Responding to the Addiction Crisis Through University and Community Collaborations: A Vibrant Virginia Book Webinar

Julia Kell: Hi everyone, thanks so much for joining us today.

Welcome to the 'Responding to the Addiction Crisis Through University and Community Collaborations: A Vibrant Virginia Book Webinar at Virginia Tech sponsored by the Virginia Tech's Center For Economic and Community Engagement.

We have planned today's event about the importance of enabling a coordinated response to the addiction crisis as a way to showcase the issues raised in an upcoming edited book called Vibrant Virginia, which will be published later this year.

The book is focused on looking for ways to bridge the urban-rural divide across Virginia and to think about the ties that bind us in regards to community economic development and related domains.

Today's webinar features a talk by Vibrant Virginia book authors Mary Beth Dunkenberger and Sophie Wenzel, followed by an interactive conversation about the Opioid Interventions in Virginia with Beth O'Connor, Executive Director of the Virginia Rural Health Association.

The Vibrant Virginia Book has been posted in draft form on our Discourse Board and I dropped the link in the chat so everyone can visit that and read the chapter and you can comment on it with questions as well.

We invite audience members to sign up for a free account on discourse.

So without further ado, let's get started.

Mary Beth and Sophie. The floor is yours.

Thank you.

Mary Beth Dunkenberger: Thank you, Julia, can everyone hear me okay?

Beth O'Connor: Yes.

Mary Beth: Okay. Terrific.

And thanks to all the participants who are joining us this afternoon, and again, I'm Mary Beth Dunkenberger. I'm the Associate Director of the Institute for Policy and Governance.

And along with my colleague Sophie, at the Center for Public Health Practice and Research, we've collaborated with other academic and community partners on issues related to substance use disorder and the impact of this public health challenge on individual, family, and community well-being for many years. At least 15 I believe.

We often approach this work with consideration of the social determinants of health as a frame to examine how the community environment impacts individual health and how in return having a collective of healthy individuals or perhaps less healthy, impact community vitality.

The social determinants of health for those of you who may not be familiar with this framework, reflect on how economic stability, and this is at the individual and community level. But economic stability, neighborhood and physical environment, education attainment, food access, community and social context, and the health care system again impact individual and community well-being. Supported by the social determinants of health framework and funding from the Vibrant Virginia Initiative our collaborative team at Virginia Tech provided research briefs and facilitated discussions and provide planning that was focused on responding to the opioid and addiction crisis in Roanoke City, an urban area, a smaller urban area, and Pulaski County, a largely rural community.

These efforts were launched in the summer of 2018, and at that time in Roanoke City, illicit opioids, heroin and fentanyl, were the major factors resulting in high overdose rates and family disruption. In Pulaski, the primary contributor to overdose deaths was prescription opioids.

And both communities the SUD related implications, unemployment, housing, and family stability placed much strain on human and social service agencies. Before we further examine the dynamics of our engagement processes in each locality we want to very briefly introduce a theoretical model that we had utilized in reflecting on this work in the Vibrant Virginia chapter.

Boundary spanning provides a valuable lens to examine how multi-sector collaborative efforts, including university resources and expertise, can be utilized to support increased vitality in our communities.

Boundary spanning was initially introduced to better understand the dynamics of business sector networks and how these networks could better be engaged to increase performance and productivity.

And it's increasingly been utilized to better understand how individual actors and organizations can work together to address complex and persistent social problems, problems that we sometimes referred to as wicked problems.

Some key boundary spanning activities include knowledge exchange across professional borders, planning across sectors, shared mission, and focus, continuous and patient engagement, and reaching consensus on specific priorities and strategies across all involved partners.

These activities are often reflected in the actions of individual actors and in organizational goals and objectives.

Now I want to turn to reflect on how we engage with communities of focus.

I'll review what occurred in Roanoke before turning over to Sophie to discuss Pulaski.

We had initially planned to implement a brand-new engagement process with Roanoke City stakeholders that we had identified as being central to the opioid and addiction crisis.

But our timing aligns with the launching of the Roanoke Valley Collective response to the opioid and addiction crisis. That's the formal name of the group, which I will refer to as the Collective or Roanoke Collective.

