Upper Cumberland Recovery-to-Work Initiative

INTRODUCTION

Upper Cumberland is a 14 county rural region in middle Tennessee situated between Nashville and Knoxville. Six of the 14 counties are labeled distressed or at-risk by Tennessee Economic and Community Development[1] and eight are distressed, at-risk or include distressed areas according to the Appalachian Regional Commission.[2]

Figure 1. Tennessee Development Districts (Upper Cumberland is # 6 in green)

The state of Tennessee and Upper Cumberland region have been working for years to mitigate the effects of substance abuse on their communities. The state has funded anti-drug coalitions at the county and community level since 2008.[3] Regional residents and stakeholders identified substance abuse as the top priority in a 2015 community needs assessment and acknowledged weakening job availability and economic stability as relevant factors (Cumberland Medical Center 2015).[4] A 2018 assessment reported that six of the region's counties exceeded the state average for opioid prescribing rates, itself third worst in the nation, and that all counties had seen an increase in drug overdose mortality rates (Cookeville Regional Medical Center 2018). Clay County achieved infamy as the number one community in Tennessee for dispensing opioids, leading to a federal investigation and lawsuit against local pharmacies (Slauber 2019).[5]

---

[1] https://tnecd.com/research-and-data/publications/

[2] https://www.arc.gov/county-economic-status-and-distressed-areas-by-state-fy-2021/

[3] https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/anti-drug-coalition.html

[4] Among the facts presented in this assessment: Tennessee ranks 2nd in the nation for prescription drug abuse; In 2012 prescription opioids surpassed alcohol as the primary substance for abuse; Tennesseeans were more than three times more likely to identify prescription opioids as their primary substance for abuse than the national average; In Tennessee people addicted to opioids are more likely to be married, employed, and have greater than 12 years of education.

[5] "In the isolated county of about 8,000 residents, opioid prescriptions are dispensed at a rate of 191.3 per 100 people — the highest of any county in Tennessee and more than three times the national average. That's enough to give every man, woman and child in Clay County a prescription, twice."
https://www.tennessean.com/story/news/2019/05/05/dea-pill-mill-pharmacies-clay-county-tn/3475955002/

The substance abuse crisis has also become a priority for the Appalachian Regional Commission (ARC). ARC is a regional economic development agency stretching into 13 states and 420 counties that represents a partnership of federal, state and local government.[6] The 2017 report "Appalachian Diseases of Despair" documented disparities in mortality rates from overdose, suicide, and alcohol/cirrhosis in the Appaliachian region compared to the rest of the United States and linked these disparities to socioeconomic factors.[7] The study concluded, "Economic development strategies and interventions that address other underlying contributors to the diseases of despair, in addition to increased access to treatment services, prevention, and overdose medications, may be important considerations in addressing this problem" (Meit et al. 2017).

ARC responded by initiating a process to promote recovery ecosystems that incorporate jobs, training and economic development work.

Figure 2
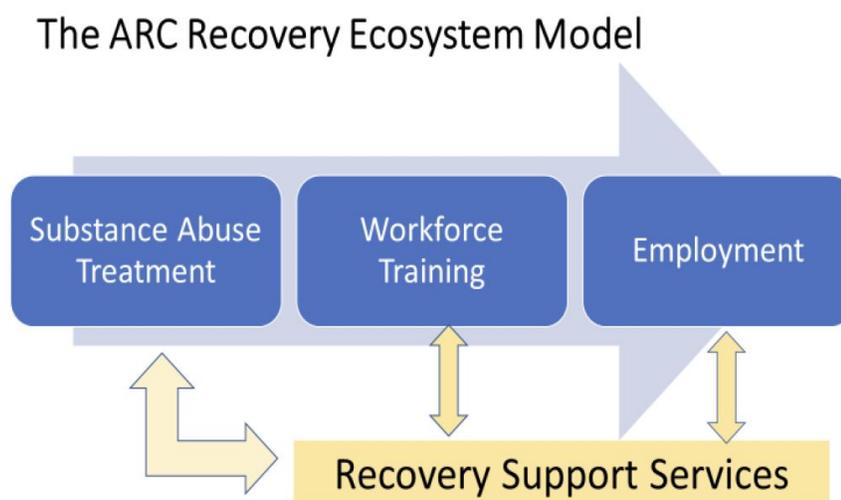
ARC held public Recovery-to-Work listening sessions in six states between December 2018 and April 2019 focused on the impact the substance abuse crisis has on economic and workforce opportunities and the support services needed to help those in recovery obtain employment (Behringer 2019). ARC coordinated with the National Association of Counties to prepare a report that was released in May 2019 on the role counties play in

