

Rural Opioid Family Mentoring Program

The Mentor Connector of Rutland, VT, is applying for the rural Mentoring Opportunities for Youth Category 4 impacted by opioids. For the past three years, we have been working with Rutland Regional Medical Center to provide a family mentoring program to families affected by opioid addiction. We aim to utilize the OJJDP grant to serve the hundreds of youth in our community affected by opioid addiction. At the same time, matching funds from Rutland Regional Medical Center will be used to match family mentors to provide self-sufficiency and support to the parents. In contrast, this proposal will serve the youth affected by opioids.

Vermont has been consistently seen as having the worst opioid problem in the United States. Rutland County, Vermont, shocked the world in 2014 when featured on the cover of Rolling Stone Magazine symbolizing a lumberjack shooting up. The truth is that Rutland, Vermont held the worst opioid problem in 2014, yet overdose deaths from opioid prescriptions in Vermont have risen 251% since 2014. A terrible situation has become a crisis.

With a state population of just over 616,000, Vermont's population rivals that of Boston, Massachusetts, and is half of the population of the Bronx in New York City. Yet Vermont has a greater per capita opioid addiction problem than Boston or the Bronx. The Southern Four Counties of Vermont with a population of 150,000, is equal to the South Bronx, with a population of 212,530. There are more opioid addicts in Southern Vermont than in the South Bronx. This is not an inner city crisis, this is a rural crisis that has grown daily at 200% in the past two years.

Banding together, the rural communities of Rutland County took action. Through Project VISION, over 300 community members and organizations began a coalition to focus on strengthening the community and reducing opioid abuse. Although significant gains have been

made, the rural community of Rutland County needs more resources to impact the overwhelming crisis, which continues to grow if left underfunded.

In 2016, The Mentor Connector began working with Rutland Regional Medical Center to provide mentoring support to youth affected by opioid addiction. Quickly, it was apparent that the parents of opioid addiction needed just as much support as the youth. With support from Rutland Regional Medical Center, we began an innovative program to match a family with a team of mentors, one family mentor, and youth mentors for each child, to provide a cohesive team of support to each family. This innovative project proved successful as a cost-effective measure to 1) increase life-skills for the youth and caregivers, 2) increase self-sustainability and goal setting within the family, and 3) decrease high-risk behaviors and substance abuse for the youth.

Although our program has been seen as successful and cost-effective, we operate in a rural community and lack funds to expand the access and impact of mentoring services to more youth. We seek funding from the OJJDP Mentoring Opportunities for Youth Initiative, Category 4, to work with rural youth impacted by opioid abuse. Once funded, we look to use this as a model program for replication across the rural United States to increase protective factors and reduce delinquency for youth.

Description of Issue

For years Rutland County, Vermont, has struggled with opioid abuse. From family members to neighbors, every resident has been affected by opioid abuse. Reports of gang activity, opioid abuse, and drug deals now overcome the newspaper that used to highlight stories of escaped cows and vacationers. It has become commonplace to see the police reviving an addict after an overdose in the downtown Rutland Walmart parking lot.

Opioid abuse is disproportionately impacting rural Rutland County, VT. With few jobs and resources, lack of transportation, and limited options for recovery support, even the most motivated may not find the help they need. It is common for individuals with an opioid addiction to drive over an hour to the closest methadone clinic. However, with rampant poverty, most don't have access to a car to transport them the hour to the clinic. Many don't even have gas money to get them to the clinic. Their lifeline to a substance-free life quickly turns into a test of determination to make it to their appointment every day.

In rural Rutland County, we are not only dealing with opioid abuse but poverty, homelessness, transportation issues, food insecurity, and other problems that make rural substance abuse more difficult. The close-knit communities and the pervasive stigma of abuse create a culture of secrecy and aversion to treatment. This is why rural areas see a higher rate of babies born with opioid addiction (Villapiano & Winkelman, 2013), and make opioid prevention more challenging.

Vermont, most known for its beautiful scenery and succulent syrup, shocked the world in 2014 with the admission of a widespread opioid crisis. In January 2014, then-Governor Peter Shumlin devoted his entire State of the State Message to highlighting the opioid crisis. "In every corner of our state, heroin, and opioid drug addiction threatens us," Gov. Shumlin said to a packed house, "the time has come for us to stop quietly averting our eyes from the growing heroin addiction in our front yards" (NYT, 2014). Later that year, Rolling Stone Magazine highlighted the opioid crisis in Rutland County, Vermont on the cover of their April subscription (Rolling Stone, 2014). Portrayed as a syrup can featuring a shooting-up lumberjack, the magazine outlined the epidemic overpowering the state. Governor Shumlin's address brought an image of horror when listeners learned that the highways of Vermont that regularly brought tourists are also funneling over \$2 million worth of

Opiates each week. The horror Shumlin spoke of is a reality in rural Vermont. *HOW DID IDYLLIC VERMONT BECOME AMERICA'S HEROIN CAPITAL?* read Policico's headline.

This story has been ravaging Vermont for years. Throughout the past six years, Vermont has seen an eightfold increase in those seeking treatment for opiate use (VTDOH, 2016). Deaths from overdoses have risen dramatically and virtually 8 out of 10 of Vermont's inmates are incarcerated on drug-related charges (CBS, 2014). Emergency Department discharges for Heroin overdoses at Rutland Regional Medical Center has seen a 25-fold increase (VT DOH, 2017).

Rutland County Region, Vermont

The Rutland County Region is a rural community in central Vermont consisting of Rutland County and 15 outlying towns following School District boundaries. With 42 small towns and outlying farm and forest land, the region hosts a population of 71,698, with 9,188 being youth between the ages of 6 to 17 (US Census, 2016). The community rests in central Vermont, bordered by New York on its west.