The Roanoke Collective is a cross sector coalition of first responders, healthcare agencies, local and state government agencies, educational entities, community non-profits, faith, and business communities, and individuals and families personally touched by addiction.

Launched within a month of the release of Beth Macy's book, who many of you may be familiar with, Dopesick. The effort began in Roanoke with pronounced energy and mission. By design, the Roanoke Collective met many critical tenants of boundary spanning. It was guided by a steering committee that represents the sectors that I reviewed.

The Collective meets monthly and the monthly meetings typically involve data presentations and updates across the represented sectors. And often, participants will break into subject area groups to focus on specific needs and develop strategic priorities.

The meetings had regularly drawn between 65 and 120 participants and has maintained a strong level of participation even through the pandemic and moving meetings from in-person to Zoom.

A noted characteristic of the Collective was the time allowed to develop a common understanding of the opioid epidemic and addiction crisis and to develop a blueprint for action.

With the Vibrant Virginia project, our original timeline would have produced an action plan by February of 2019 to allow for some implementation in the Spring of 2020. And with limited time and fixed resources, we would've included engagement with up to 35 to 40 stakeholders.

In contrast, the Collective met throughout 2019 and 2020, engaging with 250 community members from a 120 + organizations to develop and finalize the Collective Blueprint for Action, which was released in September 2020.

And is available online if anybody is interested in finding it.

At the onset of the work of the Collective, topic areas were identified through an engagement process and focused into five specific and manageable working groups. And these working groups also provide the structure of the blueprint, the action plan. And those include prevention and education, treatment, crisis response, and connection to care, which originally focused primarily on overdose prevention and was expanded, child and family support and recovery is the fifth area.

During this time the Virginia Tech team engaged regularly with the Roanoke Collective at both the steering committee level and the larger group meetings. That engagement resulted in a grant award by the Office of National Drug Control Policy that supports harm reduction efforts in the Roanoke Valley.

The program is facilitated and managed by Virginia Tech but in close collaboration with a range of community partners.

Now I'll turn it over to Sophie to talk a bit about our work in Pulaski.

Sophie Wenzel: Thanks, Mary Beth.

So I'm going to talk a little bit about what our engagement looked like in Pulaski County and then specifically some of the findings that we had.

So first I do want to introduce the Pulaski Community Partners Coalition.

That is the coalition on the ground in Pulaski county that we worked through. That's one of the five prevention coalitions that is supported by the New River Valley Community Services.

And that coalition's main goal is really focused around building community awareness, around substance use issues and wellness, fostering collaboration amongst prevention partners, and really serves to connect people, connect resources and ideas within Pulaski County.

So as part of the funding for the Vibrant Virginia project that Mary Beth just talked about, we held a series of listening sessions, focus groups, and interviews with coalition members, community members, and people in recovery.

So I just want to present some of those main findings to get us started. And we've kind of organized those into themes.

The first theme is substance use in parenting, which was really the original proposal for our Vibrant Virginia project. And what we found from people was that there was poly substance use. It wasn't necessarily just opioids, but they were also seeing marijuana. They were seeing methamphetamine. And people talked about the high rate of neonatal abstinence syndrome in Pulaski County. So for those of you that don't know, that's the rate of babies that are born addicted to substances. They talked a lot about multi-generational trauma and substance use and the cycle of poverty, the cycle of substance use and desperately trying to find ways to exit that cycle.

They talked about the need for more education specifically on adverse childhood experiences, for those service providers that were working with children.

The conversation was around the child welfare system and how they're facing many challenges due to substance use.

A lot of children that are removed from homes; it's because of substance use in the home.

And that then led to a conversation on grandparents raising grandchildren. Pulaski does have an active support groups, specifically for grandparents that are raising their grandchildren. A lot of those are due to substance use and this balance of keeping families together and also keeping children safe.

They talked a lot about stigma and the need for more advocacy on the ground. So even though they're seeing good collaborations among human services and behavioral health in Pulaski, there's still so much stigma around substance use and this perception that it's not really a disease so much more as just a moral failing. And the stigma is just really seen as a barrier to resource allocation and to policy development, so the stigma really needs to be addressed.

