

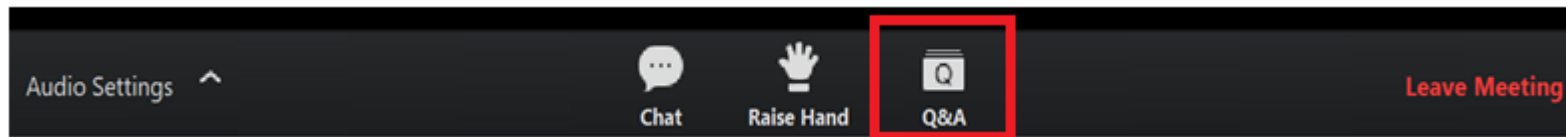
It's All About that DATA

Angie Jones
Regional Services Manager, JBS

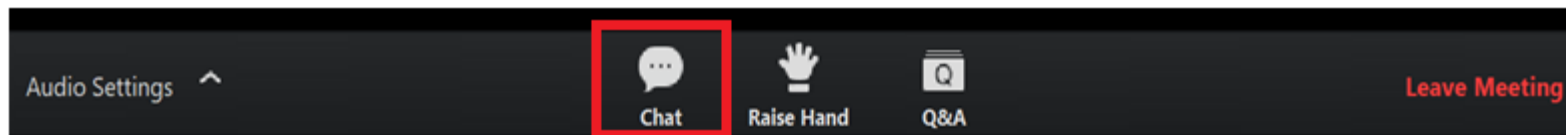
Webinar

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.



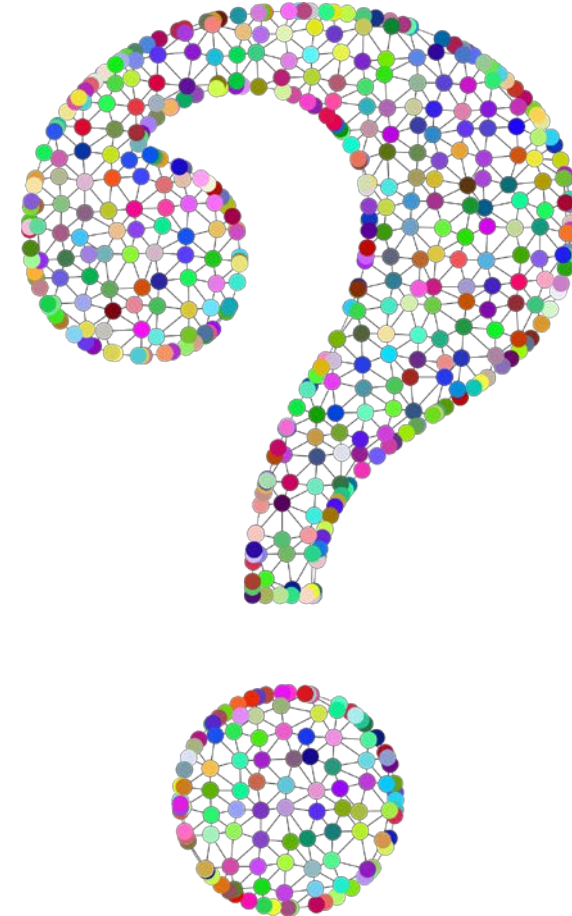
Assignment

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.



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Building a Culture of Health, County by County

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HEALTH OUTCOMES
OVERALL RANK

Rank	County
1	Wake (WA)
2	Orange (OR)
3	Camden (CM)
4	Union (UN)
5	Mecklenburg (MK)
6	Dare (DA)
7	Currituck (CK)
8	Watauga (WT)
9	Cabarrus (CA)
10	Chatham (CH)

Cherokee (CE)

Show areas to exploreShow areas of strength

County Demographics +

	Cherokee County	Trend	Error Margin	Top U.S. Performers	North Carolina	Rank (of 100)
Health Outcomes						87
Length of Life						95
Premature death	11,000		9,300-12,700	5,300	7,300	
Quality of Life						78
Poor or fair health	18%		18-19%	12%	18%	
Poor physical health days	3.9		3.8-4.1	3.0	3.6	

