.1%	0.2%
American Indian/Alaska Native (non-Hispanic)	0.2%	0.2%	0.7%
Age			
Under 15	17.7%	18.8%	19.0%
15-64	67.5%	65.8%	66.1%
65+	14.8%	15.4%	14.9%
Educational Attainment			
At least High School Diploma (25+)	90.9%	86.5%	87.3%
Bachelor's Degree or more (25+)	36.5%	26.1%	30.9%
Disability Status			
% Residents with a disability (18-64)	10.7%	13.6%	10.3%

742	452,286	Urban
Total Deaths	Population	Urban / Rural

Choose County Profile Data Time Period

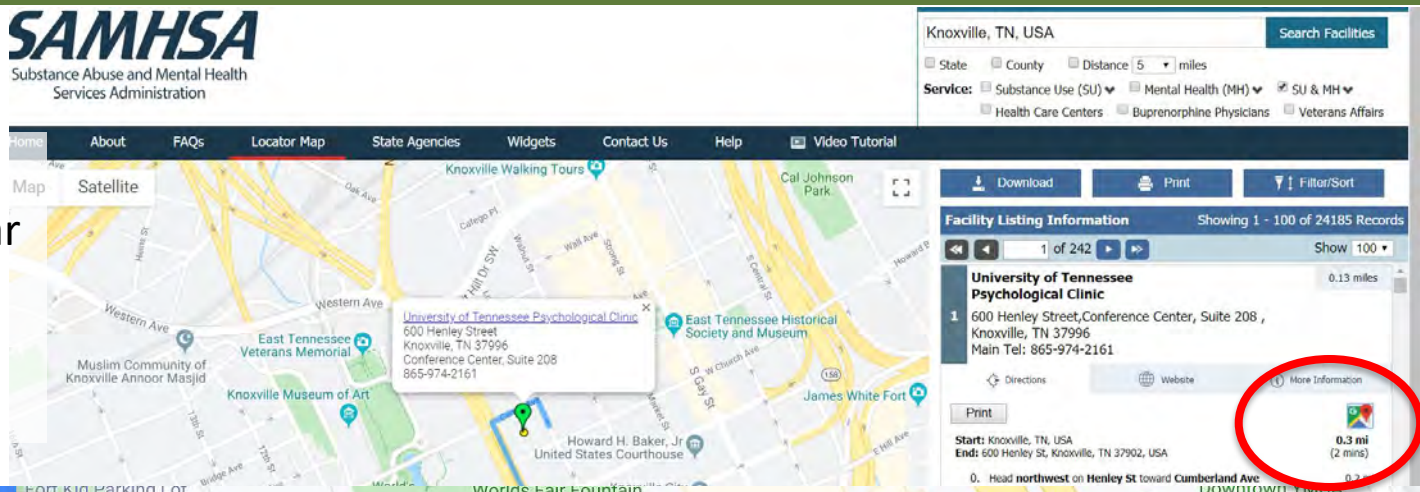
- 2008-2012
- 2013-2017
- Change from 2008-2012 to 2013-2017

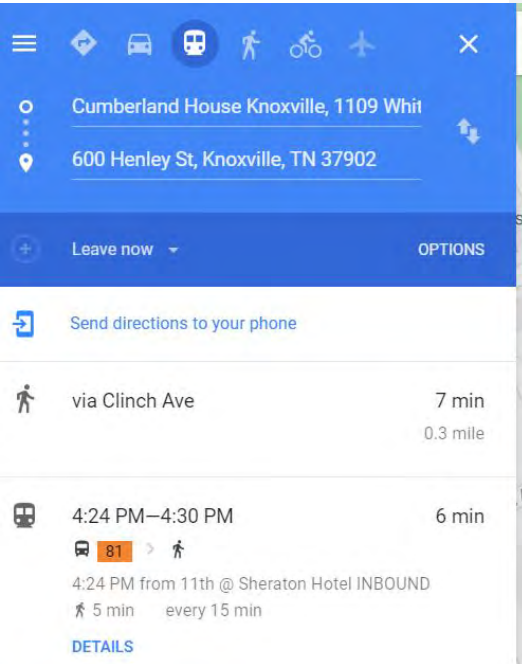


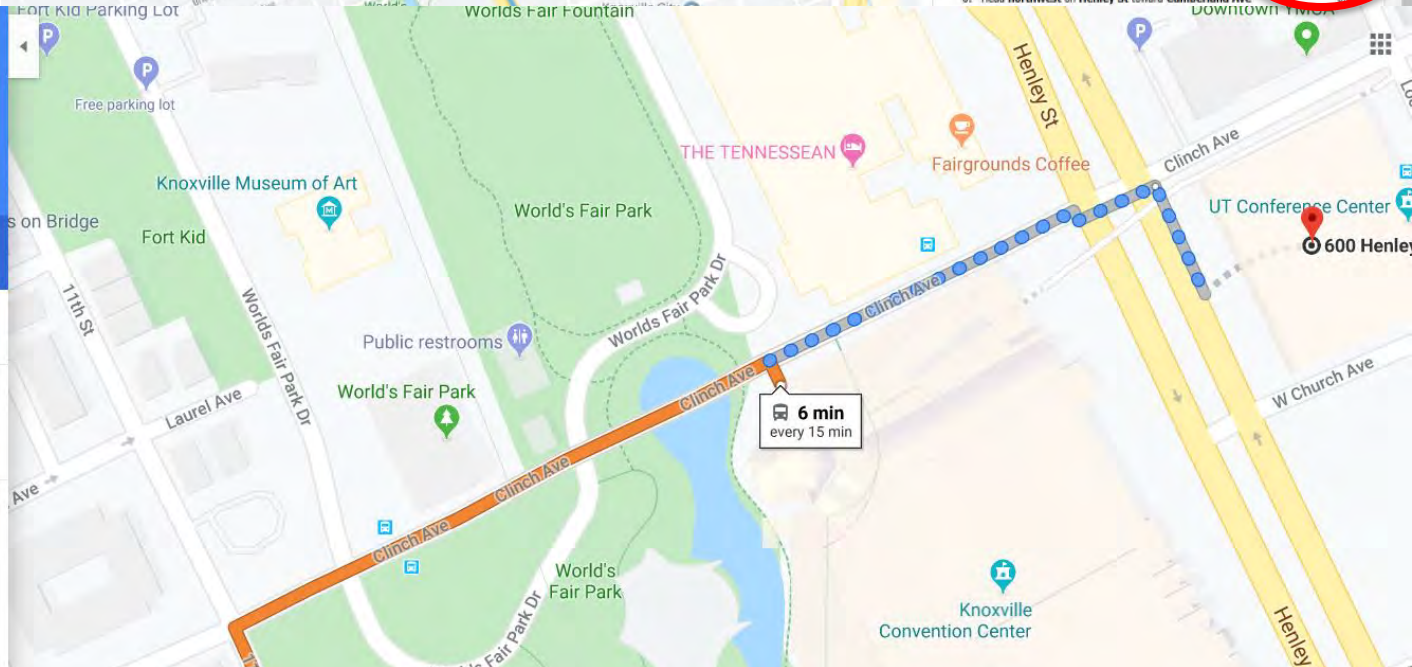
[Opioid Misuse Tool]

Accessing Treatment

- The website now has directions for your car but can also provide transit if you open Google maps.







How do I find transit : Steps 4 and 5

4. Go to Google Transit and put in a trip between your project location and the nearest grocery store

   a) Does anything come up?

   b) If you don't get anything go to the closest larger community and propose a trip to the next larger city. This will surface any proximate intercity services with rail or bus.

5. Meet with the closest transit provider to talk about the transportation issues your program and clients are facing.

   a) Have you surveyed your clients to identify what their transportation needs are for your program and other areas in their life?

   b) Ask the transit program how you can work with them to identify costs for meeting those needs and strategies for meeting those needs.

How do I find transit : Step 6

6. Define a project that would meet the needs of your clients
    1. Does the transit agency want to work with you? They may not have any resources or may be maxing out their existing resources. They may have ideas for strategies that build on existing resources and cost allocation methodology.
    2. What resources can you bring to the table to help develop the services for your clients?
        a) Ability to talk to your clients about transportation needs.
        b) Potential to support travel costs with program funds.
        c) Assistance writing grants or letters of support for potential grant projects
        d) Coordinating or convening community partners.

Simple or More In-depth

Where did you come from today to get here?

- ❑ Home
- ❑ Work
- ❑ _____

How did you get here?

- ❑ Personal vehicle
- ❑ Friend drove
- ❑ Transit
- ❑ Taxi
- ❑ Hitched a ride

Your Next Trip here?

- ❑ Same as today
- ❑ Most likely travel mode_____
- ❑ Most reliable transportation_____

Other transportation needs?_____

STAKEHOLDER INTERVIEW GUIDE DISCUSSION QUESTIONS

1. What "services" does your organization provide and do you directly service clients/customers?

2. Do you directly provide any transportation services? If yes,
   a. Who is eligible for your transportation services?
   b. What type of vehicles do you use and how many do you have?
   c. How many rides do you provide on an annual basis?

3. Do you fund transportation services from other providers (i.e. buy tickets or passes, subsidize their operations etc)?

4. How do clients/ customers/ workers typically access your location?
   At what times / days of week?
   Do you feel transit is an important component of this community? Why or why not?

6. What markets or demands do existing services cover well today? E.g. seniors? Particular communities, Particular trip types?

7. What markets or demands do existing services NOT cover well today? Are there gaps in a. Destinations served b. Trip types completed c. Time of travel offered d. Other

8. Do you see any future trends that will modify the size or nature of these markets in the future? E.g. major hospitals or service centers re-location to/from the region, major senior residential developments, other growth in senior populations etc.

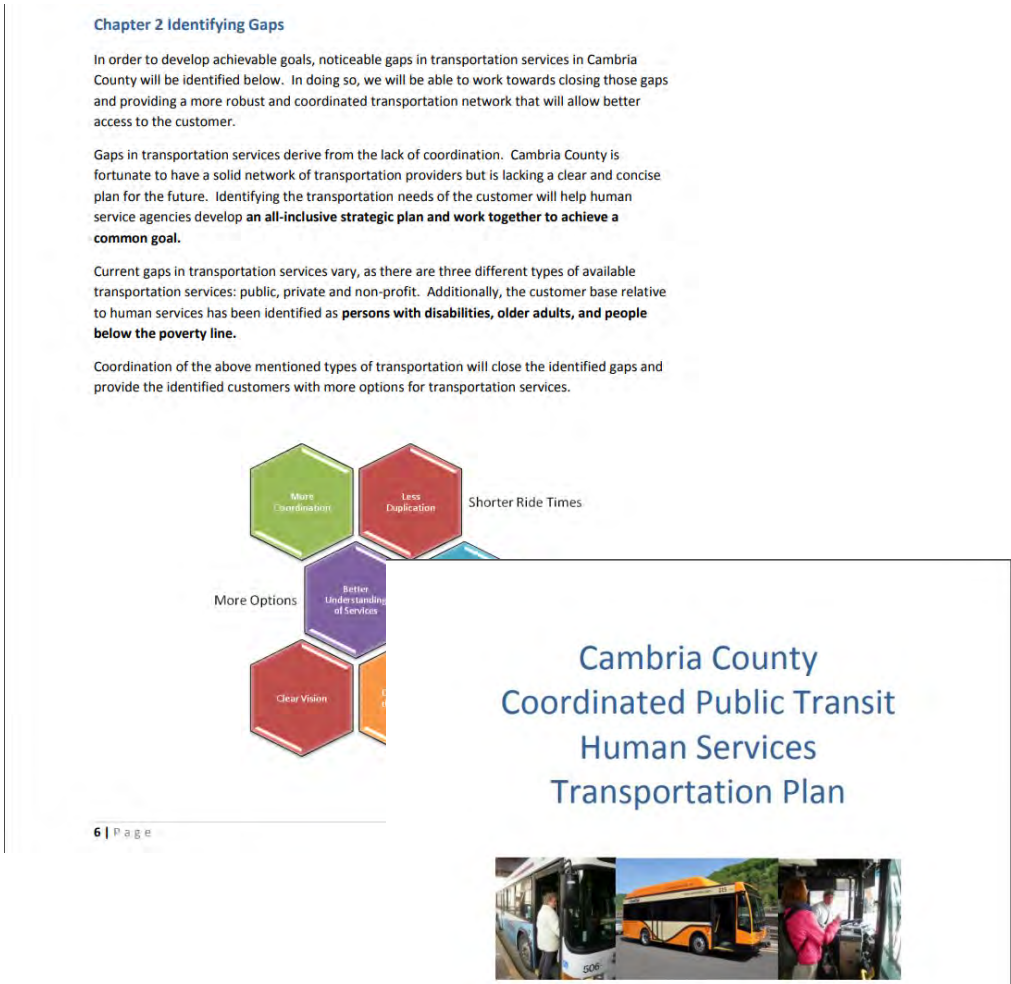
9. Are there barriers to using existing services (fares too high, eligibility restrictions, capacity limitations etc)?

