

# East TN Rural Health Consortium Newsletter

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## The Role of Mentoring in Workforce Development

Su Chen Tan, PhD

Mentoring plays a crucial role in adult capacity development as it provides individuals with guidance and the opportunity to learn from someone with more experience and knowledge. A mentor functions as a role model and support system for the mentee. In the context of supportive mentor-mentee relationships, mentoring creates a conducive learning environment for adults to hone new skills, gain confidence in their abilities, identify improvement areas, and receive performance feedback. To that end, adults feel valued, heard, and supported in their professional and personal growth.<sup>1</sup>

For persons with substance use disorder (SUD) and/or opioid use disorder (OUD), including people who inject drugs, two major barriers to access and use of treatment and recovery support services in rural communities are stigmatization and a fractured healthcare system. Reducing stigma and greater integration of the healthcare these people is critical to health promotion. While public

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health departments are working to implement innovative strategies for engaging people with SUD/OD in treatment, these efforts are often hindered by widespread shortages of treatment providers. Providing mentoring, such as with pharmacists, medication for opioid use disorder (MOUD) providers, and leaders of faith-based communities, can bridge this gap and expand the adult workforce's capacity to address the unprecedented opioid crisis in the U.S. Indeed, the mentors' expertise and guidance can help accelerate the learning process<sup>2</sup> and broaden the understanding of crucial aspects of SUD/OD treatment and recovery support services.

This winter issue of the East Tennessee Rural Health Consortium (ETRHC) newsletter highlights several programs in rural East Tennessee that utilize mentoring as an evidence-based strategy to educate and reduce stigmas surrounding SUD/OD and dispensation of MOUD and facilitate integrated treatment and recovery support services in various settings.

## FLOC: Faith Leaders Overcoming Opioids in the Community

Su Chen Tan, PhD & Jennifer Tourville, DNP

With over 50 mega churches within its borders, Tennessee is known as the buckle of the Bible belt.<sup>1</sup> Faith-based communities are increasingly recognized as critical partners in supporting prevention, treatment, and recovery related to SUD/OD, given their strong cultural influence on social structure and individual behaviors.<sup>2</sup>

**“Participants described the lessons presented in the program as ‘eye-opening’ and ‘mind-blowing’**

**They have become more open, compassionate, and accepting toward people who use drugs and their struggles with addiction and recovery.”**

### Mentoring References

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To capitalize on this, the COURAGE project includes a faith-based leaders mentorship program aimed to equip 20 faith leaders in rural East TN with knowledge and skills related to the impact of SUD/ODU on individuals and communities, ways to support and nurture those affected by SUD/ODU and guiding their congregation to become a welcoming and affirming place for people who use drugs and their families.

Two community champions serve as mentors, Pastor Kyle Prichard with The Hill Church in Tazewell and Pastor Marta Cogburn with First United Methodist Church in Newport. They are supported by Dr. Jennifer Tourville of UT's SMART Initiative. Together, they have developed FLOC: Faith Leaders Overcoming Opioids in the Community. This is a 4-month evidence-based mentoring curriculum that will occur five times across three years (2023-2025). FLOC mentees attend two group training days, periodic mentoring sessions, two recovery meetings, connect with local community

resources, volunteer one shift at a harm reduction program, and complete a 4-day Certified Recovery Coach training program.

Since Spring of 2023, six faith leaders from Cocke, Union, and Claiborne counties have completed the FLOC program. Participants described the FLOC lessons as “eye-opening” and “mind-blowing” and reported that a better understanding of OUD as a disease of the brain led to a shift in their attitude and perspective. Specifically, they have become more open, compassionate, and accepting toward people who use drugs and their struggles with addiction and recovery. After the FLOC program, faith leaders were motivated to identify the next steps in mobilizing their congregation to offer care and support to people who use drugs. Several have begun incorporating recovery support services into their faith communities.

#### **FLOC References**

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# Peer Mentoring Through Recovery

Lucy Langley

Substance Use Disorder (SUD) recovery is a difficult, often nonlinear process. Recovery can be even more challenging when the justice system is involved.<sup>1</sup> For those with drug related convictions, it can be difficult to secure housing, food, medical care, and employment.<sup>1</sup> Peer mentorship can help individuals access resources, but also support individuals through their recovery.<sup>1,2</sup>

Employment is a key component in recovery. It can improve self-esteem, basic needs security, emotional support, and reduce substance use.<sup>3</sup> Some employers are hesitant to hire people who are justice involved or people in recovery, leaving many unemployed.<sup>1</sup> Unemployment can negatively impact recovery outcomes.<sup>3,4</sup> While incarcerated, individuals may struggle with skills associated with employment.<sup>1,5</sup>

By emphasizing education and skill building strategies, vocational rehabilitation programs can help individuals develop their skills and improve employment outcomes.<sup>1,4,5</sup>

Many vocational rehabilitation programs require abstinence from substances as part of the program.<sup>3</sup> If an individual relapses, the programs may remove them from employment.<sup>3</sup> This poses many issues, especially for those involved with the justice system.

