It’s All About that DATA

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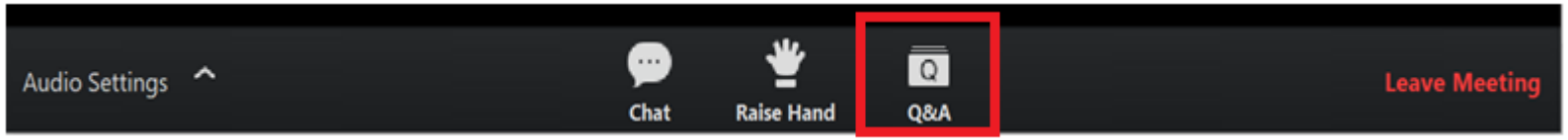
Regional Services Manager, JBS

Webinar

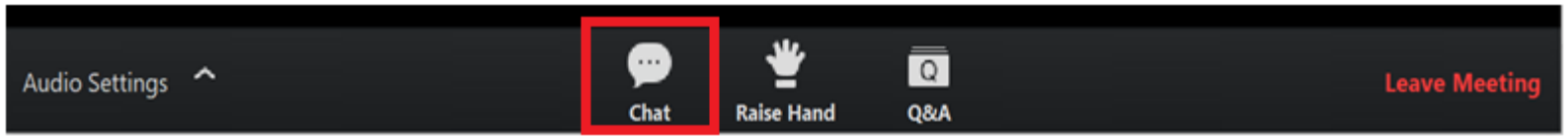
RCORP-TA
RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE

Submitting Questions and Comments

- Submit questions by using the Q&A feature. To open your Q&A window, click the Q&A icon on the bottom center of your Zoom window.



- If you experience any technical issues during the webinar, please message us through the chat feature or email RCORP-TA@jbsinternational.com.



Assignment

Conduct a detailed analysis to identify opportunities and gaps in opioid use disorder prevention, treatment (including medication-assisted treatment), and/or recovery workforce, services, and access to care within the target rural service area and existing federal, state, and local opioid use disorder resources that could be leveraged within the rural community.

Importance of Describing the Opioid Problem at the Local Level

- Why is it important to describe the opioid problem at the local level?

Steps to Acquiring Data

- Step 1: Clearly define assessment questions.
- Step 2: Conduct search of available data sets.
- Step 3: Identify data sets that match desired measures
- Step 4: If data sets are not available, consider collecting data through surveys/key informant interviews

Overview of Results/Findings

- Assess findings for populations of focus, including a summary of quantitative and qualitative data from the perspective of prevention, treatment, and/or recovery.
- Identify prevalence and severity of needs as well as impact on and demand for services.
- Summarize relevant context and conditions affecting populations of focus.

Key Questions to Ask

1. What is the extent of the opioid problem in my community?
2. What is the prevalence of the opioid problem in my community?
3. Who is impacted by the opioid problem? What are the populations of focus?
4. How does the problem in my community compare with the problem in other areas?

What Is the Extent of the Problem in My Community?

- **Quantitative Data**
  - Nonfatal Injuries
    - Emergency Department Visits & Hospitalizations
  - Opioid-Attributable Deaths
  - Opioid-Related Arrests
  - Opioid Use in Substance Abuse Treatment Population
  - Opioid Prescribing Rates

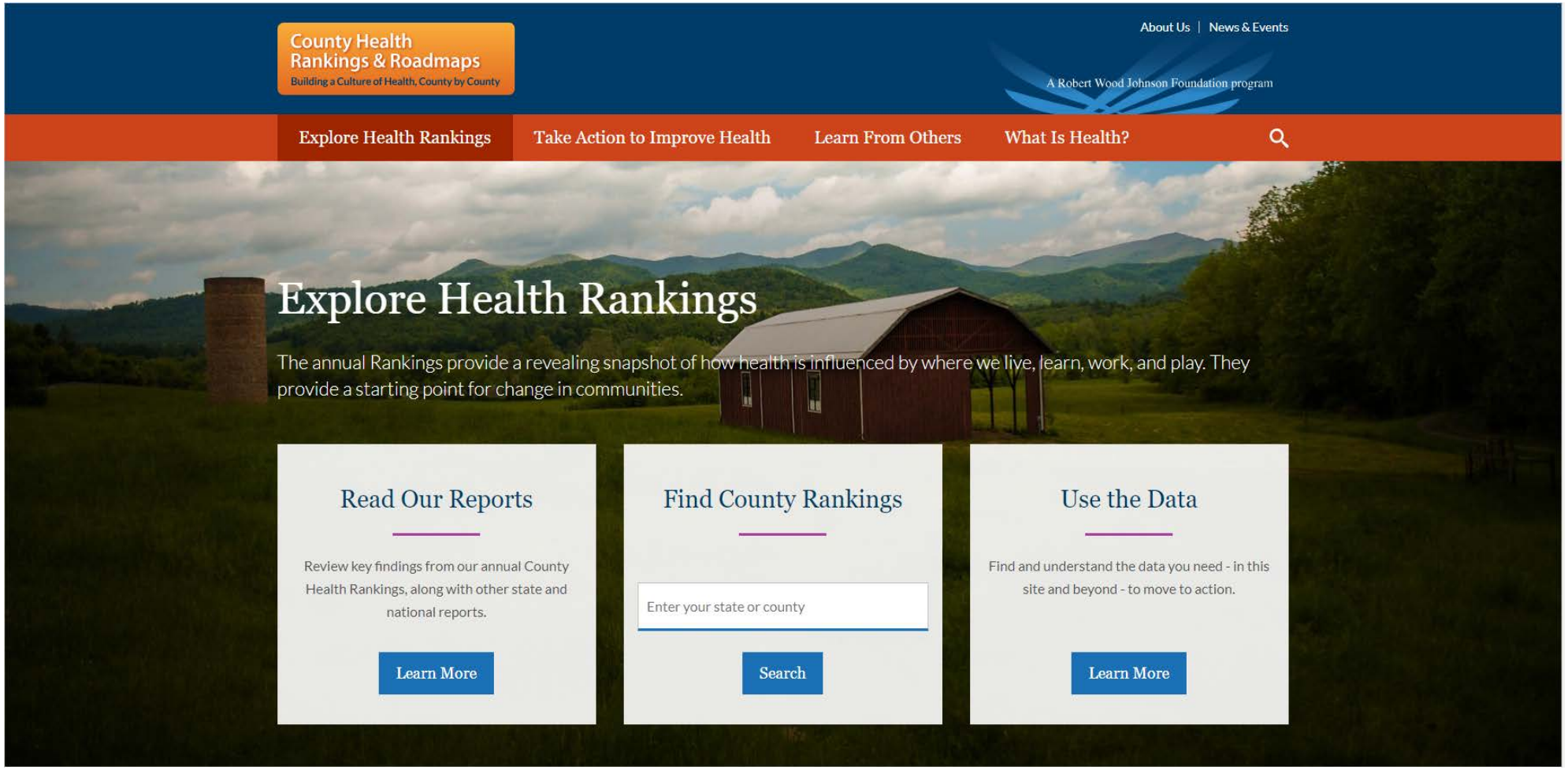
- **Qualitative Data**
  - **Focus Group Questions/Key Informant Questions**
  - Providers (e.g., MDs, Nurses, Pharmacists)
    - How often do you encounter patients who are doctor (or pharmacy) shopping?
  - Youth
    - How common is it for young people to use prescription painkillers (recreationally or as prescribed)?
  - Any Group
    - Have you noticed any trends in the use of opioids over time?

Drug Overdose Deaths

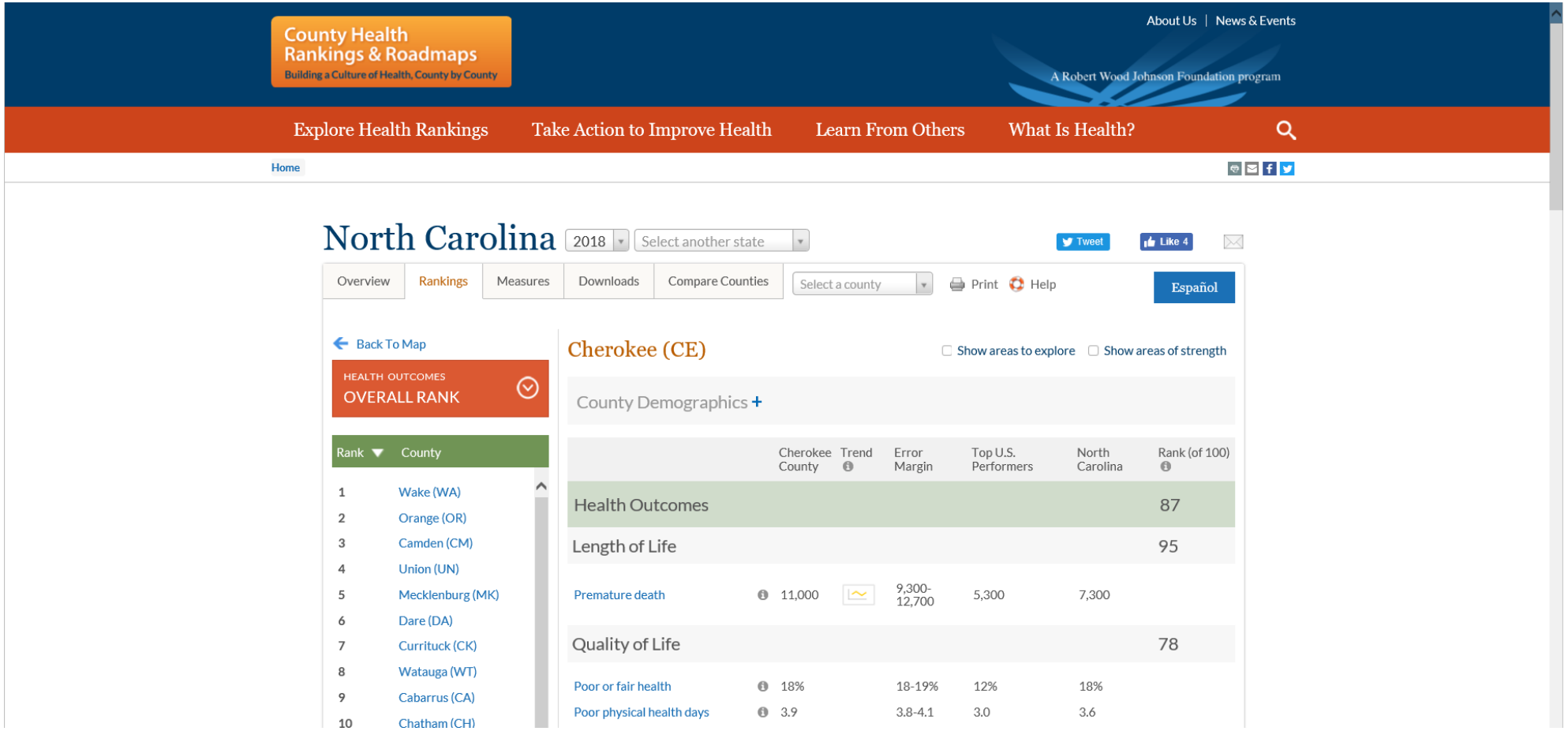
Data source: CDC/NCHS, National Vital Statistics System, mortality data for overall drug fatalities

- Does not focus on opioids exclusively.
- Combines death certificate data with statistical modeling, giving the most detailed look at the whole country.

County Health Rankings

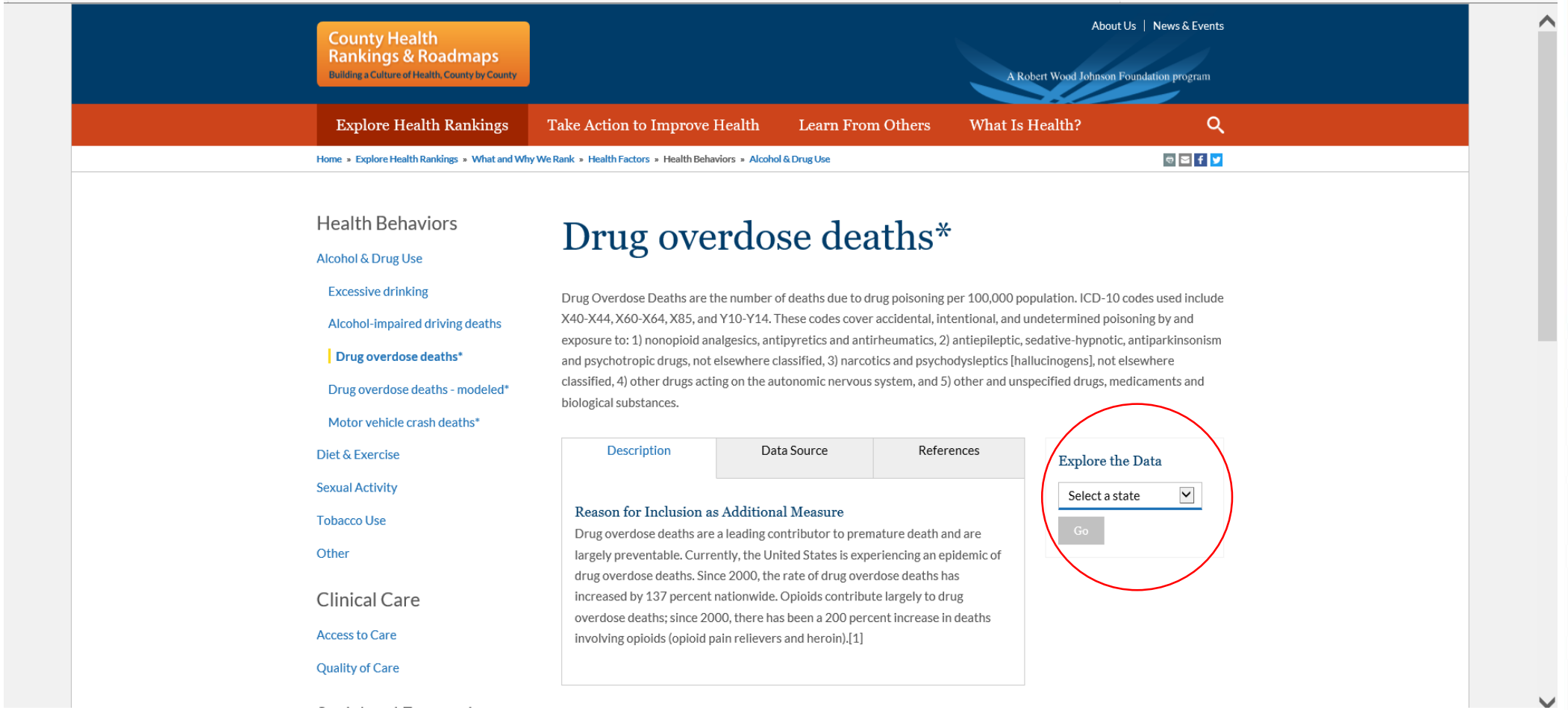


County Health Rankings



http://www.countyhealthrankings.org/explore-health-rankings

Drug Overdose Deaths



Drug Overdose Deaths

Years of Data Used:	2014-2016
Range in North Carolina (Min-Max):	6-44
Overall in North Carolina:	16

Place	# Drug Overdose Deaths	Drug Overdose Mortality Rate
Alexander	29	26
Alleghany		
Anson		
Ashe	14	17
Avery	10	19
Beaufort	26	18
Bertie		
Bladen	21	20
Brunswick	94	26
Buncombe	140	18
Burke	91	34
Cabarrus	98	17
Caldwell	74	30
Camden		
Carteret	60	29
Caswell		
Catawba	100	21
Chatham	12	6
Cherokee	16	19

http://www.countyhealthrankings.org

Drug Overdose Deaths

CDC > NCHS > Data Visualization Gallery > Drug Poisoning Mortality

Drug Poisoning Mortality in the United States, 1999-2016

On This Page

- Dashboard
- Data Tables for Current Dashboard
- Notes
- Sources
- References
- Suggested citation

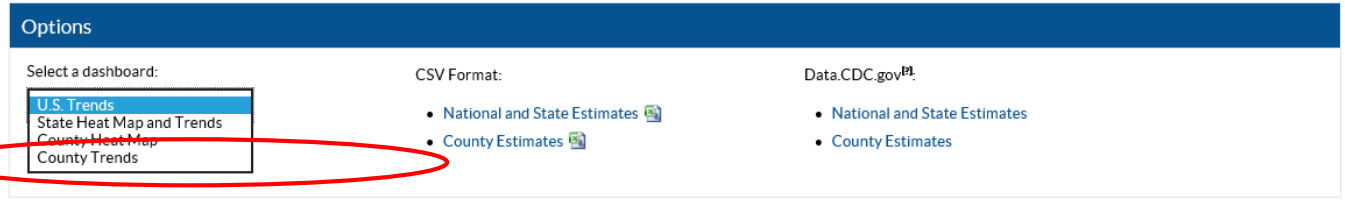
These figures present drug poisoning deaths at the national, state, and county levels. The first two dashboards depict U.S. and state trends in age-adjusted death rates for drug poisoning beginning in 1999 by selected demographic characteristics, and the third and fourth dashboards present a series of heat maps and grids of model-based county estimates for drug-poisoning mortality. Select a dashboard from the drop-down menu, then click on "Update Dashboard" to navigate through different graphics.