10. Are there cultural barriers that need to be addressed (language etc)? What opportunities are being considered to address them?

11. What might attract more riders?
    a. More frequent service?
    b. Service at different times of day?
    c. Service on different days of week?
    d. Service to new destinations/communities?
    e. Reduced fares?
    f. Better information on how to ride transit
    g. Better security?

Existing Needs Assessment

- Find the plan:
  - Coordinated Human Service Transportation Plan
  - Transportation Development Plan
  - Transit Plan
- Check the plan for projects
- Find out who is on the committee
  - Get on the committee
  - Send a letter to the committee
- When is the next update?
- How do you submit projects?



Chapter 2 Identifying Gaps

In order to develop achievable goals, noticeable gaps in transportation services in Cambria County will be identified below. In doing so, we will be able to work towards closing those gaps and providing a more robust and coordinated transportation network that will allow better access to the customer.

Gaps in transportation services derive from the lack of coordination. Cambria County is fortunate to have a solid network of transportation providers but is lacking a clear and concise plan for the future. Identifying the transportation needs of the customer will help human service agencies develop **an all-inclusive strategic plan and work together to achieve a common goal.**

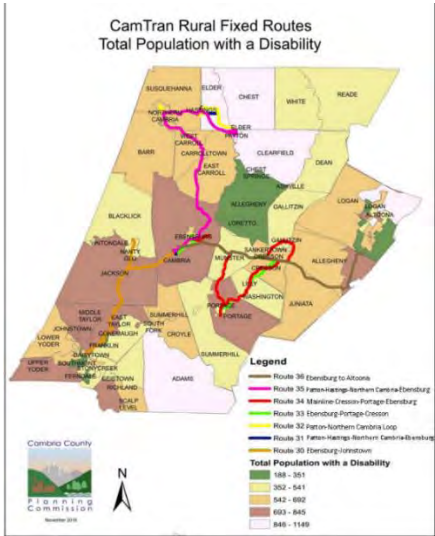
Current gaps in transportation services vary, as there are three different types of available transportation services: public, private and non-profit. Additionally, the customer base relative to human services has been identified as **persons with disabilities, older adults, and people below the poverty line.**

Coordination of the above mentioned types of transportation will close the identified gaps and provide the identified customers with more options for transportation services.

Cambria County
Coordinated Public Transit
Human Services
Transportation Plan

How do I find transit : Step 7

7. What is the project funding process.
   a) Ask the agency managing the plan to describe the process. Ask the state transit program the same question. There are resources for planning and projects at the state level and the local level. In communities over 50k there are Metropolitan Planning Organizations that include transit plans.
   b) Federal transit receives an annual appropriation. The state allocates and subgrants the money differently in every state. The state spending plan is a 4 year horizon. A project must be in a PLAN to be funded.
   c) You can amend plans, or sometimes descriptions are so vague you can be added into the detail with a minimum of work.
   d) Transit Programs and State DOTs want to help you.
   e) Letting them know what your needs are helps them.

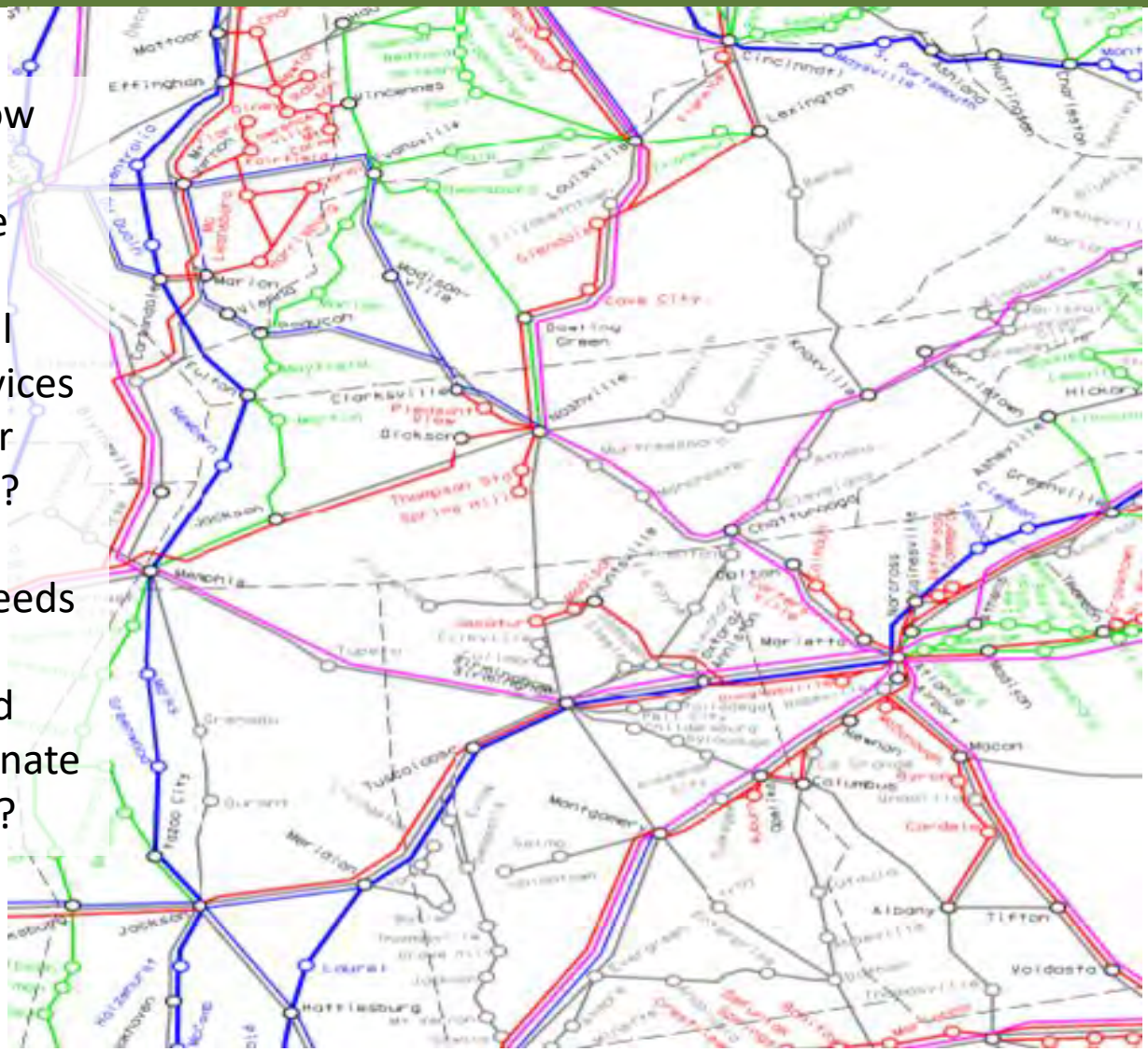


Challenges and Strategies

Appalachian Access

US Intercity Bus and Rail

- Long distances low connectivity
- Not many service hubs
- How well do local and regional services connect to longer distance services?
- How well do transportation needs for medical, employment, and education coordinate with local transit?



Regional Intercity Access

US Intercity Bus and Rail

Regular Travel Options in Rural Areas

CATA

Home | About CATA | Announcements | Contact | How-To Videos | Services & Schedules

Vanpool Program

CATA launched a community **VANPOOL PROGRAM** in October 2007 with six vanpool groups. The program has grown to over 35 vanpool groups. All vanpools must begin or end in the State College/Bellefonte areas. Groups are currently coming from the Lewistown, Lock Haven, Huntingdon, Philipsburg, Altoona, Hollidaysburg, Cresson, Loretto, Snow Shoe, and Tyrone areas.

A vanpool group is typically 7 – 15 people who share their commute. The vanpool travels from home (or a pre-arranged meeting place) to work, school, or other destination. To be cost-effective, the vanpool group should travel at least 40 miles round trip each day.

CATA provides the van, insurance coverage, maintenance, and a fuel card. The fleet card provides fuel for the vanpools tax-free and volume discounted – keeping costs even lower for the group. The driver is given access codes to use the card at the pump, and CATA gets the bill! The vanpool group shares the total cost of the operation, which is determined by a base price plus a per mile charge. Fares are billed to the