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



Drug Overdose Deaths

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Health Behaviors

Alcohol & Drug Use

Excessive drinking

Alcohol-impaired driving deaths

Drug overdose deaths*

Drug overdose deaths - modeled*

Motor vehicle crash deaths*

Diet & Exercise

Sexual Activity

Tobacco Use

Other

Clinical Care

Access to Care

Quality of Care

Drug overdose deaths*

Drug Overdose Deaths are the number of deaths due to drug poisoning per 100,000 population. ICD-10 codes used include X40-X44, X60-X64, X85, and Y10-Y14. These codes cover accidental, intentional, and undetermined poisoning by and exposure to: 1) nonopioid analgesics, antipyretics and antirheumatics, 2) antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified, 3) narcotics and psychodysleptics [hallucinogens], not elsewhere classified, 4) other drugs acting on the autonomic nervous system, and 5) other and unspecified drugs, medicaments and biological substances.

Description	Data Source	References
Reason for Inclusion as Additional Measure <p>Drug overdose deaths are a leading contributor to premature death and are largely preventable. Currently, the United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of drug overdose deaths has increased by 137 percent nationwide. Opioids contribute largely to drug overdose deaths; since 2000, there has been a 200 percent increase in deaths involving opioids (opioid pain relievers and heroin).[1]</p>		

Explore the Data

Select a state

Go



Drug Overdose Deaths

Years of Data Used: 2014-2016		Place	# Drug Overdose Deaths	Drug Overdose Mortality Rate
Range in North Carolina (Min-Max): 6-44		Alexander	29	26
Overall in North Carolina: 16		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



Drug Overdose Deaths



[CDC](#) > [NCHS](#) > [Data Visualization Gallery](#) > [Drug Poisoning Mortality](#)



Drug Poisoning Mortality in the United States, 1999-2016

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.