---

[6] https://www.arc.gov/about-the-appalachian-regional-commission/
[7] For example, Appalachia has a higher mortality rate among the population aged 15-64. The gap widened from 12% in 1999 to 32% in 2015. Overdose deaths were the source of the greatest disparity at 65%. Within Appalachia, distressed counties had a mortality rate 34% higher than in non-distressed counties.

reversing the opioid epidemic. The report advised actions to Mitigate Local Economic Impacts and Consider New Economic Development Strategies, such as aligning education and workforce training needs, attracting and retaining high quality businesses and helping them learn to work with individuals in recovery, reinforcing safety net services, and expanding employment opportunities for those experiencing cyclical poverty (NACo and ARC 2019).

ARC also formed a Substance Abuse Advisory Council in May 2019, which released both a Report of Recommendations and Catalogue of Ideas from the listening sessions. The Council's charge was "To develop recommendations, achievable within ARC's mission, to help individuals in recovery get the support services and training they need to maintain recovery and successfully re-enter the workforce." Fourteen recommendations address developing a recovery ecosystem model that incorporates stakeholder roles and responsibilities; developing and disseminating a playbook of solutions; convening regional leaders; funding pilot projects; creating resource clearinghouses; identifying performance metrics; developing workforce training models; and sharing best practices, among others (ARC and Substance Abuse Advisory Council 2019; Appalachian Regional Commission 2019). The full list of recommendations is provided in Appendix A.

In 2020, ARC provided a grant to the Development District Association of Appalachia (DDAA) to create a Regional Cohort Learning Academy to support recovery-to-work ecosystems in Appalachia. The project "seeks to support the creation of active, successful 'ecosystems' of regional organizations working together to help individuals in recovery to succeed in the labor market and help companies to find and support those individuals successfully."[8] The Upper Cumberland Development District was one of four Local Development Districts selected to participate in the peer academy process.[9]

UPPER CUMBERLAND DEVELOPMENT DISTRICT AND HUMAN RESOURCE AGENCY

The Upper Cumberland Development District (UCDD) is a Tennessee governmental agency that administers programs at the regional level and is also one of the 73 Local Development Districts in the ARC structure. UCDD's mission is to "provide superior assistance to local governments, independently or in conjunction with other local, state and federal agencies that operate with the same intent as ours, to improve the quality of

---

[8] https://www.appalachiandevelopment.org/building-a-recovery-to-work-ecosystem/
[9] For more information on the Cohort Learning Academy:
https://www.appalachiandevelopment.org/professional-development/building-an-effective-recovery-to-work-ecosystem/

life for all of our citizens." UCDD's 87 staff work in four main departments: Aging and Disability, Housing and Family Services, Economic and Community Development, and the Cumberland Area Investment Corporation. It strives "to make sustainable economic and community development a priority in all the communities of the Upper Cumberland region."[10] The region's Comprehensive Economic Development Strategy (CEDS) 2019 update, prepared by UCDD, identified an educated and healthy workforce as a priority and substance abuse as a prominent concern (Upper Cumberland Development District 2019). UCDD's Executive Director, Mark Farley was a member of the ARC Substance Abuse Advisory Council and is currently serving as President of the DDAA.

The UCDD Executive Director also oversees the Upper Cumberland Human Resource Agency (UCHRA), which recently signed a shared services agreement with UCDD to consolidate administrative and management functions, though they remain separate entities with their own bylaws and boards. UCHRA is also a Tennessee governmental agency, but its mission is to deliver human services in the region, with priority placed on helping the elderly, persons with disabilities, and the economically disadvantaged. Its programs include Community Services, Community Intervention (to help at-risk individuals), Public Transit (the region's limited public transportation and rides programs), Youth Programs, and the newly created Substance Abuse Solutions (SAS) department.[11] SAS will work with individuals for up to two years to "get out of the grasp of substance abuse," gain stability in life and obtain "hope, encouragement, direction, and a sense of belonging and acceptance." Services range from detox and treatment to meeting basic needs to securing employment.[12] As of summer 2020, SAS had three employees, a system manager and two case workers.