FORMS

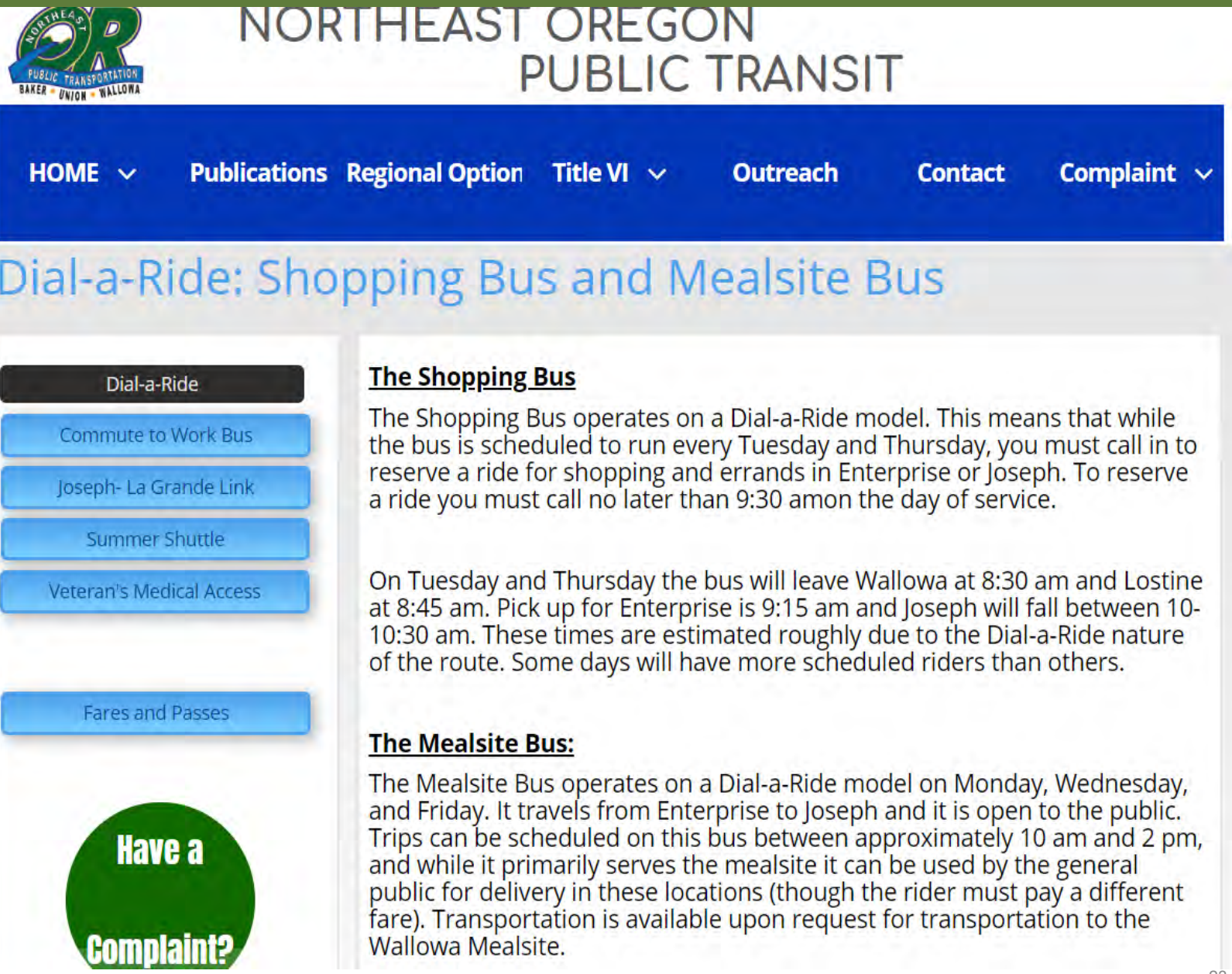
- Participant Agreement
- Driver Agreement
- Driver Application
- Daily Log
- Reasonable Suspicion Incident Form
- **CATA**COMMUTE Conflict/Complaint Form
- Driver Disclosure Authorization
- Vanpool Participant Withdrawal Form
- Payment Receipt

INFORMATION

- Vanpool Handbook

Community Connections of NE Oregon

- Wallowa County
  - Demand response transit
  - Work shuttle
  - 4 days a week intercity connection
  - Summer circulator to State Park
  - Medicaid transportation
  - Veterans Shuttle
- Union County
  - Fixed Route service
  - Intercity and Regional Transit Hub
  - Medicaid transportation
  - Pilot service and Cost Benefit for medical trips
- Baker County
  - Deviated Fixed
  - Regional commuter connector
  - Shopper Shuttle to Halfway 1x per week
  - Medicaid transportation
  - Veterans transportation
- Shared Strategies
  - Coordinated planning
  - Shared Tech platform
  - Shared Admin through the triple A
  - Bike Bus access


NORTHEAST OREGON
PUBLIC TRANSIT
HOME
Publications
Regional Option
Title VI
Outreach
Contact
Complaint
Dial-a-Ride: Shopping Bus and Mealsite Bus
Dial-a-Ride
Commute to Work Bus
Joseph- La Grande Link
Summer Shuttle
Veteran's Medical Access
Fares and Passes
Have a Complaint?
The Shopping Bus
The Shopping Bus operates on a Dial-a-Ride model. This means that while the bus is scheduled to run every Tuesday and Thursday, you must call in to reserve a ride for shopping and errands in Enterprise or Joseph. To reserve a ride you must call no later than 9:30 amon the day of service.
On Tuesday and Thursday the bus will leave Wallowa at 8:30 am and Lostine at 8:45 am. Pick up for Enterprise is 9:15 am and Joseph will fall between 10-10:30 am. These times are estimated roughly due to the Dial-a-Ride nature of the route. Some days will have more scheduled riders than others.
The Mealsite Bus:
The Mealsite Bus operates on a Dial-a-Ride model on Monday, Wednesday, and Friday. It travels from Enterprise to Joseph and it is open to the public. Trips can be scheduled on this bus between approximately 10 am and 2 pm, and while it primarily serves the mealsite it can be used by the general public for delivery in these locations (though the rider must pay a different fare). Transportation is available upon request for transportation to the Wallowa Mealsite.

National RTAP Technical Assistance Conference

Robin Phillips

Executive Director
National Rural Transit Assistance Program
718 7th Street NW, Washington, DC 20001
www.nationalrtap.org
888.589.6821 Main toll Free
781.697.7194 Cell

4th National RTAP Technical Assistance Conference

September 15-18 Portland Oregon

4th National RTAP
Technical Assistance Conference
Charting New Trails
FOR Rural & Tribal Transit

National RTAP
Rural Transit Assistance Program

TDOT
Department of Transportation

Rural Transportation for Vulnerable Populations

Rural SUD Workshop - Knoxville, TN

December 10, 2019

Rural Transit in Tennessee

Nine Human Resource Agencies and Development Districts provide demand-response public transportation services across Tennessee

Human Resource Agencies

- Northwest TN HRA
- Delta HRA
- Southwest HRA
- Mid-Cumberland HRA
- South Central TN Development District
- Upper Cumberland HRA
- Southeast TN HRA
- East TN HRA
- First TN HRA (Net Trans)

Accessing Rural Transit Services

- Take advantage of existing resources
- Public transit is available in all 95 counties of Tennessee
- Individuals can arrange public transportation trips by contacting their local Human Resource Agency or Development District
- Agencies can also arrange regular trips or negotiate contract trips on behalf of their clients

Demand Response Service

- In rural areas, most public transportation is “demand-response”
- “Dial-a-ride”: No bus stops, no bus schedules
- Set hours, fares, and service areas
- Scheduled in advance around individual and group needs

Transit Oriented Development

Avoid **barriers** to transportation by planning ahead

When planning…

- New Hours
- New Location
- New Programs or Services

Consider client transportation needs

- Hours of Service
- Location
- Transit Service Availability
- Pick-up/Drop-off Location

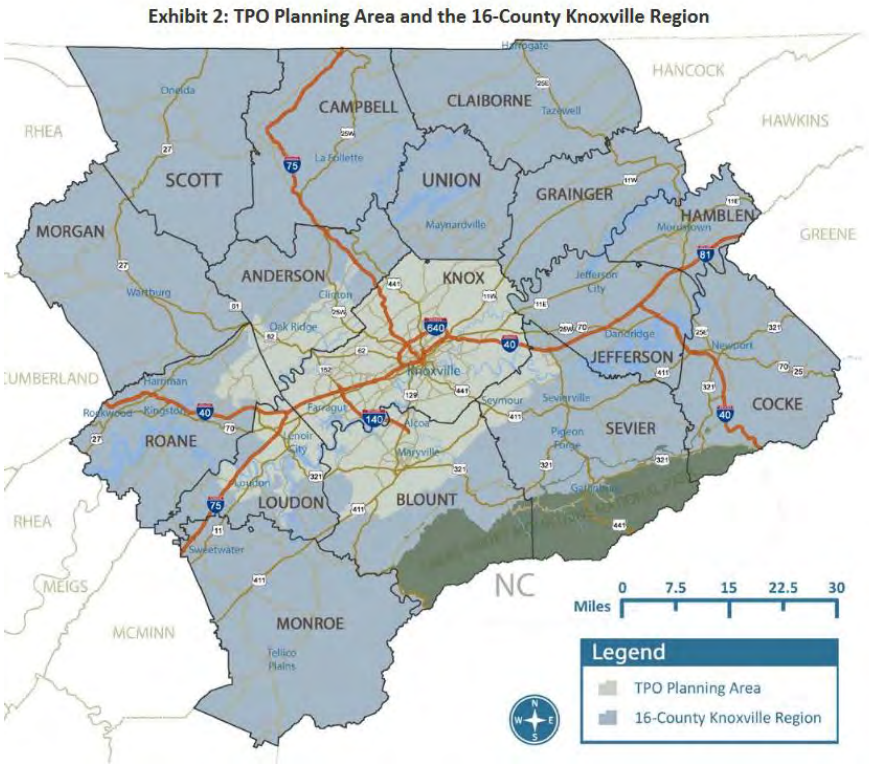
Transit Oriented Services

- Consider transit needs of clients during scheduling
- Grouping services for clients using public transportation
- Avoid duplicate or after-hours trips when possible
- Contract with local provider

Dialysis clinics have used this method to arrange public transit trips for clients

Coordinated Planning

- Each HRA's service area is covered by a regional coordinated plan
- Coordinated plans bring together transportation stakeholders of all kinds
- Coordinated plan updates are anticipated to begin in 2020, starting in West Tennessee



Some areas are covered by multiple coordinated plans

Grant Opportunity: 5310 Program

FTA Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities

- Successful applicants receive new, accessible vehicles
- Grantees are responsible for 10% of total vehicle cost
- Many substance abuse treatment programs are eligible

Eligible applicants include:

- Local governmental authorities
- Non-profit organizations

Located in:

- Rural areas
- Small Urban areas

5310 Program FAQs

How do you decide who gets 5310 funding?

- We have an annual, competitive application process.

Do I have to be in the coordinated plan?

- Projects must meet a need identified in the coordinated plan.

What about large urban areas?

- Large urban areas manage their own 5310 programs, so contact large urban transit providers directly.

Resources & Links

- Tennessee Transportation Map
  https://www.tn.gov/aging/resources/transportation-map.html

- TDOT Office of Public Transportation
  https://www.tn.gov/tdot/multimodal-transportation-resources/office-of-public-transportation.html

- Tennessee Association of Human Resource Agencies https://tnhra.org/

Contact Information

TDOT
Department of Transportation

Emily Duchac | Transportation Program Monitor
Office of Public Transportation
Division of Multimodal Transportation Resources
James K. Polk Building, 12th Floor
505 Deaderick Street, Nashville, TN 37243
p. 615-741-2963
Emily.duchac@tn.gov
tn.gov/tdot

ethra
TM
East Tennessee
Human Resource Agency

ETHRA Transit Service Area

- ETHRA public transit is a rural and public demand response transportation program designed to help citizens in a 16 county service area. Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier and Union.
- Approximately 100 vehicles are on the road every day helping individuals access community and health services. Drivers travel throughout the region and clock over 3 million miles a year

ethra Public Transportation

Scheduling Transit Services

- ETHRA Public Transit is responsible for providing door-to-door service. All drivers are required to assist each passenger in and out of the vehicle. Passengers transported in a wheelchair, or passengers that need assistance in performing common tasks are allowed to have an escort or attendant to assist them. This escort or attendant can ride without charge.
- Reservations are made on a first come first served basis by calling 1.800.232.1565 to schedule a trip. Our call center is open Monday through Friday 8:00am till 6:30 pm.

ethra Public Transportation

Transportation Fares

- In county trips: $3.00 per trip. $6.00 per roundtrip. An additional $3.00 is charged per county line crossed.
- Additional stops are $1.00 (under 15 minutes). Children under (6) ride for half-fare. Escorts or attendants ride with-out charge.
- These fares do not apply to customers that qualify for contract with ETHRA, such as TennCare, Job Access, etc.

ethra Public Transportation

ETHRA Public Transportation

- Hours of operations Monday through Friday 8:00am till 4:30pm.