On This Page

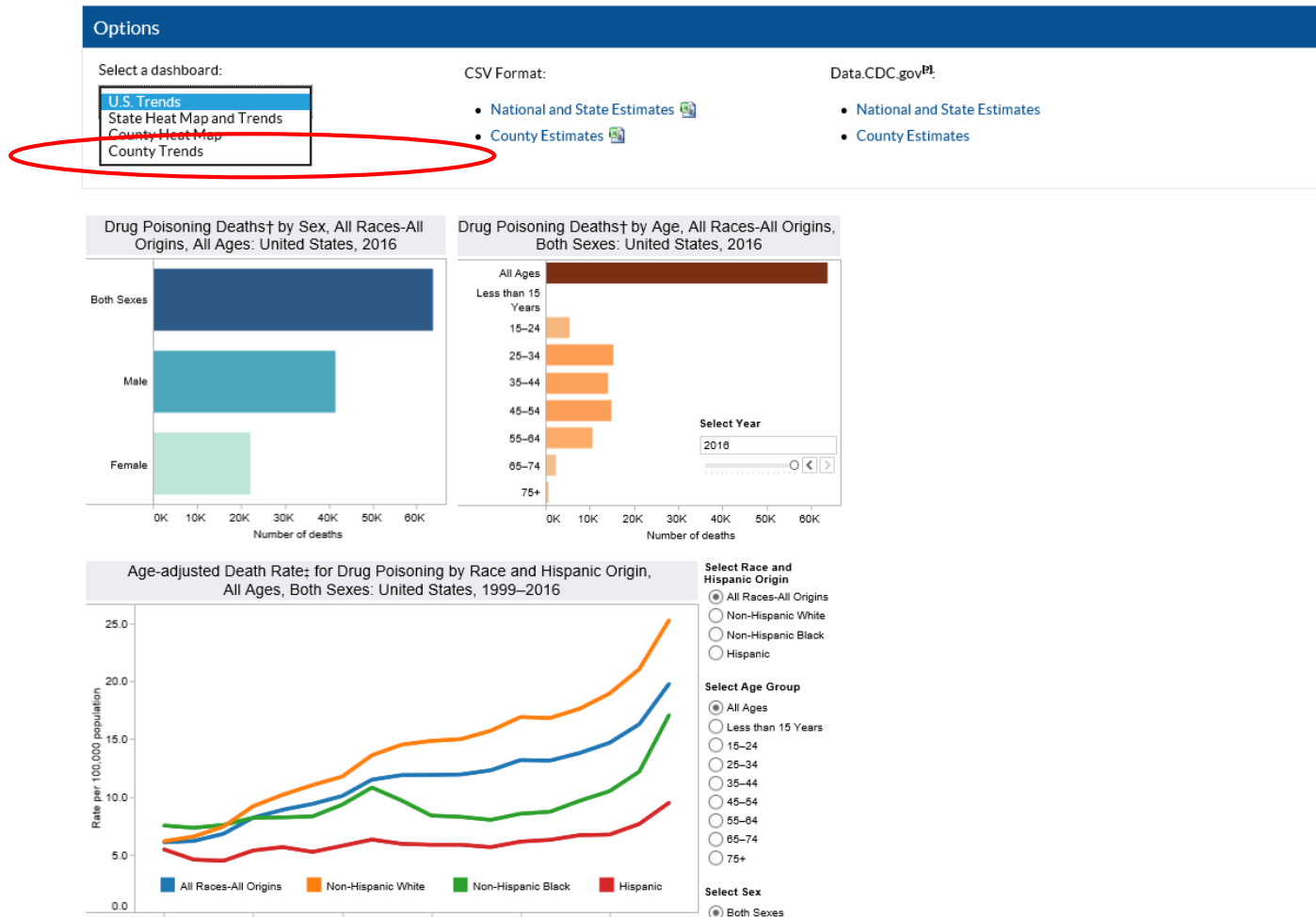
- [Dashboard](#)
- [Data Tables for Current Dashboard](#)
- [Notes](#)
- [Sources](#)
- [References](#)
- [Suggested citation](#)