With the mass exodus of manufacturing jobs funneled to overseas markets, the Rutland County Region has seen a 5.8% decline in population since 2008 (US Census, 2016). This sharp decline turned a prosperous community into a poverty-stricken one virtually overnight. Community resources and programs need help as businesses close their doors and ship manufacturing overseas. Job growth has slowed to less than a third of that of the state as the unemployment rate in the Rutland County Region rests dramatically above the state average.

The opioid epidemic is affecting the lives of even the youngest in the region. Heroin use among 12-year-olds and younger has doubled since 2012 (SAMHSA, 2017). 3.6 percent of adolescents report misusing opioids in the past year. Ten percent of youth in the region admit to using a stimulant or

pain reliever that was not prescribed, and LGBT students were nearly twice as likely to misuse a prescription (CDC, 2017). Since 2010, Vermont has seen a 67% increase in newborns exposed to opioids (NT DOH, 2017).

The opioid epidemic and rampant poverty have created a perfect storm that gave rise to an increased rate of abuse and neglect. Vermont has seen a 40% increase in youth in state custody (VT DCF, 2015) since 2013. Parental substance abuse is indicated as a primary factor in a large percentage of all foster care placements (Mirick & Steenrod, 2016). With increased youth in state custody, the demand for foster care stresses another overtaxed system. The influence of parental substance abuse increases a child's risk of developing a substance abuse problem later on in life (NIDA, 2014), perpetuating the generational cycle of substance abuse witnessed here in the region.

Attempts at Solving the Problem

A handful of attempts have begun to impact the opioid crisis in the Rutland County Region, yet due to the rural community, funding continues to be an obstacle. In 2013, a diverse group of over 300 social and health service organizations, schools, businesses, politicians, faith-based groups, and neighbors banded together to form Project VISION. This coalition was formed based on the belief that the region's challenges arising from substance abuse would not be resolved simply by making more arrests. Although the coalition has made substantial strides with community collaboration, with a lack of funding, very few projects have been implemented.

In 2014, a collaboration between the Vermont Department of Health's Division of Alcohol and Drug abuse Programs and the Department of Vermont Health Access created the Hub & Spoke model. This model consists of coordinated networks within each Vermont County in which patients receive intensive short-term care until stabilized at the "Hub" and then are referred to outpatient centers for continued supportive practices through a "Spoke". Depending on the patient's needs, supports can be added or removed as needed (Simpatico, 2015).

“We are doing well at treating drug addiction,” said Faith Stone, Director of West Ridge Center, “what we struggle with is helping prevent youth from using drugs in the first place.”

Mentoring Can Stem the Tide

We will not stop the generational spread of the opioid crisis without preventing our youth from starting.

Research proves that mentoring relationships are a highly effective substance abuse prevention method. To begin impacting the opioid crisis, The Mentor Connector worked with community partners to identify a solution of joining mentoring with treatment. The outcome was an innovative pilot program that provides a team of mentors to support families in opioid treatment, one Family Mentor coupled with Youth Mentors for each youth in the family. The aim is to reduce youth substance abuse, increase family resilience, and strengthen family Self Sufficiency. This creative coupling of Family and Youth Mentors breaks generational substance abuse through a cost-effective and sustainable model for continued family support.

This program highlights the increased need for mentoring as a prevention and intervention support for Rutland County Region’s youth. 30% of youth, many high-risk, are growing up without a structured or natural mento (Bruce & Bridgeland, 2014). This constitutes thousands of youth in Rutland County Region alone. Without a supportive mentor, these youth are at high risk for academic failure, delinquency, and perpetuating the opioid epidemic surrounding them.

Over 40% of Rutland County Region’s youth are vulnerable as defined by being affected by opioid and illicit drug abuse, poverty, exposure to violence, or being disconnected from family or school. Research shows that these youth account for a higher proportion of risky behaviors, academic failure, and low employment, perpetuating a cycle of poverty, criminal activity, and addiction (Child Trends, 2016). 45% of youth who grow up in poverty continue to live in poverty beyond age of

35 (Foss, 2009). Alongside this, less than half (44%) of youth living in poverty, in single-parent families, or exposed to violence remain constantly connected to the labor market between ages 18 to 24 (USBLS, 2009).

Shockingly, only 47% of students feel they matter to the community (3% less than the state average). Armed with this data, The Mentor Connector uses the power of one-on-one mentoring to transform Rutland County and enhance vulnerable youth's life skills, educational connection, and workforce development.

Goals, Objectives and Performance Measures

The goal of this rural youth opioid mentoring program is to eliminate generational opioid addiction through youth mentoring for not just Rutland County but in all of Vermont through a model of program replication. Based on best practices and matching funds, this program will serve 180 high-risk youth and their families in the Rutland County Region with one-on-one, group, and family mentoring services aimed at eliminating generational opioid abuse and increasing sustainability, resilience, and pro-social behavior. By year two, this project looks to utilize best practices as a model of replication to train additional mentoring programs throughout Vermont to work with opioid-affected youth. This program will fund youth mentoring, while the Rutland Regional Medical Center's matching funds will fund work with the parents through the family program.

Objectives

- 1) By Year 3, we will increase the capacity of The Mentor Connector to A) serve 180 additional high risk youth, B) provide high-quality mentoring services to high-risk youth at risk of opioid abuse, and C) establish a replication model for rural mentoring programs.
 - a) Ensure all personnel are highly trained and qualified to serve opioid-affected youth and their families.

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