

# COMMUNITY CONTINUUM OF SUPPORTS:

*A framework for community empowerment*

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*Allison Howland, Meagan Benetti,  
Nicole Zautra & Lori Croasdell*

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**COLLABORATIVE RESEARCH  
INITIATIVE**

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INDIANA UNIVERSITY

School of Education  
Bloomington

# Today's Presentation

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- Introduction of partners:  
Collaborative Research Initiative &  
Coalition to Eliminate the Abuse of  
Substances (CEASe) of Scott County
- Overview of Scott County and Austin, IN context
- Discussion of what we learned and implications for future work
- Share SAMHSA ad campaign
- Questions and comments

# Collaborative Research Initiative

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## Vision:

*We partner to build community capacity that empowers families and individuals to optimize their own well being.*

## Mission:

*We strive to enhance the health and well-being of youth and families through collaborative evaluation research of social and mental health services, school-based interventions, and community initiatives.*

# CEASe

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Scott County anti-drug coalition established in 1989 to bring diverse individuals and community leaders together to work to:

- 1) Reduce the adverse impact of alcohol, tobacco, and other drugs on Scott County residents;
- 2) Make Scott County a better place to live, work, and raise a family.

# Our Story



# Our takeaways

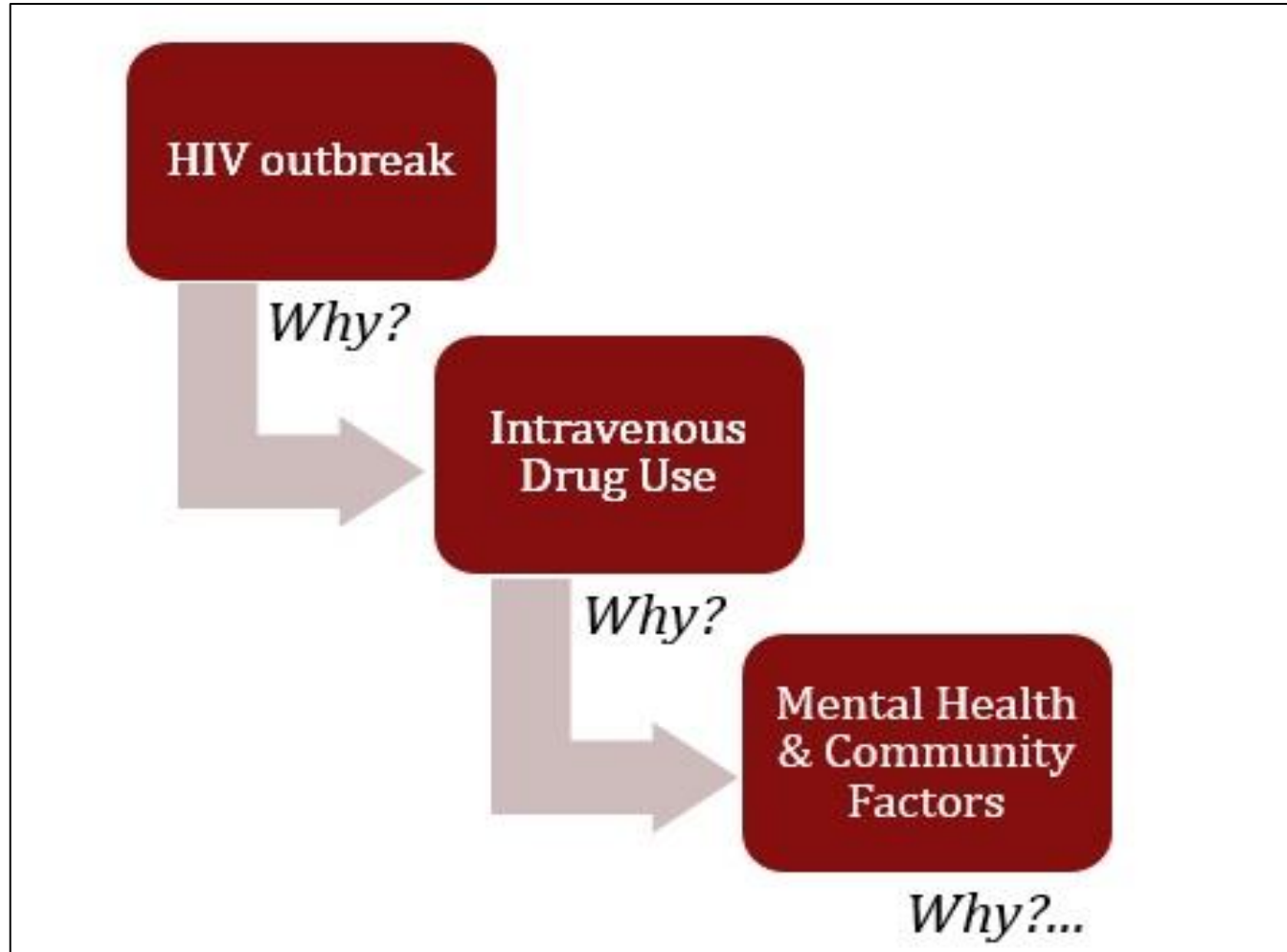
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- Improving community conditions improves the lives of all community members
- Prevention work does happen in a vacuum
- Prevention work should be inclusive of the people experiencing crisis.
- Shift from “them” to “we”