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>

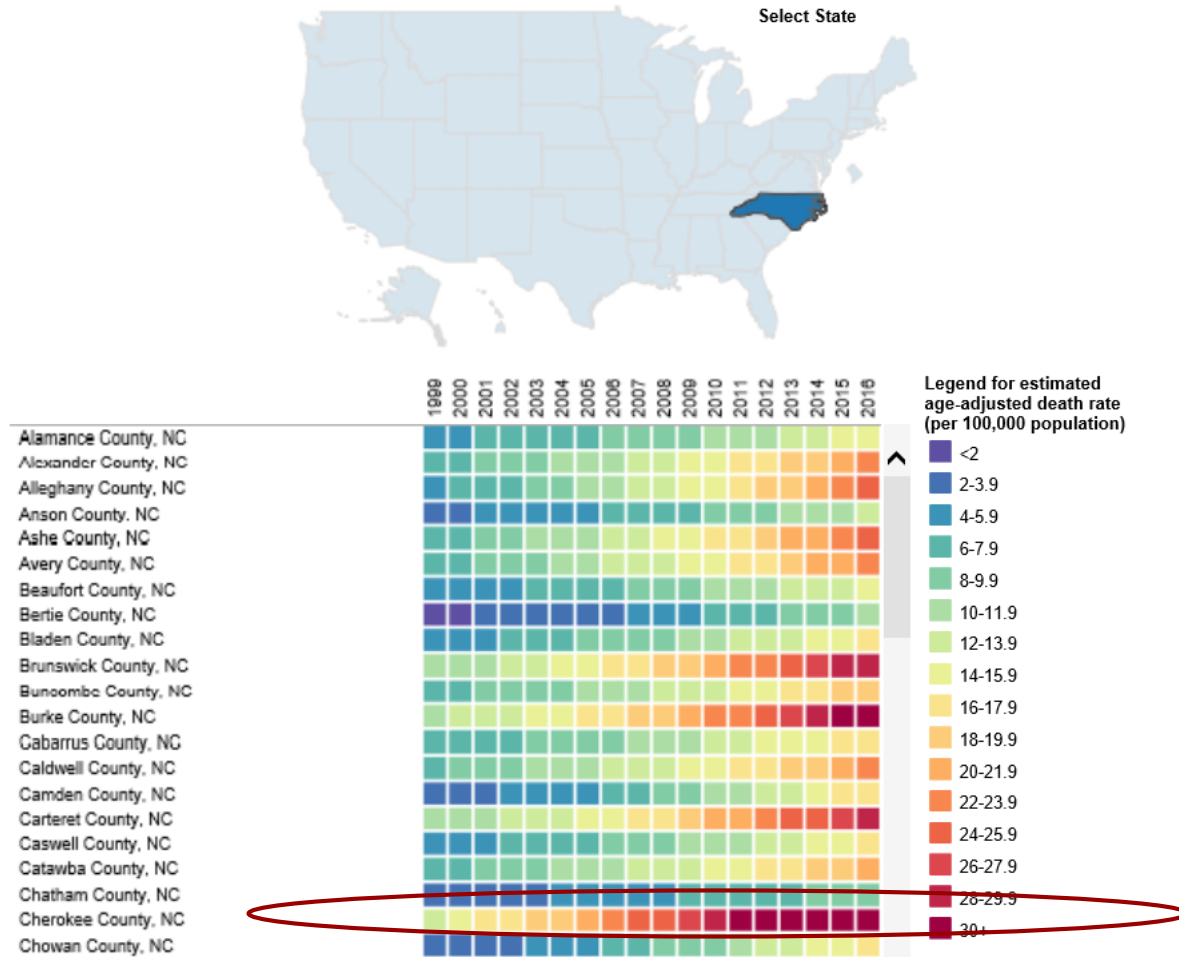


Drug Overdose Deaths

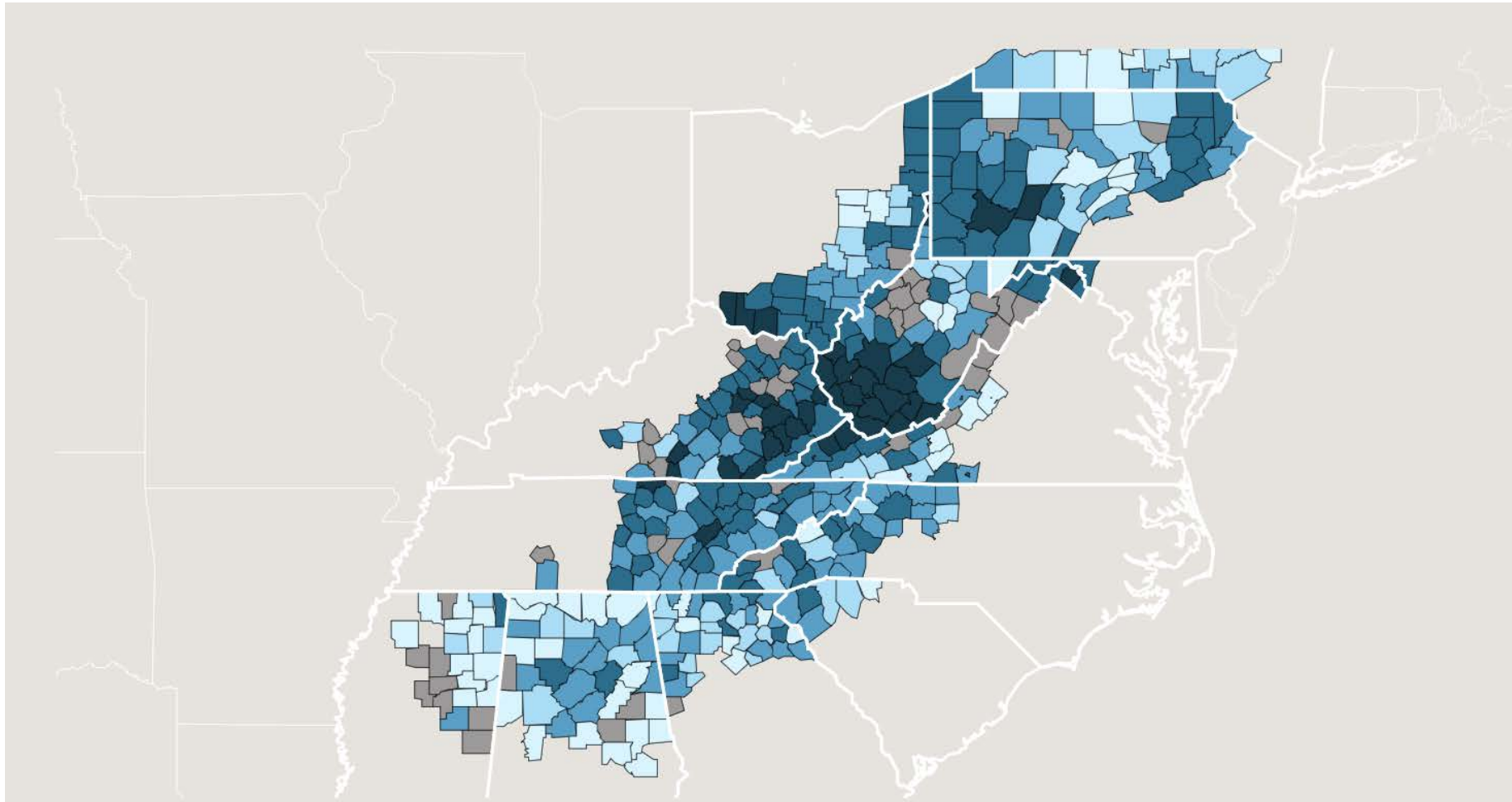


Drug Overdose Deaths

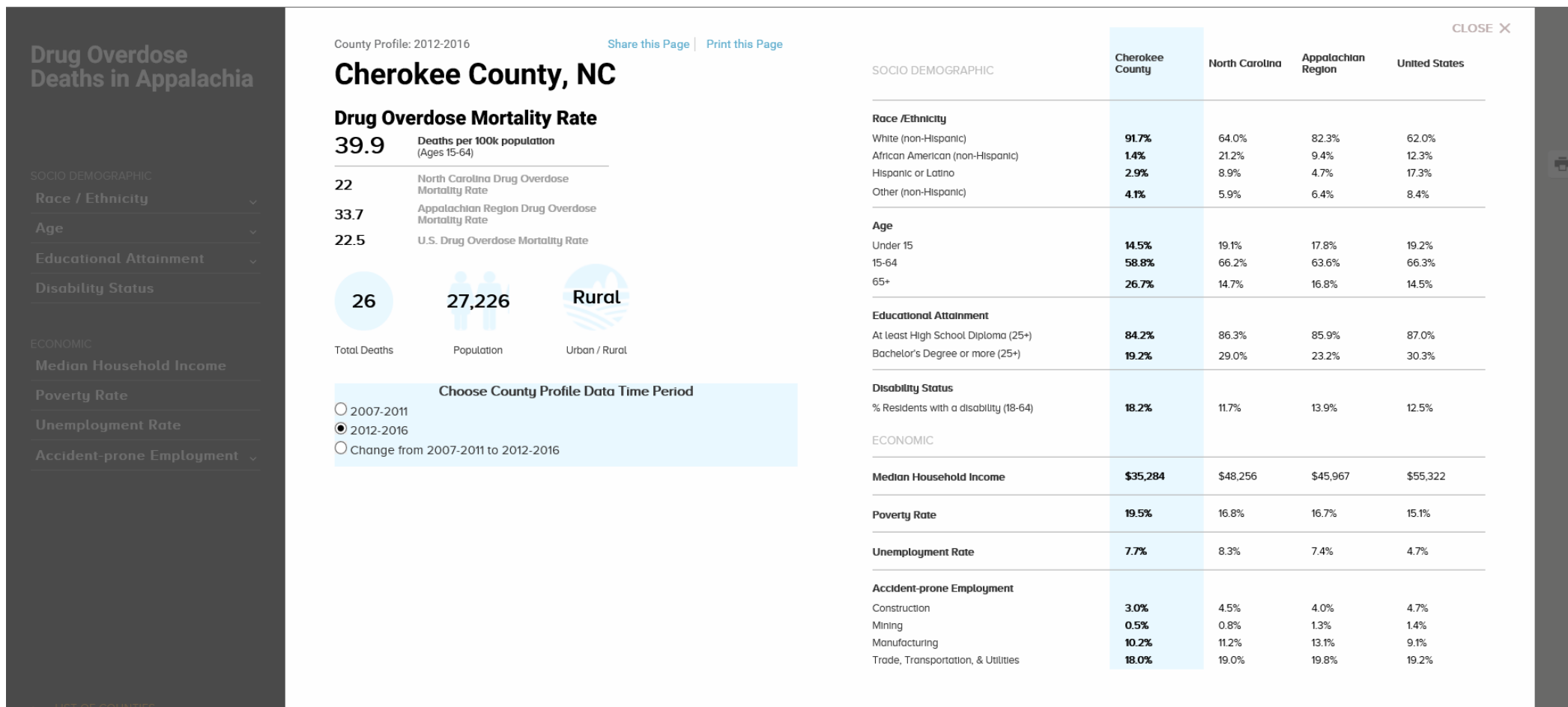
Estimated Age-adjusted Death Rates§ for Drug Poisoning by County, United States



Drug Overdose Deaths



Drug Overdose Deaths



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

Opioid Overdose

Opioid Overdose

Opioid Basics

Data

Data Analysis and Resources

Drug Overdose Deaths

Nonfatal Drug Overdoses

Prescription Opioids

U.S. Prescribing Rate Maps

Heroin Overdose

Synthetic Opioid Overdose

Fentanyl Encounters Data

Other Drugs

Overdose Prevention

Information for Patients

Information for Providers

State Information

CDC Publications

Resource Center

[Opioid Overdose](#) > [Data](#)

U.S. Opioid Prescribing Rate Maps