  Saturday transports for emergency medical appointments.
- ETHRA Public Transit reservations are made on a first-come, first-served basis. Customers should call 1.800.232.1565 to schedule a trip at least three business days in advance. Requests made after the 72 hours will be considered based on available space.
- ETHRA Public Transit is committed to providing a safe transit system for all passengers. Our drivers undergo training in applicable local, state, and federal programs to meet safety requirements and regulations. We provide ongoing training for our drivers throughout their course of employment. Our vehicles are well maintained through our own maintenance facility. Each vehicle is equipped with the required safety equipment.

ethra Public Transportation

www.ethra.org

www.ethrapublictransit.org

APPALACHIAN REGIONAL COMMISSION

Appalachian Region

- 13 states
- 420 counties
- 205,000 square miles
- 25 million people
- 73 local development districts

Appalachian Regional Commission

ARC VISION STATEMENT

Appalachia is a region of great opportunity that will achieve socioeconomic parity with the nation

ARC MISSION STATEMENT

To innovate, partner and invest to build community capacity, and strengthen economic growth in Appalachia

ARC Strategic Goals

ECONOMIC OPPORTUNITIES: Invest in entrepreneurial and business development strategies that strengthen Appalachia's economy.

READY WORKFORCE: Increase the education, knowledge, skills, and health of residents to work and succeed in Appalachia.

CRITICAL INFRASTRUCTURE: Invest in critical infrastructure—especially broadband; transportation, including the Appalachian Development Highway System; and water/wastewater systems.

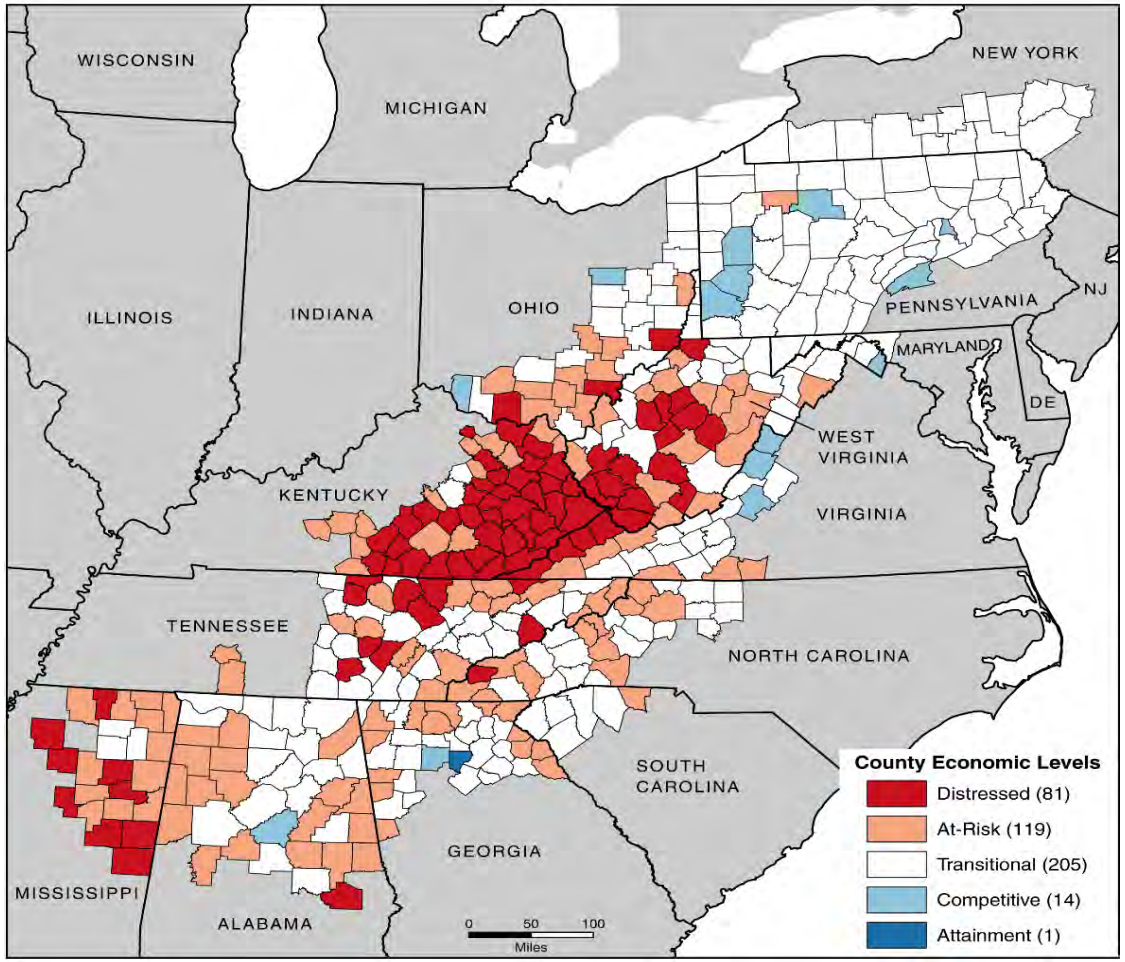
NATURAL AND CULTURAL ASSETS: Strengthen Appalachia's community and economic development potential by leveraging the Region's natural and cultural heritage assets.

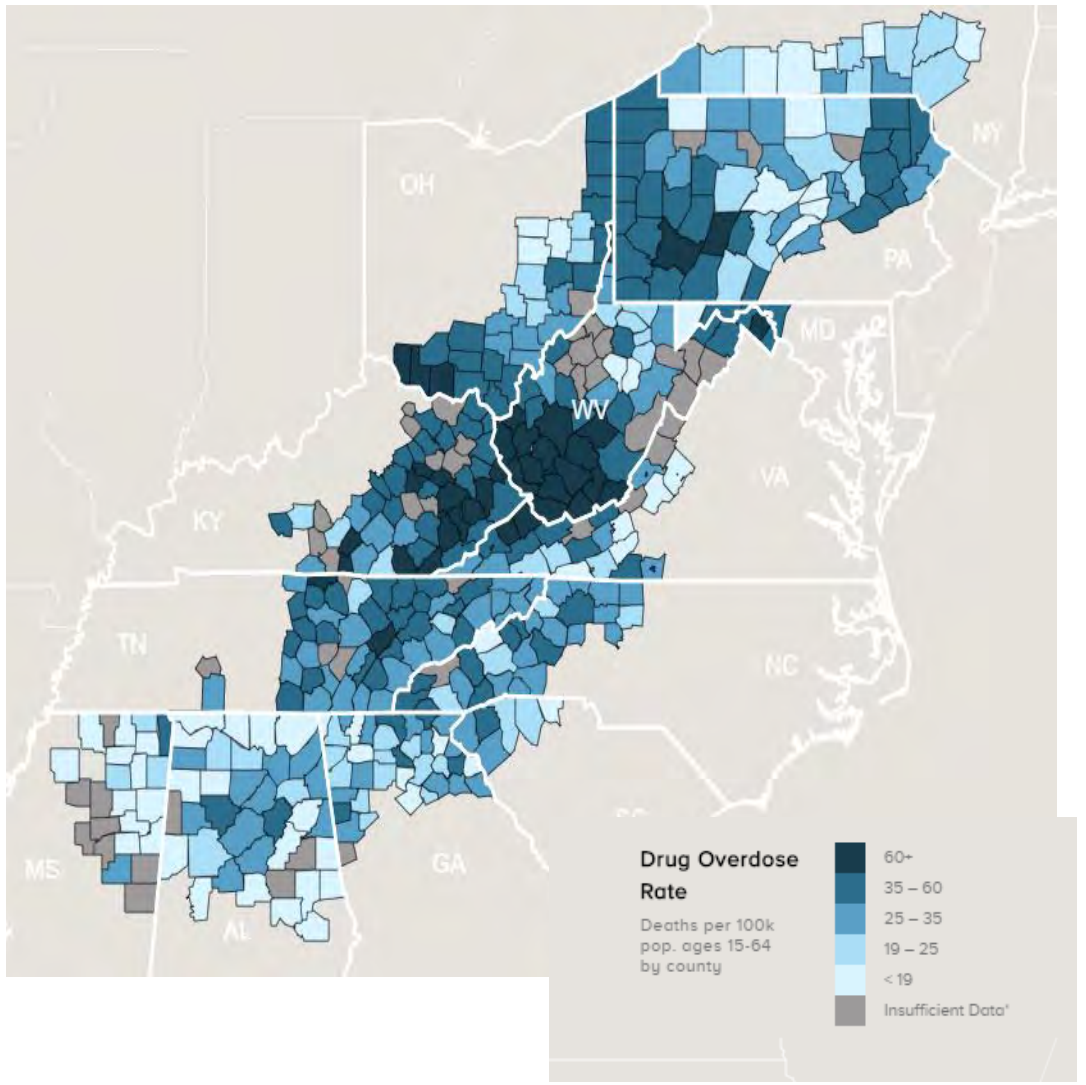
LEADERSHIP AND COMMUNITY CAPACITY: Build the capacity and skills of current and next-generation leaders and organizations to innovate, collaborate, and advance community and economic development.

ARC

www.arc.gov/substanceabuse

Economic distress v. drug overdose





ARC www.arc.gov/substanceabuse

Additional Congressional Guidance

SUPPORT ACT

- Promote best practices
- Reduce economic impact
- Support health care businesses & workers
- Develop telemedicine infrastructure

ARC's FY 2020 Budget Request

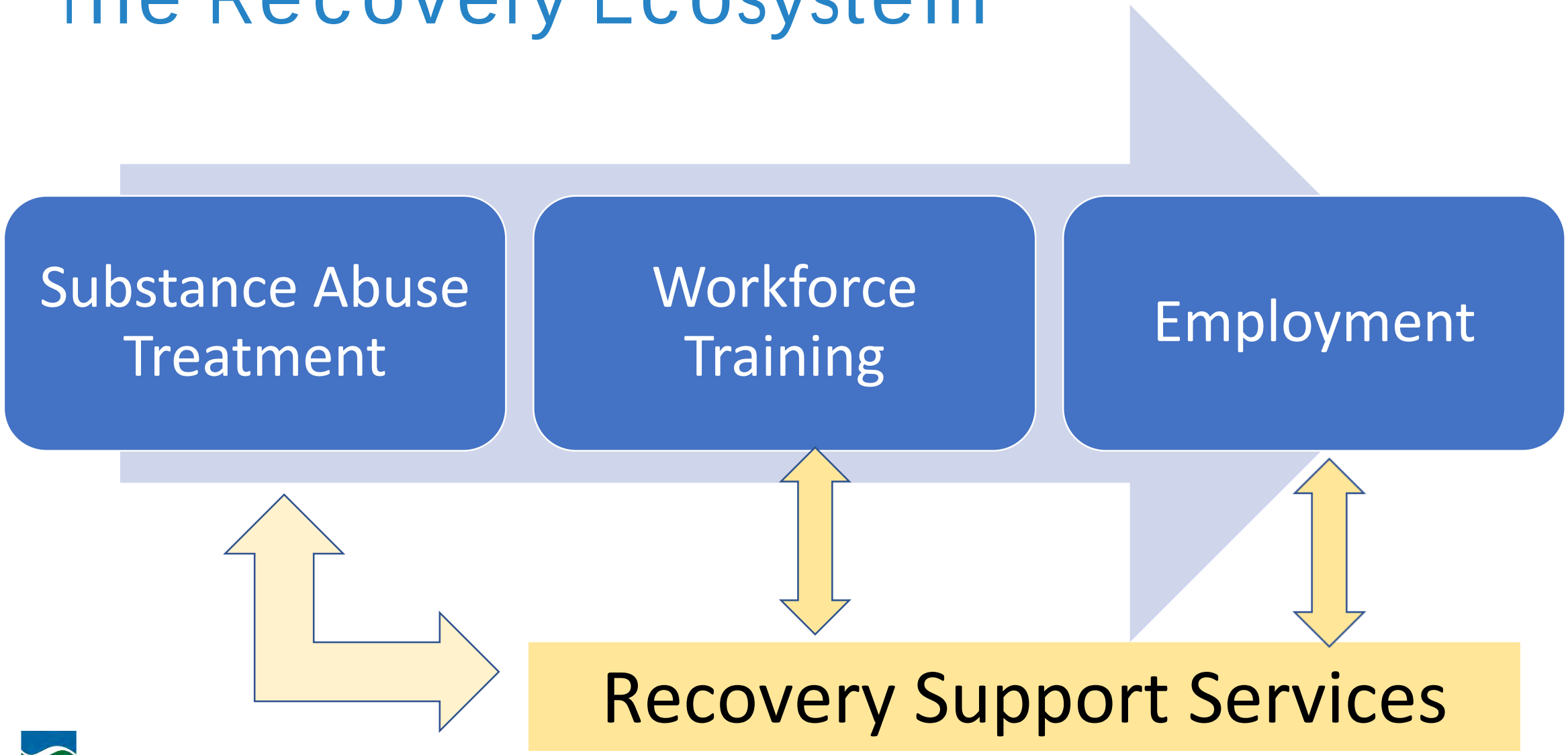
$165 million

Base Program	$73 million
POWER	$50 million
Distressed Counties	$32 million
Substance Abuse	$10 million

