



**Community  
Health Needs  
Assessment**

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# Welcome

## Message from the Chair of the Board and Executive Director

At the Wellspring Foundation of Southwest Virginia, we are proud to serve as a philanthropic partner and key driver of resources for the Virginia residents of Washington, Grayson, Russell and Smyth counties.

The Wellspring Foundation was created in late 2021 following the sale of the Foundation's minority ownership stake in Johnston Memorial Hospital (JMH). That transaction established Wellspring Foundation as a local, independent private foundation with resources that can serve our families and neighbors for generations to come.

Like you, we are proud to call Southwest Virginia home, which also means we are keenly aware of the challenges rural areas like ours face. Improving the health and wellbeing of our region is complex and requires collaboration among those who live, work and serve in these counties. The Foundation is governed by a local board of directors with expertise in healthcare, business, education and more. We are grateful to have their collective experience.

As we began establishing the Foundation and defining our operational guidelines, we knew it was imperative to take a measured approach and focus on the areas of greatest need that most closely align with our vision, mission and values. This meant that we needed to have a clear understanding of the issues facing our communities.

We embarked on an extensive community health needs assessment to provide the necessary depth and breadth for comprehending the health and health-related issues in the Foundation's service area. As part of this process, we contracted a consultant who has a significant understanding of these subjects and is particularly knowledgeable about rural Southwest Virginia – specifically the Wellspring Foundation service area.

Our assessment featured a multi-phase approach, designed to provide a comprehensive, in-depth look at the many challenges that exist. During this process, the Foundation engaged a host of local organizations and community leaders, underscoring our commitment to developing and fostering effective, collaborative relationships.

Throughout our discussions, three areas continued to surface as underlying issues to the challenges facing our region: Mental Health, Healthy Babies (including substance-exposed infants and neonatal abstinence syndrome) and Health Workforce.

While this process focused on our communities' health needs, it also revealed many interconnected factors that influence our region's collective health and wellbeing. As outlined in this report, the Foundation reviewed the following areas of interest, which helped guide our strategic planning and partnership opportunities: Mental and Behavioral Health, Maternal and Children's Health, Health Workforce, Children's Education and Substance Abuse.

By effectively addressing these areas of interest through our funding priorities and partnerships, the Wellspring Foundation has a dynamic opportunity to create real change in our communities.

We look forward to announcing collaborative efforts that will have a lasting, transformative impact on our region.

**William H. "Bill" Hayter**  
*Chair, Board of Directors*

**Sean McMurray**  
*Executive Director*

## Board of Directors

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# Process Roadmap

This report contains a summary of the processes and findings of the first community health needs assessment (CHNA) conducted by the Wellspring Foundation of Southwest Virginia. Developed using a four-phase approach, this assessment provides key insights and perspectives concerning regional health and health-related issues in Washington, Grayson, Russell and Smyth counties.

## Phase 1

Wellspring Foundation staff and the assessment consultant compared data across the four counties to identify potential issues of concern.

**159** measures within 13 topical categories were compared to data across the Commonwealth of Virginia.



The Foundation identified several broadly stated topics of concern and interest for further study:

-  Lack of health professionals
-  Perinatal issues
-  Services for older citizens
-  Support for education

## Phase 2

During meetings with regional organizations, Foundation board members discussed problems, goals for change and alternative strategies used to address identified topics.

**16** speakers addressed 18 topics and hundreds of ideas were shared.

-  Board members identified characteristics of each organization that might be helpful in promoting the Foundation's mission.
-  Ideas collected were used to begin to narrow the list of potential issues.

## Phase 3

Foundation board members convened panels of experts to explore specific Foundation-selected issues in greater detail.

More than 30 experts from health and other sectors assembled to confirm and elaborate on region-specific problem statements, discuss potential goals for change and consider alternative strategies to address identified problems.

The Foundation narrowed its focus to three common issues facing our region:



Mental Health



Healthy Babies (including substance-exposed infants and neonatal abstinence syndrome)



Health Workforce

Within these three issues, five areas of interest were identified:

- ▲ Mental and Behavioral Health
- ▲ Maternal and Children's Health
- ▲ Health Workforce
- ▲ Children's Education
- ▲ Substance Abuse

## Phase 4

The Wellspring Foundation conducted meetings with community leaders in Washington, Grayson, Russell and Smyth counties to present a summary of its assessment process and findings, and communicate its purpose, vision and mission.

The Foundation confirmed the selected areas of interest were significant throughout its service area and established relationships between community leaders and Foundation board members.

Community leaders voiced shared views for promoting a healthy, thriving region:



Self-acknowledgment of community problems



Coming together to reduce siloed thinking



Seeing new resources as opportunities to develop collaborative partnerships



## Assessment





Ideas collected from Phases 1-4 were placed into five planning pyramids – one for each of the Foundation's chosen areas of interest.

This tool will assist the Foundation's strategic planning and consideration of issue-specific grant priorities.



## Mental and Behavioral Health

	Virginia	Grayson	Russell	Smyth	Washington
 Suicide death rate (2016-20) (per 100,000)	13.0	24.0	16.0	17.0	24.0
 Drug overdose death rate (2021) (per 100,000)	30.5	12.0	15.0	33.2	35.4

	United States	Virginia	Virginia Substate (Includes all of Southwest and Southside Virginia counties)
 Average percent in past year with major depressive episode (all persons 12 and older) (2018-20)	7.82%	7.52%	7.25%
 Average annual percent in past year with serious thoughts of suicide among adults 18 or older (2014-15)	4.67%	4.48%	4.83%
 Average annual percent in past year with serious mental illness (SMI) among adults 18 or older (2014-15)	5.15%	4.62%	5.41%
 Average annual percent in past year mental health service use among adults 18 or older with any mental illness (AMI) (2011-15)	16.03%	17.00%	18.25%

Secondary data assessments are sourced from publicly accessible information. The timeliness of data can be problematic due to delays between an incident and subsequent reporting and publication. Data is collected from many sources, which often report using different timeframes and collection methods.

Colors indicate county data with a variance of 20% or more from the state figure. Green indicates a positive variance, while red reflects a negative variance.

This phase of the Wellspring Foundation's assessment focused on learning about organizations and programs that address the health and related topics identified as potential issues concerning Mental and Behavioral Health.

Topics were identified during the review of secondary data in Phase 1.

These sessions were designed to learn from, not duplicate, already-completed health-related community assessments and/or established region plans.



While many behavioral health topics were identified in Phases 1 and 2, the Wellspring Foundation selected regional mental health issues as its specific area of concern and convened panels of experts to explore and discuss this subject.

During this process, several fundamental understandings emerged:

- The whole “system” is crisis – not prevention – oriented
- Today’s mental health workforce is stretched and stressed
- There is a lack of timely access to key or missing services for children and adults

Experts sensed that the regional mental health crisis stems from a social breakdown that leads to contributing factors associated with poor mental health:

- Multigenerational trauma
- Perceived limits to future opportunities for improvement
- Lack of educational achievement
- Mix of related factors titled “social determinants of health”

The panel identified four distinct and related needs:

- Address missing and overloaded services
- Recognize the shortage of mental health professionals and support workforce development
- Acknowledge the importance and value of other key community members as part of the mental health workforce
- Support efforts to identify and address systems-building strategies

## About the Experts

Seven regional experts participated in the panel:



Two mental health service providers



Three emergency department nurse managers from regional hospitals



County sheriff



Health system behavioral health administrator

Supplemental phone interviews were conducted with four additional individuals, including a local minister

## What the experts shared:

- Community-based mental health services are underfunded
- The region lacks important mental health services, particularly for children and adolescents, and emergency services
- The rate-limiting step for regional improvement is the supply of adequately financed behavioral health professionals



The Wellspring Foundation conducted meetings with leaders in its four-county service region to confirm that the selected issues were significant to their communities.