The data in the maps show the geographic distribution in the United States, at both state and county levels, of retail opioid prescriptions dispensed per 100 persons per year from 2006–2017.^{a,b,c}

Data are displayed within two types of interactive maps that show the estimated rate of opioid prescriptions per 100 U.S. residents. The state maps portray the rates per year for each of the 50 states and the District of Columbia. The county maps portray these rates for 87.6% to 94.0% of U.S. counties for a given year from 2006–2017.^d

Rates are classified by the Jenks^e natural breaks classification method into 4 groups using the 12-year range of data to determine the class breaks. Click on a county or state to reveal its prescription rate or view the corresponding data table for additional information.

Key Highlights

- After a steady increase in the overall national opioid prescribing rate starting in 2006, the total number of prescriptions dispensed peaked in 2012 at more than 255 million and a prescribing rate of 81.3 prescriptions per 100 persons.
- The overall national opioid prescribing rate declined from 2012 to 2017, and in 2017, the prescribing rate had fallen to the lowest it had been in more than 10 years at 58.7 prescriptions per 100 persons (total of more than 191 million total opioid prescriptions).
- However, in 2017, prescribing rates continue to remain very high in certain areas across the country.
 - In 16% of U.S. counties, enough opioid prescriptions were dispensed for every person to have one.
 - While the overall opioid prescribing rate in 2017 was 58.7 prescriptions per 100 people, some counties had rates that were seven times higher than that.
- Prescribing rates for opioids vary widely across different states and counties. Emerging hotspot areas are identified by the darker colors on the maps.