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**“WHY DID THIS HAPPEN  
HERE? TO US?”**

# Moving Upstream





# Social Determinants of Health

*“individual, neighborhood, and community resources and opportunities as well as hazards and toxic exposures”*

- Access to quality healthcare
- Access to quality community services
- Adverse childhood experiences
- Education and job training
- Employment
- Food security
- Housing
- Mental health
- Social supports
- Transportation

Improve population health and wellness through integrated approaches that address social and economic factors, social support networks, physical and social environments, access to health services, as well as social and health policies.

# Our Goal

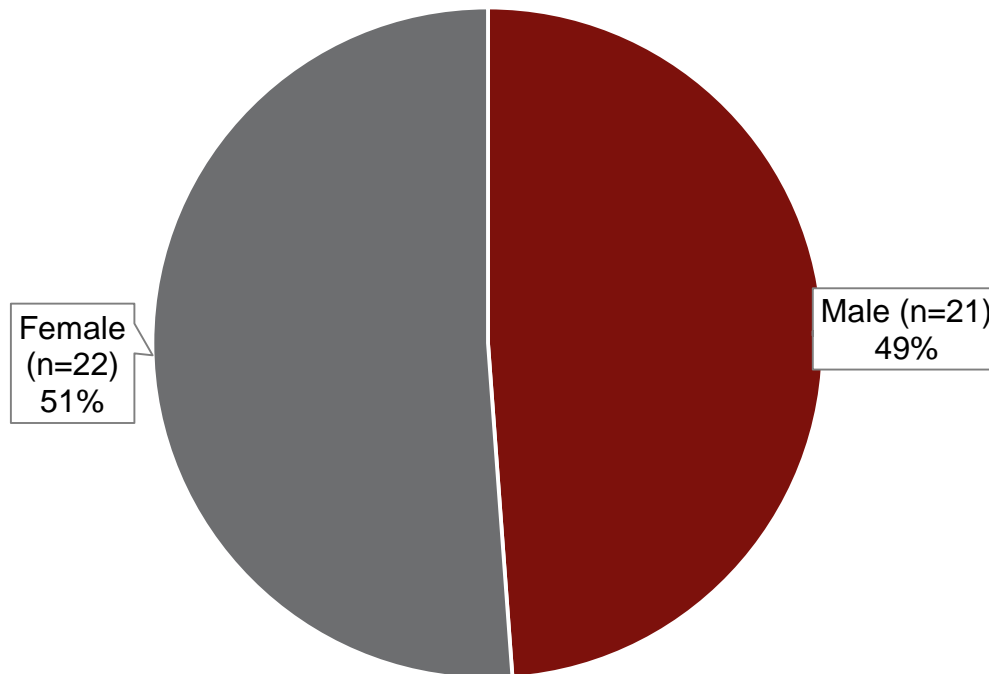
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Talk with people at the heart of the community

- to discover and prioritize current needs
- identify strengths
- recommend potential next steps from the perspective of those most impacted by the crisis

# Who we talked with

## Gender



- Focus groups included 43 men and women
- Of those, 22 individuals participated with their intimate partner or spouse, representing 11 couples

# Comprehensive Themes

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1. Substance use initiation connected to traumatic experience(s)
2. Loss of close relationships
3. Entering treatment risks losing remaining relationships
4. Challenges to entering treatment and recovery
5. Feelings of shame, isolation and discrimination
6. Reconciliation and hope for the future