People did mention that the increased use of peer recovery specialists is seen very positively as a step to increase more access to treatment and also to reducing the stigma.

Mary Beth mentioned the social determinants of health as informing our framework. And these came up during our conversations too. Some examples that are relevant in Pulaski county include transportation, just being able to get to treatment, being able to get to employment, housing and lack of stable housing, access to foods, including healthy foods. And then with a focus on children; early childhood education, and lack of quality childcare.

So people did talk about existing services in place, existing good services in place, and really trying to find out how some of these services in place can serve as a foundation to expand the continuum of care.

As part of those services currently existing, again, the grandparents raising grandchildren group was talked about and then the drug court.

There's an active drug court in Pulaski County. It was the first one in the New River Valley. And it still is very successful. For those of you that don't know the drug court offers an alternative to incarceration for those people with substance issues that are somehow involved with the law, with the goal of long-term recovery.

Some of the self-help groups such as Alcoholics Anonymous and Narcotics Anonymous were also mentioned.

And then finally, NRVCS services. So the New River Valley Community Services Board services were very well regarded in the community. And two of those that stood out specifically were the 401 Peer Center in Radford, which is a drop-in center, a peer-to-peer program, that offers social events, group classes, use of computers, just for people in recovery.

And then the Special Deliveries program, which is specifically for pregnant women, in active substance use to help them through that.

Of course, even with good services in existence, there are still some gaps, and some of the services that people identified were specifically the need for both inpatient and outpatient treatment services. And then more employer support for treatment. So how to get employers to support people in recovery, to work with them, and the need for more services for teens, including prevention and treatment. And then again, the early education and child care, and just the ongoing recovery support was still needed.

There was mention of a need for a regional approach to substance use prevention and treatment and just the collective response in the New River Valley. I know there's several regional groups that are gathering, are already working and talking, notably through the drug court program. There was still this perceived need for a more coordinated, comprehensive approach. I know people are talking about this. I know there's a question of just making sure that there's equitable partners amongst the counties becomes some counties may have more resources to donate. So that's some of the main findings in Pulaski County.

So the Vibrant Virginia funding also asked us to look at similarities and differences between rural and urban areas. So here's some of the similarities that we found across geographic

boundaries. No matter the location, we all know navigating the trauma for families and individuals impacted by substance use is difficult.

It's taxing on communities and families, and that didn't matter if it was Roanoke, or Pulaski or wherever.

The importance of advocacy and education and how to address the stigma was key. The need for these community champions on the ground, and the importance of the peer recovery specialist as part of that destigmatization and education, was key across geographic boundaries.

The need for more community buy-in and support, including from the faith community, more support for parents. Parents who are navigating substances issues need more support.

There's some support out there. There are some parenting classes, but it's just not enough for them. And then the need for trauma-informed care for the kids who are in kinship care or foster care.

Again, barriers to treatment are still prevalent in both urban and rural areas.

These include lack of transportation, stigma, fear, lack of childcare to be able to access treatment, food insecurity, lack of stable housing, lack of recovery housing, inadequate treatment programs for those and recovery.

So there are still a lot of barriers for those with substance use disease.

And then reentry and recovery support are needed. So we talked about the drug court, but different diversion programs for first-time offenders. This concept of treatment, not jail. And rapid response teams to support those who have recently overdosed.

And there's still some stigma and resistance again, across geographic boundaries, amongst some of our key stakeholders, around harm reductions options. For example, like syringe exchanges. And some of this resistance may be due to different organizational or individual aims. For example, law enforcement is going to look at public safety as a collective rather than specifically looking at one individual's harm.

And we did find some differences too as some of you can imagine, between our urban and rural sites.

One of the big ones was volunteer fatigue in rural areas. It's few people doing a lot and there's burnout. There are limited resources to get things done in rural areas. Coalition members are strained. They take on many roles in the community.