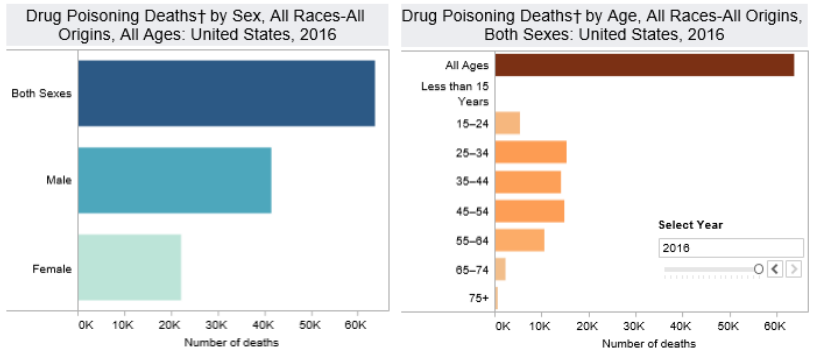
- The first dashboard shows national estimates. Use the year slider to select data years for the bar charts on the top. When using the radio buttons to select age, sex, and race and Hispanic origin, the bar charts display deaths for drug poisoning by sex or age groups, and the line chart shows national trends in death rates for selected demographic groupings.
- The second dashboard shows state estimates. The line charts describe the U.S. and state trends in age-adjusted death rates for drug poisoning. The U.S. map presents age-adjusted death rates for drug poisoning per 100,000 population by state and year, with the magnitude of the state death rates indicated by the color gradient. Click on a state in the map to display that state's trend line in the graph.
- The third dashboard is a heat map of county estimates, showing model-based age-adjusted death rates for drug poisoning per 100,000 population by county and year. The color scale indicates the magnitude of the estimated county-level death rates in ranges. Use the arrows or the slider to select a year. Click on any state to zoom into it on the map. Click outside the state to zoom back out to the map of the U.S. Users may click on the gray "home" icon in the upper right-hand corner of the map to reset the view, if necessary.
- The fourth dashboard features a county grid showing the change in estimated drug poisoning death rates rate by year using the same color scale as the county heat map. Click on a state in the map to display the counties for that state in the grid.

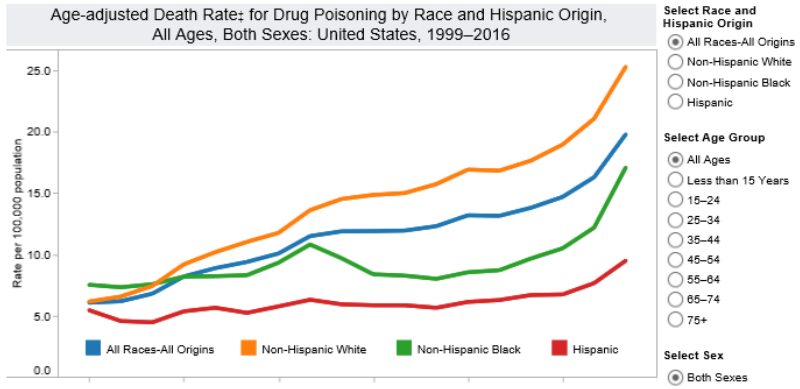
Download datasets in CSV format by clicking on the link for the desired dataset under "CSV Format" link. Additional file formats are available for download for each dataset at Data.CDC.Gov.

https://www.cdc.gov/nchs/data-visualization/drug-poisoning-mortality/index.htm

Drug Overdose Deaths







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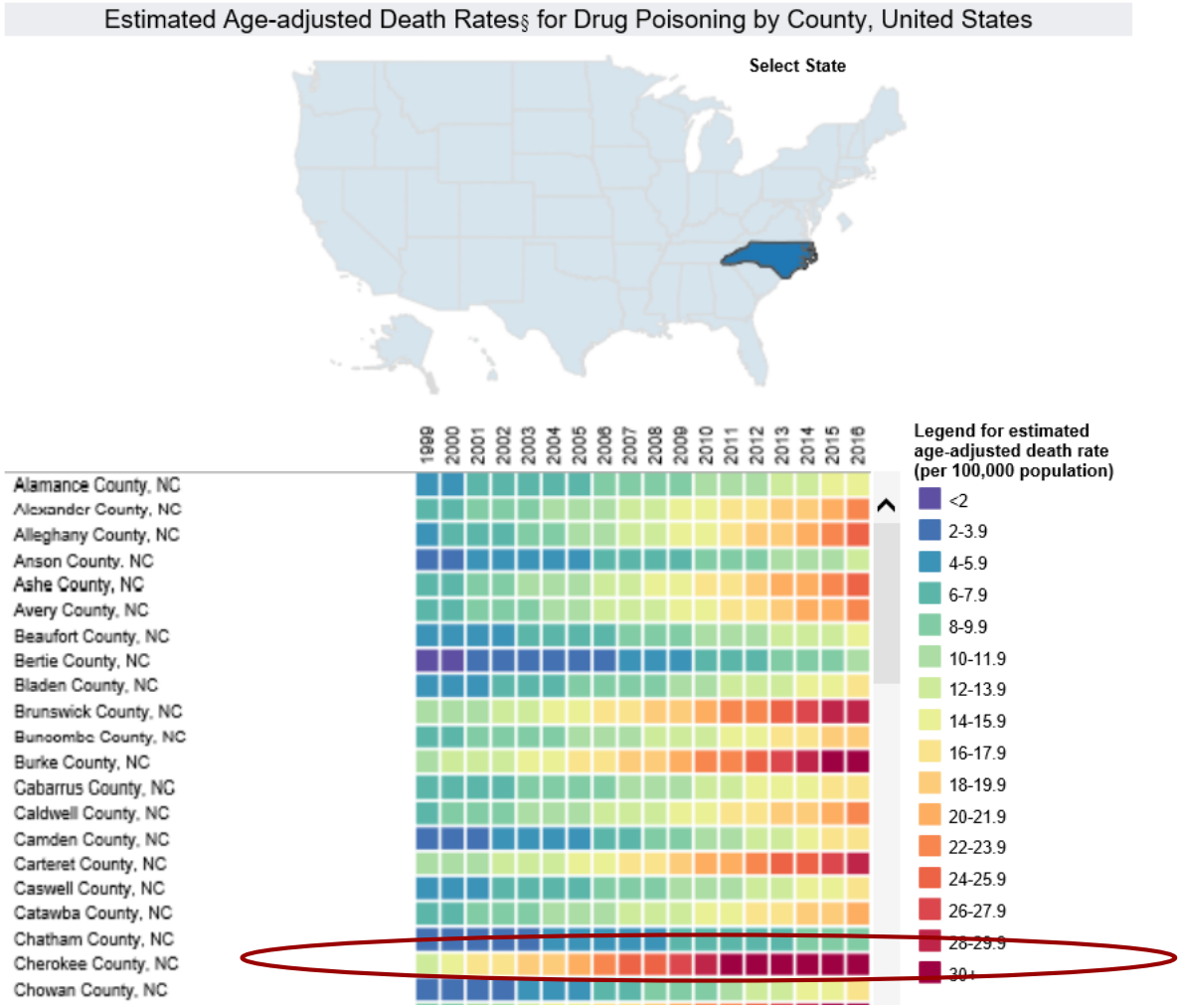
Drug Overdose Deaths



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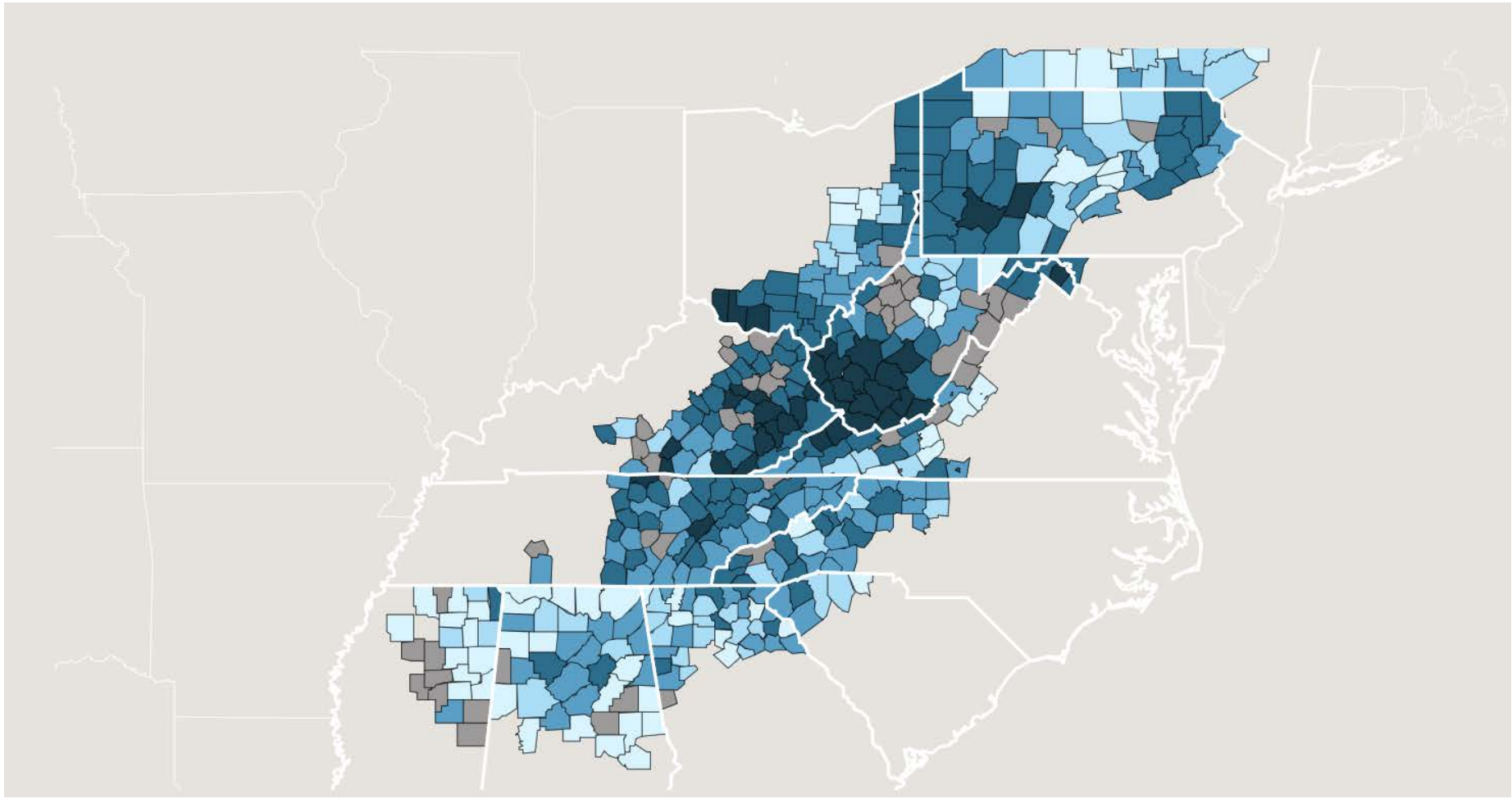
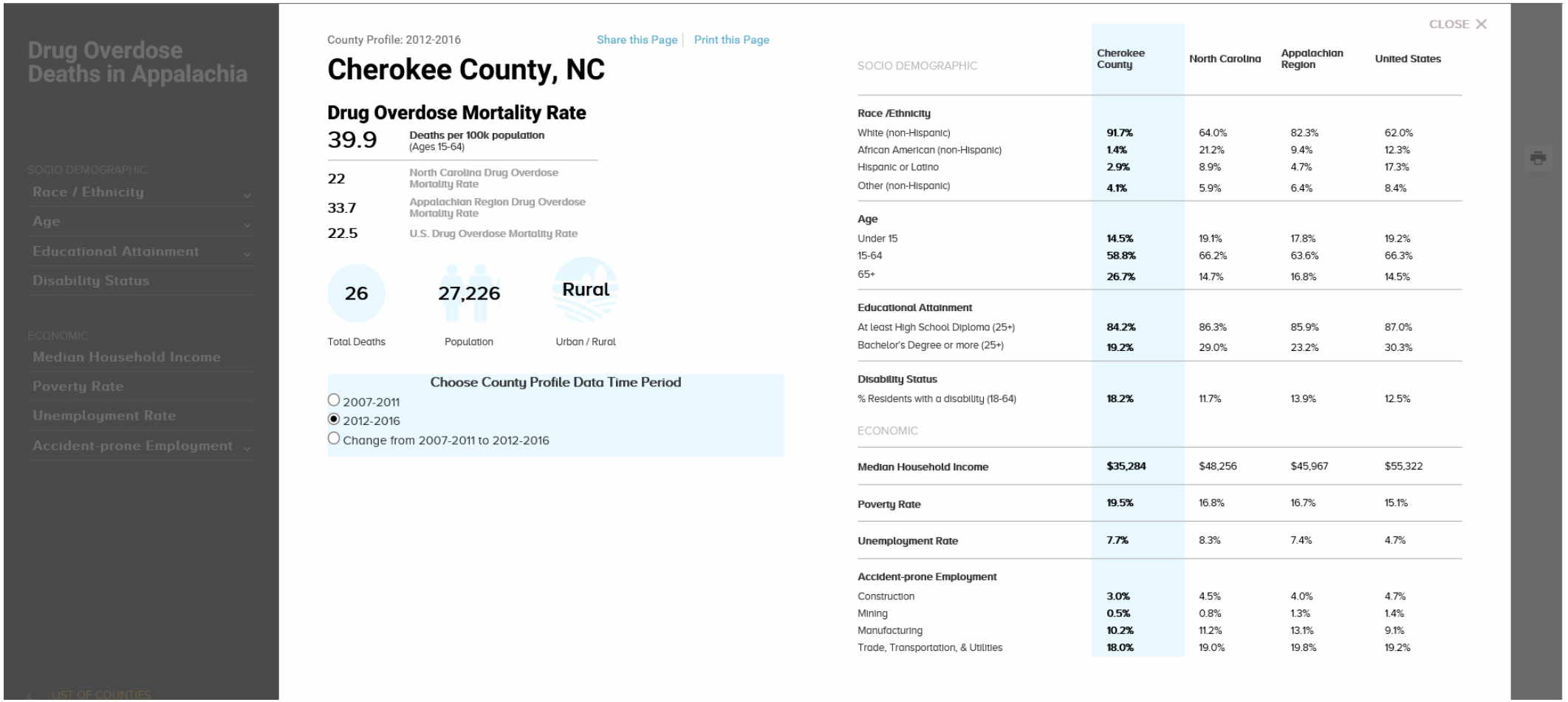
Drug Overdose Deaths



http://overdosemappingtool.norc.org/

Drug Overdose Deaths



SOCIO DEMOGRAPHIC	Cherokee County	North Carolina	Appalachian Region	United States
Race /Ethnicity				
White (non-Hispanic)	**91.7%**	64.0%	82.3%	62.0%
African American (non-Hispanic)	**1.4%**	21.2%	9.4%	12.3%
Hispanic or Latino	**2.9%**	8.9%	4.7%	17.3%
Other (non-Hispanic)	**4.1%**	5.9%	6.4%	8.4%
Age				
Under 15	**14.5%**	19.1%	17.8%	19.2%
15-64	**58.8%**	66.2%	63.6%	66.3%
65+	**26.7%**	14.7%	16.8%	14.5%
Educational Attainment				
At least High School Diploma (25+)	**84.2%**	86.3%	85.9%	87.0%
Bachelor's Degree or more (25+)	**19.2%**	29.0%	23.2%	30.3%
Disability Status				
% Residents with a disability (18-64)	**18.2%**	11.7%	13.9%	12.5%
ECONOMIC				
Median Household Income	**$35,284**	$48,256	$45,967	$55,322
Poverty Rate	**19.5%**	16.8%	16.7%	15.1%
Unemployment Rate	**7.7%**	8.3%	7.4%	4.7%
Accident-prone Employment				
Construction	**3.0%**	4.5%	4.0%	4.7%
Mining	**0.5%**	0.8%	1.3%	1.4%
Manufacturing	**10.2%**	11.2%	13.1%	9.1%
Trade, Transportation, & Utilities	**18.0%**	19.0%	19.8%	19.2%