CREATING SUBSTANCE ABUSE SOLUTIONS AND IMPLEMENTING RECOVERY-TO-WORK IN UPPER CUMBERLAND

UCDD's work is directed by a board primarily comprising mayors and county executives from the region's 14 jurisdictions. These leaders have identified substance abuse as a priority for local governments because, as one interviewee explained, it is "affecting everything from law enforcement to workforce" in their communities.[13] The individual towns and counties do not have the capacity to tackle all the related challenges on their own, so about three years ago the board determined that UCDD should take the lead on

---

[10] https://ucdd.org
[11] https://uchra.org
[12] https://uchra.org/substanceabuse/

[13] One former county commissioner calculated that 25% of his county's tax dollars were going toward expenditures connected to drug use, including almost all incarcerations.

the issue for the region. Substance abuse had not previously been a focus of UCDD's work.

In response to this community priority, UCDD executive director Mark Farley hired Glen Sayes to take the lead on the substance abuse response through UCHRA. A retired entrepreneur who was new to the area, Glen brought personal experience and passion on substance abuse issues and professional expertise in software and systems from his work with manufacturing enterprises. His views on the regional substance abuse response as a process that could be improved, rather than a social issue, resonated with local stakeholders and were consistent with ARC recommendations on recovery ecosystems.
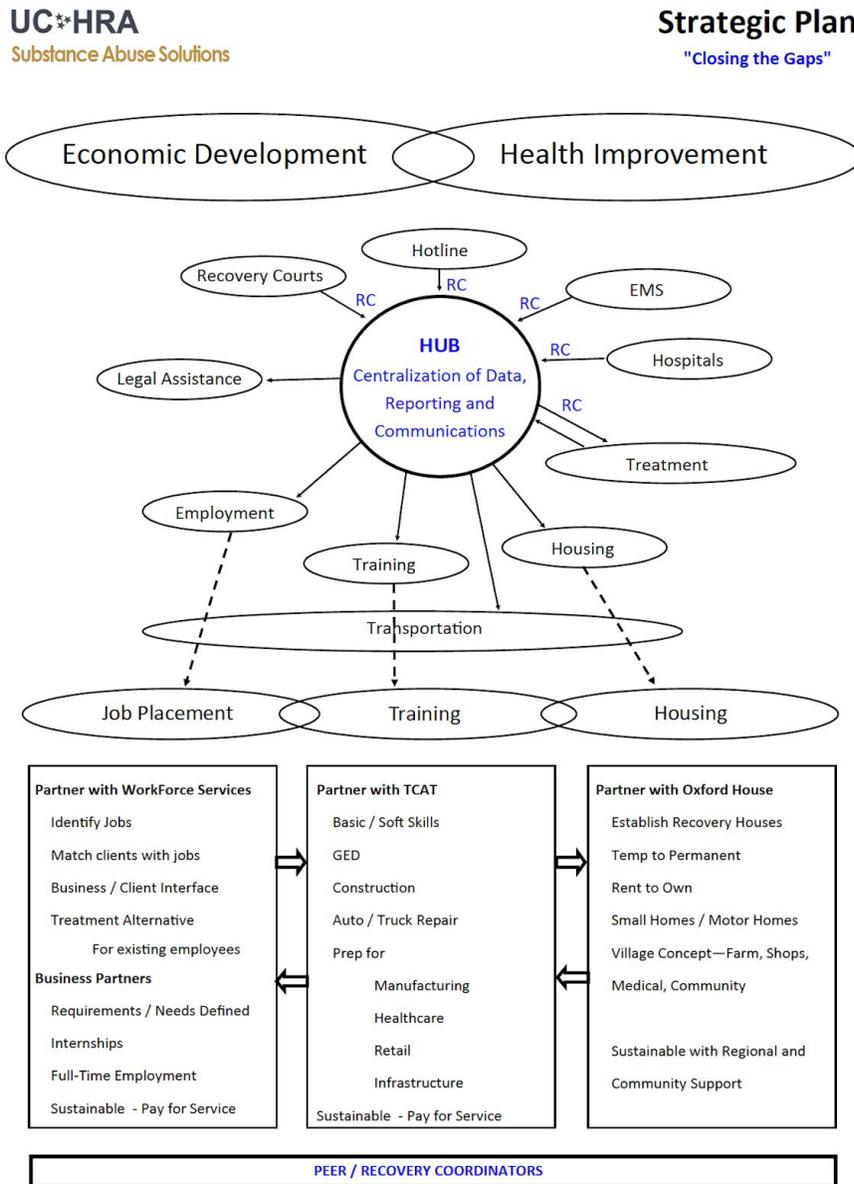
Glen is also the team lead for UCDD's participation in the DDAA recovery-to-work peer academy and manager for a related Department of Justice grant under the Bureau of Justice Assistance Comprehensive Opioid, Stimulant and Substance Abuse Program.[14] The SAS and two grant initiatives are intertwined but to the extent possible this case study will focus on the engagement, design and evaluation process associated with the recovery-to-work component of the SAS mission.