In urban areas as can be imagined, there's greater access to services, there's more services, there's more transportation to services, even though it's not always adequate. And there's more system wide resources. There's also more momentum due to more participants and more resources in urban areas. So organizations in Roanoke are typically going to be larger, better resourced, support more people and have more representation amongst coalitions.

As Mary Beth mentioned, the Roanoke Valley Collective Response had significant momentum since its inception. So it really was able to move beyond networking and education to have this call for action in this blueprint, this actionable blueprint. So we did see a resource imbalance. And ultimately our team ended up doing more work with the Roanoke Valley collective response, just due to the nature of the momentum and the work that they had already started, which, with limited funding and time, ended up reducing some of our ability to focus more on Pulaski than we would have liked to.

Finally, just to finish off. And I know this is the Office of Economic Development and Community Engagement now I think -- which I loved that you added community in the name --

Reaching out to the business community was a common challenge. We tried through this process and struggled, getting responses from businesses, engaging business.

We wanted to hear from them, what do they need? What are some strategies? How can we help you help people in recovery? And businesses have been noticeably absent from some of the coalition meetings and employers need to be part of the solution.

One of the findings in the Pulaski focus group was that people would like to see more employers working with people in recovery.

And just on a side note, I've worked closely with a community recovery program in the Martinsville/Henry/Franklin area, and they have been very successful. They're run out of Piedmont Community Services. They've been very successful in working with people just beginning their recovery journey and getting them employment.

So there's a need for better engagement strategies to find out what businesses need and then how can we help them support people in recovery?

So with that, I will pass it back to Mary Beth just to kind of start the discussion on the importance of collaborative work and really how to work with partnerships to address substance use.

Mary Beth: I'm going to take a few more minutes to reflect on the role of coalition-building, the importance of collaborations, the need for coordinated response within the boundary spanning contexts and how Virginia Tech can help with these efforts and really be an embedded part of these efforts.

To support the work of the Roanoke Collective and the long-established Pulaski Coalition, we really sought to augment those existing collaborative engagement and boundary spanning actions. I think we initially went into it thinking we were going to get this started, but we joined on with the activities that were already going on in the community and to pick up on that energy.

And, again, to provide an overview of what we did, we helped facilitate meetings, we provided a data analysis and research support that were instrumental to the Collective Responses Blueprint. In Pulaski, Sophie provided an overview of the process we used to help the Coalition plan and set priorities for 2019 and ‘20.

But as we reflect on the role of collaborative boundary spanning with the community coalitions, I think it's important to highlight a few key factors.

First, the need for continuous engagement and trust-building. And I emphasize trust-building; the time spent on developing the Roanoke Valley Collective Blueprint didn't fit our timeline. But the continuing engagement and the fact that we stayed involved through and beyond what our preset timeline had been has resulted in trust among the Virginia Tech partners that stayed engaged and community participants.

The presentation of technical information and data which we're good at producing, needs to be carefully thought through with regard to presentation to multiple audiences.

And to not simply present the data but to create ways for partners to engage with the data and have it be meaningful to the work that they specifically do and to the populations they serve.

As Sophie had highlighted, sometimes we have to make extra effort to make sure that sectors who do not automatically join the discussion that are critical to the solutions for those impacted by addiction, who may still feel stigma in participation.

And businesses who don't see their role in looking at the human service nature of creating solutions to the addiction crisis.

And just once again, to emphasize patient, persistent, and inclusive processes for reaching consensus, and meeting community partners where they are, and not just following a prescribed timeline.

And again, I think when we think about boundary spanning, being able to find the linkages among and between organizational missions. It can sometimes be difficult and takes substantial time, but investment and dialogue, listening, and finding those connections is really critical.

Lastly, I want to just take a brief moment to reflect on ongoing work and next steps for our engagement in Roanoke and Pulaski.

The Connection to Care project that came out of the Roanoke engagement has resulted in harm reduction interventions and hopefully sustained collaborations among first responders, criminal justice corrections, harm reduction, and behavioral health providers.

But even among and during the success, we continuously raise awareness of challenges.

With COVID, during 2020 and in the first quarter of 2021, we've seen dramatic spikes in overdose rates nationally and particularly in Pulaski and the Roanoke communities.