These interactions also provided an opportunity to explore local interpretations of issues of concern and confirm much of what the Foundation learned about Mental and Behavioral Health in Phases 1, 2 and 3, including:



Many mental health issues are generational



Gaps in services are specific to each county



There is a regional shortage of mental health professionals



People with mental health problems appear in settings and situations that are not the right environments for appropriate treatment (e.g., schools, emergency departments, police)



School personnel, law enforcement officers, EMTs, primary care providers and clergy who interact daily with people and families with behavioral health problems could benefit from additional training



Healthcare practices that integrate medical and behavioral health services in primary care settings are seen as practical and effective



Communities and agencies need to learn how to prevent or identify mental health issues earlier

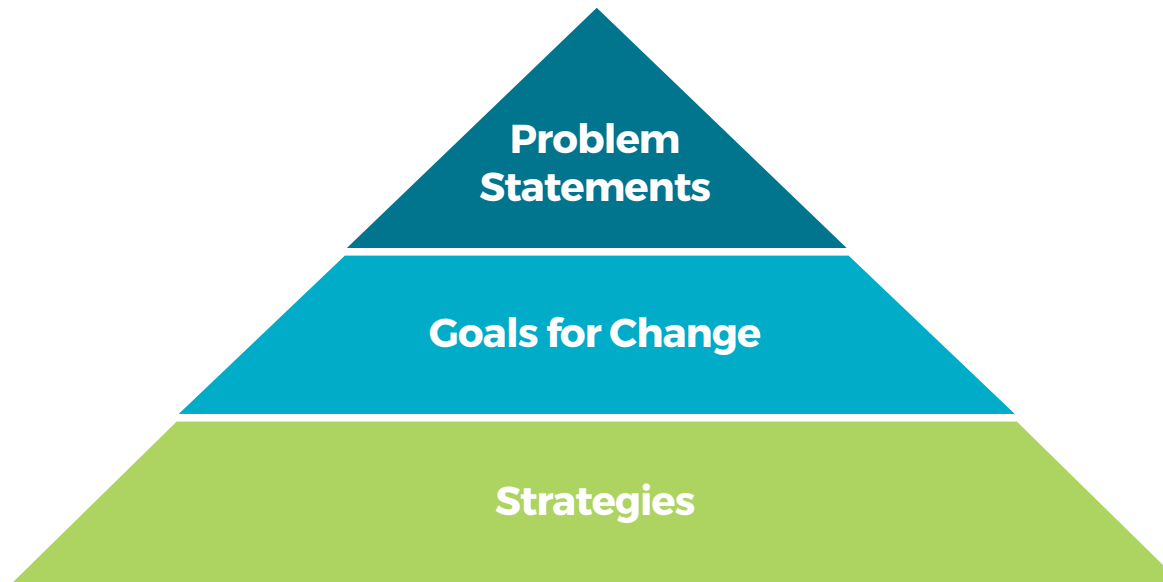


Effective, long-term treatment solutions often cannot be accomplished within traditional 90-day limits

**The region's rural isolation contributes to and realistically restricts potential strategies to address mental health issues.**

Foundation board members and community leaders also offered new ideas and interpretations of Mental and Behavioral Health in the four counties:

- Recognizing how many mental health problems can be traced to the effects of unaddressed trauma.
- Acknowledging the huge gradient in mental health issues. For example, many people suffer from behavioral health problems but still contribute to society.
- Creating a clearinghouse to list services and resources, including for persons not in an acute mental health crisis. This should become a convenient channel to connect people with care.
- Understanding how a national shift in mental health policy reduced emphasis on long-term hospitals and transitioned care to community-based options. The shift did not properly fund services. As a result, there are fewer hospital beds and an underfunded community care system. These policies have turned jails and prisons into mental health hospitals without the services.



## Problem Statements

- Mental health included as a priority in a preponderance of regional community health assessments
- Higher rates of cigarette, marijuana and alcohol use, persons with serious mental illness, serious thoughts of suicide and mental health service use
- High county rates of suicide
- Shortage of many categories of mental and behavioral health professionals limits access to care







## Goals for Change

- Increase the number of certified or licensed professionals treating mental health and substance use disorders
- Increase access to diverse services for treatment, including intensive outpatient, inpatient and residential care
- Increase program collaborations and operational partnerships by connecting and sharing resources and services among organizations
- Educate, advocate and connect people to one another and to resources they need to address mental health needs and find wellness

## Strategies

- Partnering requirements, matching support and targeting high incidence and economically disadvantaged communities
- Prevention and treatment services to reduce substance abuse and co-occurring mental health disorders
- Promote cooperation between mental and behavioral providers, communities and law enforcement programs
- Support professional training in the region and provide financial incentives to practice in region

## Maternal and Children's Health

	Virginia	Grayson	Russell	Smyth	Washington
 Percent with first trimester prenatal care (2018)	78.4%	83.1%	42.5%	57.4%	29.2%
 Percent of live births with low birthweight (<2,500 grams) (2018)	8.2%	3.8%	8.7%	7.2%	10.4%
 NAS births rate per 1,000 birth hospitalizations (2020)	5.7	0.0	40.8	12.0	7.1
 Infant deaths under one year of age per 1,000 live births (2018)	5.6	7.7	7.9	10.1	5.7
 Percent of kindergarten students with public preschool experience (2019-20)	33.0%	32.0%	74.0%	54.0%	51.0%
 Percent of children not meeting kindergarten readiness benchmarks (2019-20)	5.3%	5.1%	3.8%	10.7%	2.5%

Secondary data assessments are sourced from publicly accessible information. The timeliness of data can be problematic due to delays between an incident and subsequent reporting and publication. Data is collected from many sources, which often report using different timeframes and collection methods.

Colors indicate county data with a variance of 20% or more from the state figure. Green indicates a positive variance, while red reflects a negative variance.

This phase of the Wellspring Foundation's assessment focused on learning about organizations and programs that address the health and related topics identified as potential issues of interest concerning Maternal and Children's Health.

Topics were identified during the review of secondary data in Phase 1.

The sessions were designed to learn from, not duplicate, already-completed health-related community assessments and/or established region plans.



The Wellspring Foundation convened experts to explore specific issues related to Maternal and Children's Health that were discovered in Phases 1 and 2.

Many statistical indicators discovered in Phase 1, combined with contributions from Phase 2, confirmed the substance abuse difficulties throughout the region across multiple topic areas. These challenges impacted nearly every topic discussed during the needs assessment.

**Babies born with neonatal abstinence syndrome (NAS) drew sustained concern and interest from Phase 2 professional and community presenters.**

One presenter helped clarify that the focus should be on the more broadly defined substance-exposed infants (SEI), of which a medical diagnosis of NAS is a significant part.

Committee members recognized that SEI, including NAS, is an overwhelming and emotional subject focused on the health of babies. It has multiple layers of causes and outcomes. Many organizations support interventions addressing parts of the issue.

## About the Experts

Fourteen regional experts participated in the panel:



**obstetric and  
pediatric  
physicians**



**public health  
program  
personnel**



**hospital and health  
system services  
coordinators**



**regional  
United Way  
executive**



**social  
services  
official**



**education  
representatives**

At this stage, mothers and families experiencing SEI and NAS were not directly involved.

## What the experts shared:

- The issue of SEI is a product of multigenerational problems and should be addressed with families as a unit of service and practice.
- One important focus should be to encourage many organizations to form a working system of prevention and treatment services that can be delivered across many sectors in the community.

The Wellspring Foundation conducted meetings with leaders in its four-county service region to confirm that the selected issues were significant to their communities.

These interactions also provided an opportunity to explore local interpretations of issues of concern and confirm much of what the Foundation learned about Maternal and Children's Health in Phases 1, 2 and 3, including:



Regional counties have had high rates of NAS, child abuse and neglect, and childhood trauma.