Individuals in recovery must cope with additional emotional and physical stress.<sup>2</sup> These stressors can lead to relapses in recovery. Relapses are common among those recovering from SUD, but individuals recently released from prison face increased overdose risk.<sup>1,3</sup> Instead, programs should aim to help individuals understand how substance use impacts employment.<sup>4</sup> Basic needs security is also a key component in employment and recovery. Basic needs insecurity increases stress, prevents employment, and hinders recovery.<sup>1,2,3</sup> Other challenges like transportation or childcare can exponentially increase stress and prevent employment.<sup>2</sup>

The Kentucky Access to Recovery Program (KATR) helps individuals in recovery access housing, food, medical care, childcare, transportation, and employment.<sup>2</sup> KATR provides these supports to bolster employment and recovery outcomes.<sup>2,4</sup>



KATR is able to provide services that other organizations cannot. KATR participants report feeling more connected and hopeful. KATR builds strong relationships with individuals, vendors, coordinators, and communities.<sup>2</sup>

Peer mentorship could play an important part in recovery programing as it can improve recovery and recidivism outcomes.<sup>1,2</sup> Peer mentors, particularly certified peer recovery coaches, are often well connected with specific recovery focused resources.<sup>1,4,5</sup> 5

Justice system involvement and SUD are specific life experiences that some mentors may not have answers or guidance for.<sup>1,5</sup> On the other hand, peers can provide support that is relevant to an individual's specific experience. Organizations like the DC Central Kitchen (DCCK) combine training, peer support, and emotional wellness into their programing. DCCK aims to fight poverty and hunger through culinary job training.<sup>5</sup> In addition to training, DCCK provides placements, internships,

community support, and two years of post-graduation support. Many of DCCK's staff have lived experience and their familiarity assists in building trust. Most notable are DCCK's self-empowerment classes, which are required for all participants. These self-empowerment classes help participants develop their self-esteem and agency.<sup>1,5</sup>

Participants in these programs saw peer mentors as role models, as recovery support, and as trusted members of their community. Recovery is more than abstaining from substances, it is about trust and changes that come with it. It is this mutual trust that helps peer mentors and mentees develop healthy lives.

**“Employment is a key component in recovery. It can improve self-esteem, basic needs security, emotional support, and reduce substance use.”**

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# COURAGE Pharmacy Mentorship Program

Tyler Melton, PharmD

Opioid use disorder (OUD) continues to decimate rural east Tennessee physically, emotionally, and economically. Pharmacists play a critical role in providing patients with treatment and prevention options. The COURAGE Mentorship Program (CPM) supports pharmacists in promoting OUD prevention and healing. CPM topics include: Medications for Opioid Use Disorder (MOUD), DEA Ordering Policies for Controlled Substances, Recognition of Pharmacist and Patient Stigma, Appreciation of Clientele Perceptions and Privacy Considerations, Drug Takeback Promotion and Proper Medication Disposal, and Approaches to Pharmacy "Red Flag" Resolution. This asynchronous training program consists of eight modules, each lasting between 15 to 30 minutes, with weekly check-ins from pharmacist mentors. In addition to the asynchronous training, pharmacists participate in a four-module interdisciplinary motivational interviewing workshop including four modules reviewing Opioid Use Disorder (OUD) and the healing brain, summarizing motivational interviewing, practicing motivational

interviewing skills, and debriefing/reflecting on motivational interviewing activities within the workshop. This interdisciplinary workshop focuses on training healthcare providers to utilize motivational interviewing techniques to navigate patient interactions, unique needs for patients with OUD, and to promote healing. To date, a total of 7 pharmacists from Claiborne and Cocke Counties have participated in the program. Preliminary data analysis shows an overall improvement in mentees' knowledge of MOUD; satisfaction with training content, relevance, and module engagement; as well as reporting applying training concepts in pharmacy practice. Additionally, the mentees' favorite training content in the program was the recognition of pharmacist and patient stigma module. CPM is concentrated on providing training to twenty pharmacists across Campbell, Claiborne, Cocke, Granger, Scott, Union, and southeastern Jefferson County. Recruitment for Union County will begin in late January 2024.

# Status and Plans for Opioid Abatement Dollars



January 19, 2024  
1:00-3:00pm EST



Scan here to  
register  
now!



The East TN Rural Health Consortium invites you to join our winter consortium meeting. This meeting will feature plans for spending opioid settlement funds from some of our East TN counties. A Q&A with speakers will follow presentations.

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