U.S. County Prescribing Rate Maps

2006	2010	2014
2007	2011	2015
2008	2012	2016
2009	2013	2017

U.S. State Prescribing Rate Maps

2006	2010	2014
2007	2011	2015
2008	2012	2016
2009	2013	2017

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



Prescribing Rate

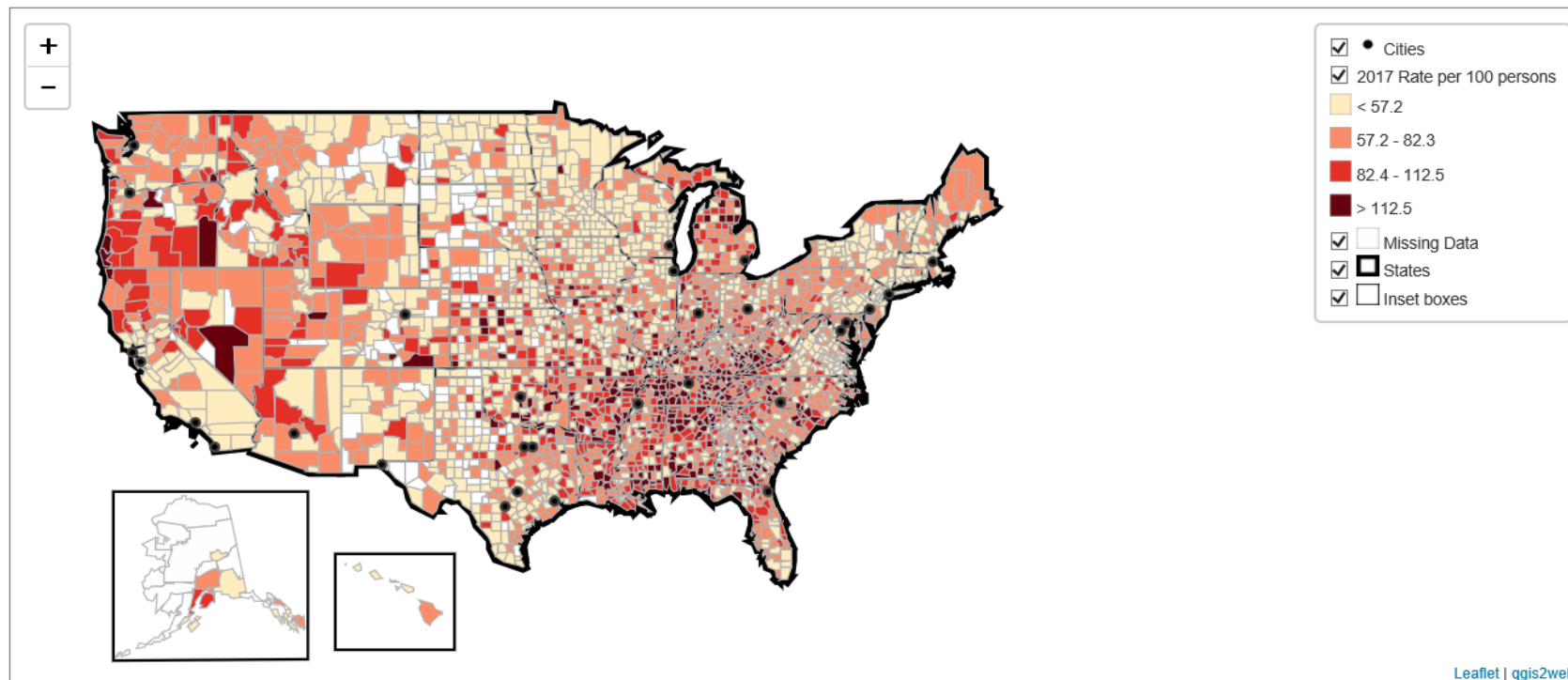
Opioid Overdose

U.S. County Prescribing Rates, 2017



[U.S. County Prescribing Rates, 2016](#)