Too many women are presenting for delivery at hospital emergency departments with no prenatal care. They avoid care because of being substance addicted.



A range of effective prevention strategies exists to address SEI and the long-term negative impacts of NAS:

- Promote family planning for women using substances
- Encourage the use of early prenatal care
- Coordinate support services for families
- Work to aggressively identify child abusers



Regional shortages of obstetrical prenatal care and pediatric services are barriers to access.



Many children are being raised by grandparents who may not be prepared or able to care for and support children with NAS. Locating foster care for children with an NAS diagnosis is difficult.



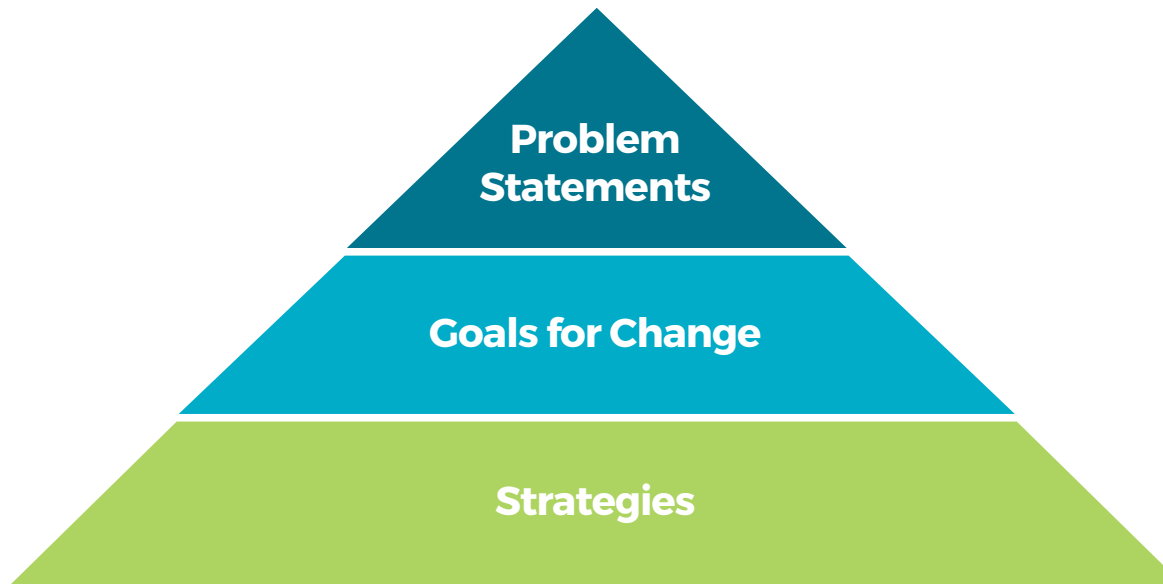
Good relationships between law enforcement and Child Advocacy Centers help families access care.



There is support for mandating referrals for pregnant women who are using drugs for therapy by OBGYNs and for care coordination programs (health department Baby Care programs) to improve SEI outcomes and reduce problems for children with NAS.

Foundation board members and community leaders also developed new ideas and interpretations regarding Maternal and Children's Health:

- Create pipelines of connectivity for SEI babies to channel them to services.
- Design and offer new substance abuse recovery services for mothers and children. The health of her baby is a motivator for improving the mother's behavior.



## Problem Statements

- Higher infant death rates, lower use of first trimester prenatal care, higher percentages of low birth weight and babies with neonatal abstinence syndrome (NAS)
- High percentage of children raised by grandparents, some are not equipped or willing to be the child's first teacher
- Child abuse, neglect and trauma are root causes of adverse childhood experiences (ACEs) and seen as a regional priority







## Goals for Change

- Reduce infant mortality, preterm births and teen pregnancies
- Increase use of prenatal care and intensive perinatal care management
- Promote an affordable pediatric model of care, which includes pediatric screening, parenting education and wraparound services for parents/caregivers with young children
- Increase children's use of recommended immunizations and preventive oral health services
- Increase the percent of children who meet benchmarks for kindergarten

## Strategies

- Continue Medicaid enrollment to provide insurance coverage for prenatal care and pediatric care
- Advocate for reduction of shortages of health professionals providing services to women and children in region
- Advocate for regional adoption of Plan of Safe Care and Strong Futures for NAS and substance-exposed infants (SEI)
- Support Ballard system expansions of care navigators, case managers and complex care coordinators in the region
- Support innovative approaches to increase use of pediatric dental preventive care, complete immunizations and genetic counseling

## Health Workforce

	Virginia	Grayson	Russell	Smyth	Washington
 Ratio of primary care physicians to population (2017)	1 : 1,320	1 : 3,920	1 : 3,860	1 : 1,610	1 : 1,470
 Ratio of dentists to population (2018)	1 : 1,460	1 : 5,210	1 : 8,920	1 : 1,900	1 : 1,880
 Ratio of mental health providers to population (2019)	1 : 570	1 : 3,910	1 : 1,220	1 : 660	1 : 620
 Ratio of other professionals, including nurse practitioners, physician assistants and clinical nurse specialists, to population (2019)	N/A	1 : 2,605	1 : 787	1 : 743	1 : 800

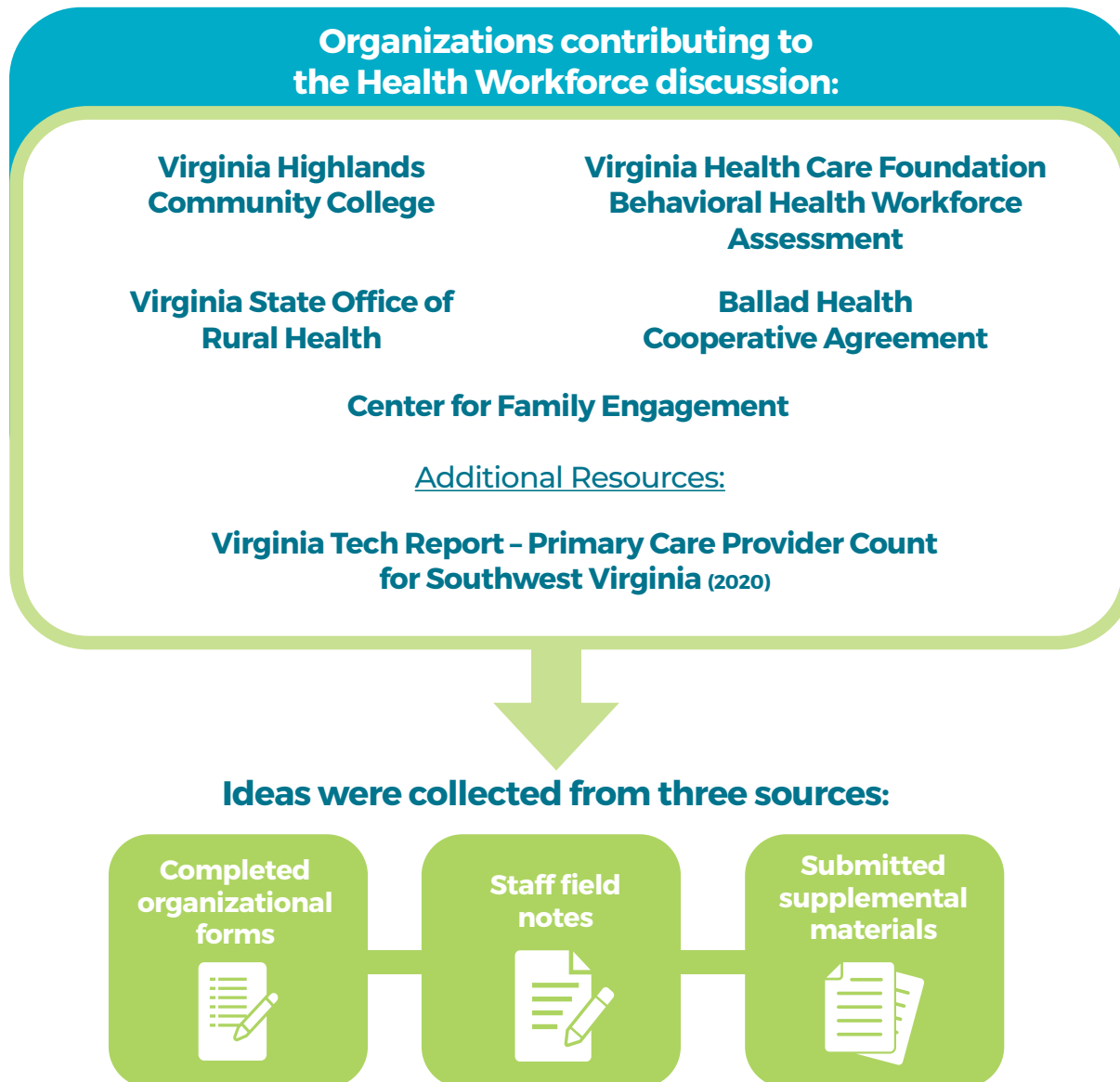
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This phase of the Wellspring Foundation's assessment focused on learning about organizations and programs that address the health and related topics identified as potential issues of interest concerning the Health Workforce in its service region.