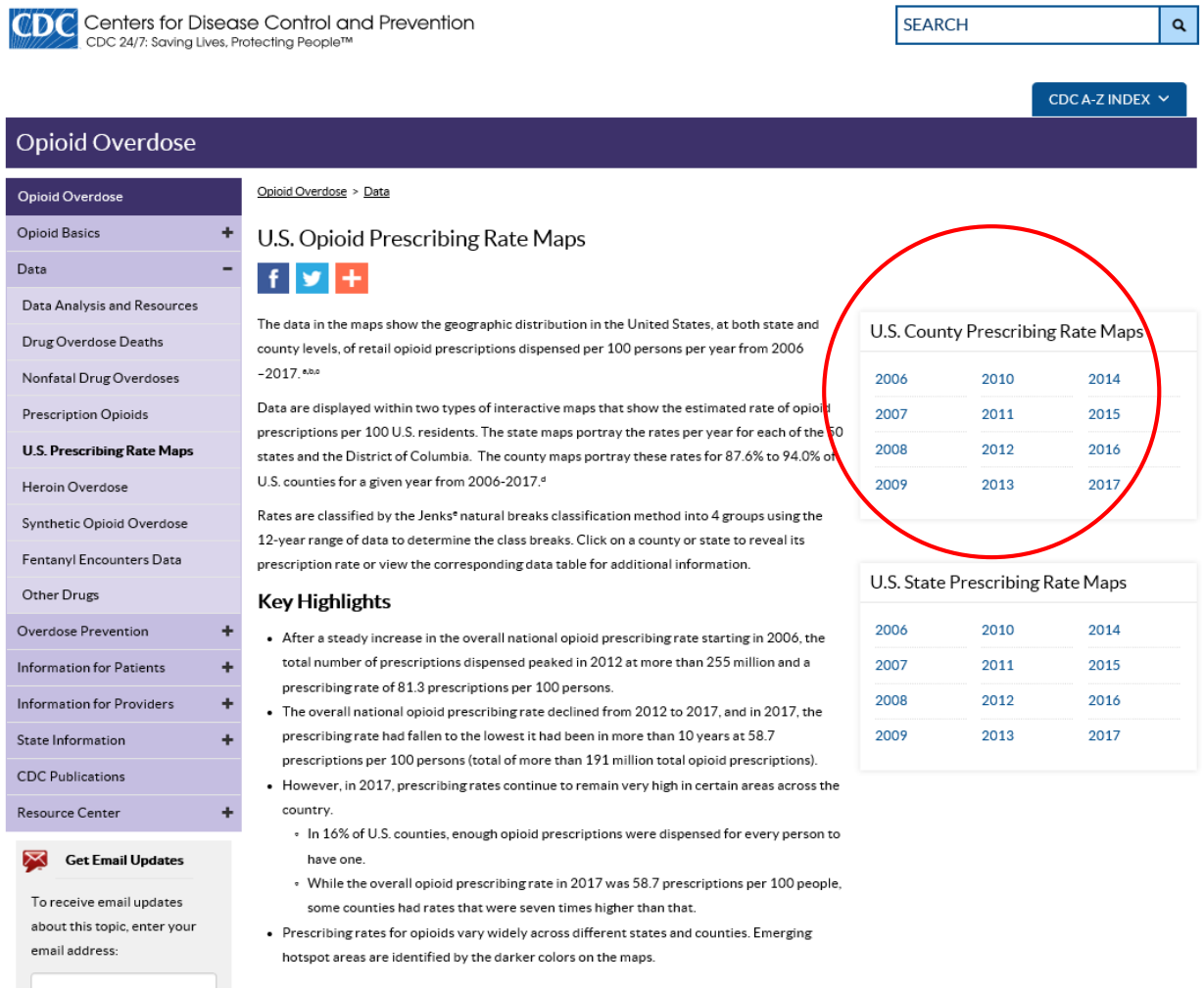
http://overdosemappingtool.norc.org/

Prescribing Rate

Source: CDC

- The drugs at the center of epidemic include both legally prescribed medications like oxycodone and illegal drugs such as heroin.
- Often, those who have been prescribed legal medications become dependent and are forced to begin purchasing those drugs illegally without a prescription or turn to heroin or other opioids.
- Though only a fraction of opioid users fall into addiction, looking at the prescription rate can show which areas may be more likely to face high levels of addiction.

Prescribing Rate



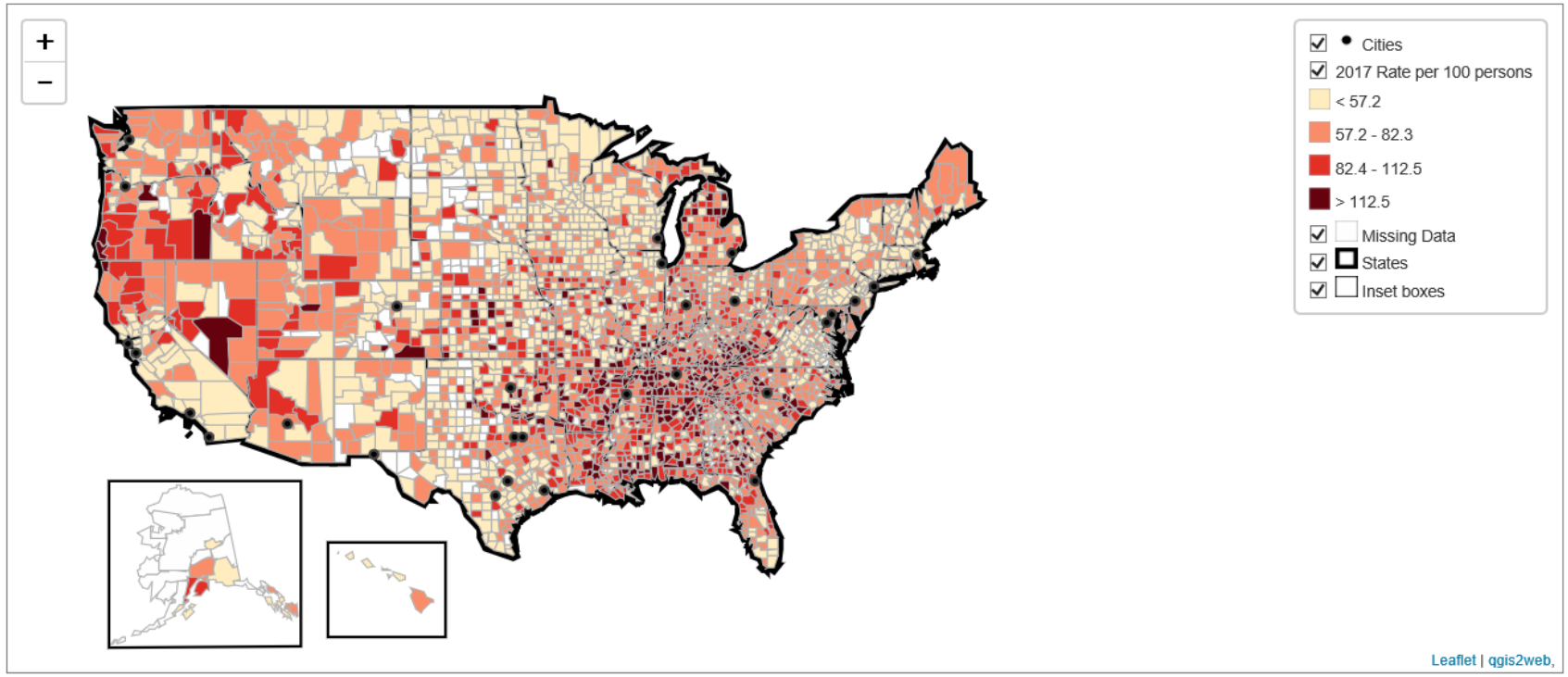
https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html

Prescribing Rate

Opioid Overdose

U.S. County Prescribing Rates, 2017

U.S. County Prescribing Rates, 2016 U.S. Prescribing Rate Maps



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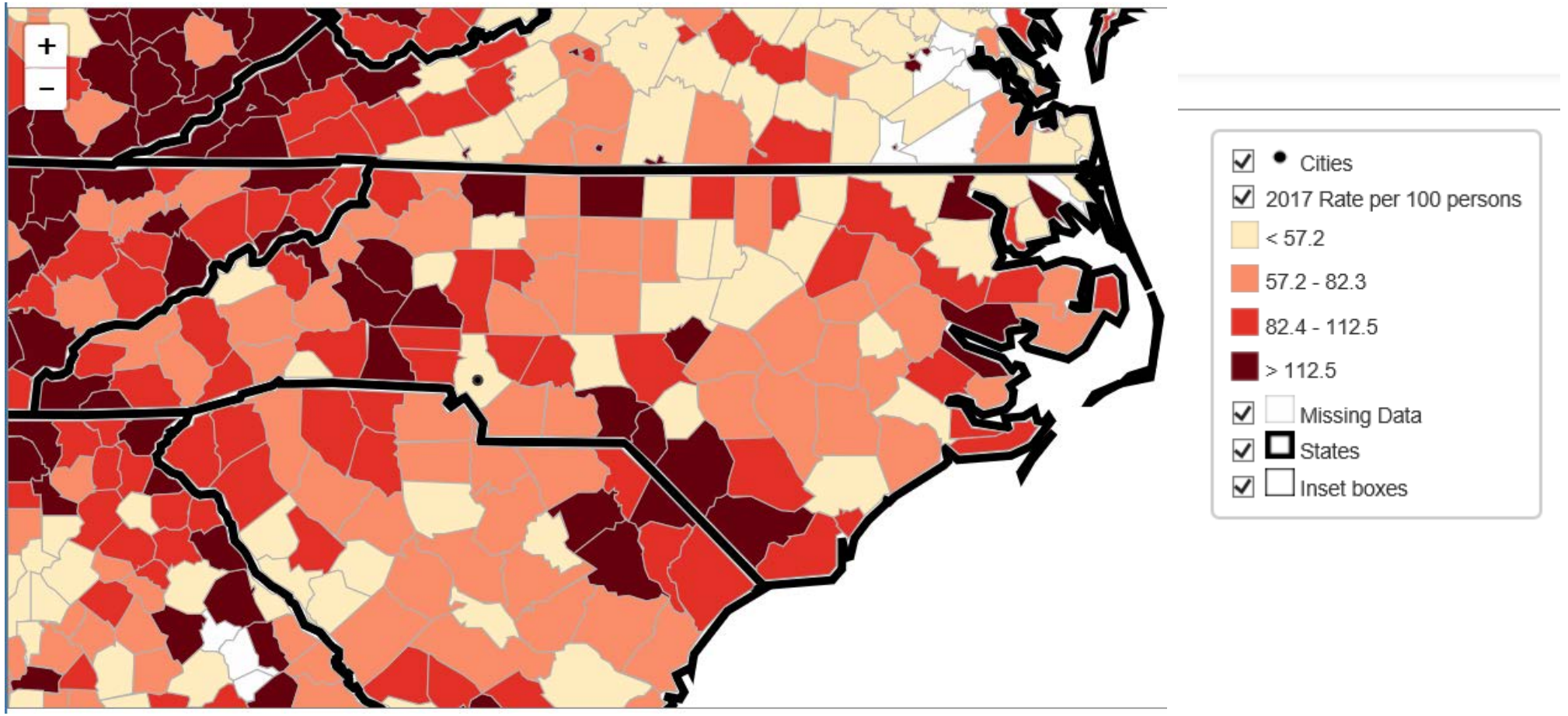
Prescribing Rate



https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html

Prescribing Rate

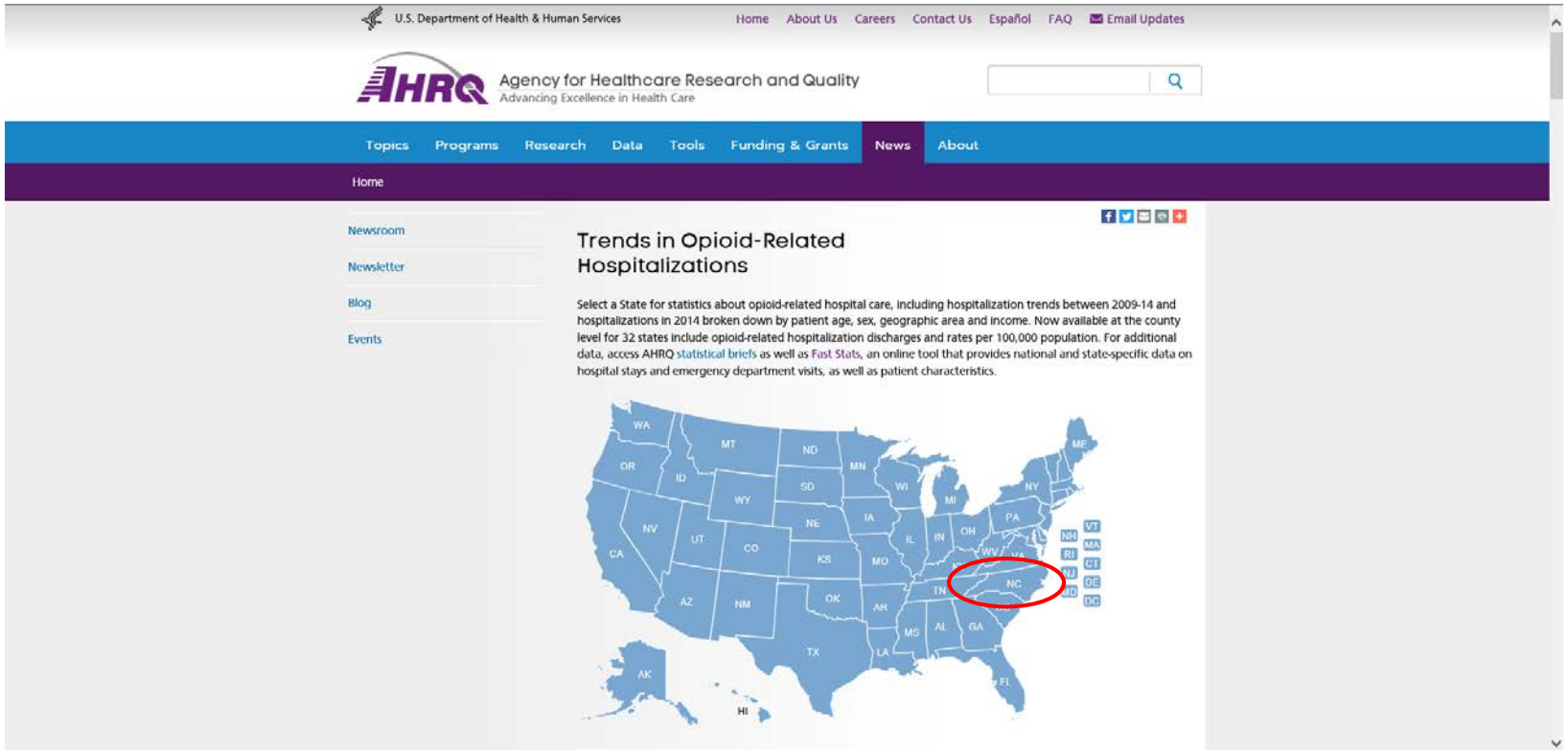
ALLEGHANY	NC	37005	73.0
ANSON	NC	37007	72.3
ASHE	NC	37009	92.0
AVERY	NC	37011	62.0
BEAUFORT	NC	37013	131.3
BERTIE	NC	37015	25.0
BLADEN	NC	37017	106.3
BRUNSWICK	NC	37019	96.2
BUNCOMBE	NC	37021	71.3
BURKE	NC	37023	125.3
CABARRUS	NC	37025	83.2
CALDWELL	NC	37027	119.1
CARTERET	NC	37031	86.6
CASWELL	NC	37033	7.6
CATAWBA	NC	37035	114.6
CHATHAM	NC	37037	37.9
CHEROKEE	NC	37039	117.5
CHOWAN	NC	37041	106.9
CLAY	NC	37043	117.2
CLEVELAND	NC	37045	115.3
COLUMBUS	NC	37047	139.8
CRAVEN	NC	37049	98.0
CUMBERLAND	NC	37051	76.0
CURRITUCK	NC	37053	15.0

https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html

Emergency Department Visits and Hospitalizations

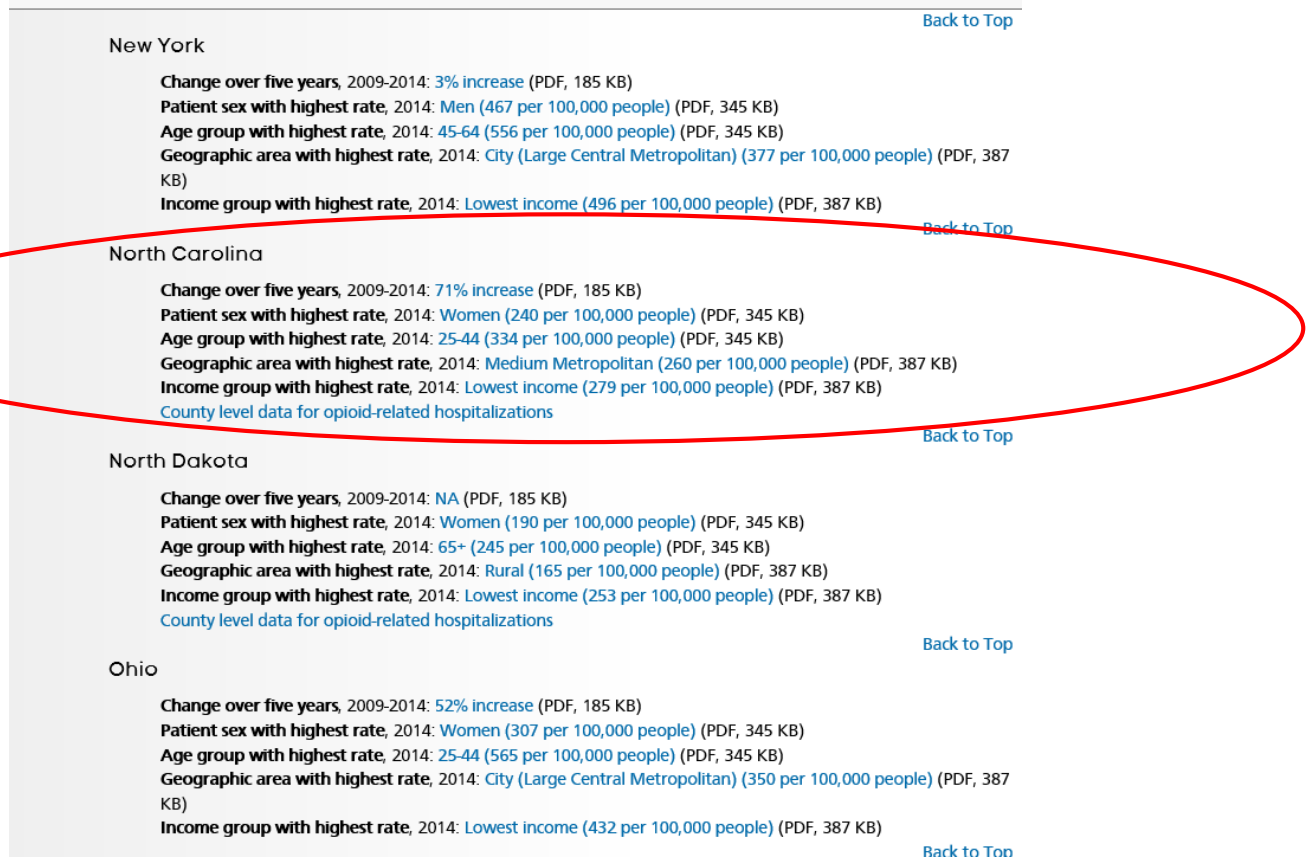
- State-level statistics about opioid-related hospital care, including hospitalization trends between 2009 and 2014 and hospitalizations in 2014 broken down by patient age, sex, geographic area, and income.
- County-level data for 32 states include opioid-related hospitalization discharges and rates per 100,000 population.

