

**Southeast Public Health Leadership Institute
Leadership Project**

**Dare County
Community Substance Abuse Needs Assessment
and Community Plan**

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Title

Dare County Community Substance Abuse Needs Assessment and Substance Abuse Community Plan (See attached detailed report).

Abstract

The purpose of this project is to conduct a needs assessment and to develop a comprehensive prevention/intervention/treatment plan to address the pervasive and persistent problem of substance abuse in Dare County, North Carolina. In leading this effort I partnered with the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (NC Division of MHDDAS) for their expertise and to develop a plan that would support the Division's reform efforts that emphasize building local community continuums of care for addiction. Community members and key stakeholders were involved in the planning process to ensure that the plan was tailored to meet the needs of the Dare County community and to sustain support and buy-in for the project.

The result of the this project is development of a demonstration project for providing comprehensive substance abuse services in a rural community, the details of which are contained in the attached report. Funding for this project was received from both the local County Board of Commissioners and the NC Division of MHDDAS. Local dollars will be spent on building and sustaining the infrastructure needed to support this system of care while State dollars will be used to build capacity and allow services to develop until such time that the system can participate in the Division's fee-for-service payment system.

This project provided me with the leadership development opportunities of **self assessment and personal leadership development, critical thinking, enhancing and building partnerships and collaborative efforts, communication and political and social change strategies.**

Introduction background

A community health assessment conducted in 2002 by the Dare County Department of Public Health ranked alcohol and substance abuse as the number one health problem identified by Dare County residents. Subsequently, a Substance Abuse Task Force was formed to raise community awareness around this issue and to develop strategies to address the problem. A year and a half ago, this Task Force became incorporated as a 501©3 organization called the Dare Coalition Against Substance Abuse (CASA) and continues to be committed to changing awareness, attitudes and behavior through collaboration with existing resources and developing new ones needed to support treatment options that will be made available.

Within the past 18 months, overdoses from oxycontin, methadone and heroin, some resulting in death, as well as citizen concerns about the social, economic and health problems and issues related to alcohol and substance abuse, have brought renewed attention to this issue. In April, 2006 County Commissioner Allen Burrus, State Senator Marc Basnight and North Carolina Secretary of Health and Human Services Department Carmen Hooker-Odom held a community meeting to discuss the issues facing the community and to find solutions to the substance abuse problem. It was at this meeting of over 50 citizens representing human service agency directors, key staff, school administrators, business leaders, elected officials, recovering persons, people impacted by substance abuse and the faith community that I was asked to take the lead in the development of a substance abuse plan for Dare County.

Project Description, Objectives and Methodology

The overall goal of this project is to develop a comprehensive community substance abuse service plan for Dare County.

The objectives for accomplishing this are as follows:

1. Conduct a thorough community substance abuse needs assessment
2. Determine the components of an effective substance abuse continuum of care system
3. Identify substance abuse service gaps in the community
4. Define guiding principles for developing a substance abuse service plan
5. Develop recommendations for building an effective substance abuse prevention system for Dare County
6. Identify resources needed for implementation of the plan
7. Identify sources of funding for implementation of plan
8. Develop a timeline for implementation of the plan
9. Involve stakeholders in the assessment and planning process

In order to meet these objectives I partnered with Flo Stein, Chief of Community Policy Management with the NC Division of MHDDAS for technical assistance. In addition to providing technical assistance and support to this initiative, the Division provided on-site consultation from Cynthia Wiford with the Behavioral Healthcare Resource Program/Jordan Institute for Families/School of Social Work/ University of North Carolina at Chapel Hill. Cynthia conducted the needs assessment and worked very closely with me, my staff and the community in developing a realistic plan for Dare County. Flo Stein, Cynthia Wiford, Trish Blackmon, Community Development Specialist with the Dare County Department of Public Health and I served as the core team who steered the assessment process and developed the recommended service plan. We communicated via email, conference call and had regular face-to-face meeting over the 7-month planning process.

I also convened a community planning group that was made up of persons representing organizations, agencies, and volunteer groups that attended the initial community meeting

that started this process in addition to other identified key stakeholders. This group of key individuals met on four (4) occasions throughout the process and served to provide input into the needs assessment and the plan as it was being developed by the core group. This served us well in creating momentum for the process and keeping attention on the issues as well as validating that the work in process was realistic and meaningful for Dare County.