Topics were identified during the review of secondary data in Phase 1.

The sessions were designed to learn from, not duplicate, already-completed health-related community assessments and/or established region plans.



The Wellspring Foundation has strong interest in addressing the shortage of health professionals by encouraging bright, local youth to train and practice in our region.

The Foundation stated this objective to a panel of experts consisting of individuals enrolled in healthcare training throughout the region.

Recognizing that each individual faces varying circumstances, the Foundation identified common strategic themes to help promote its recruitment goal, while learning how to avert factors that are viewed as drawbacks to staying in the region.

The incentives deemed most likely to be attractive include:

- Incentive pay
- Sign-on bonuses
- Professional license payments
- Payments to defray malpractice insurance costs
- Continuing education

Multiple participants had already incurred large education debts. Critical for them is a package featuring:

- Salary guarantees
- Practice start-up assistance
- Loan repayment

## About the Experts

Fourteen regional experts participated in the panel:



regional  
medical  
professionals



nurses



dental  
professionals



physical  
therapists



behavioral health  
training participants

Most participants grew up in small towns in the Appalachian region.

## What the experts shared:

- If the goal is to encourage health professionals in training to reside and practice here, they should be exposed to and get to know regional communities during their education.
- Recruiters should actively express interest to those in training earlier in the education process.
- While not the only factor in recruitment and retention, finances – including competitive salary offers and a range of financial incentives – are important.

The Wellspring Foundation conducted meetings with leaders in its four-county service region to confirm that the selected issues were significant to their communities.

These interactions also provided an opportunity to explore local interpretations of issues of concern and confirm much of what the Foundation learned about the Health Workforce in Phases 1, 2 and 3, including:



Much evidence points to the shortage of regional health professionals. Some hospitals even lack staffing that prevents the full use of available beds.



Professionals working in helping professions need broader-based personal and community support to continue their jobs.



Recruitment to the region is difficult due to many factors, including:

- Impressions about quality of life
- Imagined effects of population decline
- Cost of housing
- Outdated physical school infrastructures
- Local political positions that might be seen as contrary to health professionals' beliefs



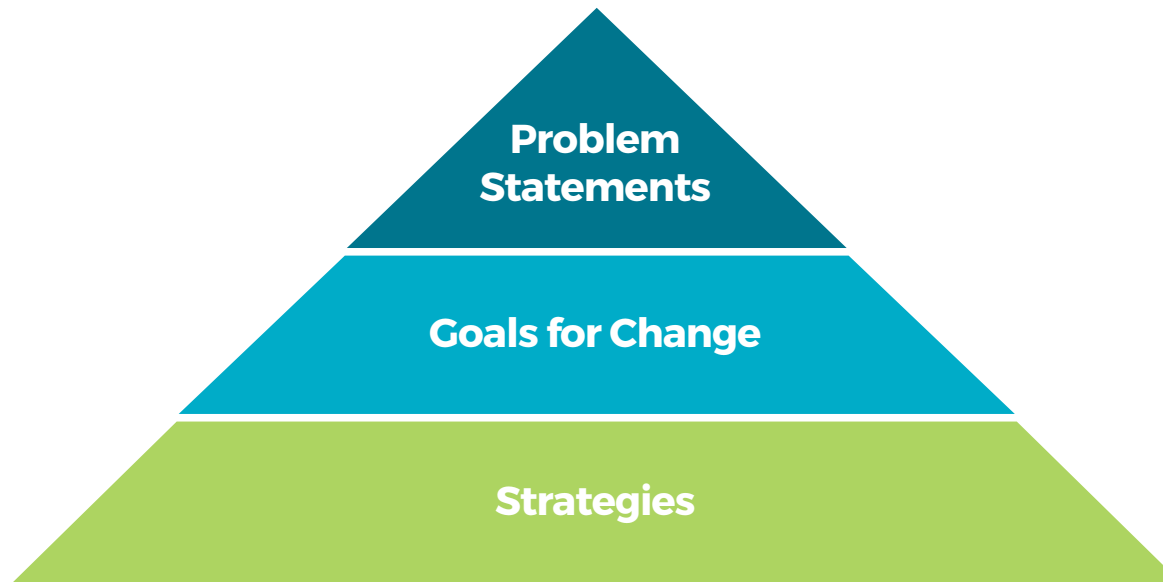
In the daily chaos, it's difficult to see:

- What is going well for professionals who often struggle to provide services
- Providers who encounter a consistent parade of medical and mental health disasters
- Helpers who have a challenging time finding resources to address individual and family problems

Leaders addressed the importance of traditional recruitment strategies, such as encouraging local students to consider health careers, creating locally sponsored internships for students as part of long-term recruitment and considering financial incentives beyond loan repayment.

Foundation board members and community leaders also developed new ideas and interpretations regarding the Health Workforce in the region:

- First responders are a key factor for a strong rural health workforce. Help stabilize rural EMS services and volunteer rescue squads by encouraging more people to join through local training and testing.
- Address health workforce with “grow your own strategies.” Offer internships, then recruit the best interns. Offer graduates tuition reimbursement as signing and retention bonuses.
- Insufficient numbers of providers lead to a lack of focus on prevention because personnel must attend to acute treatment needs.
- There are tested models for reducing rural shortages:
  - Organizing outreach clinics and services (psychiatry, obstetrics, pediatrics)
  - Integrating behavioral health with primary care practice
- New professionals in many helping professions face emotionally trying jobs and frequently burn out quickly (18 months), leaving their professions and contributing to shortages.
- The COVID pandemic created systems demands that overwhelm service capacity.
- Reimbursement for some health services is poor. Securing federal/state designations is important.