Emergency Department Visits and Hospitalizations



https://www.ahrq.gov/news/opioid-hospitalization-map.html

Emergency Department Visits and Hospitalizations



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New York

Change over five years, 2009-2014: 3% increase (PDF, 185 KB)
Patient sex with highest rate, 2014: Men (467 per 100,000 people) (PDF, 345 KB)
Age group with highest rate, 2014: 45-64 (556 per 100,000 people) (PDF, 345 KB)
Geographic area with highest rate, 2014: City (Large Central Metropolitan) (377 per 100,000 people) (PDF, 387 KB)
Income group with highest rate, 2014: Lowest income (496 per 100,000 people) (PDF, 387 KB)

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North Carolina

Change over five years, 2009-2014: 71% increase (PDF, 185 KB)
Patient sex with highest rate, 2014: Women (240 per 100,000 people) (PDF, 345 KB)
Age group with highest rate, 2014: 25-44 (334 per 100,000 people) (PDF, 345 KB)
Geographic area with highest rate, 2014: Medium Metropolitan (260 per 100,000 people) (PDF, 387 KB)
Income group with highest rate, 2014: Lowest income (279 per 100,000 people) (PDF, 387 KB)
County level data for opioid-related hospitalizations

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North Dakota

Change over five years, 2009-2014: NA (PDF, 185 KB)
Patient sex with highest rate, 2014: Women (190 per 100,000 people) (PDF, 345 KB)
Age group with highest rate, 2014: 65+ (245 per 100,000 people) (PDF, 345 KB)
Geographic area with highest rate, 2014: Rural (165 per 100,000 people) (PDF, 387 KB)
Income group with highest rate, 2014: Lowest income (253 per 100,000 people) (PDF, 387 KB)
County level data for opioid-related hospitalizations

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Ohio

Change over five years, 2009-2014: 52% increase (PDF, 185 KB)
Patient sex with highest rate, 2014: Women (307 per 100,000 people) (PDF, 345 KB)
Age group with highest rate, 2014: 25-44 (565 per 100,000 people) (PDF, 345 KB)
Geographic area with highest rate, 2014: City (Large Central Metropolitan) (350 per 100,000 people) (PDF, 387 KB)
Income group with highest rate, 2014: Lowest income (432 per 100,000 people) (PDF, 387 KB)

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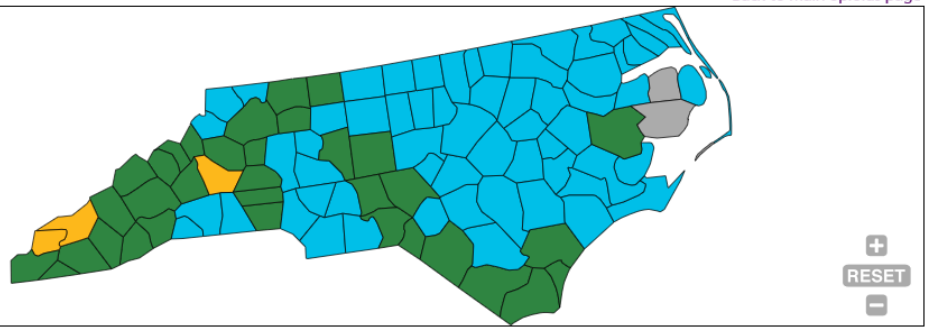
Emergency Department Visits and Hospitalizations

Back to main opioids page



Rate of discharges per 100,000 population:

Currently no data available | 0 – 262 | 262 – 523 | 523 – 785

Opioid data for counties in the state of North Carolina

Show 10 entries Search:

County Name	County FIPS	Total number of discharges	Rate of discharges per 100,000 population
Burke	37023	552	679
Cabarrus	37025	404	211
Caldwell	37027	337	421
Camden	37029	15	162
Carteret	37031	165	217
Caswell	37033	25	145
Catawba	37035	607	365
Chatham	37037	71	147
Cherokee	37039	124	465
Chowan	37041	18	122

Showing 11 to 20 of 97 entries Previous 1 2 3 4 5 … 10 Next

https://www.ahrq.gov/news/opioid-hospitalization-map.html

What Is the Prevalence of the Opioid Problem in My Community?

- **Quantitative Data**
  - Census Data
  - Survey Data

Prevalence Data

- How big is the problem in my community?
- Prevalence rate measures the number of people in a population who have a disease at a given time.
- This number provides a sense of the *burden* of disease in your community.

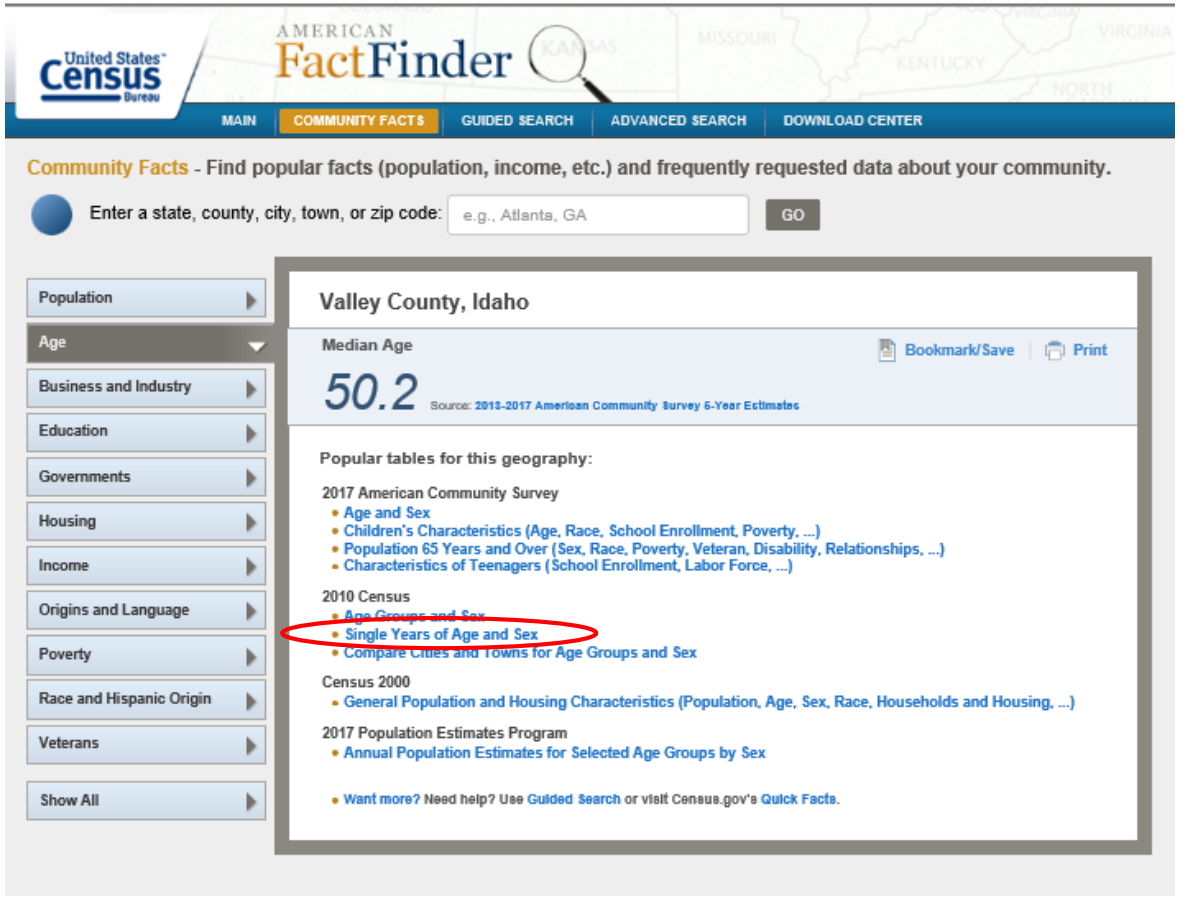
Projecting Prevalence

- Data are not always available at the community level.
- Projections or extrapolating can provide approximations for the target population.

Projecting Prevalence

- Step 1: Identify the target population (Census Data).
- Step 2: Identify the statewide or regional prevalence rate.
- Step 3: Multiply target population by prevalence rate.

Projecting Prevalence



https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Projecting Prevalence

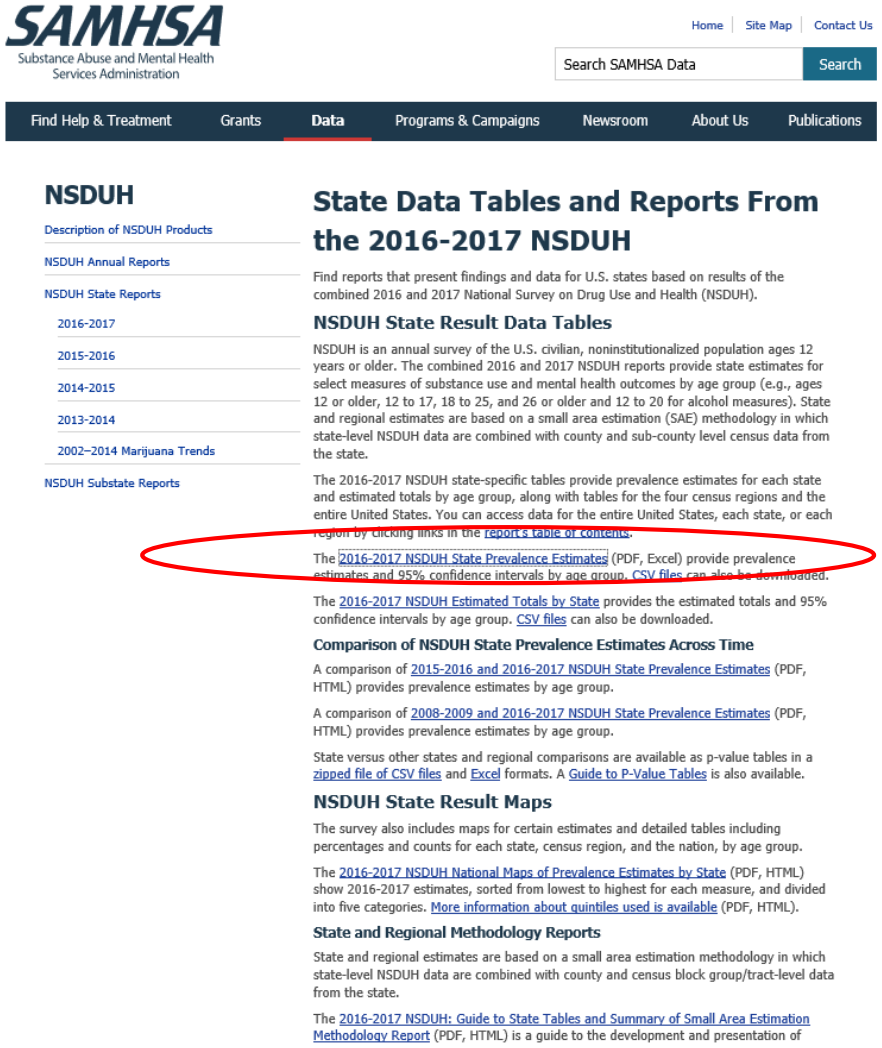
Age	Number			Percent			Males per 100 females
	Both sexes	Male	Female	Both sexes	Male	Female	
Total population (all ages)	9,862	5,107	4,755	100.0	100.0	100.0	107.4
Under 5 years	512	267	245	5.2	5.2	5.2	109.0
Under 1 year	92	54	38	0.9	1.1	0.8	142.1
1 year	116	60	56	1.2	1.2	1.2	107.1
2 years	97	44	53	1.0	0.9	1.1	83.0
3 years	115	65	50	1.2	1.3	1.1	130.0
4 years	92	44	48	0.9	0.9	1.0	91.7
5 to 9 years	528	264	264	5.4	5.2	5.6	100.0
5 years	95	44	51	1.0	0.9	1.1	86.3
6 years	110	60	50	1.1	1.2	1.1	120.0
7 years	96	39	57	1.0	0.8	1.2	68.4
8 years	122	55	67	1.2	1.1	1.4	82.1
9 years	105	66	39	1.1	1.3	0.8	169.2
10 to 14 years	574	293	281	5.8	5.7	5.9	104.3
10 years	113	60	53	1.1	1.2	1.1	113.2
11 years	127	62	65	1.3	1.2	1.4	95.4
12 years	111	52	59	1.1	1.0	1.2	88.1
13 years	126	70	56	1.3	1.4	1.2	125.0
14 years	97	49	48	1.0	1.0	1.0	102.1
15 to 19 years	489	276	213	5.0	5.4	4.5	129.6
15 years	113	54	59	1.1	1.1	1.2	91.5
16 years	118	61	57	1.2	1.2	1.2	107.0
17 years	104	69	35	1.1	1.4	0.7	197.1
18 years	94	54	40	1.0	1.1	0.8	135.0
19 years	60	38	22	0.6	0.7	0.5	172.7
20 to 24 years	369	193	176	3.7	3.8	3.7	109.7
20 years	66	29	37	0.7	0.6	0.8	78.4
21 years	85	53	32	0.9	1.0	0.7	165.6
22 years	54	26	28	0.5	0.5	0.6	92.9
23 years	83	44	39	0.8	0.9	0.8	112.8
24 years	81	41	40	0.8	0.8	0.8	102.5
25 to 29 years	425	236	189	4.3	4.6	4.0	124.9
25 years	80	55	25	0.8	1.1	0.5	220.0
26 years	74	36	38	0.8	0.7	0.8	94.7
27 years	85	45	40	0.9	0.9	0.8	112.5
28 years	94	47	47	1.0	0.9	1.0	100.0
29 years	92	53	39	0.9	1.0	0.8	135.9
30 to 34 years	586	298	288	5.9	5.8	6.1	103.5
30 years	103	47	56	1.0	0.9	1.2	83.9
31 years	114	65	49	1.2	1.3	1.0	132.7
32 years	124	62	62	1.3	1.2	1.3	100.0

https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk

Projecting Prevalence

2010 Census, Valley County, Idaho	
Age	Number of Residents
0-11	1,280
12-17	669
18-25	603
26+	7,310
Total	9,862

Projecting Prevalence



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Substance Abuse and Mental Health Services Administration

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NSDUH

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- NSDUH Annual Reports
- NSDUH State Reports
  - 2016-2017
  - 2015-2016
  - 2014-2015
  - 2013-2014
  - 2002–2014 Marijuana Trends
- NSDUH Substate Reports

State Data Tables and Reports From the 2016-2017 NSDUH

Find reports that present findings and data for U.S. states based on results of the combined 2016 and 2017 National Survey on Drug Use and Health (NSDUH).

NSDUH State Result Data Tables

NSDUH is an annual survey of the U.S. civilian, noninstitutionalized population ages 12 years or older. The combined 2016 and 2017 NSDUH reports provide state estimates for select measures of substance use and mental health outcomes by age group (e.g., ages 12 or older, 12 to 17, 18 to 25, and 26 or older and 12 to 20 for alcohol measures). State and regional estimates are based on a small area estimation (SAE) methodology in which state-level NSDUH data are combined with county and sub-county level census data from the state.

The 2016-2017 NSDUH state-specific tables provide prevalence estimates for each state and estimated totals by age group, along with tables for the four census regions and the entire United States. You can access data for the entire United States, each state, or each region by clicking links in the report's table of contents.

The 2016-2017 NSDUH State Prevalence Estimates (PDF, Excel) provide prevalence estimates and 95% confidence intervals by age group. CSV files can also be downloaded.

The 2016-2017 NSDUH Estimated Totals by State provides the estimated totals and 95% confidence intervals by age group. CSV files can also be downloaded.

Comparison of NSDUH State Prevalence Estimates Across Time

A comparison of 2015-2016 and 2016-2017 NSDUH State Prevalence Estimates (PDF, HTML) provides prevalence estimates by age group.

A comparison of 2008-2009 and 2016-2017 NSDUH State Prevalence Estimates (PDF, HTML) provides prevalence estimates by age group.

State versus other states and regional comparisons are available as p-value tables in a zipped file of CSV files and Excel formats. A Guide to P-Value Tables is also available.

NSDUH State Result Maps

The survey also includes maps for certain estimates and detailed tables including percentages and counts for each state, census region, and the nation, by age group.