Other significant steps in the process that ensured that this was indeed a locally driven community plan that met the needs of Dare County included:

1. Data collection and analysis to identify the local issues unique to Dare County including the breadth of the problem, national trends and service analysis for communities the size of Dare County and to identify both local system resources/professionals as well as potential funding sources
2. Ten (10) focus groups were held with community citizens to learn their perception of alcohol and drug issues facing the community and their perspective of potential solutions
3. Two (2) survey instruments were developed -one adult and one adolescent - which surveyed key stakeholders regarding their individual perspective on the issues facing the community
4. On-site observation of access issues at key points in the intervention process i.e. law enforcement, juvenile justice, medical services and the self-help community
5. Site visits to the various facilities to evaluate feasibility for use as treatment sites.

Finally, my mentor Cynthia Wiford, was instrumental in guiding our team through plan development by sharing her expertise and experience in this area. She helped me to understand both State and Federal design models, guidelines for best practice, evidence based models of comprehensive addiction treatment services as well as defining what an ideal continuum of care should include and each component of that continuum. All of this information was used in building our substance abuse plan and service delivery system.

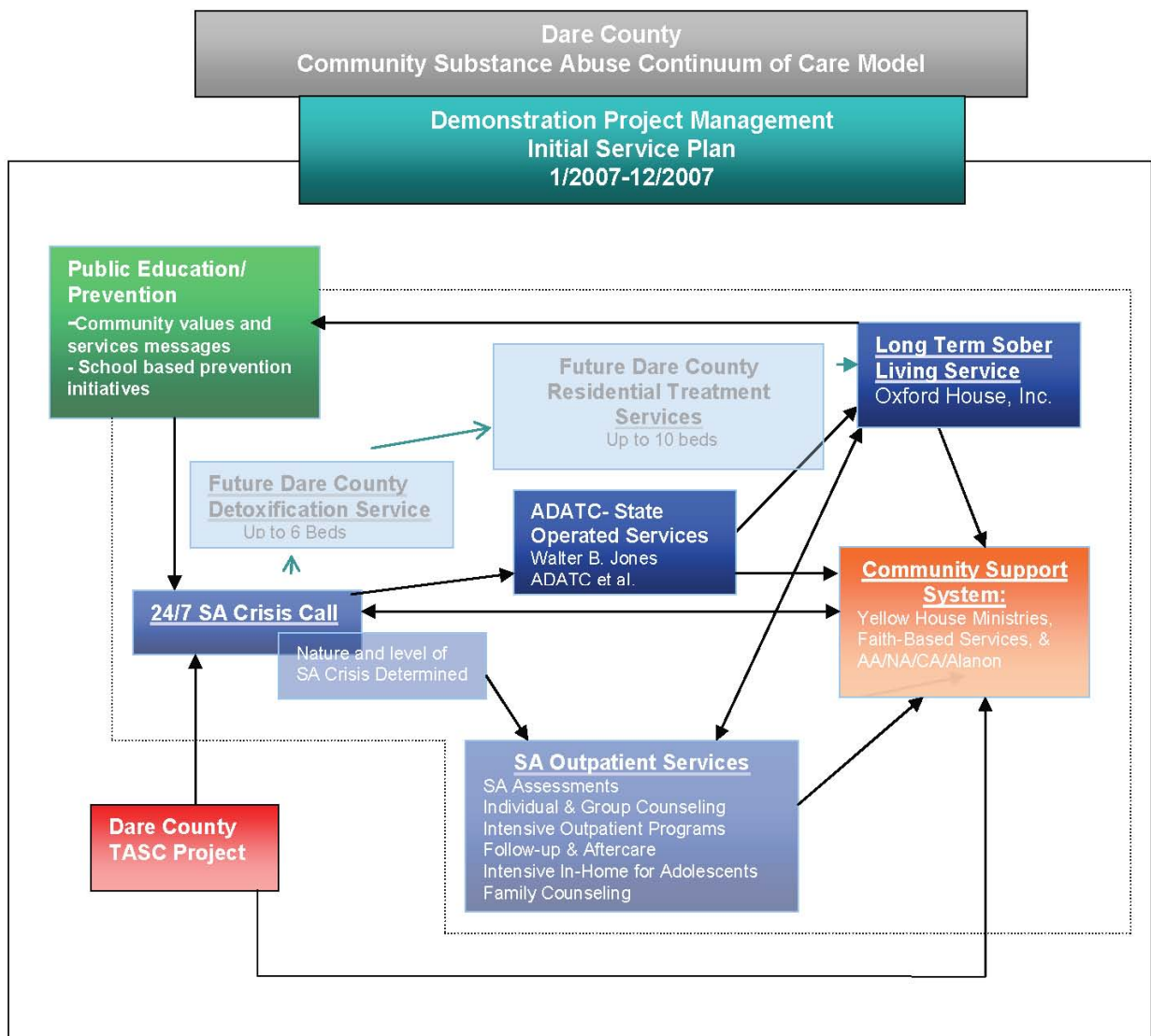
The detailed description of these strategies with results is contained in the attached report.