## Problem Statements

- Designated shortages of multiple categories of health professionals
- Difficulties in recruiting to region or retaining local graduates
- Nursing recruitment and retention influenced by COVID and hospital policies
- Lack of awareness of recruiting incentive programs
- Shortage of behavioral health professionals is influenced by training requirements and indebtedness







## Goals for Change

- Reduce shortages of multiple categories of health professionals
- Expand capacity with enhancements to nursing education infrastructure at Virginia Highlands Community College (VHCC) to maintain leadership in regional nursing supply
- Increase awareness and use of state and national health professions recruitment incentive programs
- Increase access to behavioral health services by increasing professionals practicing in region

## Strategies

- Retain students in training with personal touch case management
- Convene recruitment incentive meetings
- Support region-specific behavioral health training slots
- Create incentive payments for social workers and counselor students for required clinical supervision
- Expand continuing professional education opportunities in the region
- Develop pipeline programs to promote health careers with regional primary/secondary schools

## Children's Education

	Virginia	Grayson	Russell	Smyth	Washington
 Public school enrollment (2020-21)	N/A	1,517	3,552	4,110	6,760
 Percent of kindergarten students with public preschool experience (2019-20)	33.0%	32.0%	74.0%	54.0%	51.0%
 Percent on-time (four years) graduation rate, all students (2020-21)	93.0%	99.2%	90.3%	96.7%	93.6%
 Percent high school graduates (2020)	90.3%	83.1%	81.1%	83.4%	86.2%
 Percent with college degrees (2020)	39.5%	16.0%	10.2%	14.9%	24.2%
 Percent public school students free or reduced lunch (2015-19)	41.8%	61.8%	55.6%	56.1%	46.5%

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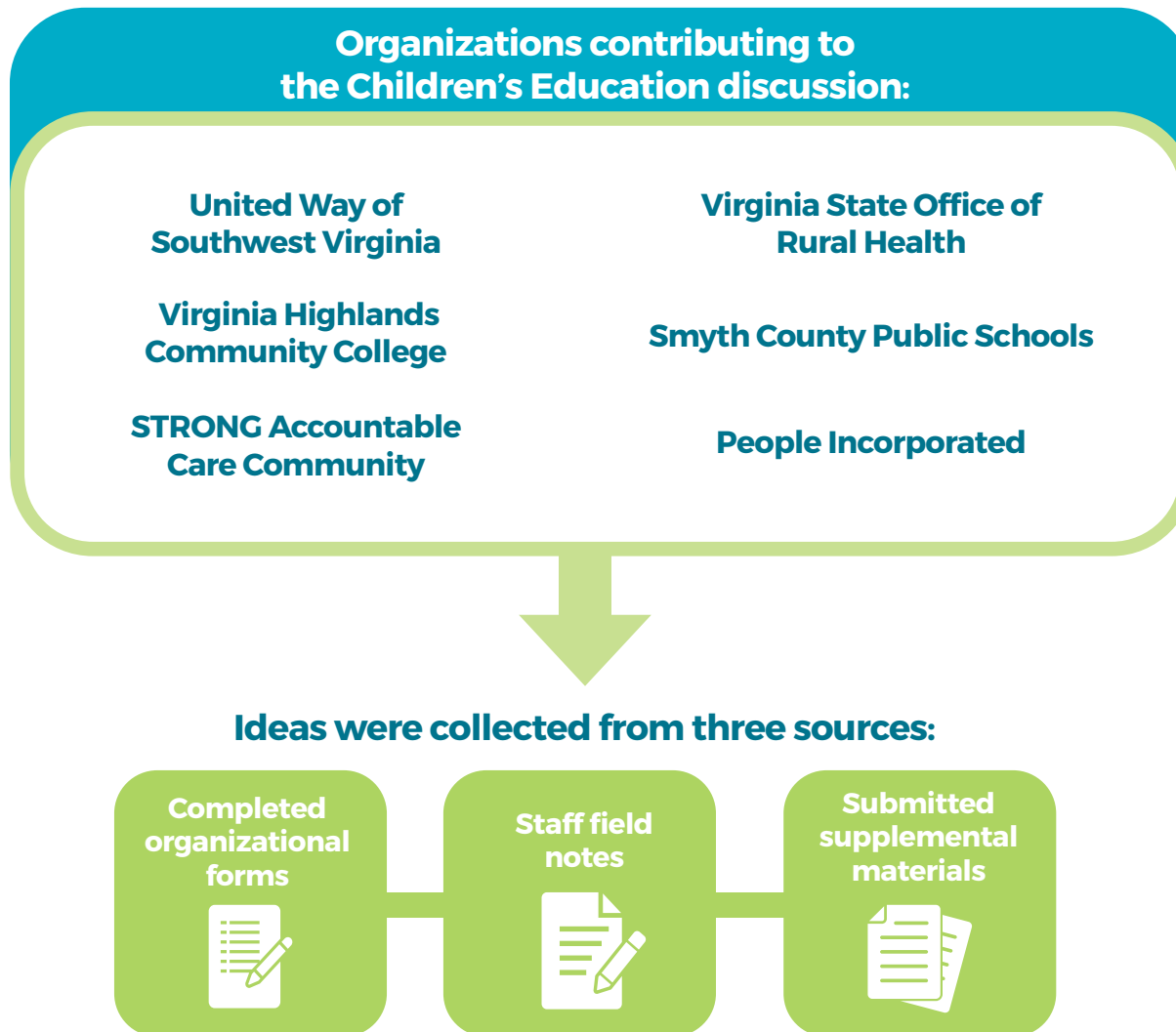
Colors indicate county data with a variance of 20% or more from the state figure. Green indicates a positive variance, while red reflects a negative variance.



This phase of the Wellspring Foundation's assessment focused on learning about organizations and programs that address the health and related topics identified as potential issues of interest concerning Children's Education.

Topics were identified during the review of secondary data in Phase 1.

The sessions were designed to learn from, not duplicate, already-completed health-related community assessments and/or established region plans.



While there was not a dedicated panel of experts discussing Children's Education specifically, feedback was shared to some degree due to the interconnectedness of the five areas of interest covered in the planning pyramids.

Regarding issues surrounding Children's Education, experts on the SEI/NAS panel pointed to the loss of a general sense of community throughout the Wellspring Foundation's service region and across the country.

For example, schools were once seen as important hubs of communities, as connectors to disseminate information, locations for delivery of many educational and supportive services, and places of employment for caring professionals. Today, schools are increasingly challenged with educating children who suffered from neonatal abstinence syndrome (NAS) and its continuing behavior complications.

## About the Experts

Fourteen regional experts shared insights:



obstetric and  
pediatric  
physicians



public health  
program  
personnel



hospital and health  
system services  
coordinators



regional  
United Way  
executive



social  
services  
official



education  
representatives

## What the experts shared:

- A range of school personnel must daily address students' and families' social- and health-related trauma problems.
- Many personnel, including teachers, have not been trained to address these issues. Additional training is needed to help teachers assist children on a daily basis.

The Wellspring Foundation conducted meetings with leaders in its four-county service region to confirm that the selected issues were significant to their communities.

These interactions also provided an opportunity to explore local interpretations of issues of concern and confirm much of what the Foundation learned about Children's Education in Phases 1, 2 and 3, including:



Availability and cost limitations for daycare and early childhood development centers have a negative impact on school readiness.



More education is needed in schools about right and wrong, and how to promote elements of a safe, healthy and productive family lifestyle.



A key factor affecting education is the number of children born as substance-exposed infants (SEI) who are being raised by grandparents. In some cases, grandparents are not prepared or able to care for and support children with NAS.