The 2016-2017 NSDUH National Maps of Prevalence Estimates by State (PDF, HTML) show 2016-2017 estimates, sorted from lowest to highest for each measure, and divided into five categories. More information about quintiles used is available (PDF, HTML).

State and Regional Methodology Reports

State and regional estimates are based on a small area estimation methodology in which state-level NSDUH data are combined with county and census block group/tract-level data from the state.

The 2016-2017 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology Report (PDF, HTML) is a guide to the development and presentation of

https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2017

Projecting Prevalence

Table 12 *Pain Reliever Misuse in the Past Year,* **by Age Group and State: Percentages, Annual Averages Based on 2016 and 2017 NSDUHs**

State	12+ (Estimate)	12+ (95% Confidence Interval)	12-17 (Estimate)	12-17 (95% Confidence Interval)	18-25 (Estimate)	18-25 (95% Confidence Interval)	26+ (Estimate)	26+ (95% Confidence Interval)	18+ (Estimate)	18+ (95% Confidence Interval)
Total U.S.	4.17	(4.03 - 4.32)	3.31	(3.08 - 3.55)	7.13	(6.77 - 7.51)	3.79	(3.63 - 3.96)	4.26	(4.10 - 4.42)
Northeast	3.77	(3.49 - 4.07)	2.63	(2.25 - 3.07)	6.62	(6.03 - 7.27)	3.44	(3.12 - 3.79)	3.88	(3.58 - 4.20)
Midwest	4.26	(4.02 - 4.50)	3.38	(3.04 - 3.75)	7.44	(6.92 - 8.00)	3.83	(3.56 - 4.13)	4.35	(4.09 - 4.61)
South	4.12	(3.91 - 4.34)	3.40	(3.08 - 3.75)	7.16	(6.71 - 7.64)	3.72	(3.47 - 3.98)	4.19	(3.97 - 4.43)
West	4.48	(4.18 - 4.81)	3.56	(3.12 - 4.06)	7.20	(6.56 - 7.89)	4.14	(3.78 - 4.53)	4.58	(4.25 - 4.93)
Alabama	4.53	(3.81 - 5.37)	4.24	(3.13 - 5.72)	8.11	(6.57 - 9.98)	3.98	(3.18 - 4.97)	4.56	(3.80 - 5.45)
Alaska	4.81	(4.03 - 5.73)	3.65	(2.70 - 4.92)	8.02	(6.42 - 9.97)	4.42	(3.53 - 5.53)	4.94	(4.10 - 5.93)
Arizona	4.27	(3.52 - 5.18)	3.41	(2.49 - 4.65)	7.44	(5.98 - 9.22)	3.85	(2.99 - 4.95)	4.36	(3.55 - 5.34)
Arkansas	5.03	(4.21 - 6.01)	4.11	(3.03 - 5.54)	7.44	(5.95 - 9.27)	4.75	(3.80 - 5.93)	5.13	(4.26 - 6.18)
California	4.30	(3.86 - 4.79)	3.61	(2.97 - 4.37)	6.77	(5.83 - 7.86)	3.97	(3.45 - 4.55)	4.37	(3.90 - 4.90)
Colorado	4.87	(4.07 - 5.83)	3.86	(2.81 - 5.27)	8.36	(6.71 - 10.38)	4.43	(3.51 - 5.56)	4.98	(4.13 - 5.99)
Connecticut	4.21	(3.49 - 5.08)	3.23	(2.38 - 4.38)	7.52	(6.02 - 9.36)	3.79	(2.96 - 4.83)	4.31	(3.54 - 5.24)
Delaware	4.23	(3.50 - 5.10)	2.89	(2.10 - 3.96)	6.90	(5.49 - 8.65)	3.98	(3.15 - 5.00)	4.35	(3.58 - 5.28)
District of Columbia	4.39	(3.61 - 5.32)	3.91	(2.75 - 5.54)	6.86	(5.44 - 8.61)	3.94	(3.08 - 5.03)	4.42	(3.62 - 5.38)
Florida	4.18	(3.66 - 4.78)	3.44	(2.80 - 4.23)	6.58	(5.61 - 7.71)	3.93	(3.32 - 4.64)	4.25	(3.69 - 4.89)
Georgia	3.61	(3.02 - 4.31)	2.74	(1.97 - 3.78)	6.47	(5.20 - 8.02)	3.24	(2.57 - 4.08)	3.71	(3.08 - 4.46)
Hawaii	3.32	(2.70 - 4.08)	2.66	(1.87 - 3.77)	6.27	(4.93 - 7.94)	2.99	(2.29 - 3.88)	3.38	(2.72 - 4.19)
Idaho	4.25	(3.54 - 5.09)	3.45	(2.56 - 4.64)	7.20	(5.80 - 8.92)	3.87	(3.05 - 4.90)	4.34	(3.58 - 5.26)
Illinois	3.70	(3.22 - 4.24)	3.24	(2.54 - 4.11)	7.12	(5.99 - 8.44)	3.20	(2.65 - 3.85)	3.74	(3.23 - 4.33)
Indiana	4.83	(4.06 - 5.72)	3.69	(2.69 - 5.04)	8.82	(7.13 - 10.86)	4.27	(3.40 - 5.35)	4.95	(4.14 - 5.91)
Iowa	4.19	(3.48 - 5.05)	3.17	(2.34 - 4.29)	7.55	(6.07 - 9.34)	3.72	(2.91 - 4.74)	4.30	(3.54 - 5.22)
Kansas	4.58	(3.84 - 5.44)	3.59	(2.67 - 4.82)	7.49	(6.04 - 9.24)	4.18	(3.34 - 5.22)	4.69	(3.90 - 5.62)
Kentucky	4.34	(3.60 - 5.23)	3.40	(2.52 - 4.56)	7.43	(5.99 - 9.19)	3.95	(3.11 - 5.02)	4.44	(3.66 - 5.38)
Louisiana	4.12	(3.41 - 4.97)	3.00	(2.16 - 4.16)	6.83	(5.41 - 8.60)	3.81	(2.99 - 4.85)	4.24	(3.48 - 5.15)
Maine	3.94	(3.23 - 4.79)	2.70	(1.97 - 3.69)	7.37	(5.96 - 9.08)	3.60	(2.80 - 4.60)	4.04	(3.29 - 4.95)
Maryland	3.90	(3.25 - 4.68)	3.05	(2.23 - 4.15)	7.32	(5.88 - 9.07)	3.47	(2.74 - 4.39)	3.98	(3.29 - 4.82)
Massachusetts	3.60	(2.93 - 4.43)	2.58	(1.85 - 3.61)	6.08	(4.76 - 7.73)	3.29	(2.52 - 4.27)	3.70	(2.98 - 4.57)
Michigan	4.37	(3.83 - 5.00)	3.50	(2.79 - 4.38)	7.10	(6.04 - 8.33)	4.02	(3.38 - 4.78)	4.46	(3.87 - 5.14)
Minnesota	4.19	(3.48 - 5.04)	3.17	(2.35 - 4.27)	6.36	(5.02 - 8.02)	3.97	(3.15 - 5.00)	4.30	(3.53 - 5.22)
Mississippi	4.25	(3.55 - 5.07)	4.31	(3.19 - 5.80)	7.30	(5.80 - 9.15)	3.71	(2.93 - 4.68)	4.24	(3.51 - 5.12)
Missouri	4.31	(3.60 - 5.15)	3.53	(2.63 - 4.71)	7.14	(5.73 - 8.86)	3.94	(3.13 - 4.95)	4.39	(3.63 - 5.29)
Montana	4.55	(3.80 - 5.44)	3.43	(2.54 - 4.60)	8.17	(6.65 - 10.00)	4.09	(3.24 - 5.14)	4.65	(3.86 - 5.60)

See notes at end of table. (continued)

https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2017

Projecting Prevalence

Idaho Pain Reliever Misuse in the Past Year (NSDUH, Based on 2016 and 2017 data)	
Age	Statewide Pain Reliever Misuse Prevalence
0-11	NA
12-17	3.45%
18-25	7.20%
26+	3.87%

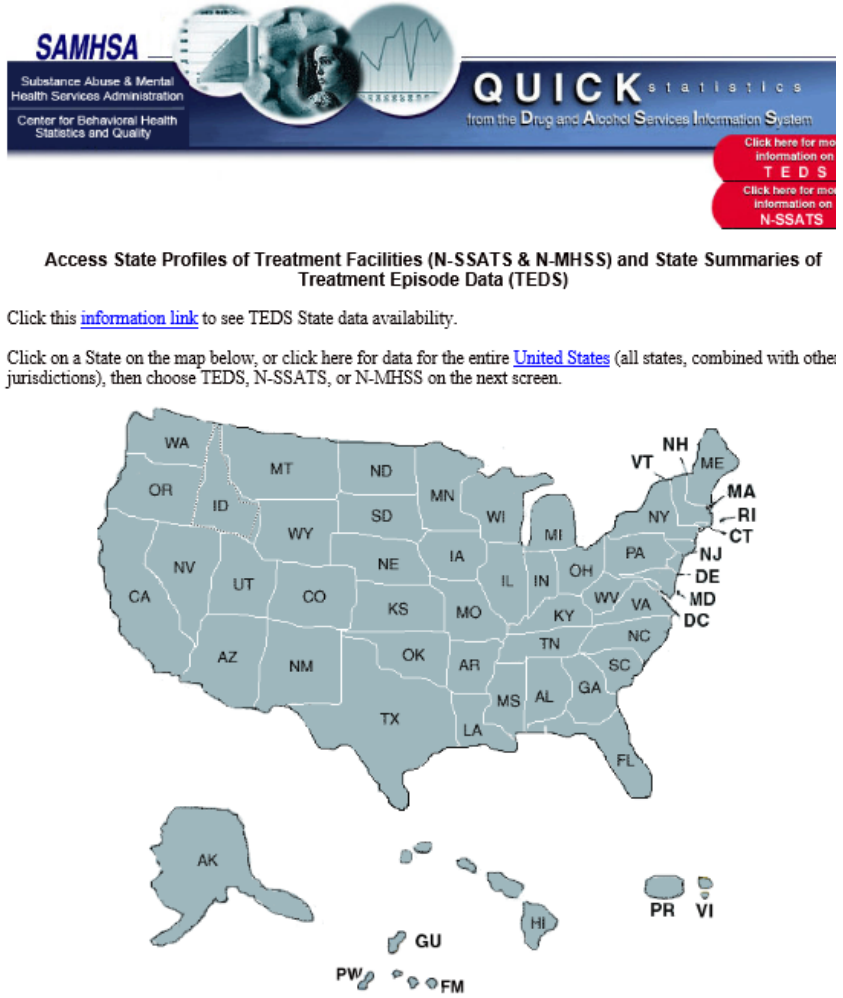
Projecting Prevalence

	Valley County, ID Residents	Statewide Pain Reliever Misuse Prevalence	Prevalence
Age			
0-11	1,280	NA	-
12-17	669	3.45%	23
18-25	603	7.20	43
26+	7,310	3.87	282

Who Is Impacted by the Opioid Problem? What Are the Populations of Focus?

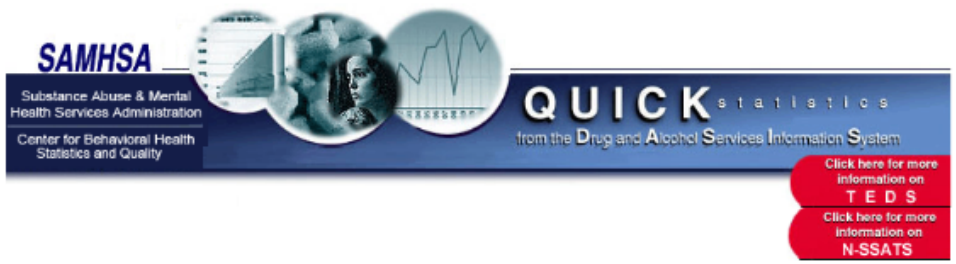
- **Quantitative Data**
  - Treatment Data
  - Criminal Justice/Arrest
  - Child Welfare Data
  - Prescribing Data (i.e., Prescription Drug Monitoring Program Data)
- **Qualitative Data**
  - **Focus Group Questions/Key Informant questions**
  - Who are the people most affected by opioid misuse?

Treatment Data



https://wwwdasis.samhsa.gov/webt/newmapv1.htm

Treatment Data



Treatment Episode Data Set (TEDS)

The Treatment Episode Data Set (TEDS) provides demographic information and describes the characteristics and outcomes of treatment for alcohol and/or drug use among clients aged 12 years a older admitted to treatment at facilities throughout the 50 states, the District of Columbia, U.S. territories, and other jurisdictions. TEDS includes treatment admissions at facilities that are licensec certified by a state substance abuse agency to provide care for people with a substance use disorder (or facilities that are administratively tracked for other reasons). In general, facilities reporting ' data are those that receive state alcohol and/or drug agency funds (including federal block grant funds) for the provision of alcohol and/or drug treatment services.

Data updated quarterly.

National Survey of Substance Abuse Treatment Services (N-SSATS)

The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of facilities providing substance abuse treatment. It is conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). The N-SSATS collects data on the location, characteristics, services offered, and number of clients in treatment at alcohol and drug abuse treatment facilities (public and private) throughout the 50 states, the District of Columbia, U.S. territories, and other jurisdictions.

Data are updated annually.

National Mental Health Services Survey (N-MHSS)

The National Mental Health Services Survey (N-MHSS) is an annual survey of facilities providing mental health treatment. It is conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). The N-MHSS collects data on the location, characteristics, services offered, and number of clients in treatment at mental health treatment facilities (public and private throughout the 50 states, the District of Columbia, U.S. territories, and other jurisdictions.

Data are updated annually.

https://wwwdasis.samhsa.gov/webt/newmapv1.htm

Treatment Data

Primary substance use by gender, age, race, and ethnicity among admissions to substance use treatment, aged 12 years and older, 2017

STATE: Idaho		Total	PRIMARY SUBSTANCE													
			Alcohol only	Alcohol with secondary drug	Heroin	Other opiates	Cocaine (smoked)	Cocaine (other route)	Marijuana	Amphetamines	Other stimulants	Tranquilizers	Sedatives	Hallucinogens	Inhalants	Other/Unknown
Total	No.	2,663	477	274	276	103	4	7	332	1,159	6	9	3	3	2	8
	%	100.0	17.9	10.3	10.4	3.9	0.2	0.3	12.5	43.5	0.2	0.3	0.1	0.1	0.1	0.3
GENDER																
Male	%	64.2	71.3	70.1	55.8	60.2	25.0	71.4	77.7	58.5	50.0	66.7	66.7	100.0	0.0	62.5
Female	%	35.8	28.7	29.9	44.2	39.8	75.0	28.6	22.3	41.5	50.0	33.3	33.3	0.0	100.0	37.5
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
AGE AT ADMISSION																
12-17 years	%	8.1	1.5	4.0	2.2	4.9	0.0	0.0	36.4	5.1	16.7	11.1	33.3	33.3	0.0	25.0
18-20 years	%	5.9	5.5	4.0	4.7	1.9	0.0	14.3	17.5	3.4	33.3	0.0	0.0	66.7	0.0	37.5
21-25 years	%	15.7	10.7	9.1	28.3	18.4	0.0	28.6	16.9	15.9	0.0	0.0	0.0	0.0	50.0	12.5
26-30 years	%	20.1	11.5	15.0	37.0	29.1	25.0	28.6	10.2	23.0	16.7	11.1	33.3	0.0	0.0	0.0
31-35 years	%	16.1	14.3	19.3	13.4	19.4	0.0	0.0	7.8	18.8	33.3	44.4	33.3	0.0	0.0	12.5
36-40 years	%	11.3	10.1	11.3	7.6	13.6	0.0	14.3	5.4	14.4	0.0	11.1	0.0	0.0	0.0	0.0
41-45 years	%	7.7	13.4	13.5	2.2	1.0	25.0	0.0	1.5	7.7	0.0	11.1	0.0	0.0	50.0	12.5
46-50 years	%	5.9	10.3	9.5	1.1	6.8	25.0	0.0	0.9	5.9	0.0	0.0	0.0	0.0	0.0	0.0
51-55 years	%	4.7	8.8	8.4	1.8	1.9	25.0	14.3	1.5	3.8	0.0	11.1	0.0	0.0	0.0	0.0
56-60 years	%	2.9	8.6	4.4	0.7	2.9	0.0	0.0	0.3	1.6	0.0	0.0	0.0	0.0	0.0	0.0
61-65 years	%	1.2	3.8	1.5	1.1	0.0	0.0	0.0	0.9	0.4	0.0	0.0	0.0	0.0	0.0	0.0
66 years and over	%	0.4	1.7	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
RACE																
White	%	77.4	79.9	74.1	85.1	84.5	75.0	71.4	60.2	79.7	83.3	88.9	66.7	66.7	50.0	62.5
Black or African-American	%	1.2	1.5	0.4	1.4	1.0	25.0	0.0	3.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0
American Indian or Alaska Native	%	3.4	2.9	6.6	2.2	1.9	0.0	0.0	3.0	3.4	0.0	0.0	0.0	0.0	0.0	12.5
Asian or Native Hawaiian or Other Pacific Islander	%	0.3	0.4	0.7	0.4	1.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Other	%	10.8	12.6	10.9	5.1	6.8	0.0	14.3	16.3	10.1	0.0	11.1	0.0	33.3	50.0	25.0
Unknown	%	6.9	2.7	7.3	5.8	4.9	0.0	14.3	17.5	5.9	16.7	0.0	33.3	0.0	0.0	0.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
ETHNICITY																
Hispanic or Latino	%	11.1	11.3	11.3	6.5	7.8	0.0	14.3	15.4	11.0	16.7	11.1	0.0	33.3	50.0	12.5
Not Hispanic or Latino	%	84.2	86.0	86.5	92.4	90.3	100.0	71.4	69.9	84.6	83.3	88.9	100.0	66.7	50.0	62.5
Unknown	%	4.7	2.7	2.2	1.1	1.9	0.0	14.3	14.8	4.3	0.0	0.0	0.0	0.0	0.0	25.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS)
Based on administrative data reported by states to TEDS through January 1, 2019

https://wwwdasis.samhsa.gov/webt/newmapv1.htm

How Does the Problem in My Community Compare with the Problem in Other Areas?