# Selected Quotes

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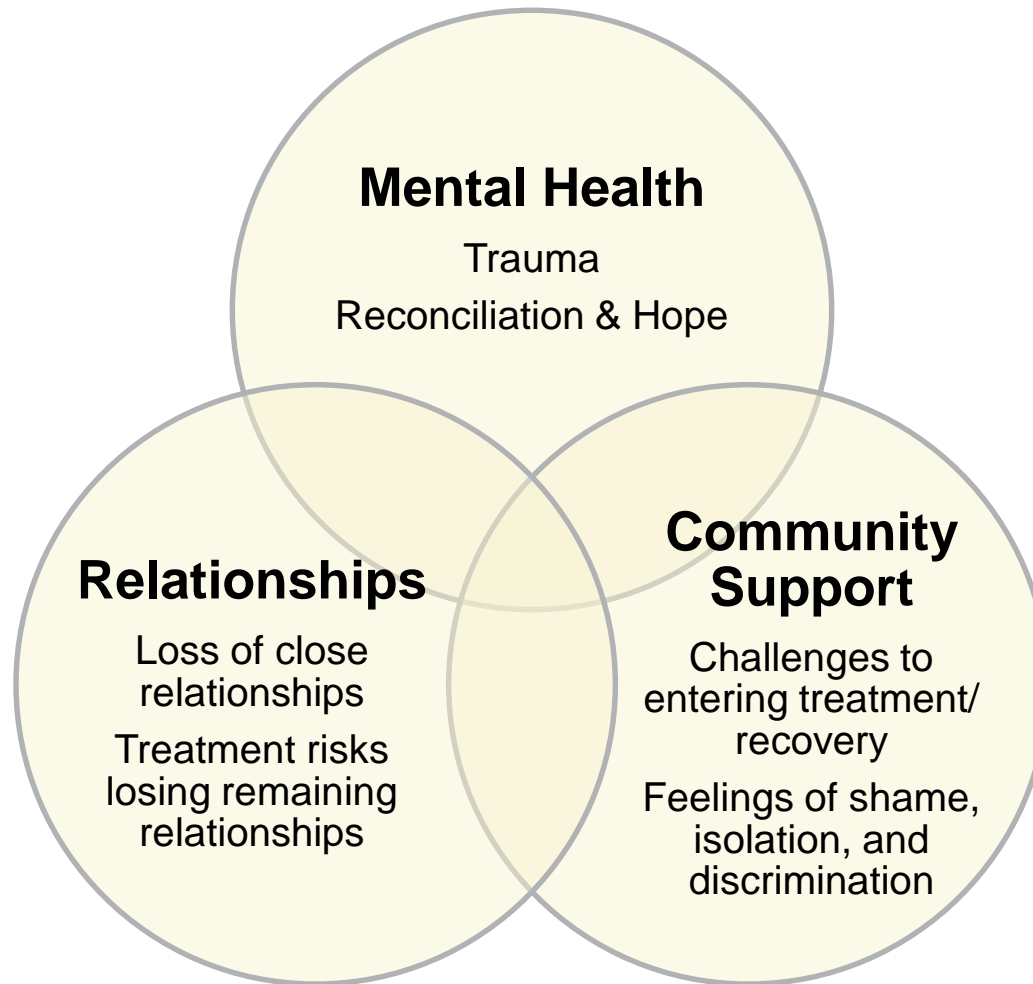
Fear about being forgiven and accepted is a barrier to change.

*“It's a big step going back and facing what you done because you got this fear that you're not going to be liked anymore.”*