Listening Session Meetings

- Virginia – Big Stone Gap December 14, 2019
- North Carolina – Wilkesboro – January 15, 2019
- Alabama – Muscle Shoals – March 20, 2019
- Kentucky – Pineville – March 28, 2019
- Ohio – Portsmouth – April 5, 2019
- West Virginia – Beckley – April 18, 2019

The Recovery Ecosystem



The Recovery Ecosystem Defined

A complex linkage of multiple sectors, including, but not limited to: recovery communities, peer support, health, human services, faith communities, criminal justice, public safety, housing, transportation, education, and employers, designed to help individuals in recovery access the support services and training they need to maintain recovery and successfully obtain sustainable employment.

Substance Abuse Advisory Council Priority Recommendations

- Implement local recovery ecosystem models
- Develop playbook of solutions for communities
- Deliver model workforce training programs
- Create and disseminate employer best practices toolkit
- Support local liaison positions to facilitate recovery ecosystems

“Rides to Recovery” Pilot Project Overview

- Pilot project to explore innovative methods to improve transportation access to substance use disorder treatment and recovery in Huntington, WV.
- Over $215,000 in investment from the Appalachian Regional Commission.
- Local, state, and national partners involved in project development and delivery.
- Pilot soft launch this month and full launch expected in January.
- Project activities, including ride subsidies, to occur for approximately 12 months, then findings will be disseminated broadly.

Key Partners

ARC APPALACHIAN REGIONAL COMMISSION

MARSHALL Appalachian Transportation Institute

Community Transportation Association of America ctaa

PROVIDER RESPONSE ORGANIZATION PROACT FOR ADDICTION CARE & TREATMENT

tta TRI-STATE TRANSIT AUTHORITY 529-RIDE

lyft

FAITH IN ACTION

United Way United Way of the River Cities

GOOD NEWS MOUNTAINEER GARAGE

Key Project Components

Contact Information:

Andrew Howard
202.884.7700
ahoward@arc.gov
www.arc.gov/substanceabuse

Department of Labor & Workforce Development

Federal Bonding

Contact: Justin.Williams@tn.gov (615)253-1964

Federal Bonding

What is Federal Bonding?

- It is a unique tool to help a qualified job applicant remove a barrier to employment.
- It is a business insurance policy that protects the employer against financial loss due to theft, forgery, larceny, or embezzlement caused by employee dishonesty. (It does NOT cover motor vehicles.)
- The bond is given to the employer at no cost, and serves as an incentive to the company to hire

Federal Bonding

Who Qualifies?

- Job applicants with questionable backgrounds
- Justice Involved
- Recovering substance abuser
- TANF or SNAP Recipient
- Poor credit history or declared bankruptcy
- Dishonorably discharged from the service
- Persons (including disadvantaged youth) who are from families with low income
- Anyone who needs a bond to be employed
- Must meet the State's legal age for working

Applying for a Bond

- The claimant should visit an AJC, or call them to arrange a meeting.
- The claimant must have interviews lined up and be coached on how to bring up FB during the interview
- Claimant, Employer or AJC staff are responsible for completing State Form LB-0539 and submit it to the State Bonding Coordinator

Who is the State Bonding Coordinator?

Justin Williams

Justin.Williams@tn.gov

615-253-1964

Leave a message or email, I will respond when I see it

fahe

Strength in Numbers

SUBSTANCE USE DISORDER RURAL TRANSPORTATION, FUNDING, AND RECOVERY WORKSHOP

University of Tennessee

December 2019

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Strength in Numbers

Our Mission

Fahe is on a mission to eliminate persistent poverty in Appalachia. Our Network of 50+ locally rooted nonprofits is building stronger communities for families to prosper.

Our History

- Incorporated in 1980 in response to the War on Poverty
- Community Development Financial Institution (CDFI)
- Membership Network
- Fahe Services:
  - ❖ Membership
  - ❖ Just Choice Lending
  - ❖ Community Lending
  - ❖ Loan Servicing
  - ❖ Strategic Programs

JustChoice Lending

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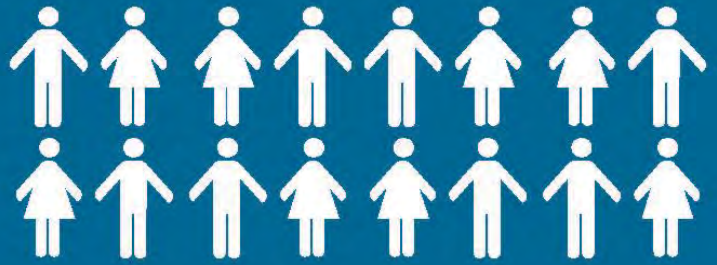
Fahe's Impact

STRENGTH IN NUMBERS:



FY2019 Stats and Figures

80,940
People Served in 2019

616,694
People Served Since Fahe's Inception

FY19 direct Network investment
$123.4 Million

Total Historical Financial Impact
$1.75 Billion

The Fahe network employs ***4,086*** people across the Central Appalachian region.

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Impacting the Appalachian Region & beyond

Where Fahe Works

Fahe and our Members create transformational change in: KY, TN, VA, WV, AL, MD

Fahe is on a mission to eliminate persistent poverty in Appalachia. We provide our Network of 50+ local leaders with the resources of finance, collaboration, innovation, advocacy, and communication to help craft long-lasting solutions for the needs of our region.

Fahe coordinates a network of 502 Direct packaging partners in: AL, DE, FL, GA, IN, KY, MD, MI, MS, NY, NC, OH, PA, SC, TN, VA, WV, VT

Fahe is licensed to originate and service loans in: KY, TN, VA, WV, IN, AL, FL, ME, MI, MS

Fahe's Charges

Fahe is on a mission to eliminate persistent poverty in Appalachia.

Fahe's Charges:
What we do.

1.

LEADERSHIP
Fahe cultivates leadership in Appalachia through connections to resources and expertise that effect positive change in our communities.

2.

HOUSING
Fahe leads Appalachia in providing high-quality, energy efficient housing that families can afford.

3.

EDUCATION
Fahe supports increased educational attainment in Appalachia.

4.

HEALTH AND SOCIAL SERVICES
Fahe facilitates collaboration across sectors to increase health outcomes and reduce health-care costs in Appalachia.

5.

ECONOMIC OPPORTUNITY
Fahe grows prosperity in Appalachia by strategically advancing economic opportunities.

Fahe's Competencies:
How we do it.

1.

FINANCES
housing, infrastructure, small business, nonprofits, community development, and other opportunities to improve the economic strength of the region.

2.

COLLABORATES
with members, key partners, and stakeholders at all levels - local, state, regional, and national - and from various sectors to improve the quality and delivery of services.

3.

INNOVATES
by crafting solutions for Appalachia's challenges.

4.

ADVOCATES
for resources, programs, and policies that will meet the needs of the people, communities, and organizations we serve.

5.

COMMUNICATES
about best practices, trends, opportunities, needs, and challenges to support learning, connectivity, and momentum across sectors and geography.

Recovery Kentucky

- Kentucky Housing Corporation (KHC) program.
- Since the inception of Recovery Kentucky, Fahe has supported the financial management and construction of four (4) recovery treatment facilities:
  - Hope Center
  - Sky Hope
  - Hickory Hill
  - Liberty Place

2017 ARC POWER Grant

- In 2017, Fahe received a $1M ARC POWER Grant - Uplift Recovery.

- The grant had 2 deliverables:
  1. Support the construction of new recovery facilities in Kentucky through the use of USDA Uplift loan funds, coupled with ARC grant funds.

  2. Develop a Recovery Task Force.

Recovery Task Force

- Part of the 2017 ARC POWER Grant – Uplift Recovery.
- Fahe's approach was to develop a multi-disciplinary task force, focused on private insurance paying for services.
- Outcome – Importance of Second Chance Employment.

- ✓ **Congressman Barr's Office**
- ✓ **Congressman Roger's Office**
- ✓ **Senator McConnell's Office**

2019 ARC POWER Grant

- March 2019 – Fahe was awarded an ARC POWER grant called "Second Chance Employment for Those in Recovery".
- Concept is to develop 30, 6-month paid-internships for those in Recovery.
- Goals:
  - Provide those in Recovery with quality employment, experience and training.
  - Create champions in Employers and change the stigma that surrounds Recovery.
- Partnered with Addiction Recovery Care and DV8.

Kentucky Access to Recovery (KATR)

- March 2019 – Fahe was awarded $3.66M in SAMSHA funding from the Cabinet for Health and Family Services to administer a program called "Kentucky Access to Recovery (KATR)".

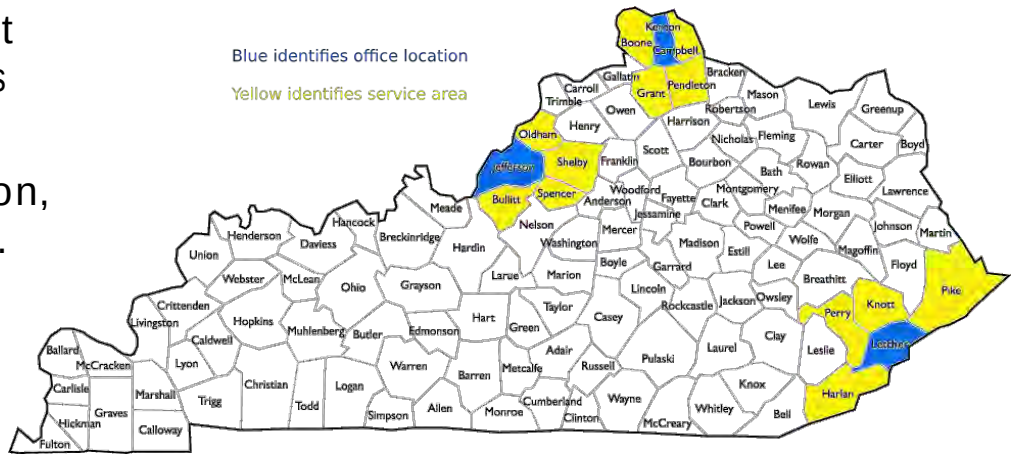
- The program provides gap services to persons in various stages of Recovery for up to 6 months.

- Services provided must be tied directly back to a person's Recovery plan.