- Compare your community's data to other communities
  - Region
  - State
  - Nation

Overview of Results/Finding

- Assess findings for populations of focus, including a summary of quantitative and qualitative data from the perspective of prevention, treatment, and/or recovery.
- Identify prevalence and severity of needs as well as impact on and demand for services.
- Summarize relevant context and conditions affecting populations of focus.

Key Questions to Ask

1. Does my community have the capacity to prevent opioid addiction?
2. Does my community have the capacity to treat opioid addiction?
3. Does my community have the capacity to help people in recovery from opioid addiction?
4. What is the demand for services in my community related to the opioid problem?
5. What resources are available in my community to address the opioid problem?

Does My Community Have the Capacity to Prevent Opioid Addiction?

- What prevention programming is available in my community?
- Is prevention programming missing or inadequate in my community?
- Is there a prevention coalition in my community?
- Are there prevention media campaigns?
- What partners would be interested in prevention?
- What can be done to prevent abuse by those who have been prescribed opioids?

Prevention Resources

- Organization of state alcohol and other drug abuse prevention representatives that provides a national advocacy and communication system for prevention.
- State prevention representatives work with their respective state agency directors to ensure effective alcohol, tobacco, and other drug abuse prevention services in each state.

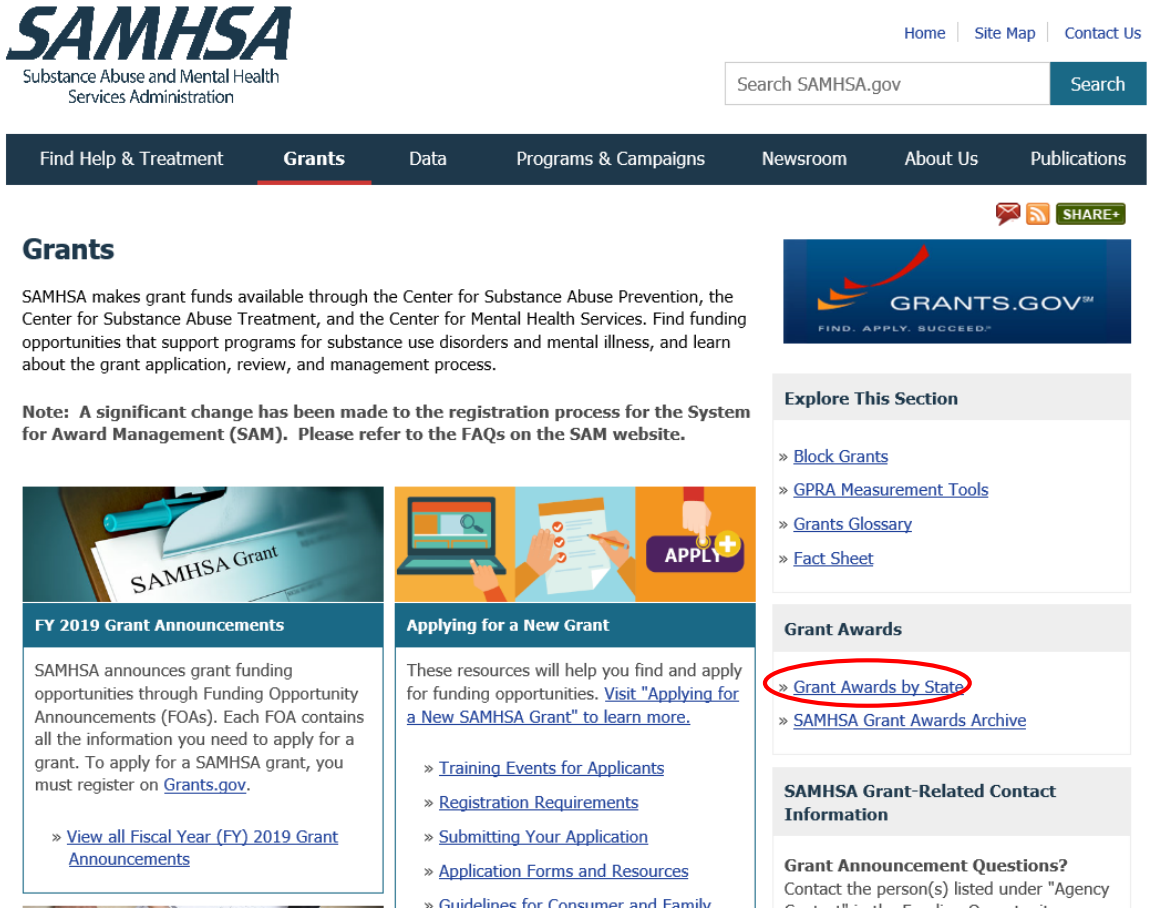
National Prevention Network

Prevention Resources

State	NPN	email
Alabama	Beverly Johnson	Beverly.Johnson@mh.alabama.gov
Alaska	Tony Piper	tony.piper@alaska.gov
American Samoa	Tuumafua Maiava	tuumafuamaiava@gmail.com
Arizona	Gabrielle Richard	Gabrielle.Richard@azahcccs.gov
Arkansas	Tenesha Barnes	tenesha.barnes@arkansas.gov
California	Denize Galvez	Denise.Galvez@dhcs.ca.gov
Colorado	Jenny Wood	jenny.wood@state.co.us
Connecticut	Carol Meredith	Carol.Meredith@ct.gov
Delaware	Yvonne Bunch	Yvonne.Bunch@state.de.us
District of Columbia	Eric Chapman	Eric.chapman@dc.gov
Federal States of Micronesia	Bendio Victor	bvictor@fsmhealth.fm
Florida	Walesca Marrero	walesca.marrero@myflfamilies.com
Georgia	Travis Fretwell	tfretwell@dhr.state.ga.us
Guam	Linda Flynn	Linda.Flynn@gbhwc.guam.gov
Hawaii	Alan Yamamoto	alan.yamamoto@doh.hawaii.gov
Idaho	Melinda Smyser	Melinda.smyser@odp.idaho.gov
Illinois	Rafael Rivera	Rafael.Rivera@illinois.gov
Indiana	Davetta Henderson	davetta.henderson@fssa.in.gov
Iowa	Julie Hibben	julie.hibben@idph.iowa.gov

Complete list is available. Ask your TEL.

Prevention Resources



Prevention Resources

https://www.samhsa.gov/grants-awards-by-state

Prevention Resources

IDAHO
Summaries FY 2018

This is a summary, click here for Discretionary Funds in Detail | This is a summary, click here for Non-Discretionary Funds in Detail

Formula Funding

Substance Abuse Prevention and Treatment Block Grant	$8,801,737
Community Mental Health Services Block Grant	$3,463,957
Projects for Assistance in Transition from Homelessness (PATH)	$300,000
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	$428,000
Subtotal of Formula Funding	**$12,993,694**

Discretionary Funding

Mental Health	$1,506,881
Substance Abuse Prevention	$3,010,000
Substance Abuse Treatment	$6,428,852
Subtotal of Discretionary Funding	**$10,945,733**

Total Funding

Total Mental Health Funds	**$5,698,838**
Total Substance Abuse Funds	**$18,240,589**
Total Funds	**$23,939,427**

https://www.samhsa.gov/grants-awards-by-state

Prevention Resources

Grantee: BOISE STATE UNIVERSITY
Program: GLS Campus Suicide
City: BOISE
State: Idaho
Grant Award Number: SM080449-01
Congressional District: 2
FY 2018 Funding: $101,519
Project Period: 2018/09/30 - 2021/09/29

Garrett Lee Smith (GLS) Campus Suicide Prevention Grant Application

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Grantee: NEZ PERCE TRIBE
Program: Native Connections
City: LAPWAI
State: Idaho
Grant Award Number: SM081545-01
Congressional District: 1
FY 2018 Funding: $198,800
Project Period: 2018/09/30 - 2023/09/29

Nez Perce Native Connections

Grantee: UNIVERSITY OF IDAHO
Program: Mental Health Awareness Training
City: MOSCOW
State: Idaho
Grant Award Number: SM081387-01
Congressional District: 1
FY 2018 Funding: $124,941
Project Period: 2018/09/30 - 2021/09/29

Mental Health ECHO

Center: SP

Grantee: BONNEVILLE YOUTH DEVELOPMENT COUNCIL INC.
Program: Drug-Free Communities (DFC) Support Program - New
City: IDAHO FALLS
State: Idaho
Grant Award Number: SP080670-01
Congressional District: 2
FY 2018 Funding: $125,000
Project Period: 2018/09/30 - 2023/09/29

BYDC Drug-Free Community

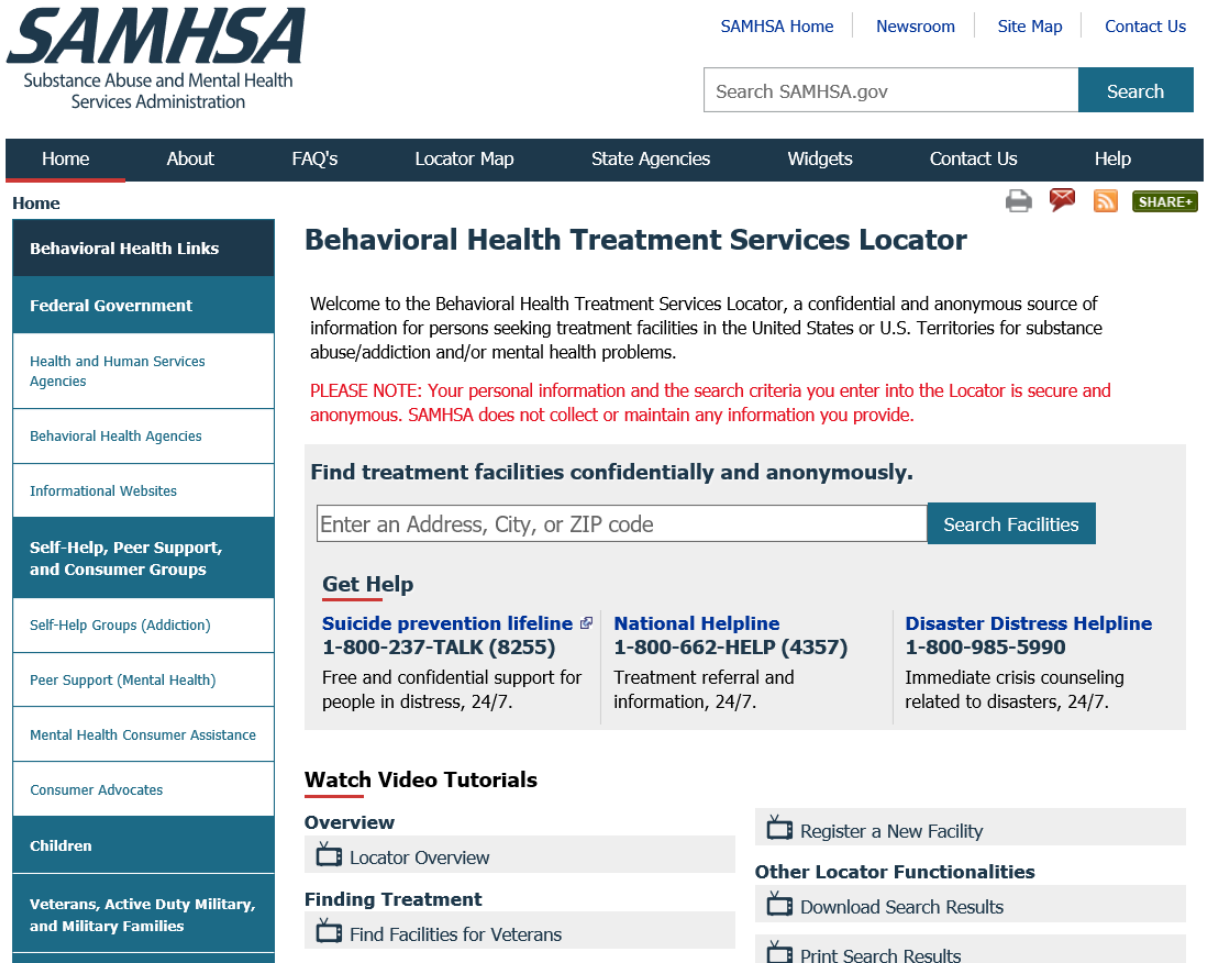
Grantee: COMMUNITY COALITIONS OF IDAHO, INC.
Program: Drug-Free Communities (DFC) Support Program - New
City: Viola
State: Idaho
Grant Award Number: SP080677-01
Congressional District: 1

https://www.samhsa.gov/grants-awards-by-state

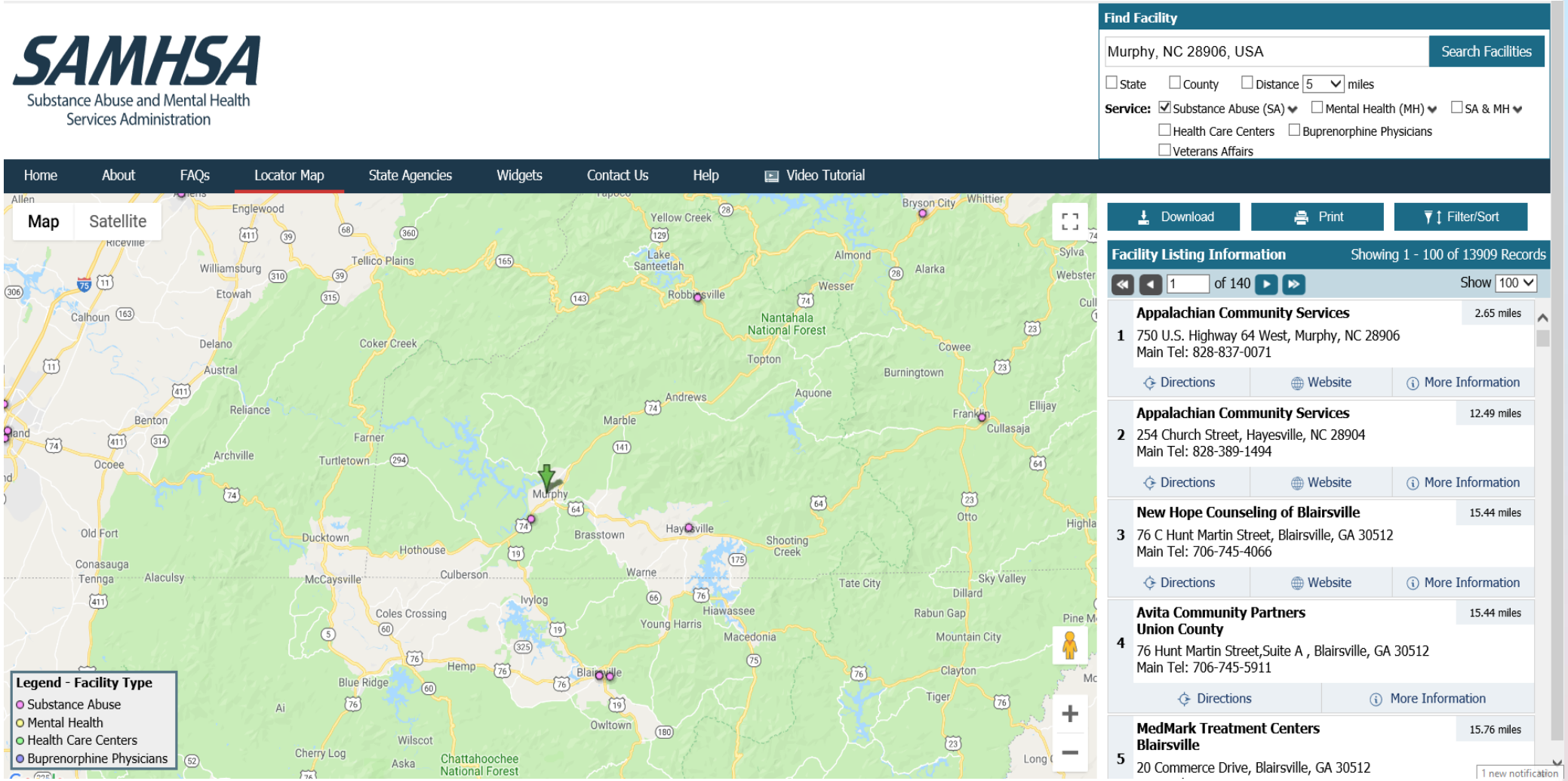
Does My Community Have the Capacity to Treat Opioid Addiction?

- Are adequate community mental health centers/counseling centers available in my community?
- Is substance abuse treatment available in my community?
- Is medication-assisted treatment available in my community?
- Is naloxone available in my community?
- Are detoxification services available in my community?