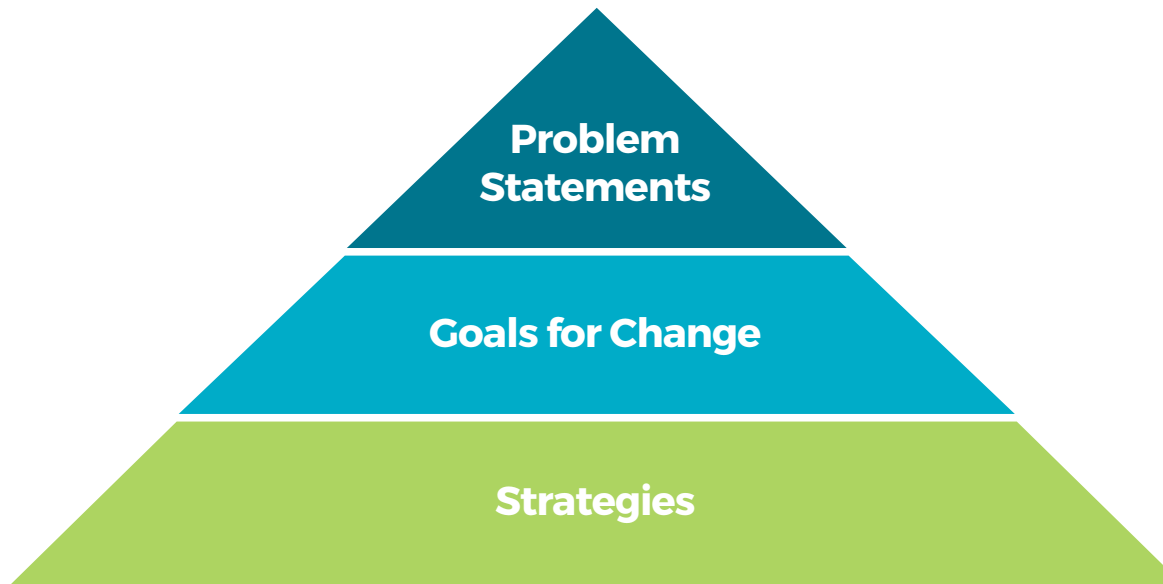
Additional training will help educational personnel become more effective in assisting children and families facing traumas, SEI or other issues.



Students face child abuse and neglect, among other traumas. Isolation and limited formal resources make reliance on informal community-organized responses to individuals' and families' problems a norm.

Schools can play many roles:

- Provider of direct services for children
- Location for support services for families
- Partner in community-wide substance abuse primary prevention activities



## Problem Statements

- Percent of children with all parents in the workforce: Russell - 58.9%, Washington - 75% (2019)
- Gap in need for and supply of childcare between region (29%) and state (12%)
- Insufficient access to childcare is a factor in the loss of young talent in the workforce
- Low per-pupil expenditures in public schools (2019-20)
- Public school teacher shortages and teacher recruitment problems
- Schools need the support of wraparound services from the community









## Goals for Change

- Educate the community on the importance of the first five years of life
- Promote cradle-to-career framework for regional development of children
- Expand availability of early childhood education, participation in quality rating system and acceptance of vouchers
- Focus attention on social and emotional learning for children, educators and families
- Focus attention and resources for struggling early childhood workforce and shortage of public school teachers

## Strategies

- Regionalize quality childcare efforts through a central “hub” for efficiency and effectiveness
- Promote training and pipeline partnerships between workforce/economic development and higher education
- Create two-generational approaches with caregivers and grandparents
- Address adverse childhood experiences (ACEs), which impact school success
- Support schools and recognize teachers for activities that enhance student achievement (e.g., third grade reading)

## Substance Abuse

	Virginia	Grayson	Russell	Smyth	Washington
 Drug overdose mortality rate per 100,000 – ages 15-64 (2010-14)	13.7	20.8	54.5	22.6	25.2
 Percent of state rate (2010-14)	N/A	52.0%	298.0%	65.0%	84.0%
 Drug overdose mortality rate per 100,000 – ages 15-64 (2015-19)	24.0	18.6	24.1	29.4	24.2
 Percent of state rate (2015-19)	N/A	23.0%	1.0%	23.0%	1.0%
 Percent change between periods – ages 15-64 (2010-14 and 2015-19)	Worsen 75.0%	Improve 11.0%	Improve 56.0%	Worsen 30.0%	Improve 4.0%
 Overdose visit rate, all drugs, per 100,000 emergency department visits (2016)	43.4	51.4	39.6	38.1	28.5
 Overdose visit rate, all drugs, per 100,000 emergency department visits (2020)	64.4	52.1	39.6	46.4	36.6
 Percent change between reporting years (2016 and 2020)	Worsen 48.4%	Worsen 1.4%	Same	Worsen 21.8%	Worsen 28.4%

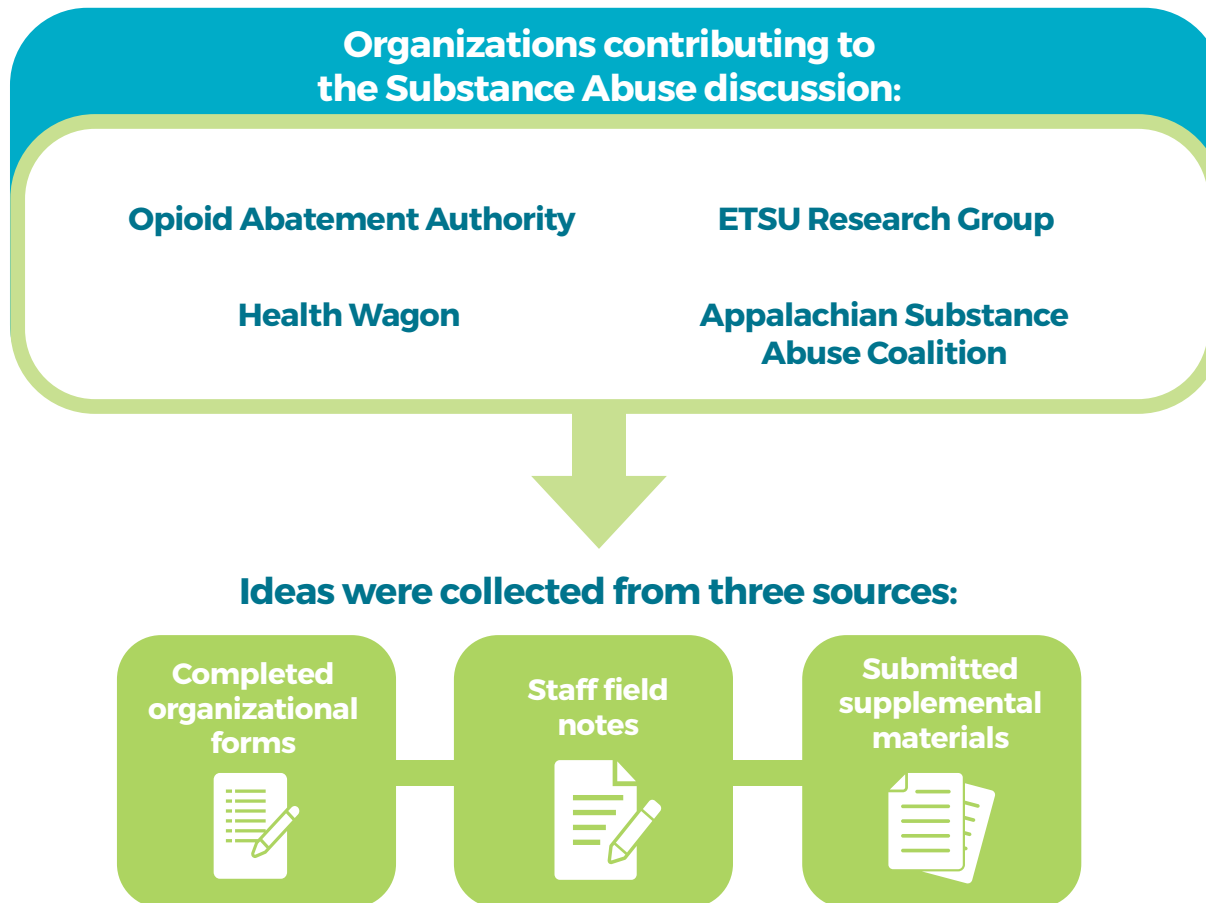
Secondary data assessments are sourced from publicly accessible information. The timeliness of data can be problematic due to delays between an incident and subsequent reporting and publication. Data is collected from many sources, which often report using different timeframes and collection methods.

Colors indicate county data with a variance of 20% or more from the state figure. Green indicates a positive variance, while red reflects a negative variance.

This phase of the Wellspring Foundation's assessment focused on learning about organizations and programs that address the health and related topics identified as potential issues of interest concerning Substance Abuse.