Results

This project resulted in the completion of a substance abuse needs assessment and the design of a demonstration project, which will build a substance abuse continuum of care for Dare County. The attached report provides details of this project including a detailed needs assessment, the recommended demonstration project plan that identifies resources needed, projected timeline, estimated cost of implementation by component/service along with the funding source. Funding in the amount of \$1.5 million dollars has been allocated to implement the substance abuse service plan with a projected start date of January, 2007. The Dare County Board of Commissioners has allocated \$500,000. in recurring funds which will be used to develop the infrastructure needed to start up and

provide ongoing support for the service delivery system. The NC Division of MHDDAS has allocated up to \$1 Million in year one for implementation of this demonstration project, which if successful, can be replicated in other communities/counties in the State. State funds will be utilized to build capacity to provide services that will be eligible for reimbursement in future years.

The following schematic illustrates the components of the proposed Dare County Substance Abuse Service Model. Areas colored in bold indicate services which could be started in the county within the next 1-12 months. Those in lighter shades indicate those to be started beyond 12 months and are highly dependent upon an adequate client referral flow being established to sustain the service and an adequate qualified professional workforce to staff the services.



This plan has been well received by the community and was given a resounding “thumbs-up” at our last community planning meeting held on November 14, 2006. The next step in the process is to make a presentation at the December 4, 2006 Dare County Board of Commissioner meeting to get formal approval of the plan, identify an agency to implement the plan (which will likely be the Department of Public Health) and approve the hiring of a Project Manger and four (4) other positions needed to implement the plan to build a substance abuse service system in Dare County.

Conclusion

The benefits of this project to the Dare County community are abundant and far reaching. First and foremost, there will be a timely, seamless continuum of care for those needing treatment for substance abuse where services were previously lacking. Patients will benefit from timely response to crisis and treatment needs and will receive high quality care from a well-trained, competent and credentialed workforce.

Residents will benefit from our public education efforts, the goal of which is to prevent drug abuse among children and adolescents and to support the community’s commitment supporting a family values oriented culture in our community and the message of No Tolerance.

Another significant benefit will be workforce development and enhancement. Existing professionals in ancillary service systems i.e., school nurses, guidance counselors, probation officers, nurses and social workers will benefit from the trainings that will help them recognize substance abuse issues and understand the new system of care that is being developed, so that they can make referrals into the system.

In order to develop and staff the new services that are being made available, certain competencies and skills related to effective addiction intervention and treatment will be developed. This will occur through collaboration with the community college (College of the Albemarle) and the School of Social Work and Criminal Justice Studies at East Carolina University and the University of North Carolina’s School of Social Work. All have expressed an interest in assisting this Dare County project with its substance abuse clinical needs.

This demonstration project has the potential for serving as a replicable model for delivering substance abuse services in other rural communities in North Carolina. This is one of the primary reasons the NC Division of MHDDSAS has provided Dare County with a grant for this demonstration project.

Leadership Development

In reflecting back on this project and reviewing the SEPHLI Leadership competency areas, it is apparent that this project exercised and enhanced my abilities in nearly every competency area.