SAS seeks to create a hub and spoke model of service delivery that will improve individual access to services and enhance system efficiency across the region by eliminating dropped hand-offs among the multiple organizations and functions that touch people working toward recovery (Figure 3). The hub and spoke model is intended to be a method of organizing care, system actions, and data over multiple years. It will be supported by a new software system, xCare Community Software, developed by Tennessee-based eTransX. The multiple intake methods depicted (recovery courts, hotline, EMS, hospitals, treatment) indicate the intention to be ready whenever and wherever individuals are ready to seek help. Job placement and training are major components of the overall service delivery model.

---

[14] https://rural.cossapresources.org/Sites

Figure 3. UCHRA Substance Abuse Solutions Strategic Plan Model

UC⁜HRA
Substance Abuse Solutions

Strategic Plan
"Closing the Gaps"

Economic Development   Health Improvement

Hotline

Recovery Courts   RC   RC   EMS

RC

HUB
Centralization of Data,
Reporting and
Communications

RC   Hospitals

Legal Assistance

RC   Treatment

Employment

Training   Housing

Transportation

Job Placement   Training   Housing

Partner with WorkForce Services	Partner with TCAT	Partner with Oxford House
Identify Jobs	Basic / Soft Skills	Establish Recovery Houses
Match clients with jobs	GED	Temp to Permanent
Business / Client Interface	Construction	Rent to Own
Treatment Alternative	Auto / Truck Repair	Small Homes / Motor Homes
For existing employees	Prep for	Village Concept—Farm, Shops,
Business Partners	Manufacturing	Medical, Community
Requirements / Needs Defined	Healthcare	
Internships	Retail	Sustainable with Regional and
Full-Time Employment	Infrastructure	Community Support
Sustainable - Pay for Service	Sustainable - Pay for Service	

PEER / RECOVERY COORDINATORS

UCDD's participation in the recovery-to-work peer academy is intended to bolster its ability to implement the hub and spoke model; obtain ideas on building relationships with workforce development and business partners; and gain input on sustainability strategies for their efforts. The team has articulated three specific goals:[15]

1. Guide individuals through a complex range of services (continuum of care) available to navigate the pathways to sustained recovery.
2. Connect individuals in recovery to employment.

---

[15] Recovery-to-Work Learning Academy Upper Cumberland Home Team Meeting, July 27, 2020.

3. Create a flow of funding model that significantly moves the Substance Abuse Solutions department toward being self-sustaining.

Community engagement

Glen and UCHRA took several steps to engage the community to bolster UCDD's network in the substance abuse arena and lay the groundwork for a hub and spoke recovery system in the region. He conducted his own outreach and engagement effort, scheduling individual calls and meetings with 20-30 elected leaders, county-level anti-drug coalitions, drug courts,[16] and care and treatment providers as a priority. UCHRA then sent a survey to 210 partners and stakeholders (adding health departments, school systems, UCHRA county offices, and business leaders to the previous categories) and received a 43% response rate with inputs from all 14 counties. In that survey 89% confirmed that substance abuse was a severe or very severe problem in their county. Only 40% said sufficient treatment centers, sober living housing, legal aid, and job search assistance were available to their residents. The survey also identified the need for long-term support, greater public awareness and understanding, and more differentiated services to meet individual needs.[17]

The recovery-to-work initiative includes its own engagement activities organized around the "core team" and the "home team."[18] The core team is responsible for project management, setting the vision, and leading action teams. The Upper Cumberland core team includes an anti-drug coalition leader, county executive, chamber of commerce representative, and workforce services director.[19] The home team provides input into plans, helps shape vision and strategies, and serves on action teams. The Upper Cumberland home team engages additional anti-drug coalitions, directors of UCHRA departments that support member counties and provide services to residents, law enforcement, higher education, and treatment service organizations.

Upper Cumberland residents and stakeholders have several avenues through which to influence policy decisions to address the region's substance abuse crisis, including the recovery-to-work initiative, beyond the formal mechanisms described above. Residents from all walks of life participate in county-level anti-drug coalitions. These coalitions have

---

[16] https://tarcp.org/home/recovery-court-overview
[17] Survey response outline and county responses shared with the author August 2020.
[18] Recovery-to-Work Learning Academy Upper Cumberland Home Team Meeting, July 27, 2020
[19] Until recently, UCHRA also included the Tennessee Career Center, the region's one-stop workforce services organization but it is now managed by the Mid Cumberland Development District and is no longer colocated with UCHRA.

varying levels of expertise and capacity, but they are all valued partners to the Substance Abuse Solutions program. They are frequently engaged in youth programs, which brings them into the schools and helps connect with parents of all backgrounds who might otherwise be difficult to reach. They also use Facebook and local radio and news outlets to reach into the community. Beyond parents and students, the coalitions might also include business owners, pharmacists, religious or fraternal organizations, civic groups, schools, healthcare professionals, law enforcement, government agencies, and individuals who themselves have struggled with substance abuse. UCHRA also has a presence in each county providing direct services to residents. These offices are considered a "huge asset" for this effort, because they provide an avenue for two-way communication about resident needs and regional resources.