Treatment Locator

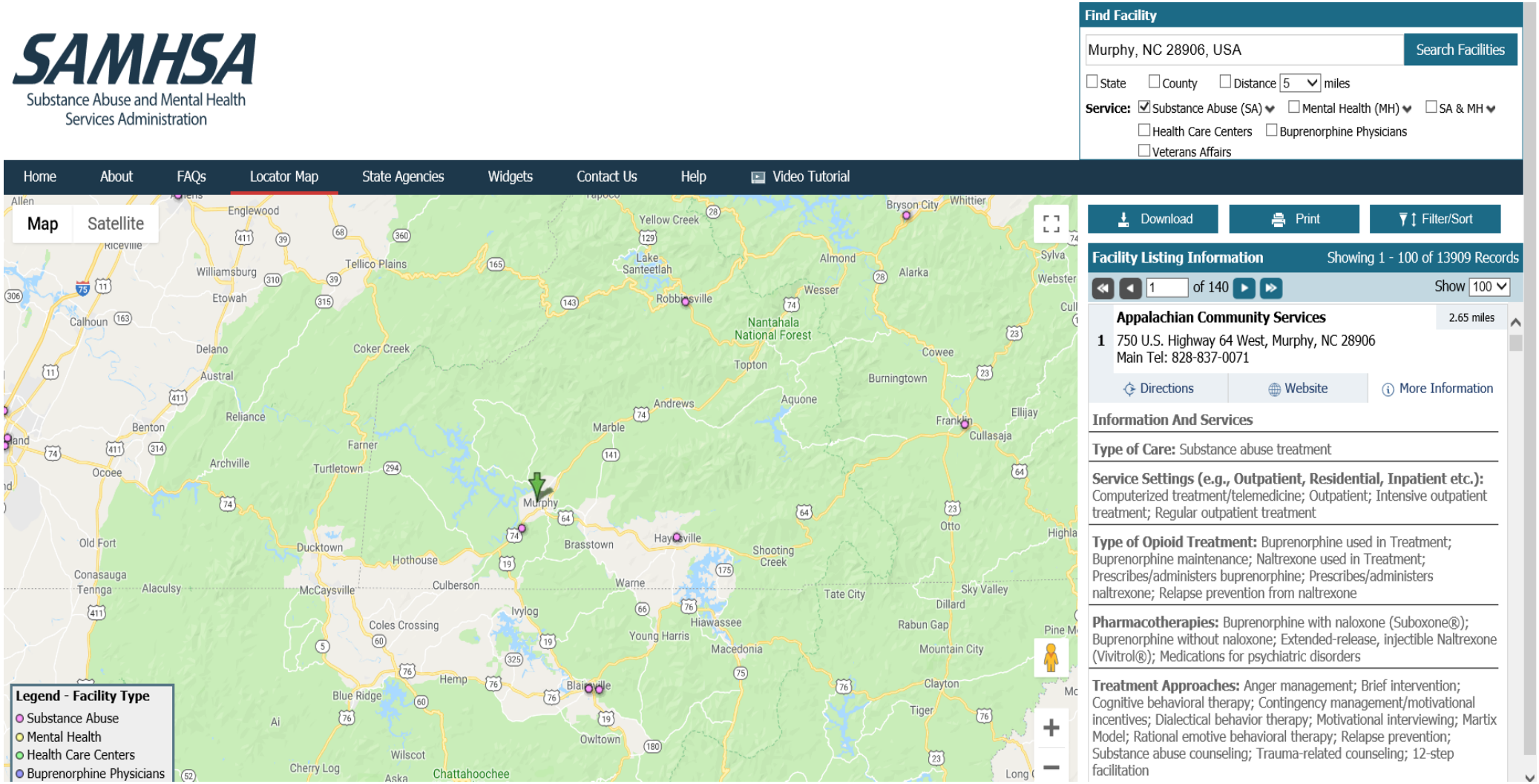


Treatment Locator



Treatment Locator

SAMHSA
Substance Abuse and Mental Health Services Administration



https://www.findtreatment.samhsa.gov/

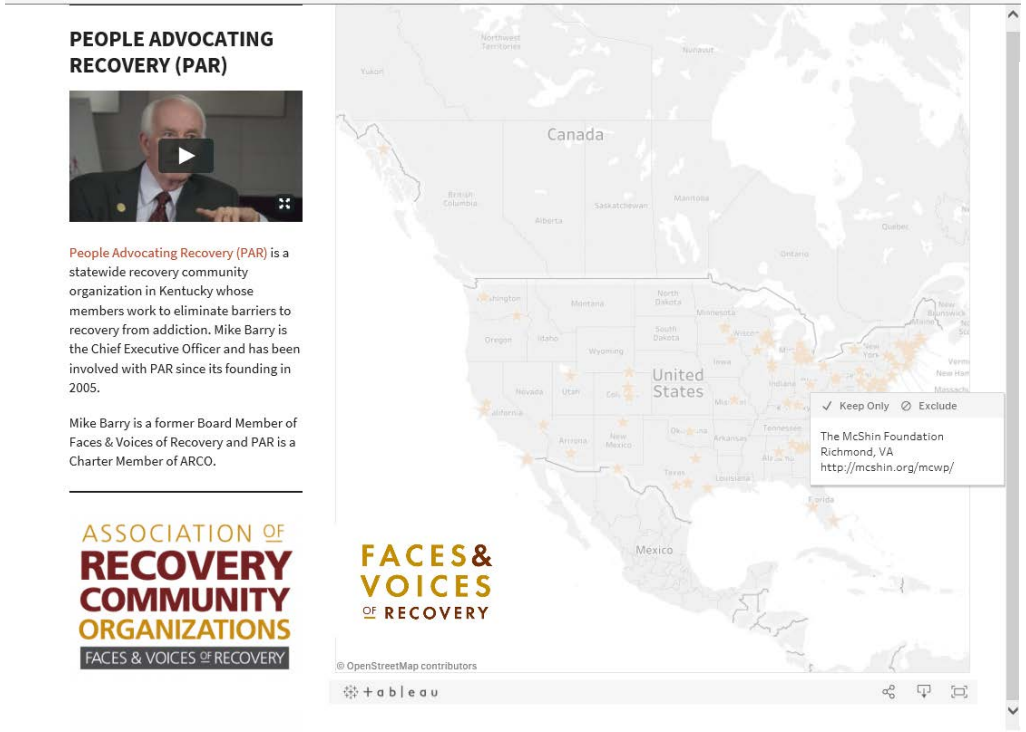
Does My Community Have the Capacity to Help People in Recovery from Opioid Addiction?

- What recovery programming is available in my community?
- Is recovery programming missing or inadequate in my community?

Recovery Resources

- Association of Recovery Community Organizations (ARCO)
  - Associated with Faces and Voices of Recovery.
  - Brings together established, new, and emerging groups to build the unified voice of the organized recovery community.
  - More than 100 established recovery community organizations are within ARCO.
  - They help bridge the gap between professional treatment and building healthy and successful lives in long-term recovery.
  - They engage in one or more of three core activities
    - Educating the public about the reality of recovery
    - Advocating on behalf of the recovery community
    - Delivering peer recovery support services

Recovery Resources



UTAH

UTAH SUPPORT ADVOCATES FOR RECOVERY AWARENESS (USARA), SALT LAKE CITY (STATEWIDE)

VERMONT

VERMONT RECOVERY NETWORK, MONTPELIER (STATEWIDE)

VIRGINIA

SPIRITWORKS FOUNDATION, WILLIAMSBURG

THE MCSHIN FOUNDATION, RICHMOND

WASHINGTON

RECOVERY CAFÉ, SEATTLE

TRILOGY RECOVERY COMMUNITY, WALLA WALLA

https://facesandvoicesofrecovery.org/programs/rcos-on-the-map.html

Recovery Resources

- National Alliance for Recovery Residences
  - Mission is to support persons in recovery from addiction by improving their access to quality recovery residences through standards, support services, placement, education, research, and advocacy.

Recovery Resources

https://narronline.org/

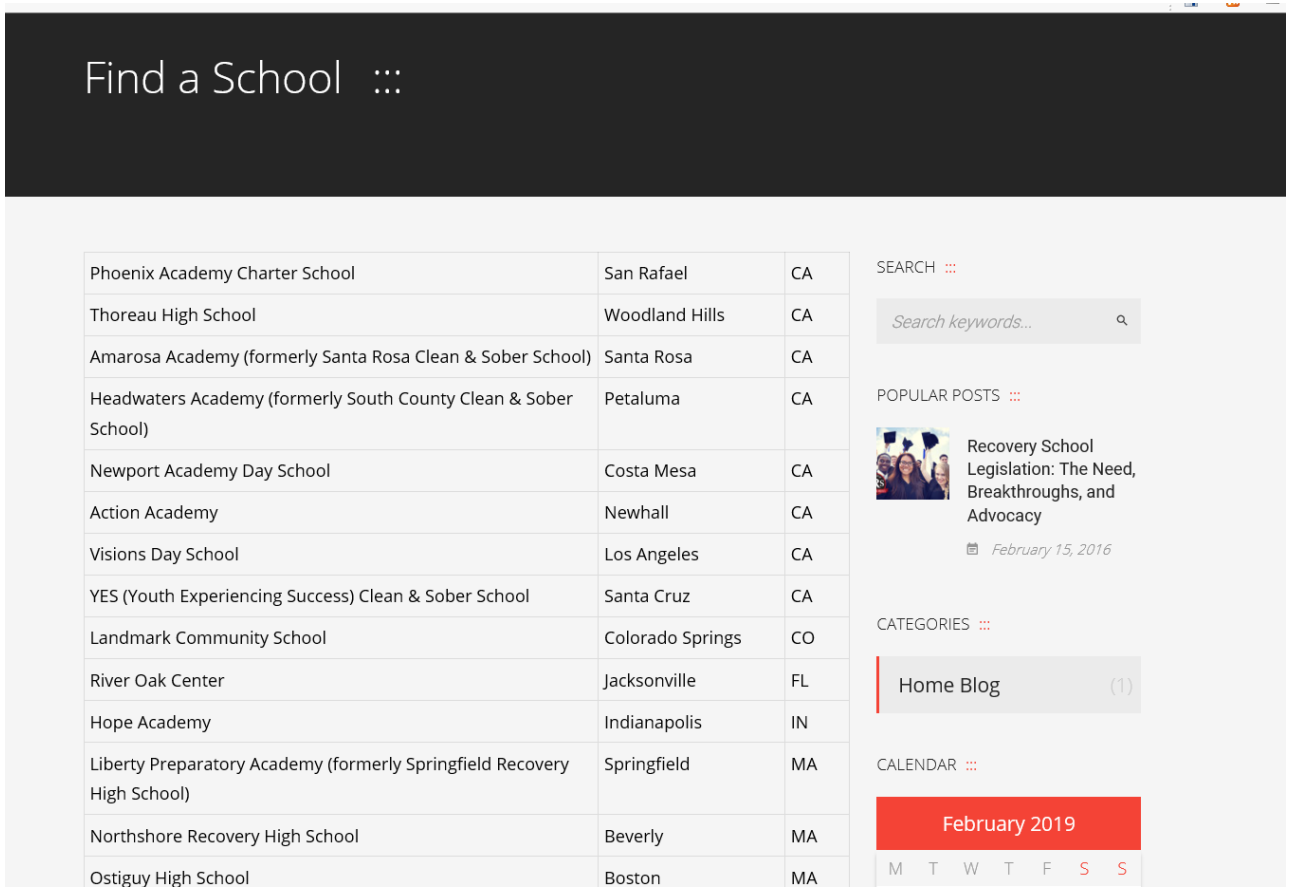
Recovery Resources

https://narronline.org/

Recovery Resources

- Association of Recovery Schools
  - A nonprofit organization comprising recovery high schools as well as associate members and individuals who support integral growth of the recovery high school movement.
  - Recovery high schools are secondary schools designed specifically for students in recovery from substance use disorder or dependency.

Recovery Resources



Find a School :::

Phoenix Academy Charter School	San Rafael	CA
Thoreau High School	Woodland Hills	CA
Amarosa Academy (formerly Santa Rosa Clean & Sober School)	Santa Rosa	CA
Headwaters Academy (formerly South County Clean & Sober School)	Petaluma	CA
Newport Academy Day School	Costa Mesa	CA
Action Academy	Newhall	CA
Visions Day School	Los Angeles	CA
YES (Youth Experiencing Success) Clean & Sober School	Santa Cruz	CA
Landmark Community School	Colorado Springs	CO
River Oak Center	Jacksonville	FL
Hope Academy	Indianapolis	IN
Liberty Preparatory Academy (formerly Springfield Recovery High School)	Springfield	MA
Northshore Recovery High School	Beverly	MA
Ostiguy High School	Boston	MA

SEARCH :::

Search keywords...

POPULAR POSTS :::

Recovery School Legislation: The Need, Breakthroughs, and Advocacy

February 15, 2016

CATEGORIES :::

Home Blog (1)

CALENDAR :::

February 2019

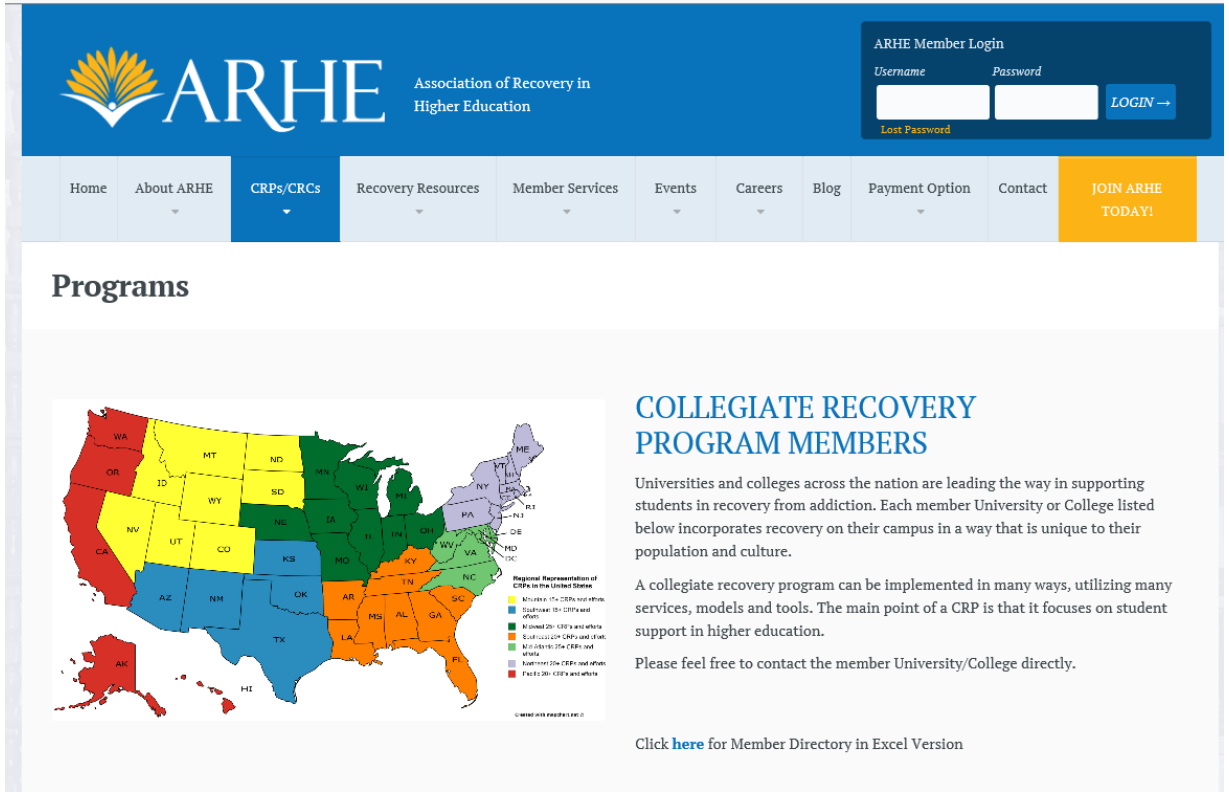
M T W T F S S

https://recoveryschools.org/find-a-school/

Recovery Resources

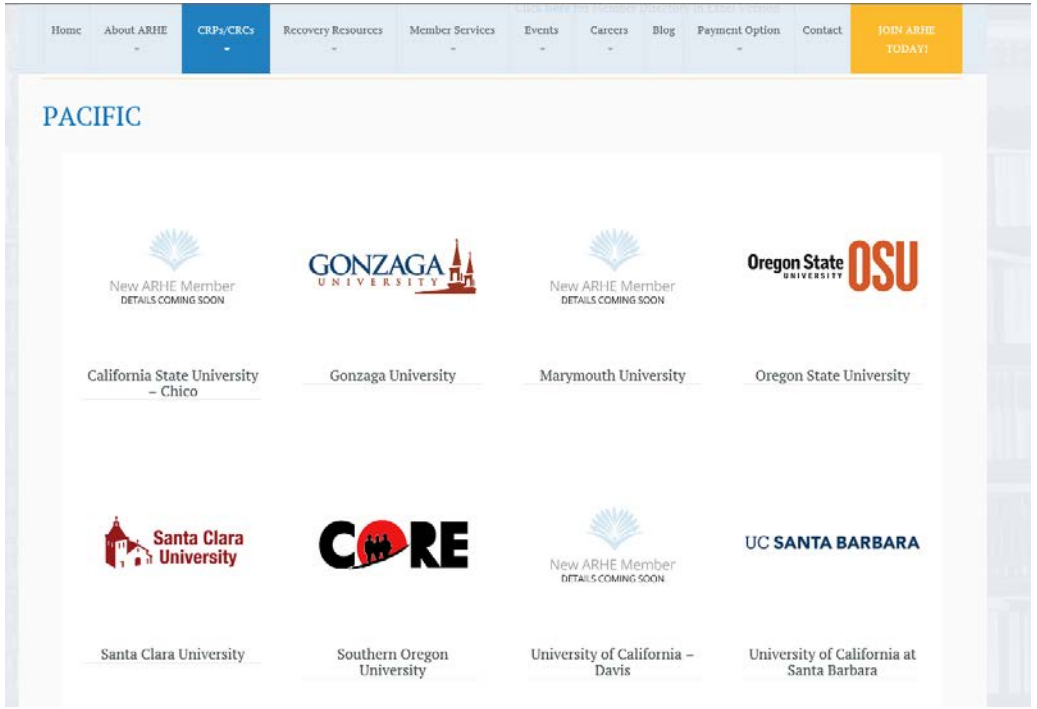
- Association of Recovery in Higher Education (ARHE)
  - Represents collegiate recovery programs and communities, the faculty and staff who support them, and the students who represent them.