- Expected services KATR will provide will be:

  - ❖ Transportation
  - ❖ Housing
  - ❖ Medical/Dental
  - ❖ Employment
  - ❖ Basic Needs
  - ❖ Childcare

- Fahe will support residents in Jefferson, Boone, Letcher and adjacent counties.



www.KentuckyAccesstoRecovery.com

Other Recovery Projects

Transitional Housing

- Fahe has established 2 Transitional Housing Projects.
  - Frontier Housing (Morehead)– Support the renovation of a property to house 20 students in a workforce development program.
  - COAP (Harlan) – Support the purchase and renovation of a property to house interns for a licensed treatment center.

- These projects are funded by 2017 ARC POWER Uplift Recovery grant funds.

Fletcher Group

- January 2019 – Fletcher Group was awarded an ARC POWER grant to construct 2-4 treatment centers in Eastern Kentucky.

- Fahe is supporting this project as a Contractor, providing financial construction management.

Kentucky – National Accreditation for Recovery Residencies

- April 2019 – Fahe was nominated to serve on the Advisory Council for the National Accreditation for Recovery Residencies (NARR) – Kentucky Affiliation.
- NARR is a national standard for recovery housing. Currently 27 states are NARR affiliates.
- The Council is managed by the Cabinet for Health and Family Services and is comprised of Government, Private and Non-profits.
- The purpose of the Council is accredit Recovery Housing Providers and support Strategic Planning.

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Strength in Numbers

Who Can Partner With Us?

FannieMae
FreddieMac
USDA
NeighborWorks® AMERICA
UK
Robert Wood Johnson Foundation
TVA
Oxford House™ Homes For Recovery
CHFS
KENTUCKY
Cabinet for Health and Family Services
ARC
APPALACHIAN REGIONAL COMMISSION
goodwill
CENTERSTONE

Matt Coburn
Senior Vice President – Strategic Programs
859.228.2109
mcoburn@fahe.org

www.fahe.org

PRIVATE FOUNDATION FUNDRAISING

Creating a
“Cultivation Plan” For Private Foundations

Anne C. Davis, CFRE

The Christy-Houston Foundation, Inc.

December 10, 2019

Substance Use Disorder Rural Transportation, Funding and Recovery Workshop

STEP 1: RESEARCH GRANT MAKERS

- **The more you know about a prospective foundation, the better you can tailor your ASK to their values and interests.**
- **The Nashville Business Journal BOOK OF LISTS 2018-19 shares Foundations in the middle Tennessee area on page 135.**
  - **Private Foundations**
  - **Community Foundations**
  - **Family Foundations**

STEP 1 con't: RESEARCH GRANT MAKERS

Research the foundation names and study their websites.
90% of them have a website.

- **Geography**
- **Mission - WHY do they exist? What is their TRUE NORTH?**
- **Population(s) served**
- **Funding areas: capital projects, programs, operating funds**
- **Guidelines, priorities, deadlines**

Conduct internet searches
If you find a connection between your specific need/request and the foundation's geographical area and focus, start to BUILD RELATIONSHIPS…

TYPES OF FOUNDATIONS

- Local Private Foundations
- National Private Foundations
- Health Legacy Foundations
- Community Foundations
- Family Foundations
- Corporate Foundations

165,000 U.S. Foundations

LOCATING FOUNDATIONS

- **Foundation Directory Online fconline.foundationcenter.org**
- **CANDID (was Foundation Center) https://candid.org/find-us**
- **FDO public access location: Lawson McGhee Library 500 West Church Avenue Knoxville, TN 37902 Phone: (865) 215-8750**
- **www.knoxlib.org/explore-collection/subject-guides/organizations-and-fund-raising**
- **GuideStar by Candid (www.guidestar.org)**
- **GrantWatch (www.grantwatch.com)**

STEP 2: BUILD RELATIONSHIPS

- **Utilize your own network of peers, current donors, colleagues, your board chair and/or board members to make connections.**
- **Reach out! If the foundation states a preference for initial approach or mode of contact on their website, follow their instructions.**
- **Pick up the phone and call, or write a letter. Involve volunteers, staff members or current supporters who can make the initial contact, by letter or phone call.**
- **Ask if you and your "connector" may visit them in person at their office. Prepare a concise and well written packet of information and be sure to include your contact information.**

STEP 3: THE “IN PERSON” MEETING

- **Upon invitation, set up your appointment and be punctual.**
- **Utilize your research and come prepared with talking points.**
- **Show you have spent time getting to know their foundation.**
- **Ask in-depth and detailed questions.**
- **Be strategic about connecting the dots for them: spotlight what they like to fund and what your organization needs.**
- **Share your BIG IDEA. Tell your story.**
- **Tell them how you will COLLABORATE with other non-profits.**
- **Show them YOUR DATA, as it pertains to THEIR GEOGRAPHIC AREA.**

STEP 4. MAKING THE ASK

- **Foundation boards are trying to achieve their NORTH STAR and your project may help them achieve this!**
- **If the Foundation staff encourages you to apply, inquire about their process.**
- **Do they require an initial Letter of Intent?**
- **Do they have an online or paper application?**
- **What additional supporting documentation do they need?**
- **Are you required to attend a Grants Committee meeting?**
- **What is their timeline for prospective grants from inception to approval?**

STEP 5: INVITE THEM FOR A SITE VISIT

- **Invite them for a site visit: A picture is worth 1,000 words.**
- **Seeing your request in person helps them tell your story to their board.**
- **Undergird your ASK with the perfect connection to their NORTH STAR…**
- **Show them how you are making:**

    1. The Right ASK

    2. At the Right TIME

    3. To the Right FOUNDATION

    4. For the Right AMOUNT

STEP 6: THE APPLICATION

- **SAMPLES OF WHAT MAY BE REQUIRED:**
- **Detailed project description and amount of funding requested**
- **Your Case for Support: A statement of the problem that the project will address**
- **Results: What will their grant accomplish? What does SUCCESS look like?**
- **Measurement: How will the project results be measured?**
- **Population(s) served**
- **Project timeline**
- **Contact person and all contact information**

STEP 6 con't: THE APPLICATION

- **Brief organizational history, number of years in existence and mission statement**
- **Current year's organizational budget and project budget**
- **Other confirmed financial support and post-grant sustainability plan**
- **For capital projects:**
  - **How much support must be raised before the non-profit is eligible to apply to the private foundation?**
  - **Is land ownership required?**
  - **Are detailed plans and drawings required?**

*****Signature: Is the application signed by your CEO? Does it require board approval?**

BE PREPARED! DOCUMENTS YOU MAY NEED

- Listing of your Board of Directors
- Annual Report
- Demographics of Populations Served
- FINANCIAL:
- IRS Proof of 501(c)(3) tax exempt status
- Current Year Organizational Budget
- Income Statement “Profit and Loss”

Letters of Support

History, Mission, Vision

Form 990

Balance Sheet

STEP 7: THE PRESENTATION

- **More than likely, if applicable, your in-person presentation will be made to the foundation's grants committee. Share the names of those attending on your organization's behalf, with foundation staff.**
- **Be prepared! Make your presentation concise, factual, and highlight the way it fits with the foundation's focus area. "Paint the picture!"**
- **Share your DATA. Foundations are increasingly interested in measuring data/outcomes and without it, you may not be successful.**
- **Tell the committee about the non-profit COLLABORATIONS that will occur before, during and after the project.**
- **Be passionate about your project… Passion is contagious!**

STEP 8: FOLLOW UP

- **At the conclusion of your presentation, personally thank the foundation representatives in attendance for their time and attention.**
- **Assure them that you are available as they deliberate, if they have any additional questions.**
- **Immediately write the foundation members a note to say “thank you” for the opportunity to present your project to them for consideration.**
- **If you receive a positive response, more thank you notes are sent! Make sure you follow up on all of the grant guidelines, including data and outcomes reporting, that they require. Ask how THEY would like for the grant to be announced.**
- **If you receive a negative response, don’t hesitate to immediately call and thank them for the opportunity to apply, and ask for their honest feedback on why your request was denied. There is always “next time.”**

Prevention Coalition For Success

Sarah Murfree, MS
Executive Director, Prevention Coalition for Success

SUBSTANCE USE DISORDER RURAL TRANSPORTATION, FUNDING, AND RECOVERY WORKSHOP
December 10, 2019

Prevention Coalition For Success

- Coalition* – Primary Prevention
  - We C.A.R.E. Opioid Crisis Alliance
  - Building Skills in Rutherford County
  - Community Assessment
  - Youth Coalition – New for 2020
- Project Lifeline*
  - Rutherford Recovery Festival – Celebrate a Change of Direction
- Faith-Based Coordinator*
- TN Hwy Safety – Safety First^
- Safe Baby Court# – New for 2020

Vision for Rutherford County:
"A safe and healthy drug free community where children surpass their potential and families meet to solve problems for the few and for the many."

* TN Department of Mental Health & Substance Abuse Services

^ Tennessee Highway Safety Office – helping you ARRIVE

\# TN Department of Mental Health & Substance Abuse Services; TN Department of Children's Services

COLLECTIVE IMPACT

- Community partnerships are necessary to solve adaptative problems
- 5 Pillars: Common agenda, Backbone Organization, Shared Measurement, Continuous Communication, Mutually Aligned Activities
- The coalition (backbone organization) - secures funding to achieve the goals

Prevention Coalition For Success

WE C.A.R.E.

- Mission: To purposefully create and foster relationships to engage our community in ending the opioid epidemic
- Formed in mid 2017 and became a committee of the coalition in early 2019
- Building relationships, increasing awareness of resources, provide education, awareness of alternatives to opioids

Prevention Coalition For Success

WE C.A.R.E.

Monthly convening of stakeholders across many sectors -

Healthcare providers, treatment facilities, recovery programs, businesses, schools, faith-based organizations, parents, state programs, law enforcement, first responders, individuals with lived experience of substance use disorder, local government, foundations, and more…

Prevention Coalition For Success

WE C.A.R.E.

- Potential funders are invited to every meeting – the Christy Houston Foundation, the Healing Trust, United Way
- Funders are aware of goals, objectives, and current activities
- Educates funders on the problem and solutions

Prevention Coalition For Success

SAFETY FIRST

- TN Highway Safety Office
- Supports programing in schools, Student Resource Officers
- In 2016, a partnership was formed-
  - PC4S
  - Rutherford County Health Department
  - Rutherford County Schools
- Preexisting trusting, relationship

Prevention Coalition For Success

SAFETY FIRST

- PC4S and Rutherford County Health Dept.
  - Pooled funds from 2 separate grants
    - PC4S contributed $7,500
    - Health Dept. contributed $22,500
- Supported AlcoholEDU online education for all middle and high schools in Rutherford Co.
- Rutherford Co. schools implemented the program

Prevention Coalition For Success

SAFETY FIRST

- In 2019, AlcoholEDU is sustainable with funds from PC4S
- Funds secured by the Rutherford Co. Health Department are no longer needed

Prevention Coalition For Success

SAFETY FIRST – ANOTHER EXAMPLE

- PC4S grant award includes funding for 2 TN Teen Institute Summer Camp Teams
- PC4S will fund teams from the Boys and Girls Club and Patterson Park Community Center

Prevention Coalition For Success

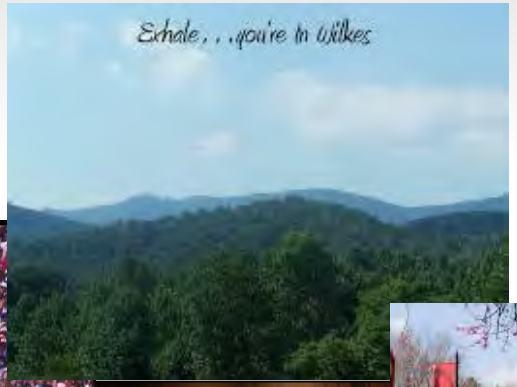
SUMMARY

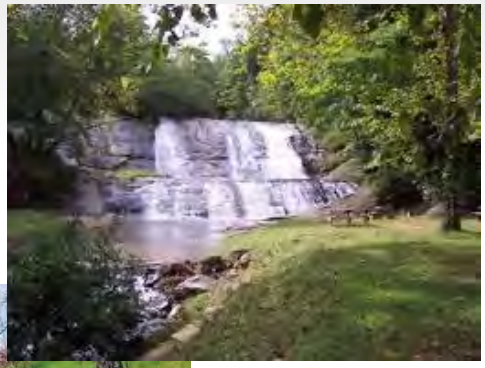
- Partnerships are key – build trust and relationships, identify shared goals, and evaluation measures
- Break down the silos – work as a team to best use available funds
- Transparency is important - involve foundations and other potential funders from the start

Prevention Coalition For Success

PROJECT LAZARUS®

SUBSTANCE USE DISORDER RURAL TRANSPORTATION, FUNDING AND RECOVERY WORKSHOP





Prevention, Intervention, Treatment

- Non-profit organization
- Believes that communities are ultimately responsible for their own health and that every drug overdose is preventable.
- ***Prevent prescription medication and drug poisonings***
- ***Present responsible pain management***
- ***Promote Substance Use Treatment and Support services***

Project Pill Drop – Lazarus Recovery Services –
Virginia Pain Society – Lazarus Link –
Lazarus Affiliates – SAMHSA SPF/PFS – SAMHSA DFC – HRSA RCORP – SAMHSA TCE-PTP
Local Foundations – Community Sponsors

Drug Problem?