Involving business partners

Engaging business partners has proved more difficult. The opportunity to learn about new approaches and best practices to build these relationships is one reason UCDD/UCHRA applied to participate in the recovery-to-work peer academy.

Within the Upper Cumberland region, interviewees generally agreed that employers will be hesitant to participate in a recovery-to-work initiative unless a business case can be made for hiring workers who are in recovery. Any sustained partnership with businesses will require a bottom line focus if it is to move beyond one-off personal commitments to the issue. Many also argued that presenting a success story would be valuable in showing businesses how and why the recovery-to-work process can be helpful. Finally, interviewees explained that SAS will need to move from a general to a specific plan that provides a clear and evidence-based pathway for successful employer outcomes in order to increase engagement and achieve results.

There does not appear to be a business organization in the region equivalent to either the network of anti-drug coalitions or the UCHRA network of county offices to provide a focal point for business engagement around this issue. Similarly, in the past there was not a champion or center of expertise within any of the existing business organizations comparable to the leadership that had emerged in other elements of the regional ecosystem. However, the recovery-to-work initiative's employment working group has made notable progress on this front. A senior company executive and a representative of the regional economic development group, the Highlands Economic Partnership, have joined the initiative and are leading the effort to expand the network of engaged business executives. The group continues to work toward obtaining specific organizational commitments.

Close cooperation with participating businesses will be crucial because many hurdles remain to placing individuals who are in recovery into work. Interviewees explained that employers see hiring individuals in recovery as both costly and risky. Instead of helping businesses solve their workforce challenges, the initiative may be seen as creating new problems. Companies often have existing policies built around a drug-free workplace with a one-and-done mindset that runs counter to hiring people with known substance abuse problems. These policies reduce operational risk and lower insurance costs. In Tennessee, one interviewee explained that employers with certified drug free workplaces receive a discount on their workers compensation costs. Beyond overall costs and risks, employers may also be concerned about how well individuals will perform and how they might affect their co-workers. Finally, individuals with a history of substance abuse might struggle with soft skills, including arriving to work consistently and on time. Since individuals in recovery have often lost their driver's license, this is a valid concern.

Interviewees also described several hurdles from the employee or individual point of view. Foremost, many jobs that are available to individuals in recovery, especially if they have been involved in the criminal justice system, simply do not pay enough to cover the cost of living. Jobs in the 5,000 square mile Upper Cumberland region are frequently far from where people live. Even with a car and license, jobs can be difficult to get to. The regional transportation system is extremely limited and not well-suited to helping individuals get from their homes to their workplaces. Job training and placement services are not necessarily well-aligned with individual goals and needs. As one interviewee explained, the region has a lot of job skill training programs, but many individuals in recovery are educated and/or skilled. They and others struggle more often with soft skills and the need for long-term treatment and recovery related support, which are much more difficult to provide.

The role of temp agencies or job placement services may be a third hurdle. If individuals are hired by these organizations, rather than the business itself, executives may feel less connection to or concern for their individual workers since they can be easily let go and replaced. Some interviewees also suggested that temporary work is not covered by the same workplace protections as traditional hires, which can result in a "chew them up and spit them out" attitude toward workers, rather than establishing a stable work situation that would be conducive to sustained recovery. The role of temporary placement organizations in regional employment patterns, especially among leading employers, and possible influence on recovery-to-work initiatives merits further examination.

Sustaining support

Interviewees concurred that the hub and spoke model is appropriate for the region. From a systems perspective it makes sense as a way to identify and fill gaps, share resources in a resource-constrained environment, and provide a structure for a long-term continuum of services for individuals. They agreed that UCDD and UCHRA are the right leaders for the effort and that, as one interviewee put it, UCHRA is "doing a good job of being that director." Community stakeholders said they feel engaged with a voice in the effort as the specifics are being developed through a consultative and collaborative process.