As a matter of fact, in 2020, Roanoke City had the highest overdose rates in the state of Virginia. And to be honestly self-reflective of our work, with limited time and resources, it's easy to get drawn where there is momentum and in this case in Roanoke, it was like we just had a gravitational pull to what was going on there. So I think, in the future to think ahead of time about how we can balance those resources and that commitment to the more rural areas where it is more challenging.

Again, I think from a university perspective, it's imperative to use the mechanisms that exist across our public health policy programs and other areas to educate stakeholders on the nuances of the social determinants of health and how our policies, programs, and investments can improve vibrancy and vitality within and among our communities, whether they're rural, urban, or suburban.

So thank you, and we'll turn it over to Beth.

Beth: All right. Well, thank you both for sharing all that. I certainly appreciate that and being included in the discussion. In thinking about your comments and what you got in the chapter itself, in the introduction to your chapter, you've got a quote from Beth Macy's book Dopesick.

And she states that, and I'm just going to quote her directly here: "America's approach to the opioid problem is to rely on the Battle of Dunkirk strategies, leaving the fight to well-meaning citizens and their fishing vessels and private boats. And what is really needed to win the war is a full-on Normandy invasion." And I found that observation to be frighteningly accurate.

The Virginia Rural Health Association has received over $2 million through various federal funds to address the opioid crisis in Southwest Virginia. And while $2 million sounds like a lot of money, in comparison to the actual need it's nothing.

And along the same lines, the Purdue Pharma settlement is expecting to pay out over $4 billion, with a B, to offset the harm that they have caused by pushing opioids. And again, that sounds like a lot of money. But when you compare that with the actual need and the profit that Purdue Pharma realized, it's not a disincentive for other pharmaceutical companies to do the same.

So what I see in your work is two communities with a big difference in capacity. Roanoke isn't exactly a major metro area like Chicago or Philadelphia. The city Roanoke, even when you combine it with Roanoke County is probably still short of 200 thousand people. But the difference in capacity between Roanoke and Pulaski is vast.

They're fewer things like treatment centers; there's less infrastructure, such as public transit. There's fewer people, as Sophie pointed out, to share the work of addressing the crisis and that leads to burnout.

Another capacity limitation is the ability of small non-profits to go after the funds that are available. The CDC recently announced an opportunity and had a funding window open of 12 days, 12 whole days. I have five staff. They are all dedicated to full-time projects, which means if I put one of them on grant writing, they're obviously very limited on what they can do for their projects. So how do you address this capacity gaps?

And additionally, it can be very hard for public health researchers to engage rural communities. The Appalachian region particularly can be very distrustful of university people descending from their ivory towers and showing up in rural areas, and with good reason. There has been considerable damage done in the past by academics who think that they know more, and they're trying to impose their preconceived ideas on rural communities.

But there can also be some big benefits for addressing public health issues in small town America, when you've got a strong community stakeholder as a partner. For one, it's easier to know who all the players are. If you need, for example, to get support from your town manager, if she's not your neighbor, she's your friend's neighbor.

If you need the sheriff to sign off on a project, that's probably the person who plays softball with your kid or goes to church with you, if not both. So the connections are tighter.

And additionally, it can be harder to hide problems in rural communities. In a metro area, there's going to be people in a bubble that will pretend like the problems aren't there.

In a rural community, you can't hide, and you know who's struggling. You can't oppose a community initiative and say "Not in my backyard" when you can see the entire backyard.

And so, Virginia Rural Health Association has been working to address substance use disorder for some time. Some current initiatives; we have a project in collaboration with One Care of Southwest Virginia to provide services at several levels from school-based prevention education programs to working to identify funding to build a recovery center for pregnant moms.

We are also working with the New River Mount Rogers Workforce Development Board to make sure that people in recovery can find employment, providing job training, assistance with skill development, finding employment opportunities.

A big barrier that our partners are running into is the difficulty in employing people to be peer recovery specialists. Community service boards, which are of course Virginia's public mental health entities, use peer specialists to assist those in the recovery process.

We know that being able to walk through your recovery with someone who's "been there, done that" is a much more effective way to make that process happen.