PROJECT LAZARUS®

- Biological
- Cultural
- Environmental
- Depression
- Trauma
- Poverty

→ **Drug Problem** →

- Crime
- Death
- Finances
- Family
- Health
- Economics

Pew Charitable Trust Study - incomes in US counties 2000-2014

 # 2 county in USA for income loss - WILKES

PROJECT LAZARUS®

PROJECT LAZARUS®

PROJECT LAZARUS®

DATA ANALYSIS

- Mortality
  - Toxicology
- ED visits
- EMS/Other naloxone rescues
  - (accepted or refused transport
- Crime
  - Substance related arrests (possession/sales)
  - Substance related crime
- Substance use related domestic violence/child abuse
- Foster Care
- School based substance incidents
- Substance use treatment admissions

PROJECT LAZARUS®

COMMUNITY

- Why am I/We needed
- What do I/We need to know
- What needs to be done

PROJECT LAZARUS®

PROJECT LAZARUS®

LAZARUS LINK

Law Enforcement

HEALTHCARE

FIRST RESPONDERS

COURTS

Spiritual

Recovery

Families/Friends

Schools

ProjectLazarus.org

LEARN ABOUT THE PROJECT LAZARUS MODEL

CLICK ANY PORTION OF THE MODEL TO FIND OUT MORE!

Fred Wells Brason II
fbrason@projectlazarus.org

STATEMENT OF R. GIL KERLIKOWSKE DIRECTOR OFFICE OF NATIONAL DRUG CONTROL POLICY EXECUTIVE OFFICE OF PRESIDENT OBAMA 2013

"Project Lazarus is an exceptional organization—not only because it saves lives in Wilkes County, but also because it sets a pioneering example in community-based public health for the rest of the country."

Leveraging Funds

Roxanne Elliott, MS
Policy Director
FirstHealth of the Carolinas
Community Health Services

Goals For Today

To share:

- Importance of partnerships
- Successes in leveraging funds
- Momentum in leveraging funds
- Tips for leveraging funds

Community Health Assessments

- Working Together, First-In-Quality, First-In-Health
- Community Health Needs Assessments
  - 1999, 2003, 2007, 2011, 2015, 2018
- Community Health Services Department data driven
- Formed county-level multidisplinary, multisector collaboratives in each county
- Identify top health priority areas

Partners Are Key

Since 2007, FirstHealth has engaged partners to include:

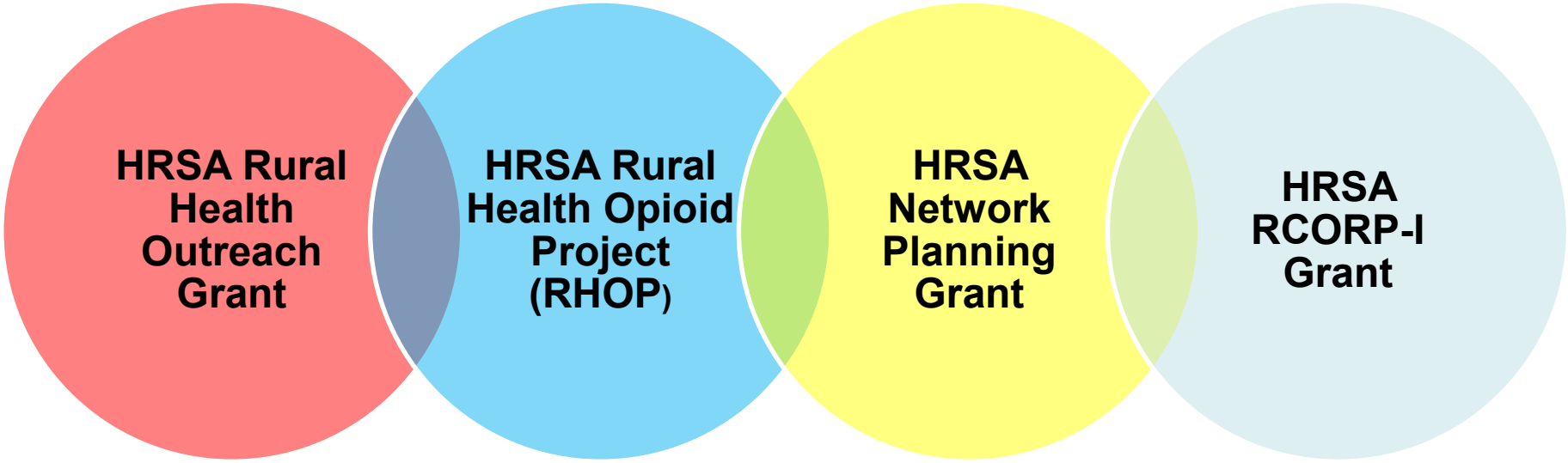
- Public health
- Department of Social Services
- Cooperative Extension
- Law enforcement (municipal and county)
- Housing authority
- Food banks
- Municipal government
- School systems
- School based health centers
- Non-profit organizations/agencies
- Treatment and recovery centers/services

Identified Opioid Use in 2007

Initially began work on opioid prevention/prescription drug misuse

- Hosted roundtable event
- Began initial work with in-kind resources (Operation Medicine Drop, presentations, media campaign, installation of permanent drop boxes, marketing of drop box locations, coalition meetings)
- Sought opportunities for additional funding
- Listened to partners, identified gaps in programs/services (peer support, linkage to treatment, recovery resources, community awareness, transportation)

Success In Leveraging Funds For Next Level Opioid/Substance Use Disorder Work



Factors to consider/proposal must vary in scope: geography, scope of work, partners

Leveraging of Private Funds

Identified an extreme need for treatment and recovery resources:

- Contacted by the Foundation of the Carolinas for a potential opioid focused proposal
  - Leveraged $25,000 for treatment (suboxone and therapy) in 2018-2019
  - Leveraged additional $25,000 (awarded Dec. 2019)

- Presentation at Rotary meeting resulted in follow-up meeting with local bank

Be Ready To Respond

- Form partnerships/collaborative groups in advance; host regular meetings
- Conduct Community Health Needs Assessments
- Identify health focus priority areas
- Listen to partners and work together to identify gaps in services/programs – collaboration is essential
- Align funding opportunities with gaps identified for seed funding
- Always use lens of sustainability
- Avoid duplicating efforts
- If you are already engaged, partners will respond and support quickly
- Share resources and successes with partners; be transparent
- Partners will also contribute to success of workplan
- Success creates momentum!

Group Discussion/Questions

Roxanne Elliott

rmelliott@firsthealth.org

(910) 715-3487

T E N N E S S E E's CREATING HOMES INITIATIVE

Director of Regional Housing Facilitators
TDMHSAS Division of Recovery Services & Planning

Recovery & Housing: Our Current Reality

- Housing ranks as a priority concern of individuals with serious mental illness. Locating **affordable**, **decent**, **safe** and **appropriate** housing is often difficult, and out of financial reach. Stigma and discrimination also restrict consumer access to housing.

Mental Health: A Report of the Surgeon General, 1999

Recovery & Housing: Our Current Reality

- The lack of decent, safe, affordable, and integrated housing is one of the most significant barriers to full participation in community life for people with mental illnesses.
- Housing is, perhaps, the first line of treatment for people with serious mental illness.

President's New Freedom Commission on Mental Health: Report to the President, 2003

Creating Homes Initiative
The Funding Partners

Total dollars leveraged for housing -

$ over 690 million

CHI: The Funding Partners

CHI	
CHI Downpayment Assistance	
CHI Leverage	
CHI Permanent Supportive Housing	
FEDERAL HOME LOAN BANK	
FHLBank Affordable Housing Program	
FHLBank American Dream	
FHLBank New Neighbors	
FHLBank Preserving the American Dream	
FHLBank Welcome Home	
FHLBank Pilot Program	

CHI: The Funding Partners

HUD
HUD 202 / 811/ PRAC
HUD ADDI
HUD CDBG
HUD HHA Match
HUD HOPE VI
HUD Housing Options for Persons with AIDS
HUD Other
HUD RHED GRANT
HUD Ross
HUD Section 8
HUD Shelter Plus Care
HUD SHOP

CHI: The Funding Partners

HUD *(continued)*	
HUD Supportive Housing Program + Match	
HUD VASH	
HUD/VA/HHS	
THDA	
THDA ADDI	
THDA ESG Program	
THDA HOME / CHDO	
THDA Housing Trust Fund	
THDA Low Income Tax Credit	
THDA New Start / NSP	
THDA / HUD / HRP	
THDA Section 8	

CHI: The Funding Partners

Other Funding
ARCH Gala (Fund Raiser)
Buffalo Valley
City CDBG – Bristol
City CDBG – Johnson City
City CDBG – Memphis
City CDBG Oak Ridge
City Funds – Bristol
City Funds – Brownsville
City Funds – Johnson City
City Funds – Kingsport
City Funds – Morristown
City Funds – Murfreesboro

CHI: The Funding Partners

OTHER SOURCES *(continued)*	
City HOME – Chattanooga	
City HOME – Knoxville / Knox	
City HOME – Memphis	
City HOME – Nashville	
City TBRA – Memphis	
CMS Real Choice Systems Change Grant	
CNE	
Community Foundation	
CNB & FSG Banks	
Community S+C Match	
Community SHP Match	

CHI: The Funding Partners

OTHER SOURCES *(continued)*
Contributor – Other
County CDBG – Knox
Delta Regional Authority
Department of Human Services – ESG
FAHE
Fairview Housing Management Corporation
FIHE
Foothills CDC
Habitat for Humanities
Hawkins County Habitat for Humanity
Hawkins County Inner Club Council
Historic Low Income Tax Credits

CHI: The Funding Partners

OTHER SOURCES *(continued)*	
HOME CHDO	
Johnson Residential Housing	
Landlord Equity	
Lyndhurst Foundation	
Local Match	
Madison County Habitat Mortgage and Donation	
MDHA	
Nashville area Habitat for Humanity Dickson Co.	
Neighborhood Reinvestment / NeighborWorks	
NSP	
Owners Equity	
Owner Mortgage	