The region's culture will require sustaining a balance between the hub and spokes, according to interviewees. Putnam County and Cookeville, the county seat, are the hub of the region in many ways, not just for this program, but each community also has its own identity. Some interviewees described a culture of individual pride that can manifest itself as a resistance to ask for help even when it is needed, which can also be reflected in the way communities respond to the resources and expertise that reside in the region's hub. At the same time, some communities may be resentful of the resources that are present in the hub, but not available in or readily accessible from their locations. A hub that is seen as supportive of local programs and helps expand available resources, but is not authoritative or directive, and offers respect for everyone's efforts is more likely to succeed according to interviewees.

Several interviewees described a wait and see attitude in their communities. Only time will tell if the hub and spoke model will work as intended. In the meantime, they will be looking for more detailed implementation plans, commitments or sources of funds, and near-term success stories to see if the hub and spoke and recovery-to-work initiative will be sustainable. UCDD and UCHRA leaders are also highly focused on identifying sustainable funding sources, not just short-term grants, to finance the hub and spoke model.

Evaluation and reporting

Community and business partners also expect to see reporting on SAS accomplishments and individual success stories.

Individual success stories appear likely to play an outsized role in how stakeholders and residents in the region perceive the hub and spoke model's achievements. When asked how they would assess the success of the hub and spoke and recovery-to-work initiatives, several interviewees said something like "change just one life" or "save one person" or "get one person out of the system." The work of recovery may best be measured individual by individual. Many of the stakeholders interviewed also had personal stories of someone close to them whom they had lost to addiction. The personal success stories matter tremendously. But a personal story also allows the full set of influences and activities to be described and brought together in a way that individual program metrics simply can't. In an ecosystem, this appears to be an appropriate way to bring together all of the different elements in a cohesive and impactful narrative. Storytelling of individual, local success stories is also expected to help convince local partners, especially businesses, to sign on to the effort.

That said, program output and outcome metrics will also be important. The SAS director prepared a draft logic model showing how services offered through the proposed hub and spoke delivery model can lead to better outcomes in the community and for participating individuals.

Inputs include:

- Funding
- Strengthened capacity among partners and core organizations
- Community and political support

Outputs include:

- Number of clients enrolled in programs
- Percentage completing a 2-year program who meet certain recovery standards
- Percentage placed into jobs and training
- Number of companies asking for their clients to fill jobs

The proposed output metrics take a longer-term outlook than typical recovery or treatment indicators that tend to focus on short-term achievements such as successful program completion or individuals who remain sober a week or month later.

The proposed outcome metrics try to capture shifts in community attitude toward individuals in recovery, including:

- Individuals completing our program with respect for themselves
- Regional job market (employers) with a respect for individuals in recovery

- Residents of the region who have a respect for individuals in recovery

According to this model, ultimate success will be measured by a change in community and employer attitudes in which the hard work of recovery is treated with respect rather than shame. The respect-based outcome metrics[20] may prove critical because stigma is a powerful force that accompanies substance abuse and hinders effective responses. One interviewee said bluntly, "The stigma is what's killing the whole effort." Many interviewees described not only how that stigma prevents individuals and their families from asking for help but also influences how employers and the wider community view individuals struggling to recover from substance abuse. Increasing public awareness of the work that is being done, the progress that is being made, and the stories of individual successes may help move the needle on self-respect and employer/community respect for those engaged in the process of recovery.

INSIGHTS AND LESSONS LEARNED

The following considers lessons learned within the research framework laid out in the report, *Reflecting Community Priorities in Economic Development Practices* (Hackler and Harpel 2020).

Determine community priorities with equitable community engagement

Partnering is more important than engagement

UCDD/UCHRA did not design and implement a formal community engagement process. Nevertheless, they did hold one-on-one meetings, conducted a survey, and created advisory groups for their substance abuse and recovery-to-work initiatives, which are typical elements of an engagement effort. As a result, partnerships are being forged, and back-and-forth engagement on priorities and implementation is occurring through networks already in place in the region, including county-level anti-drug coalitions, UCHRA offices in each county, and the UCHRA and UCDD boards of directors. Community stakeholders have several avenues through which to affect, recommend and, in some cases, be responsible for implementing policy decisions in the hub and spoke model, including the recovery-to-work initiative. The proposed hub and spoke model of service delivery to eliminate dropped handoffs among different phases of recovery treatment, including work and housing placement, is one example of how a wide range of participants will be engaged in both designing and implementing solutions.

---

[20] Data sources and definitions for the desired outcome metrics remain to be specified, but may draw upon the Recovery Capital Index (https://www.wefaceittogether.org/data/recovery-capital-index).