But in Virginia, there are barriers to hiring peers that are unnecessary and artificial. As a peer recovery specialist, you are required to have lived experience with substance use disorders.

But regulations also prohibit CSBs from hiring people with criminal records which many people in recovery do indeed have.

So this creates a situation where someone in Virginia can complete the training process, get their certification, but are unable to find employment as a peer. And so we have people who get certified in Virginia, and then work in Tennessee, which is not helping our capacity issues at all.

So with that, I'm going to kick off the Q&A portion with some questions of my own.

So Sophie, in your work, you noted that employers need to be part of the solution. And again, looking at peer recovery, and other types of employment, what barriers do employers have and what do you think can be done to give them better support?

Sophie: Well, I'm glad you asked that because that's actually one of the questions that we had for employers We wanted to hear more from employers because we didn't know. We've heard anecdotally: "I can't find someone that's able to pass a drug test." I don't know if that is true, if

that's anecdotal, but there's data missing. So I'm going to answer your question by saying we still really don't know exactly what's needed.

I'm so glad to hear about the project with the employment boards throughout Southwest Virginia because there is a need for that bridging between the recovery and the substance use and employment to get people employed. And I saw someone had a question in the chat box and I'll answer it because it's similar to this, around employment.

I'll pull it up really quick. The potential for involving businesses in the process and are you aware of innovative examples of this that have worked elsewhere? The one that I'm familiar with is small-scale, which is the community recovery program in Martinsville. And they've been doing their work for almost 10 years now, originally with funding from the Harvest Foundation locally, and just recently with a big Appalachian Regional Commission grant. And their whole goal is to get people in recovery, really just starting their recovery journey, and to get them stable, to get them employed, to get them housing. It's almost a case management approach to recovery which has been super successful.

But yeah, I think it's a conversation we need to continue having. And I would love funding to just talk to employers and find out what do you need and how can we build that bridge help you help people in recovery and get them employed.

Beth: Thank you. Of course we know that the gap between available funding and the need is vast. So Mary Beth, if you had one segment in which we could increase capacity, maybe just services or just infrastructure or something else, what do you think we should focus on?

Mary Beth: We ask that question of our community partners continually. And what has emerged most recently is recovery housing. And that's recovery housing at all touch points of recovery. Whether you're in long-term recovery and really want a sober living environment, or whether you are ten days into treatment. Almost a rapid re-housing model, so I would say recovery housing seems to be the huge gap right now.

Beth: All right. Sophie, what do you think the New River Valley can do to create a more coordinated effort?

Sophie: So I know there's stuff going on. There are great partnerships. There's PATH, which is the Pathways for Access to Health Care. Mike Wade at NRVCS has a great thing going with the drug courts.

There's a need I think maybe for a higher-level collaboration. So really getting all the players -- I don't want to necessarily say replicate what's going on in Roanoke because it's different. The players are different, the partners are different. The 'on the ground' looks different. But I would love to see a comprehensive partnership with law enforcement, with the drug courts, with the community services board, with the health department, with the community health center. I'm forgetting 100 different partners. But really to tackle it from a systems level perspective.

And the Healthy Roots group has started to think about this too. So it's being talked about. I think there's potential expansion that could happen.

Beth: All right. So we're going to open it up to our audience for questions. If you can put that in the chat box, and while you're doing that, I saw there was a great comment.

David noted that looking at outreach to employers and job seekers, the local workforce boards, for example, like our project with New River/Mt Rogers, they're all under the umbrella of Virginia Career Works, so make sure you check out Virginia Career Works.

Alright so, question. "What are some of the solutions and strategies for the volunteer fatigue, when we are running people at both ends of the candle, what can we do?"

Mary Beth: I'll jump in, just for something that we found that has worked, or is working, and this isn't as much volunteer. The particular context has been EMS, and I think compassion fatigue, as well as volunteer fatigue. But we're really working to connect individuals who have experienced or are at risk of overdose with peer recovery specialists through direct referrals from EMS.

And we've engaged with Richmond Ambulance Authority, who's had a program for a couple of years. And what they found to be successful is the feedback, is being able to let an individual know that you stepped in, you've made this difference and this is the impact.