Topics were identified during the review of secondary data in Phase 1.

These sessions were designed to learn from, not duplicate, already-completed health-related community assessments and/or established region plans.



While there was not a dedicated panel of experts discussing Substance Abuse specifically, feedback was shared to some degree due to the interconnectedness of the five areas of interest covered in the planning pyramids.

Many statistical indicators discovered in Phase 1, combined with contributions from Phase 2, confirmed the Substance Abuse difficulties throughout the region. These challenges impacted nearly every topic discussed during the needs assessment.

## About the Experts

Seven regional experts shared insights:



Two mental health service providers



Three emergency department nurse managers from regional hospitals



County sheriff



Health system behavioral health administrator

Supplemental phone interviews were conducted with four additional individuals, including a local minister

## What the experts shared:

- This issue is a product of multigenerational problems and should be addressed with families as a unit of service and practice.
- One important focus should be to encourage many organizations to form a working system of prevention and treatment services that can be delivered across many sectors in the community.



The Wellspring Foundation conducted meetings with leaders in its four-county service region to confirm that the selected issues were significant to their communities.

These interactions also provided an opportunity to explore local interpretations of issues of concern and confirm much of what the Foundation learned about Substance Abuse in Phases 1, 2 and 3, including:



Community leaders were very aware of the impacts of substance use disorder in their communities. One aspect of this issue they addressed is that effective, long-term treatment solutions often cannot be accomplished within traditional 90-day limits. Instead, assuring continuity of care across multiple services and providers is crucial to combating Substance Abuse.



Leaders acknowledged the need for Substance Abuse treatment facilities in the region, and highlighted the connection between the unsheltered population and the mental health and Substance Abuse issues that exist throughout the area.

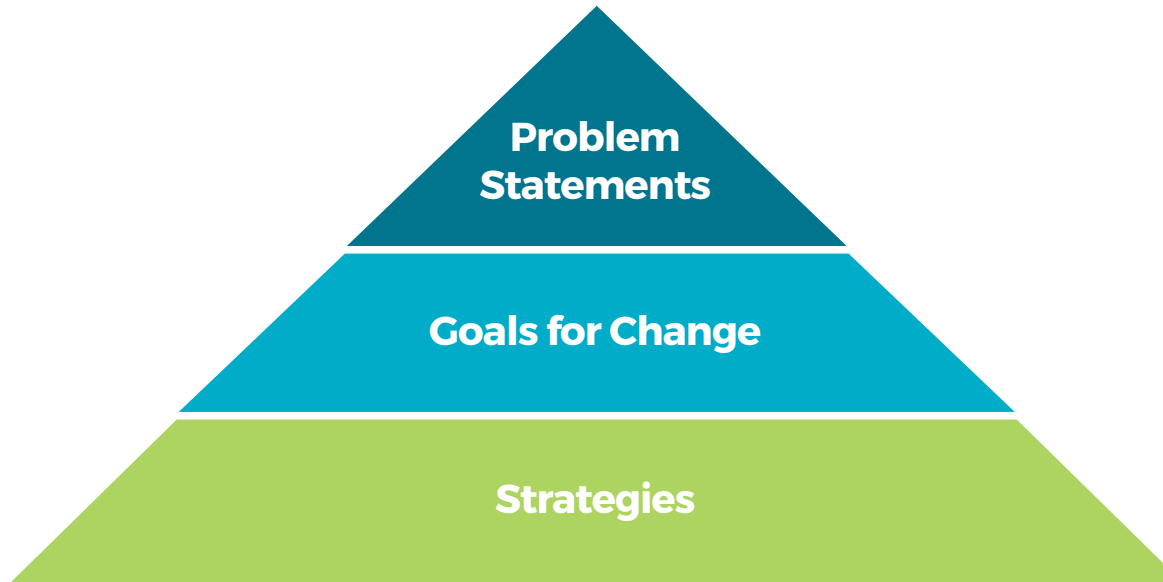


Mental health, including substance-exposed infants (SEI) and neonatal abstinence syndrome (NAS) issues, were seen as multilayered, not restricted to specific age groups and with multigenerational roots. Patterns of trauma were described and reinforced through interconnected observations from social services, law enforcement and the ministry.



Participants discussed examples of current regional cooperative efforts, many of which focus on the region's Substance Abuse crisis that is recognized as a fundamental cause of many mental health, SEI and NAS issues.

The region's isolated, rural location was viewed as a factor that contributes to and restricts potential strategies for addressing substance abuse, including SEI and NAS.



## Problem Statements

- High overdose mortality and diseases of despair
- High numbers of neonatal abstinence syndrome (NAS) births
- High percentages of recreational use of stimulants/misuse of over-the-counter prescriptions
- Large number of women incarcerated on drug-related charges
- Mental health effects on children removed from homes of families with drug addictions
- Limitations of regional substance abuse services

## Goals for Change

- Decrease death rates
- Decrease drug misuse
- Increase perception of risk of harm
- Reduce stigma attached to addiction recovery
- Promote greater community involvement in addiction recovery
- Increase substance use disorder prevention and treatment resources

## Strategies

- Expand service funding and advocate for equitable resource distribution prioritized for high-incidence and economically disadvantaged communities
- Promote a comprehensive prevention and treatment framework for opioid use disorder and co-occurring mental health conditions
- Increase organizational collaboration and partnerships that connect resources to communities and people in need
- Improve community-level readiness to mobilize, educate and address problems through coalitions; use Recovery Ecosystem Index
- Engage multi-sector service providers, including law enforcement, judicial, education, employment and faith-based organizations
- Improve data collection and data use for planning and community education

# Planning and Action Timeline

	End of Fiscal Year 2024	End of Fiscal Year 2026	End of Fiscal Year 2028
<b>Engagement</b>	<p>Create a Communications Plan to include an enhanced website and evaluation of social media presence, as well as community outreach and reporting</p> <p>Develop Community Engagement Plan to include structure and timeline for implementation</p> <p>Prepare and release first annual community report</p> <p>Explore centralized support mechanism for building non-profit capacity within the region</p>	<p>Launch Community Engagement Structure</p> <p>Create Community Engagement Plan in each county within the Foundation's service area</p>	<p>Establish consistent meeting and communications schedule with county leaders and stakeholders</p>
<b>Impact</b>	<p>Announce call for grant applications; finalize grant solicitation materials</p> <p>Award first round of grants with a goal of investing 5% of assets by the end of Fiscal Year 2024</p> <p>Convene a behavioral health task force to review and evaluate behavioral health services, programs and systems to facilitate development of future plans</p> <p>Reestablish Neonatal Abstinence Syndrome (NAS) Task Force in collaboration with Johnston Memorial Hospital, Ballad Health, the health department and other stakeholders</p>	<p>Encourage partners to develop and provide wraparound mental and developmental health services in communities and schools</p> <p>Enhance workforce development opportunities by supporting fellowships, internships and loan repayment as incentives to practice in the Foundation's service area</p>	<p>Measure the degree to which community partners and stakeholders view the Foundation as responsive and engaged</p>
<b>Organizational Effectiveness</b>	<p>Refine strategic purpose of Operations &amp; Planning Committee (grant committee)</p>	<p>Evaluate Year One accomplishments and impact; update strategic plan as needed (spring 2024)</p> <p>Explore a physical presence in counties within their service region (e.g., shared office space)</p>	<p>Secure a third party to complete an economic impact study</p>

To view the detailed strategic plan in its entirety, please [click here](#).