Growing the circle

Economic development organizations can be master conveners. UCDD is already at the center of many economic and community development activities in the region with a strong network of organizational and personal connections in place. Its capabilities make it the appropriate hub for a regional response to substance abuse challenges and as the lead on recovery-to-work activities. To do so, UCDD grew its own circle of activities and connected with other well-established networks in the region to collaborate on SAS and the recovery-to-work initiative. Business networks across the region appear to be weaker, but the recovery-to-work effort is striving to replicate this approach to bring business voices more fully into the effort.

Engage up too

UCDD's participation in DDAA, the ARC Substance Abuse Advisory Council, and the recovery-to-work peer academy have helped increase knowledge, expose participants to new ideas and resources, and establish a forum for exchanges of ideas and best practices. Engaging up and outside of the region has been valuable to the effort. Similarly, several interviewees described their organizational or personal participation in state and national networks that generated ideas for new approaches to problems faced in Upper Cumberland, which allowed them to identify models that could be replicated. In addition to informal networks and idea exchanges, these organizations have also been sources of formal training, technical assistance, and capacity building.

Design holistic solutions with equitable community engagement for equitable economic development investments in people, business, place, and governance

Designing is easy; implementing is harder

As one interviewee put it, "The strategic plan is simple, but execution is complex." Community stakeholders have bought into the vision and the plan, but are waiting to see how it will work in practice. There are a lot of moving parts, some of which received little attention in the interviews but will be critical for implementation. To take one example, the hub and spoke model will be supported by Opioid Care Community software, which UCHRA is implementing based on XCare Community Software from Tennessee-based eTransX. The model assumes the software will function as intended, but implementing a

new, region-wide software system that has not been widely tested involves risks.[21] Changing employer drug policies and employment practices is another example of a change that is easy to describe but faces steep hurdles that may be difficult to overcome in the context of this project.

Identify resources for the entire process

The initiatives are off to a promising start, and work has to begin somewhere. Community stakeholders are supportive but waiting to see if resources will be available to sustain the work over the long-term. The objective is to move away from project-based grant financing to more steady and reliable sources. Project leaders are continuing to identify options for receiving payment for their case management services and funds to support staff. Options under consideration include contract work (one contract for services has already been put in place) and receiving insurance payments to cover treatment and case management costs.

Evaluate with priorities from equitable community engagement in mind

Just right metrics

Stakeholders and their organizations frequently expressed a passion for and personal commitment to addressing substance abuse in their communities. For many, it is literally about saving lives. For others, the goal is to reduce stigma and enhance respect for individuals going through the hard work of recovery. Selecting program output and outcome metrics that provide meaningful insight into performance but still show progress toward the higher order outcomes will remain a challenge.

Telling the story

Success stories will be a critical part of reporting for both the hub and spoke model and the recovery-to-work initiative. Stakeholders will be looking for stories that demonstrate how their efforts helped connect individuals to work, provided a clear and replicable pathway for employers, and supported sustained individual recovery. These stories or case studies will be necessary complements to more traditional dashboards and program metrics.

---

[21] Brentwood, TN-based eTransX (https://www.etransx.com) approached UCDD to serve as the rural test case for its xCare Community software.

REFERENCES

Appalachian Regional Commission. 2019. "Report of Recommendations: Appalachian Regional Commission's Substance Abuse Advisory Council." Appalachian Regional Commission.

ARC, and Substance Abuse Advisory Council. 2019. "Appalachian Regional Commission Substance Abuse Listening Sessions. A Catalogue of Ideas." Appalachian Regional Commission.

Behringer, Bruce. 2019. "Final Report. Appalachian Regional Commission Recovery-to-Work Listening Sessions, December 2018-April 2019." Appalachian Regional Commission.

Cookeville Regional Medical Center. 2018. "Community Health Needs Assessment. 2018 Action Plan." Cookeville Regional Medical Center.

Cumberland Medical Center. 2015. "2015 Community Needs Assessment." Crossville, TN: Covenant Health.

Hackler, Darrene, and Ellen Harpel. 2020. "Reflecting Community Priorities in Economic Development Practices." Smart Incentives.

Meit, Michael, Megan Heffernan, Erin Tanenbaum, and Topher Hoffmann. 2017. "Appalachian Diseases of Despair." Bethesda, MD: Appalachian Regional Commission.

NACo and ARC. 2019. "Opioids in Appalachia: The Role of Counties in Reversing a Regional Epidemic." https://www.naco.org/resources/featured/opioids-appalachia.