Critical thinking was essential in finding solutions to a significant, complex health problem that had become an emotionally charged issue in our community. Many critical decisions needed to be made, and much information was considered in making these decisions. Systems thinking was required in developing a infrastructure that would work independently as well as one that would work effectively and collaboratively in the current system of care that is available.

Partnering and collaboration was critical to the success of the planning effort and is critical for the success of the demonstration project. Having strong, established, favorable relationships with many organizations in the community, i.e., the Dare County School Systems, law enforcement, the medical community, Dare CASA etc., made organizing and getting participation from the community planning group a seamless process. The newly created partnership with the NC Division of MHDDSAS, who have the expertise in, and experience with the issues, as well as a vested interest in seeing the substance abuse problem addressed, was key to developing a plan that will be effective and relevant for our community. It is my belief that this strong grassroots support and momentum and the newly formed partnership with the NC Division of MHDDSAS was critical to the success of this project to date, and will be essential to successful implementation.

Visioning and futuring was another leadership competency that was enhanced. Creating a shared vision of what a substance abuse delivery system should look like for Dare County occurred through the strategy of pulling together a community planning group to seek input and to share the plans progress as it developed. In fact, at one meeting we had a brainstorming session on visioning where all participants shared what they would like to see in an ideal system for our community. It is interesting to note that all participants agreed on the vision created, and nearly all of the components identified appear in the plan that was developed.

Political and social change– It took persuasion and advocacy to move the project forward and secure buy-in, particularly with those in the community that are currently providing some substance abuse services. Many were skeptical as to our ability to put together and garner support for a comprehensive plan to address substance abuse when this issue had seemingly been ignored for so many years. It was frustrating at the initial meeting to have naysayers in our group, and it took persuasion to get them to focus on solutions rather than the problems. I am pleased to report that this did occur and when the final plan was presented, they were satisfied with the outcome. It also took persuasion to convince the NC Division and our consultant that despite our relatively low population, the full continuum of services needed to be located in Dare County due to our geographic distance from current service locations, our lack of a transportation system and the magnitude of the substance abuse problem in Dare

The leadership area that was most challenging for me and the one that I have benefited from the most is in the area of **self-assessment and personal leadership development**. In my career as Health Director, I have been involved in projects and have developed plans in areas in which I have had significant knowledge, expertise and/or resources. Furthermore, my style and inclination is to be direct and pay more attention to tasks than

process, meeting objectives and getting a job done. In the case of this project, I had neither the expertise in the subject area nor an understanding of the existing system of care to proceed in my usual leadership style. Had I utilized my comfortable style of putting together a team, developing a work plan and getting the tasks done, I am confident that the successful results we are enjoying would not have been realized to the same extent. The complexity of the problem, the emotionally charged nature of the issue and its grip and impact in nearly every area of community life made this a plan that required a different approach. I had to do some reflection and self assessment to find an approach that would work in this situation. I also had a significant learning curve in order to be able to understand the issues at hand and to be able to **communicate effectively**, both publicly and in writing, as the leader of this effort. I had to find experts in this area in order for the effort to move forward. All stakeholders and all sectors of the community needed to be included. The leadership skills of **active listening and conflict resolution** were critical in ensuring that everyone was heard, that all viewpoints were respected and that the decisions made considered these viewpoints and opinions as well as the available facts and evidence based practice in developing our plan for substance abuse and addiction care for Dare County. Cynthia Wiford, consultant and mentor was patient and thorough in helping me understand how certain individual's perspectives and viewpoints derived from their own experience of how substance abuse and/or seeking care impacted their lives. She also helped me learn what I needed to know in order to be an effective leader of this effort. She helped me to understand the North Carolina Mental Health reform process and its emphasis on providing services in the community, the federal Substance Abuse Mental Health Services Administration's model plan design and its guidelines for best practice, and The National Institute of Drug Abuse evidence based model of comprehensive addiction treatment services, all of which are incorporated into the plan that was developed. Most importantly, she helped me define what an ideal continuum of care should include and defined every component of that continuum. Combined with my existing knowledge of health systems and the culture of Dare County, this information provided me with the knowledge I needed to work with the community in developing a realistic plan to address one of the most significant health issues facing our community.