Recovery Resources



https://collegiaterecovery.org/collegiate-recovery-programs/

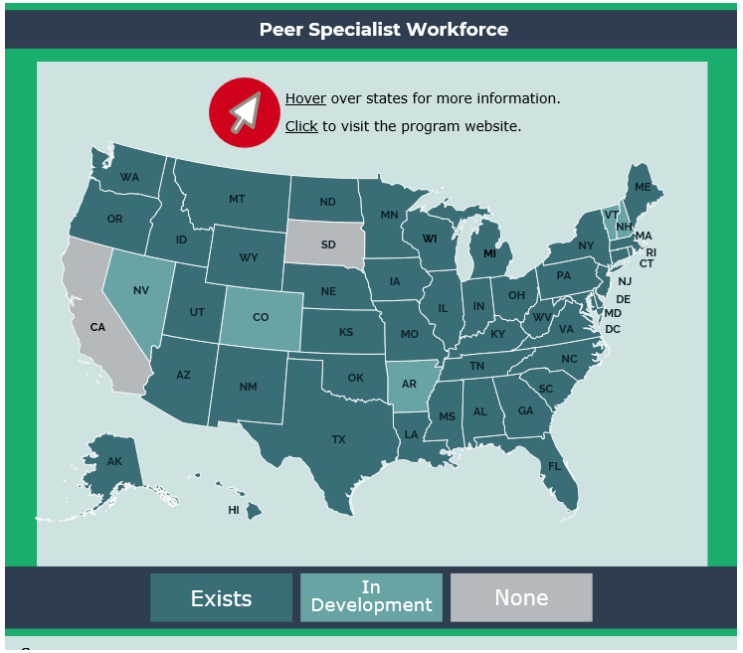
Recovery Resources



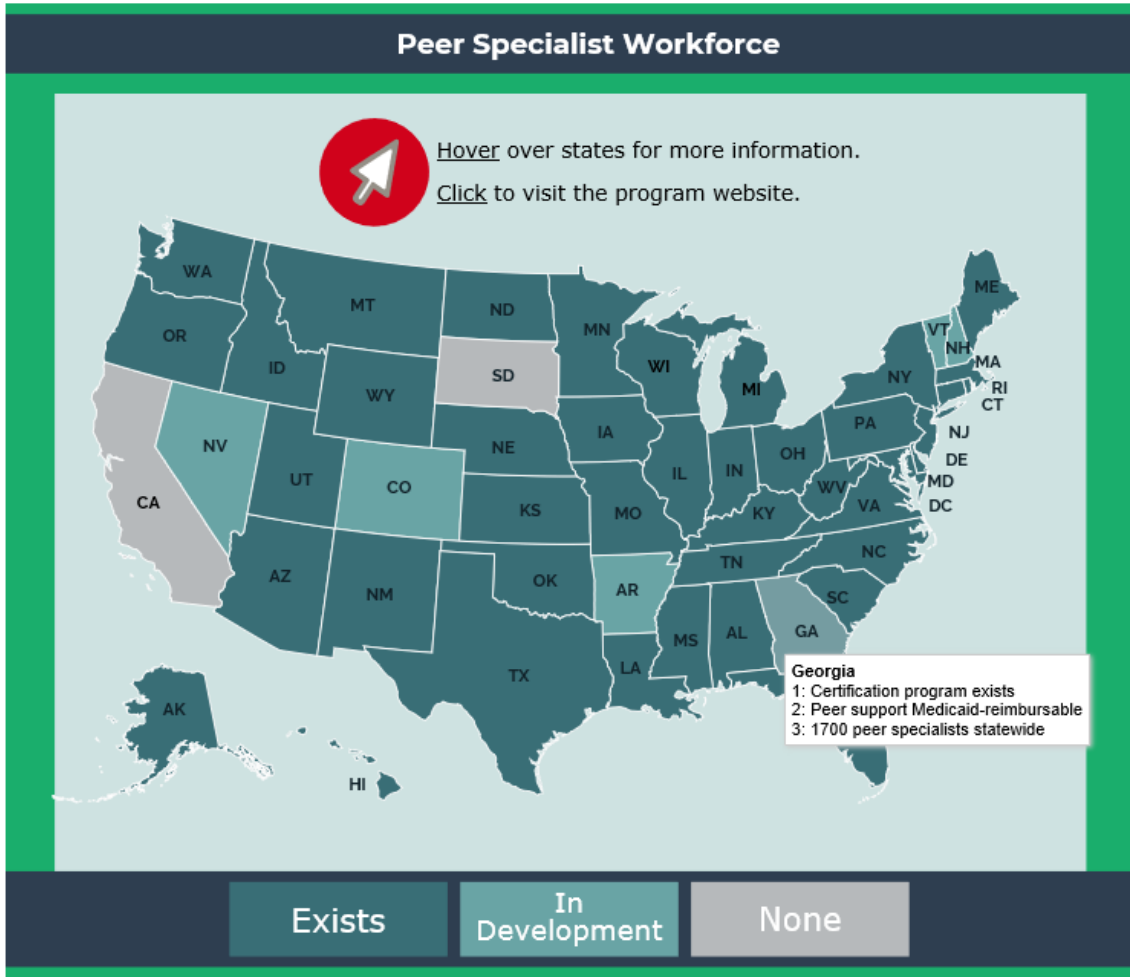
https://collegiaterecovery.org/collegiate-recovery-programs/

Recovery Resources

- Peer Specialist Workforce
  - A peer specialist is an individual with lived experience who has initiated his/her own recovery and assists others in theirs.



Recovery Resources

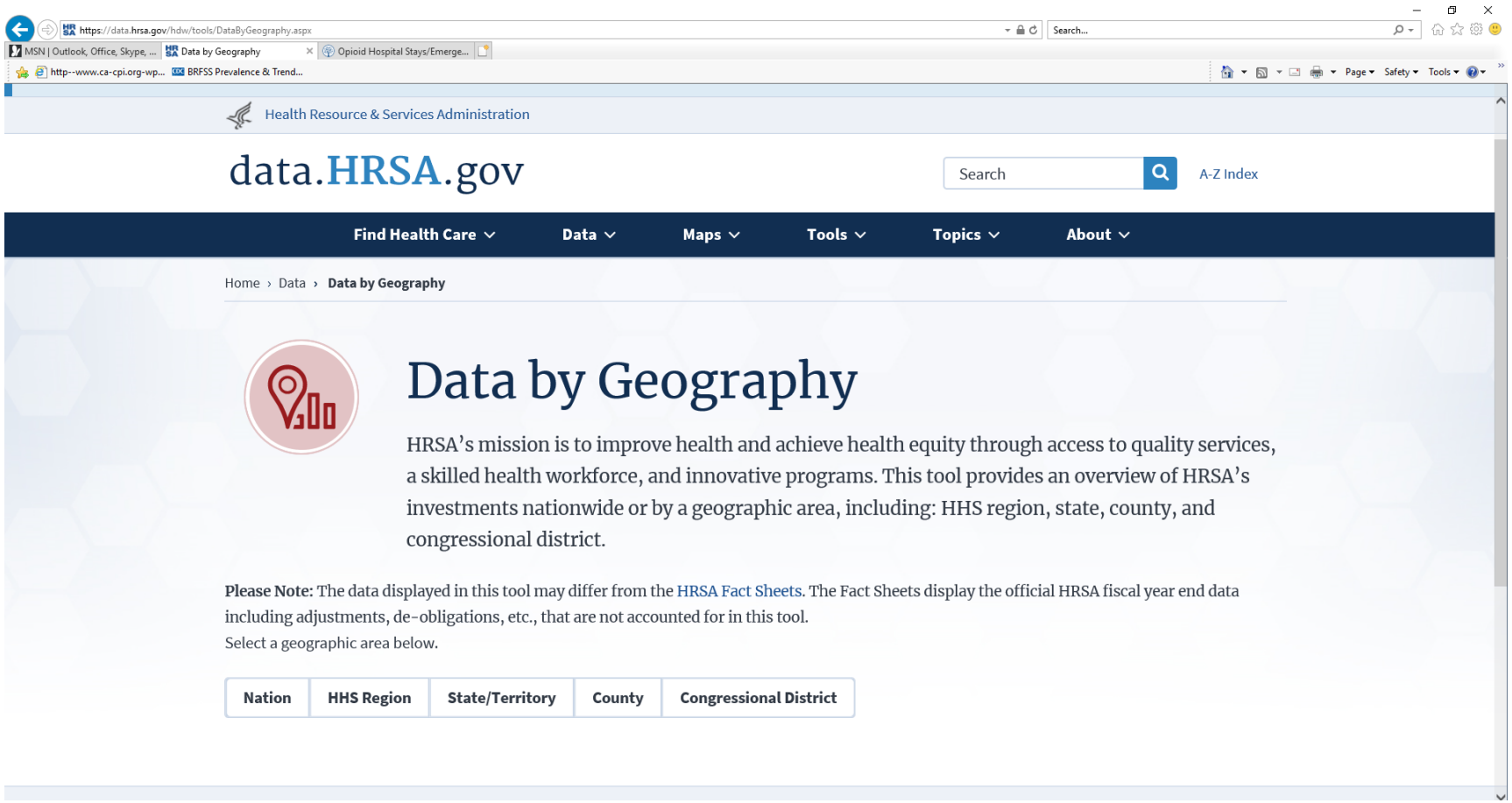


https://www.center4healthandsdc.org/map-of-national-peer-training-programs.html

What Resources Are Available in My Community to Address the Opioid Problem?

- Grant Funding
- Ongoing Partnerships

Funding Information



https://data.hrsa.gov/hdw/tools/DataByGeography.aspx

Funding Information

Data by Geography Wilkes County, NC

HRSA's programs improve access to health care by strengthening the health care workforce, building healthy communities, and achieving health equity. These programs provide health care to people who are geographically isolated, economically or medically vulnerable.

Enlarge Map

Click the icons next to each data indicator to display the data detail in the Data Portal or Map Tool.

Data as of 02/13/2019

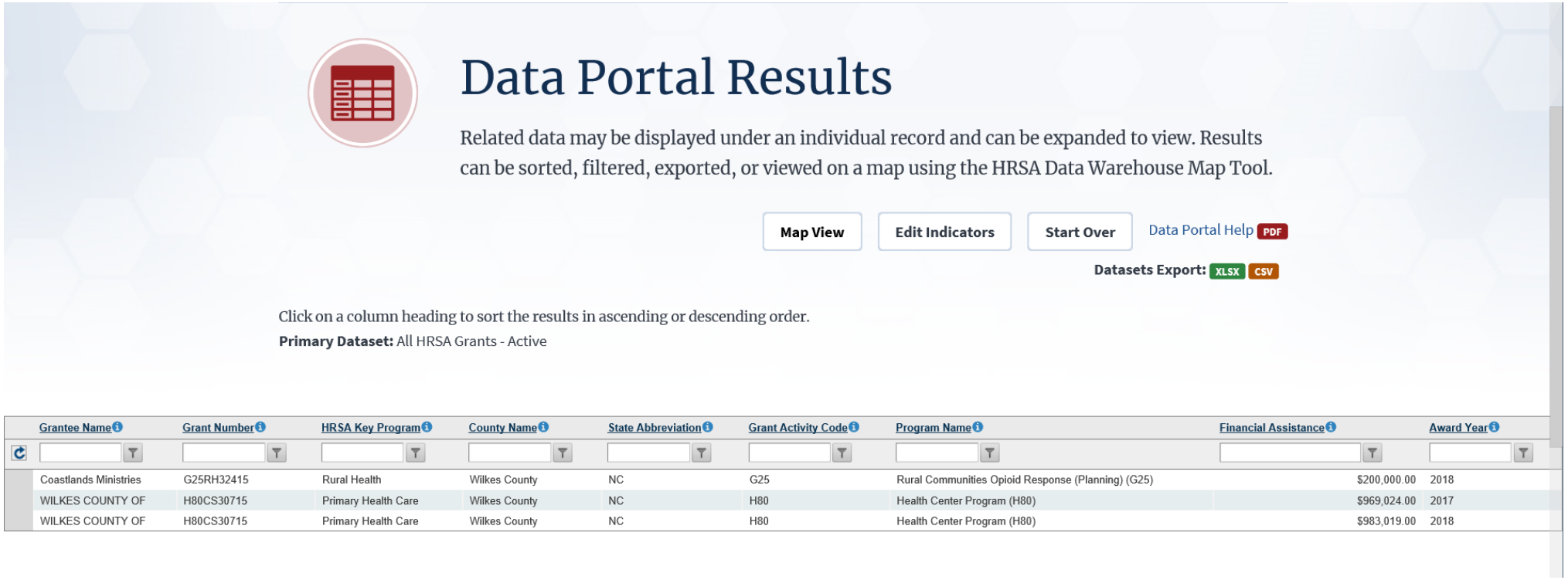
HRSA Grants

HRSA has thousands of active grants worth billions of dollars to improve and expand health care services for underserved people.

HRSA Grants		
Active Grants*: $2,152,043 through 2 grants to 2 grantees	▦	📍
FY 2019** Awarded Grants: $0 through 0 grants to 0 grantees		
FY 2018 Awarded Grants: $1,183,019 through 2 grants to 2 grantees	▦	📍
FY 2017 Awarded Grants: $969,024 through 1 grant to 1 grantee	▦	📍
FY 2016 Awarded Grants: $0 through 0 grants to 0 grantees		
FY 2015 Awarded Grants: $0 through 0 grants to 0 grantees		
FY 2014 Awarded Grants: $0 through 0 grants to 0 grantees		
FY 2013 Awarded Grants: $0 through 0 grants to 0 grantees		
FY 2012 Awarded Grants: $0 through 0 grants to 0 grantees		

Health Care and Other Services

Funding Information



Data Portal Results

Related data may be displayed under an individual record and can be expanded to view. Results can be sorted, filtered, exported, or viewed on a map using the HRSA Data Warehouse Map Tool.

Map View | Edit Indicators | Start Over | Data Portal Help PDF

Datasets Export: XLSX CSV

Click on a column heading to sort the results in ascending or descending order.

Primary Dataset: All HRSA Grants - Active

Grantee Name	Grant Number	HRSA Key Program	County Name	State Abbreviation	Grant Activity Code	Program Name	Financial Assistance	Award Year
Coastlands Ministries	G25RH32415	Rural Health	Wilkes County	NC	G25	Rural Communities Opioid Response (Planning) (G25)	$200,000.00	2018
WILKES COUNTY OF	H80CS30715	Primary Health Care	Wilkes County	NC	H80	Health Center Program (H80)	$969,024.00	2017
WILKES COUNTY OF	H80CS30715	Primary Health Care	Wilkes County	NC	H80	Health Center Program (H80)	$983,019.00	2018

https://data.hrsa.gov/hdw/tools/DataByGeography.aspx

Qualitative Data

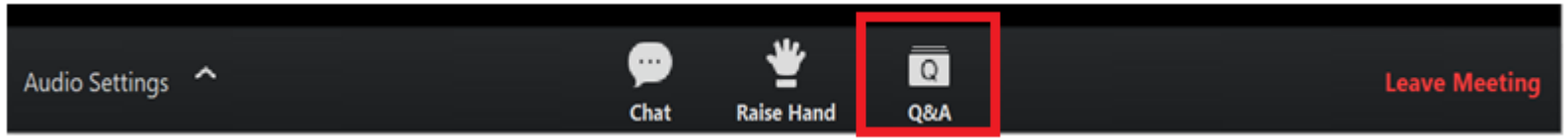
- Focus Groups
  - A small-group discussion guided by a trained leader.
  - It is used to learn more about opinions on a designated topic and then to guide future action.
    - Open-ended questions and responses
    - Broader and more depth, nuance, and variety than from a survey
    - Gets details on what people are thinking and feeling
    - Can become a recruiting tool

KEEP
CALM
AND
LOVE
DATA

Submitting Questions and Comments

Submit questions by using the Q&A feature.

To open your Q&A window, click on the Q&A icon on the bottom center of your Zoom window.



Thank you

The purpose of RCORP is to support treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder.

Angie Jones
615-613-1423
ajones@jbsinternational.com

RCORP-TA
RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE