



HOLY
FRIENDSHIP
COLLABORATIVE

Healing the Heart of Southern Appalachia

**Holy Friendship
Collaborative
Congregational
Cohort 2019
Application**

The Holy Friendship Collaborative: Healing the Heart of Southern Appalachia

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Holy Friendship: Healing the Heart of Southern Appalachia

- **Do members of your congregation or community live with opioid addiction?**
- **Does your congregation long to respond faithfully to the needs of people affected by opioid addiction, but you are not sure how?**
- **Are there opportunities within your congregation to learn from and walk alongside people with opioid abuse and addiction disorders?**
- **Do you want to partner with other congregations that are faithfully and creatively engaging the opioid crisis in Southern Appalachia?**
- **Have you been looking for ways to connect your congregation with another organization in your community and take your mission outside the walls of your church?**

THE MANDATE

Prescription and illicit opioids killed more than 47,600 Americans in 2017 and 2.1 million had an opioid use disorder. Residents of the Appalachian Region are 61% more likely to die from a drug overdose than residents of the rest of the U.S. in 2016.

Patterns of drug use in Southern Appalachia are distinctive to the region in that low education levels, high rates of unemployment, and high rates of job related injuries perpetuate risks for substance use. In Southern Appalachia, high rates of chronic pain, inadequate regulatory oversight, and targeted marketing by pharmaceutical companies led to prescription pain medications that were readily available.

Northeast Tennessee and Southwest Virginia have been especially hard hit by the national opioid epidemic. Taken together, the 22 counties that comprise the targeted service area are characterized by high opioid prescription rates; neonatal abstinence syndrome (NAS) rate that is 10 times the national average; and, in some counties, diverted buprenorphine (medication- assisted treatment [MAT] medication) as the patient capacity has been met by 1000% in some of the target counties. Although efforts are underway to reduce opioid prescriptions in the region, traditional treatment methods have not been adequately effective.

Several factors are believed to contribute to an increase in such negative outcomes, including an inadequate workforce to provide the behavioral support needed. Churches are the most prolific social organizations in our region and have been largely underutilized to promote population and behavioral health.

Over the past two years, we have formed a consortium of representatives of area organizations currently known as the Holy Friendship Collaborative (HFC), with the goal of mobilizing the faith community to serve as the workforce to help in this effort.

We are praying for the church to be equipped and energized to respond faithfully.

Your congregation is a great fit for the HFC Congregational Cohort 2019 if your congregation:

- feels called to learn from and to walk faithfully with persons with substance addiction in your congregation and in your larger community;
- possesses energy and vitality for pastoral care and health-related ministry;
- wants to explore and discover new models of ministry, rather than only to implement existing models and programs;
- aspires to develop lasting relationships with other organizations or churches within your community;
- has both clergy and laypeople interested in helping to lead this venture;
- believes that God is at work healing and restoring the world in Jesus Christ, and wants to participate in this healing work.

Overview of the Holy Friendship Collaborative Congregational Cohort

When we hear the word crisis, our instinct is to react with urgency. With the lives of our brothers and sisters on the line, we must indeed respond. However, we believe God is also calling us to spend time discerning and understanding the root causes of the suffering in our midst and explore new and deeper ways in which we might share Christ's healing love with all who hurt.

So while we respond with urgency through our "Friends" and "Community Partners" pathways in the Holy Friendship Collaborative, we also respond with humble awareness that we have so much more to learn, and so much more of God's creative wisdom to receive as we seek to grow in holy friendship together.

For this reason we also invite some churches in our community to journey along this third pathway - the Congregational Cohort - where we will dig a little deeper into scripture, spend time discerning God's call for our work, and explore innovative and faithful ways to promote health, wholeness, well-being, and care for those who are suffering.

The HFC Congregational Cohort mobilizes local churches to engage more fully in God's healing and restoring work through enacting innovative and faithful practices to care for those suffering from addiction.

Drawing from the guidance and example of Duke University Theology, Medicine, and Culture (TMC) Initiative's [Reimagining Health Collaborative \(RHC\)](#), we will convene the cohort participants in focused theological education around health and wholeness through a series of gatherings, trainings, and guided discussions. Participant congregations will partner with the regional facilitator to assess the needs and capacities of their congregations and local communities, discern, design, and implement new or expanded programs or ministries around the opioid crisis in their local context, and learn from one another through shared mission and support. Teams will meet within their churches at regular intervals and with other churches in the cohort at key points throughout the 18-month program.

Program Design, Timeline and Resources

Overview:

Each participating church is encouraged to use a model of cultivation to help congregational teams name the values, practices, and resources already present in their local context, to uncover specific aspects of substance addiction that the church feels called to address, and to work carefully to create a transformative response. Our goal is not simply to help churches put together a one-time event or short-lived program, but to deepen faithful and life-giving habits, practices, and relationships in churches and their communities that promote health and wellness, particularly in response to opioid use disorder.

Since every church is different, the timeline for the development of each church's new practices or ministry will also vary. Below is a general framework for the three phases of work that make up the 18-month program. A timeline with key dates and activities outlined follows.

Phase 1:

Discern needs and opportunities within congregational and community context related to the health focus area (for this cohort, substance addiction). Discernment begins with an initial gathering and continues afterward with ongoing conversation facilitated by a study guide, with concerted prayer throughout. Congregations may also begin to build relationships with local community partners.

Phase 2:

Envision new or expanded practices regarding health and responses to addiction, with the support of the regional facilitator and Holy Friendship Collaborative members.

Build relationships within the church and with outside partners (other churches, community clinics, non-profits, etc.) working on responses to the opioid crisis.

Phase 3:

Enact innovative, faithful, and transformative practices supporting health and wellness and providing Christian support and encouragement to those who suffer from addiction within the church and community.

Share stories of emerging habits, practices, and relationships with other congregational teams participating in HFC, as well as other churches and faith-based institutions engaged in responses to the opioid crisis.

Key Dates:

2019

January 31 - Applications open

February 22 - Applications due

Early March - Notification of acceptance

March - May - Schedule and complete a "Preparation Meeting" in which the team will meet with the regional facilitator

June - First Gathering/Workshop of the Cohort (full day Friday, half day Saturday)

Late Summer/Fall - Church teams will meet regularly and work through discussion guide

Early November - Cohort Dinner and Prayer Evening

2020

Late January/Early February - Second Gathering/Workshop (two half days, i.e., Friday afternoon and Saturday morning, or one full day; TBD)

Spring/Summer/Fall - Teams are implementing new programs

Early November - Third Gathering/Celebration of Cohort Work

Program Components and Resources

Gatherings/Workshops:

The HFC Congregational Cohort officially begins with a two-day gathering in June 2019, to be held tentatively at The Summit Companies, in Bristol.

The Cohort gathers again both at the beginning of and end of 2020.

During the gatherings, congregational teams:

- Equip themselves with practical health knowledge, relevant to opioid addiction;
- Engage scripture, theology, and Christian history with respect to health and illness;
- Encounter both local and national resources and networks for helping the church respond faithfully to health and illness;
- Hear transformative stories and experiences of people in their own and other congregations; and
- Receive practical resources for translating theological vision into congregational engagement.

Resources:

Congregational teams will receive a conversation guide to facilitate community-building and to guide theological discernment. Sessions will encourage teams to closely engage their local environments and communities in the context of Christian traditions and practices. The guide offers practical resources for turning conversation into action, as well as offering a model for building working relationships with other organizations or churches.

Regional Facilitator:

The regional facilitator for the HFC will work closely with each team for the full 18 months of the program. Team leaders and the facilitator will meet at least once a month, either by phone or in person, and will communicate via email as appropriate. The regional facilitator will provide expertise in congregational life, program building, and connecting community around health concerns.

Theology, Medicine, and Culture Initiative:

Through HFC's consortium relationship with Duke Divinity School's Theology, Medicine, and Culture Initiative, HFC staff are connected directly to a vibrant, diverse, and ecumenical center of theological study and formation. Expertise from Duke TMC will be available as needed.

What is Expected of Participating Congregations?

Participating in this cohort means that team members from a church will commit to doing the following:

1. Send at least 2 team members (with a maximum of 4) to the initial June gathering. At least one of these members must be a pastor or clergy person on staff at the church, and at least one must be a layperson.
2. Participate in a congregational discernment process after the first gathering to study the needs of the congregation and to envision new practices that respond faithfully to these needs. Teams will receive a Conversation Guide to lead them through a theological discovery of gifts and needs that can be translated into an action-based strategic plan for a new program. This must be completed prior to the Second Gathering in early 2020.
3. Communicate with the Project Facilitator a minimum of 1-2 times per month throughout the program. The Project Facilitator has broad experience in program design and implementation and will act as a consultant to the churches as they build and troubleshoot their new programs or projects.
4. Send at least 2 team members to subsequent gatherings in early and late 2020.
5. Work within their congregation and local community on project/program development, planning, and implementation.
6. Share stories of successes and barriers with fellow participants of the Cohort, as well as with others in HFC and the broader community who might desire to learn from their experience.
7. Invest time and resources, including any needed funds from the church's budget, to support the development and implementation of new practices and programs.

Meals and refreshments will be provided during gatherings. All participating congregations are responsible for their own travel costs incurred to attend the three gatherings during the course of the program, as well as any other cohort-related meetings.

Church Team Application

Church Name	
Church Street Address	
Church City, State, Zip	
County	
Church Phone	
Church Website	
Church E-Mail Address	
Name of Person Completing Application	
Applicant Email	
Applicant Contact Phone	

Church Information

1. What is your church's denominational affiliation? _____
2. How many members (approximately) does your church have? _____
3. What is your church's average weekly attendance? _____

Short Essay Items

The following questions ask you to reflect on the opioid crisis in the context of both your church and the surrounding community. While you may write more if necessary, we encourage you to limit your responses to each question to 250 words or less.

1. What are needs and challenges that your church faces with respect to the opioid crisis? Please focus on those that your church feels called to address.
2. What are needs and challenges that your community faces with respect to the opioid crisis? Which of these feel like opportunities for your church to address?
3. Has your church made any efforts to address the needs of those suffering with opioid addiction before? Or those loved ones affected by addiction? If so, what has been done? What worked? What could be improved upon?
4. Does your church have any other existing health ministry or activities? If so, what are they?
5. What is it that draws you to this Congregational Cohort? What do you hope your team, church, and/or community will gain from this experience?

Community Partners

A key component of the Holy Friendship Collaborative is to foster new or deepened partnerships between participating churches and organizations in their communities. These organizations may be local non-profits, government agencies, community clinics, or even hospitals. If you already have a partner organization in mind, please describe it below. If you do not, please tell us about an organization you'd like to explore building a partnership with.

1. How would a community partnership help you respond to the needs or challenges related to opioid addiction in your church and community?
2. If you have an organization in mind, what is its name? Who does this organization serve in your community?
3. Do you have any history of working together with this organization? If so, please describe the nature of your church's relationship with the organization.
4. Does your church have experience working with other outside organizations?

Program Commitments and Signature

Participation in this collaborative includes committing to the expectations listed on page 9 of this application packet. Is this something you and your team are willing and able to do?

_____ Yes, our congregation is willing and able to commit to the expectations for members of the Congregational Cohort.

Signature: _____

Application Instructions

Application forms must be completed and submitted by February, 22nd, 2019 to:

Holy Friendship Collaborative
1241 Volunteer Pkwy, Suite 100
Bristol, TN 37620

Or, scan and email the full application to: info@holyfriendshipcollaborative.com

Church teams selected for participation will be notified in early March.

For questions or further information, please email: info@holyfriendshipcollaborative.com



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www.HolyFriendshipCollaborative.com



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