Slauber, Elaina. 2019. "Clay County Is Ranked No. 1 in Tennessee for Dispensing Opioids. Now the Feds Are Involved." *The Tennessean*, May 5, 2019. https://www.tennessean.com/story/news/2019/05/05/dea-pill-mill-pharmacies-clay-county-tn/3475955002/.

Upper Cumberland Development District. 2019. "Tennessee's Upper Cumberland Comprehensive Economic Development Strategy 2019 Update."

APPENDIX A: ARC SUBSTANCE ABUSE ADVISORY COUNCIL RECOMMENDATIONS

1. Develop a recovery ecosystem model that addresses stakeholder roles and responsibilities as part of a collaborative process that develops infrastructure and operations, and ARC should fund deployment of local planning and implementation of the model, and examine funding models to sustain the recovery ecosystem.

2. Develop and disseminate a playbook of solutions for communities addressing common ecosystems gaps and services barriers.

3. Convene regional leaders to educate them about the disease of addiction, encourage their engagement in the recovery ecosystem development process,

and use resource clearinghouses, playbooks, toolkits and other products. Formation of partnerships should be a primary objective of the convening process.

4. Fund community pilot projects to demonstrate strategies that address common Appalachian recovery to work issues that negatively impact regional workforce and employment gaps.

5. Support communities to create and sustain clearinghouses, both physical and virtual, that include federal, state, and local resources to guide those seeking help for persons in active addiction, or those in recovery and seeking meaningful employment.

6. Identify one to three commonly available performance metrics for each step of the recovery ecosystem model, including tools and data collection processes for each step of the model, to measure ecosystem effectiveness and capture progress made by individuals in recovery. The measures should be commonly available and reflect the needs and concerns of different stakeholders.

7. Develop and disseminate a model individualized workforce training and employment readiness assessment and evaluation process that helps persons in recovery to secure gainful employment that is meaningful to the individual and allows them to support themselves financially.

8. Develop model workforce training programs that incorporate recovery services with appropriate evaluation measures.

9. Research and identify social program eligibility and restrictions that may discourage participants from seeking employment.

10. Create, publish, and disseminate a report which inventories and maps effective best practices in legal deflection and diversion programs as well as state programs that incentivize hiring of persons in recovery with criminal records related to drug charges across the Appalachian region.

11. Convene experts to develop and disseminate an employer best practices toolkit to educate employers and human resource experts in recruiting, selecting, managing, and retaining employees who are in recovery.

12. Fund local liaison positions across Appalachia responsible for promoting a recovery ecosystem by building bridges between employers, workforce development agencies, and recovery organizations, and disseminating an employer best practices toolkit.

13. Fund development of Collegiate Recovery Programs (CRPs) in Appalachian technical schools, small colleges, and universities designed to establish and nurture authentic student-centered communities that focus on interests, wellness, and success for students seeking and living in recovery.

14. Convene a meeting of interested stakeholders to identify how transportation barriers negatively impact recovery-to-work efforts in rural communities and regional workforce participation, and profile innovative partnerships and funding models that lead to sustainable community solutions enabling individuals to stay in recovery, training programs, and employment.

Source: Report of Recommendations: ARC's Substance Abuse Advisory Council, August 2019

APPENDIX B: INTERVIEWS

- Jamie Colson, Clay County Coalition; recovery-to-work home team

- Cheryl Davis, Community Intervention Director, UCHRA; recovery-to-work home team

- Kim England, Executive Assistant to the County Executive, White County and former Director, Cookeville Rescue Mission; recovery-to-work core team

- Mark Farley, Executive Director, UCDD

- Bill Gibson, Executive Director, Power of Putnam and former district attorney; recovery-to-work core team

- Mark Loftis, Professor of Counseling and Psychology, Tennessee Tech University; recovery-to-work core team

- Denny Wayne Robinson, County Executive, White County and board member, Highlands Economic Partnership; recovery-to-work core team

- Glen Sayes, Director, Substance Abuse Solutions, UCHRA

- Ken Sircy, Major, Cookeville Police Department; recovery-to-work home team

- Megan Spurgeon, Community Services, UCHRA; recovery-to-work home team

- Glenn Steakley, Executive Director, Cannon County Anti-Drug Coalition and former county council member, Cannon County; recovery-to-work home team

- Donna Vize, Case Management and Community Justice Coordinator, Volunteer Behavioral Health Care System; recovery-to-work home team

- Doug Young, Executive Director, Clay County Chamber; recovery-to-work core team

CASE STUDY BACKGROUND

This case study was prepared as part of the Smart Incentives project, *Reflecting Community Priorities in Economic Development Practice*. The interviews for this case study were conducted between July and September 2020.