# Assessment Partners

Appalachian Highlands Community Dental Center  
Appalachian Regional Commission  
Appalachian Substance Abuse Coalition  
Ballad Health  
    Behavioral Health Services  
    Strong Pregnancies & Strong Starts  
Bristol Virginia Department of Social Services  
Bruce Behringer, MPH - Consultant and Facilitator  
Center for Family Involvement Virginia  
    Commonwealth University  
Community Medical Care  
Cumberland Mountain Community Services Board  
Cumberland Plateau Planning District Commission  
East Tennessee State University Addiction Science Center &  
    NORC Rural Health Equity Research Center  
Edward S. Via College of Osteopathic Medicine  
Emory & Henry College  
Feeding Southwest Virginia  
GO Virginia Region One  
Grayson County  
    Administration  
    Board of Supervisors  
    Department of Social Services  
    Sheriff's Office  
Health Wagon  
Helping Overcome Poverty's Existence, Inc. (HOPE Inc.)  
Highlands Community Services  
Johnston Memorial Hospital  
    Internal Medicine Residency Program  
    Dr. S. Hughes Melton Family Medicine Residency Program  
Mount Rogers Community Services  
Mount Rogers Planning District Commission  
One Care of Southwest Virginia, Inc.  
Opioid Abatement Authority  
People Inc.  
Russell County  
    Administration  
    Board of Supervisors  
    Department of Social Services  
    Hospital  
    Public Schools  
    Sheriff's Office

Sinking Spring Presbyterian Church  
Smyth County  
    Administration  
    Circuit Court  
    Community Foundation  
    Community Hospital  
    Public Schools  
    Sheriff's Office  
Southwest Virginia Community Health Systems  
Southwest Virginia Health Authority  
Southwest Virginia Higher Education Center/Virginia  
    Commonwealth University Nurse Anesthesia (CRNA)  
STRONG Accountable Care Community  
SWVA Direct Primary Care  
Town of Abingdon  
Town of Chillhowie  
Town of Marion  
Town of Saltville  
Tri-Area Community Health  
United Way of Southwest Virginia  
Virginia Career Works New River, Mount Rogers Region  
Virginia Department of Health  
    Mount Rogers Health District  
    State Office of Rural Health  
    Tobacco Control Program  
Virginia Department of Social Services  
Virginia Health Care Foundation  
Virginia Highlands Community College  
Virginia Highlands Community College Nursing Program  
Washington County  
    Department of Social Services  
    Public Schools  
    Sheriff's Office  
Wellspring Foundation Board of Directors

To view the detailed community health needs assessment report in its entirety, please [click here](#).

# Bruce Behringer, MPH

## Consultant

Bruce Behringer, MPH, consultant for Wellspring Foundation of Southwest Virginia, retired from an extensive public health career, and continues to assist with planning, conducting and reporting several assessment projects in the Appalachian region.

Behringer earned his Master of Public Health degree from the University of North Carolina School of Public Health after obtaining his B.S. in community development from the Pennsylvania State University College of Human Development. For his contributions to the Appalachian region throughout his career, he was awarded an honorary doctorate in humane letters by East Tennessee State University (ETSU) in 2015.

The Appalachian region native retired from the Tennessee Department of Health in 2016 after serving five years as the deputy commissioner for Continuous Improvement and Training. Before joining TDH, Behringer spent nearly two decades at ETSU's Office of Rural and Community Health and Community Partnerships, where he was associate vice president and executive director. Prior to his career at ETSU, he was executive director of Virginia Primary Care Association, Inc. and administrator for Tri-County Health Services, Inc. in Aurora, North Carolina.

Now retired to Powhatan, Virginia, Behringer has been a part of a long list of organizations focusing on rural health, including:

- president of the National Rural Health Association;
- chairperson of the National Health Service Corps National Advisory Council; and
- member of the Appalachian Regional Commission's Health Policy Advisory Council, the Department of Veterans Affairs National Rural Health Advisory Committee, the Tennessee Institute of Public Health, and the Tennessee Rural Health Recruitment and Retention Center.

In the Tri-Cities region of Southwest Virginia/Northeast Tennessee, he assisted with the creation of CareSpark, the region's former health information exchange. Behringer has also been involved with Puertas Abiertas, a Hispanic community coalition, and Minority Access to Community Health, an African American coalition.

Behringer has authored 51 professional articles and book chapters focused on community-based participatory research and Appalachian disparity issues, such as substance abuse, cancer and diabetes.

# Initial Grant Award

Upholding its mission to engage in goal-oriented partnerships that enhance the health and wellbeing of its service region, the Wellspring Foundation presented its first contribution in August 2022.

The Foundation awarded \$500,000 to Appalachian Highlands Community Dental Center (AHCDC) in conjunction with a \$100,000 donation from the Virginia Health Care Foundation (VHCF) and a \$50,000 gift from Jan Hurt of Abingdon.

Located in Abingdon, Virginia, AHCDC provides effective and affordable oral healthcare to underserved and uninsured individuals and families in 11 counties throughout Southwest Virginia. Sixty percent of the clinic's patients reside in the Foundation's service footprint of Washington, Grayson, Russell and Smyth counties.

Funding from the Wellspring Foundation will allow AHCDC to acquire much-needed additional equipment and expand its facility, ultimately enabling the clinic to bring in additional dental residents and serve more patients throughout the region.

For more information about Wellspring Foundation grants, visit [wellspringva.org](http://wellspringva.org)





Bill Hayter (left), chair of the Wellspring Foundation Board of Directors, and Sean McMurray (right), executive director of the Foundation, present the organization's first contribution to the region to Scott Miller, D.D.S., site director of Appalachian Highlands Community Dental Center.







Photo courtesy of Earl Neikirk/Neikirk Image Photography



## APPALACHIAN HIGHLANDS COMMUNITY DENTAL CENTER

Grant Partners	
 <b>WELLSPRING FOUNDATION</b> SOUTHWEST VIRGINIA	<b>\$500,000</b>
 <b>VIRGINIA HEALTH CARE FOUNDATION</b> INDIVIDUAL. PARTNERSHIP. RESOLVE.	<b>\$100,000</b>
<b>Jan Hurt</b>	<b>\$50,000</b>
<b>Total Contributions:</b>	
<b>\$650,000</b>	







### 2021 impact

 Patient Savings: <b>\$2.5 million</b>
 <b>334 dentures</b>
 <b>175 dental implants</b>
 <b>2,522 extractions</b>
 <b>3,645 patients seen</b>
 <b>4 dental residents</b>

### 2023 impact\*

 Patient Savings: <b>\$3.9 million</b>
 <b>530 dentures</b>
 <b>270 dental implants</b>
 <b>4,130 extractions</b>
 <b>6,000 patients seen</b>
 <b>7 dental residents</b>

### 2026 impact\*

 Patient Savings: <b>\$6.5 million</b>
 <b>889 dentures</b>
 <b>450 dental implants</b>
 <b>6,860 extractions</b>
 <b>10,000 patients seen</b>
 <b>9 dental residents</b>

\*projected impact

# Service Region

## Commonwealth of Virginia

Population: 8.5M  
Annual Average Population Growth: 0.7%  
Labor Participation Rate (over 16): 65.2%  
Per Capita Income: \$41,255  
Poverty Level: 10%

## Russell County

Population: 26,937  
Annual Average Population Growth: -0.8%  
Labor Participation Rate (over 16): 44.2%  
Per Capita Income: \$22,030  
Poverty Level: 18.2%

## Smyth County

Population: 30,539  
Annual Average Population Growth: -0.7%  
Labor Participation Rate (over 16): 50.1%  
Per Capita Income: \$23,016  
Poverty Level: 18.7%

## Washington County

Population: 54,005  
Annual Average Population Growth: -0.2%  
Labor Participation Rate (over 16): 54.1%  
Per Capita Income: \$28,987  
Poverty Level: 13%

## Grayson County

Population: 15,651  
Annual Average Population Growth: 0.0%  
Labor Participation Rate (over 16): 50.6%  
Per Capita Income: \$24,770  
Poverty Level: 16.4%

Data Source:  
JobsEQ by Chmura, January 2023



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