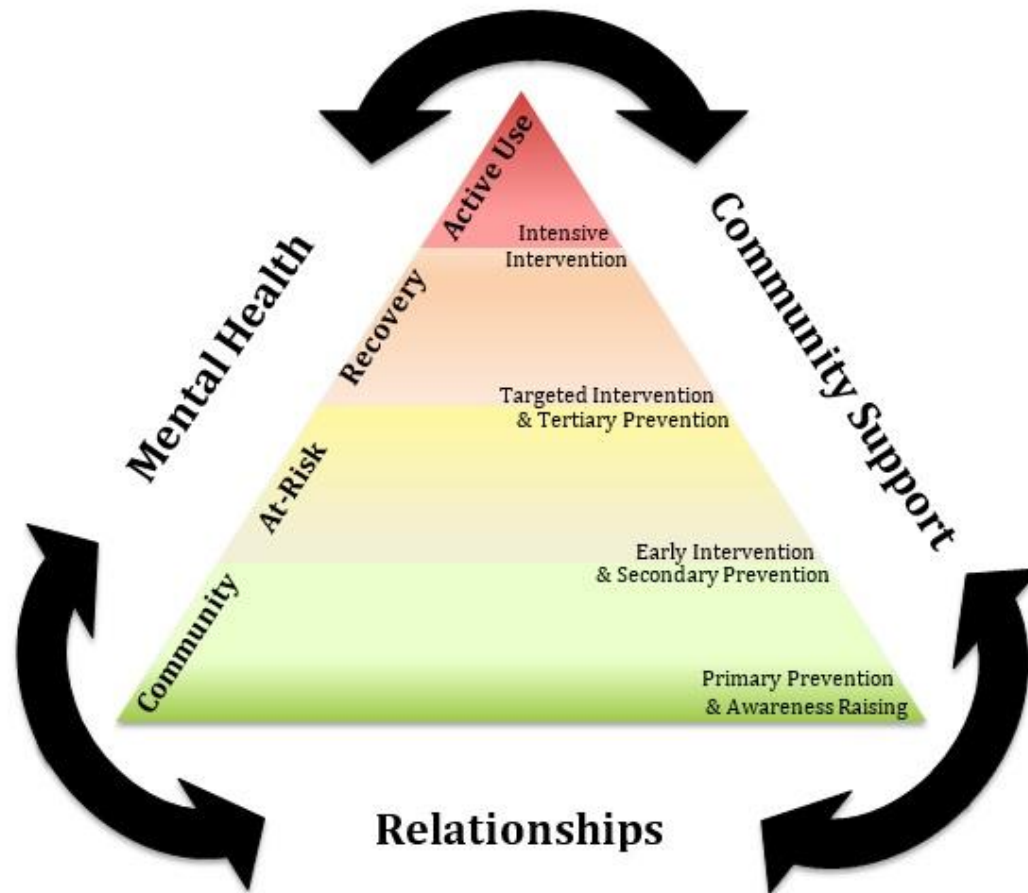
Although hope for the future is minimal, people do desire a chance to reconcile and try to do better.

*“It's like you know going to church you know when you sin. A lot of people just give up you know. Don't give up. Just pray for forgiveness and go on you know cuz it's not over you know. You can always better yourself. You're better than you was yesterday.”*

# Themes Grouped by Root Causes



# Community Continuum of Supports Model



# Community Continuum of Supports

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Inform county and statewide prevention efforts regarding intravenous drug use by evidencing the various individual, family, and community-level risk and resilience factors.



# Mental Health

## Active Use

- Access to quality and affordable opioid treatment programs
- Supported referrals to mental health professionals for on-going treatment
- Access to quality and affordable mental health professionals

## Recovery

- Access to quality and affordable opioid and mental health treatment programs
- Educational programs that build coping skills
- Trauma-informed treatment options

## At-Risk

- Targeted life skills training (self-regulation & problem solving skills)
- Treatment for trauma exposure (i.e. adverse childhood experiences)
- Organizational practices that avoid re-traumatization

## Community

- Promote social and emotional competence
- Screen and identify symptoms/issues among children and adolescents
- Prevent adverse childhood experiences

# Relationships

## Active Use

- Access to support groups for family members and friends
- Skill building (such as boundary setting) for family members and friends

## Recovery

- Access to support groups for those in recovery their family members
- Educational programs about co-dependency

## At-Risk

- Parenting support – Information on recognizing signs of use and red flags

## Community

- Parenting support to promote positive and effective parentings skills
- Building healthy relationships

# Community Support

## Active Use

- Shelter and housing for individuals who are homeless
- Syringe exchange programs
- Education about & access to overdose intervention treatments

## Recovery

- Monitored and supported use of medication-assisted opioid treatment
- Opportunities for employment

## At-Risk

- Monitored and supported step down approach to reducing dependence on prescribed opioid medications
- Promotion of positive activities for youth

## Community

- Promoting development assets for youth
- Access to healthy and affordable food; affordable housing and healthcare
- Safe public spaces for community engagement and recreation

# SAMHSA Ad Campaign

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# Discussion