Being able to demonstrate that those actions, even when you're exhausted and you've been called out to a house ten times for an overdose or related incident, that sticking in there and continuing to be proactive and be active, that you do make a difference. I think that providing that ongoing information and feedback is really helpful.

Beth: Our next question, what's the role of community colleges in supporting the work. We know that they're embedded all across Virginia. What can we do with or for community colleges?

Mary Beth: Sophie, do you have --

Sophie: I would love to see them as active players alongside us, whether it's -- I'm just thinking off the top of my head, like in a training capacity. For example, maybe opening up doors for specific vocational training programs that people in recovery could access. Partners on the ground for researchers who have an intimate knowledge of what the community looks like. I think there's many ways that they could be involved. Mary Beth, do you have any other thoughts?

Mary Beth: Also a number of the community colleges are already hosting their own recovery communities for students. So I think continuing that; as Sophie said, I think there's a critical need. And when someone is stabilizing in recovery to provide -- to scale up those locational supports, and the community colleges are there at the local level and are very well equipped to do that.

Beth: All right. A comment that was made in the chat box is that many people in the NRV push back on recovery homes even though they're desperately needed. What do you think we could do to address the stigma of having recovery housing? Do I really want those people across the street from me or next door to me?

Mary Beth: I think that engaging the community before, particularly if you're looking at changing zoning, which is not necessarily the case, you're not necessarily changing zoning to set up a small recovery house. But engaging the community and letting the neighbors know that they can be part of the solution and that you're not forcing the solution on them. That does have to be carefully balanced though, with protections for individuals in substance use treatment. But we're actually starting to engage in some of these processes in a couple of areas around the state. So we hope to learn more through that and to be able to share more pretty soon.

Beth: Well -- I think I got one more.

Do you see experiential learning as a venue for university community collaborations; if so, what could be some of the challenges of that?

Sophie: This is specifically referencing experiential learning for students, I'm imagining.

So I can say from at the Center for Public Health Practice and Research, we write in a student to every one of our grants, pretty much. We like to pay them when we can. Sometimes we can't. But we usually do. I think it's a huge part of the university collaborations because we're training the public health workforce on how to work in a community, how to engage community partners. I just had a conversation with a student the other day who was telling me about what she had learned in her evaluation class and she was talking about, "well, as we design the evaluation, we really need to get in their shoes, and think about how they're going to do it, and how they would collect the data and what their capacity is." And I was like, "yes, she's starting to think that way," which is how we want them to think. So I love having students work with us. They love the experience of being on the ground and I think it's a great way for them to bridge beyond the classroom theory and academia, and get on the ground and see what it's like because hopefully that's where they're going to end up and we want them to have that training.

Mary Beth: And I'll just add that I think there are more opportunities than challenges. I think for this particular area of work, whether it's applied research or technical assistance, we need to make sure that our students are prepared and they're culturally competent for whatever population they're working with.

So something we've done, and again, in partnership with New River Valley Community Services, we've had them trained in trauma-informed care. Understanding that particular individuals with substance use disorder, often there's underlying trauma. Also making them aware of certain HIPAA rules and I always mess this one up. CFR 42, part B, which protects individuals with substance use disorder. So just making sure that they're prepared to engage in the work.

Beth: So at this time, I don't have any more questions in the chat box. I would like to thank both of you for this discussion; I will turn it back over to our [inaudible].

Neda Moayerian: Thank you so much Mary Beth, Sophie, and Beth, for your thoughtful conversation and a special thanks to our audience for joining us and for the great comments and questions. We have captured all these questions on the Discourse website and authors will have the chance to reply to them so those who couldn't join us today can refer to them later.

Please save the dates for future Vibrant Virginia webinars.

On May 14th, we will have "Why Virginia has a broadband gap and how can we address it?" Our future authors are Erv Blythe and James Bohland and the CEO of HPG Strategies, Heather Gold. The registration is now open and you can see the link in the chatbox.

On July 12th, we will have the Vibrant Virginia Virtual book launch and we look forward to seeing all of you.

Thank you so much.