CHI: The Funding Partners

OTHER SOURCES *(continued)*	
Private Funds / mortgage	
Rutherford Co. Habitat for Humanity	
Tennessee Habitat for Humanity	
TCAP Tax Credit	
United Way	
US Department of Labor	
US DHHS –SAMSHA	
USDA Rural Development	
VA / VASH	

Community Planning & Development: HUD programs

- Community Development Block Grants (CDBG) (Entitlement)
- Community Development Block Grants (Non-Entitlement) for States and Small Cities
- Community Development Block Grants (Section 108 Loan Guarantee)
- Community Development Block Grants (Disaster Recovery Assistance)
- Community Development Block Grants (Section 107)
- Community Development Block Grants (CDBG) for Insular Areas
- The HOME Program: HOME Investment Partnerships
- Shelter Plus Care (S+C)
- Emergency Shelter Grants (ESG) Program
- Surplus Property for Use to Assist the Homeless (Title V)
- Supportive Housing Program

Community Planning & Development

- Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program
- Brownfields Economic Development Initiative (BEDI)
- Economic Development Initiative ("Competitive EDI") Grants
- Renewal Communities
- Empowerment Zones
- Youthbuild
- Rural Housing and Economic Development Program
- Self-Help Homeownership Opportunity Program (SHOP)
- Capacity Building for Community Development and Affordable Housing
- Housing Opportunities for Persons With AIDS (HOPWA)
- Rural Housing and Economic Development (RHED)

Collaboration Examples

BULLS GAP, TENNESSEE

- Eight 2-bedroom apartments for homeless people diagnosed with mental illness
- Bulls Gap Historical donated land and building
- Clinch Powell Rural Dev. and First TN Dev. Dist. Applied for HOME
- Kingsport PHA supplies Section 8 vouchers
- Frontier Health

THDA HOME	$460,732
Historical donation	$60,000
Kingsport Housing Authority	
16 Section 8 vouchers annually	$92,928
Frontier Health	
case management	$5400.00

HOME OWNERSHIP, JACKSON, TENNESSEE

- Habitat for Humanity new construction
- 4-bedroom, 2-bath home valued at $80,000

Total cost of Habitat Home	$65,000
– THDA HOME grant	-$14,999
– FHLB American Dream	-$15,000
– FHLB Welcome Home	-$ 7,500
– Owner mortgage with Habitat	$27,501

- 30 yr. mortgage @ 0%
- Monthly payments = $78 per month

Working with Partners

- Enlist the participation of as many stakeholders as possible to accomplish the goal.
  - Consumers
  - Professional Staff
  - Service Providers
  - Volunteers
  - Non-traditional Partners
  - State, Regional, Local Community Groups
  - Advocates
  - Policy Makers
  - Funding Sources
  - Developers
- People with a stake who can contribute

Working with Partners

- Develop a goal for your project that is
  - Achievable
  - Measurable
  - Time-specific.
- Adjust your goal as needed to ensure that participants stay encouraged and engaged.

Working with Partners

- Determine the steps necessary to accomplish your goal.
  - Make them realistic.
  - Order them - first things first.
  - Assign them to participants.
  - Give them a due date.

General Rules

- The basic idea of both match and leverage is that the funder wants others (you and your other funders) to make an investment in the work too, to have "skin in the game."
- The requirement also encourages collaboration and efficiency by combining resources from multiple sources.

General Rules

- However, there are few definitions or rules that are true across all funding sources and grants, so . . .
- The trick is to read the details and do the research for the particular grant you're considering. If in doubt, ask the funder.

Cash Vs. In Kind

- Cash leverage/match is another source of cash is invested in the project.
- Example: Cash paid for staff salaries working in the project when the cash comes from a funding source other than the source for which you are providing the match/leverage. (United Way)

Cash Vs. In Kind

- In-Kind leverage/match is non-cash resources are invested in the project.
- Example: The value of property or services used in the project, such as the value of case management services provided by someone not on the organization's payroll. (Frontier Health)

HUD Continuum of Care Funding Match

- Cash or in-kind match
- At least 25% of the CoC project grant funds
- Must be for eligible activities for the project

HUD Continuum of Care Funding Match

- Must be on a project to project basis
- Must be documented by written commitment or MOU and supported by recordkeeping
- Other CoC funds cannot be match
- Program income cannot be match
- Matching funds can be used to match only one project, no duplication

HUD Continuum of Care Funding Leverage

- Leverage is the non-match cash or non-match in-kind resources committed to making a CoC program project fully functional.
- Includes resources in excess of the required 25% match for CoC program funds
- Leverage must be used to support any activity within the project.

HUD Continuum of Care Funding Leverage

- Leverage must be documented by commitment letter.
- Leverage increases the CoC's score in the funding competition.
- Different from match, leverage is calculated CoC wide, not by project.

HUD Continuum of Care Funding Leverage

- The value of fixed assets (land, buildings, and equipment) can be counted as leverage only once in the CoC competitions.
- Program income cannot be used as leverage.
- Benefits provided directly to program participants cannot be used as leverage.

Contact Information

Jeanne Price

Director of Regional Housing Facilitators

Tennessee Department of Mental Health and Substance Abuse Services

423-306-2149 jprice@frontierhealth.org

SUBSTANCE USE DISORDER RURAL TRANSPORTATION, FUNDING AND RECOVERY WORKSHOP

December 10, 2019
University of Tennessee

Rural focused Federal Funders Panel and Resource Fair

U.S. Small Business Administration

United States Department of Agriculture
Rural Development

Speakers

- **Moderator:**
  - *John G. McGough, Regional Director (Region 1 & 4) U.S. Department of Health & Human Services, Moderator*
- **Panelists:**
  - *CAPT Michael King, Substance Abuse and Mental Health Services (HHS-SAMHSA)*
  - *Lisa Mariani, Health Resources and Services Administration (HHS-HRSA)*
  - *Carlis Williams, Administration for Children and Families (HHS-ACF)*
  - *Costas Miskis, Administration for Community Living (HHS-ACL)*
  - *William Pak, Centers for Medicare and Medicaid Services (HHS-CMS)*
  - *Jacqueline Merritt, Small Business Administration (SBA)*
  - *Sherri McCarter, Rural Development (USDA)*
  - *Winston Tompoe, Employment and Training Administration (DOL)*

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

CAPT. Michael King

Regional Administrator – Region IV

(404) 562-4125

Michael.King@samhsa.hhs.gov

HRSA
Health Resources & Services Administration

Resources to Address Substance Use Disorders

SUD Rural Transportation, Funding and Recovery Workshop
Knoxville, TN

December 10, 2019

Lisa Mariani
Regional Administrator
HRSA Office of Regional Operations, Region 4

Vision: Healthy Communities, Healthy People

Health Resources and Services Administration (HRSA)
Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable.
- Funds grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HRSA's Role & Resources Aimed at Addressing the Opioid Crisis

Expanding access through health centers and other primary care settings

Enhancing substance abuse prevention and treatment in rural communities

Expanding and training the workforce to better prevent and treat opioid addiction

Increasing the use of telehealth and medicine services to increase access to care

Connecting stakeholders to opioid-related resources and sharing best practices

Administration for Children & Families

U.S. Department of Health and Human Services

Carlis Williams

Regional Administrator – Region IV

(404) 562-2800

carlis.williams@acf.hhs.gov

Administration for Community Living

U.S. Department of Health and Human Services

Constantinos “Costas” Miskis
Regional Administrator – Region IV
(404) 562-7591
Constantinos.Miskis@acl.hhs.gov

Opioid Crisis:
Older Adults and Persons with Disabilities

- The opioid public health emergency is affecting Americans of all ages; racial, ethnic, sexual, and gender minorities; income classes; and geographic areas.

- However, older adults and persons with disabilities are among the groups most impacted by the opioid crisis because they often use prescription opioids to cope with acute pain, such as after a surgery, or ongoing pain from chronic conditions.

Through the aging and disability networks, ACL is helping address the opioid crisis by:

- Reaching people impacted by this crisis in the community (i.e., older adults, people with disabilities, caregivers, grandparents raising grandchildren), and connecting them with resources
- Offering resources to professionals and volunteers touching the lives of older people, people with disabilities, and caregivers
- Generating new knowledge on the impact of the opioid crisis on people with disabilities and older adults, as well as their families
- Aligning partnerships within the U.S. Department of Health and Human Services and with other federal agencies to increase access to effective prevention and treatment.

Eldercare Locator Website
(eldercare.acl.gov) or 1-800-677-1116

ACL's Connecting People to Programs and Services Web Page
(acl.gov/help/connecting-to-specific-programs-or-services)

Centers for Medicare & Medicare Services

U.S. Department of Health and Human Services

William S. Pak

Substance Use Disorder (SUD) Specialist

william.pak@cms.hhs.gov

Key Areas of CMS Focus: Fighting the Opioid Crisis

- As one of the largest payers of healthcare services, CMS has a vital role in addressing the opioid crisis and is focused on three key areas:

Prevention	Treatment	Data
Identify and stop inappropriate prescribing of opioids	**Ensure** access to treatment across CMS programs and geography	**Understand** opioid use patterns across populations
Enhance diagnosis of OUD to get people the support they need earlier	**Give** patients options for a broader range of treatments	**Promote** sharing of actionable data across continuum of care
Promote effective, non-opioid pain treatments	**Support** innovation through new models and best practices	**Monitor** trends to assess impact of prevention and treatment efforts

SUPPORT ACT – 1 Year Anniversary

- Enacted on October 24, 2018
- CMS awarded nearly **$48.5 million to 15 states** to help plan demonstrations to increase the capacity of Medicaid providers to deliver SUD treatment and recovery services.
- Enhanced **access to non-opioid pain treatment options.**
- Made **new Medicare Part D opioid safety policies** to reduce prescription opioid misuse while preserving medically necessary access to these medications.
- Increased treatment options for **infants with Neonatal Abstinence Syndrome (NAS), and pregnant and postpartum women that can be covered under Medicaid.**

U.S. Small Business Administration

Tennessee District Office

Jacqueline Merritt

economic development specialist

615/736-7465 | jacqueline.merritt@sba.gov

Lender Match

Find an SBA-approved lender that's right for you by visiting

SBA.gov/lendermatch

USDA Rural Development

Sherri McCarter, Community Solutions Specialist

Sherri.McCarter@usda.gov

615.783.1361

USDA Rural Development Summary

- Community Facilities Direct Grant and Loan Program
- Distance Learning and Telemedicine
- Rural Community Development Initiative

United States Department of Labor (DOL),
Employment and Training Administration
(ETA)

Winston Tompoe
Acting Regional Administrator
Atlanta Regional Office

Tompoe.Winston@dol.gov
(404)302-5301

ETA Overview

1. Grants.gov: ETA grants are posted on this website.

2. Local Workforce Development Boards:

https://www.careeronestop.org/localhelp/WorkforceDevelopment/find-workforce-development-boards.aspx?newsearch=true

3. East Tennessee Local Workforce Development Board

Bill Walker, Director

ETHRA Workforce Development Services

bwalker@ethra.org

(855)705-9765

Resource Fair Exhibits:

- **U.S. Department of Transportation (DOT)**
- **U.S. Department of Labor (DOL)**
- **U.S. Department of Agriculture (USDA)**
- **U.S. Small Business Association (SBA)**
- **Internal Revenue Services (IRS)**
- **U.S. Department of Health and Human Services:**
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Administration for Children and Families
  - Administration for Community Living
  - Health Resources & Services Administration (HRSA)
  - Centers for Medicare and Medicaid Services (CMS)
- **TN State Department of Labor**