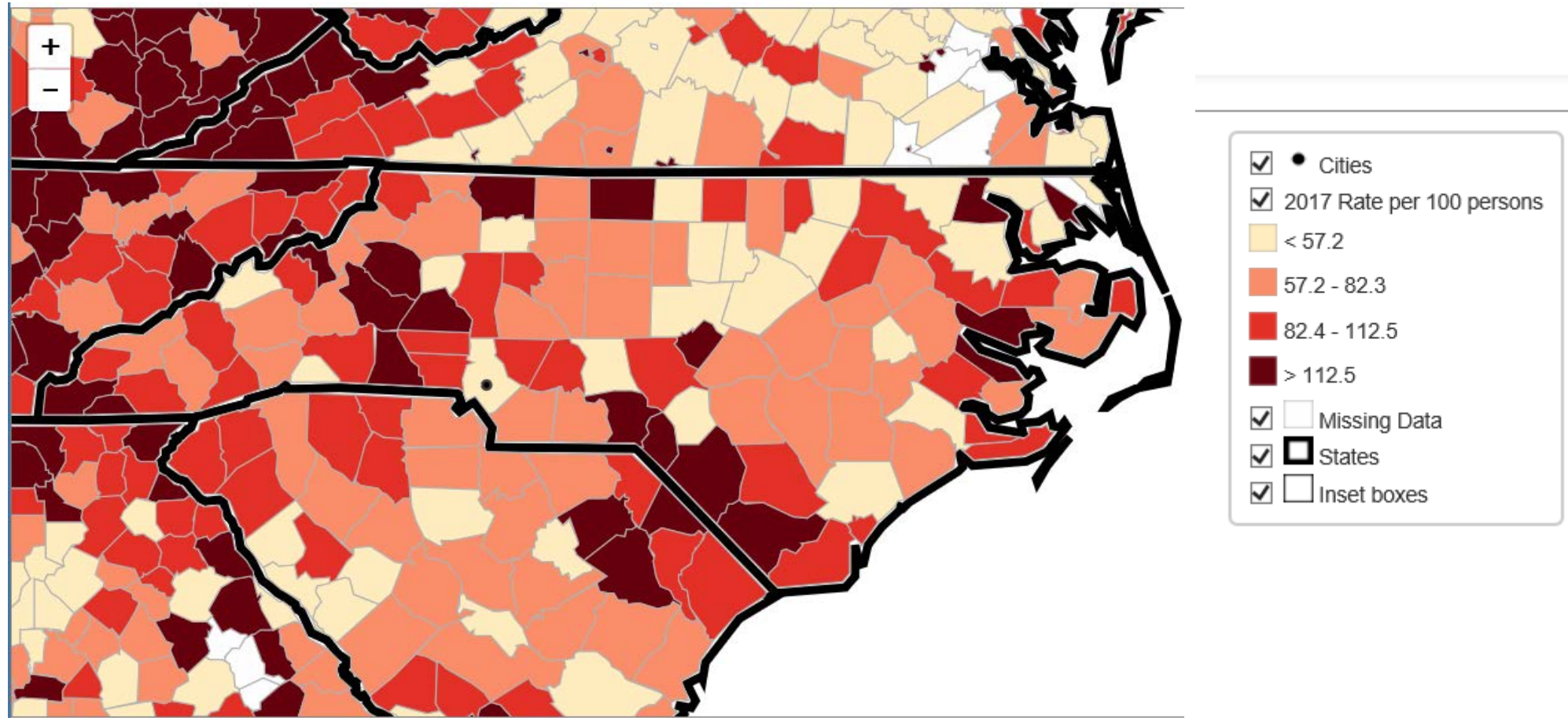
[U.S. Prescribing Rate Maps](#)



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



Prescribing Rate



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

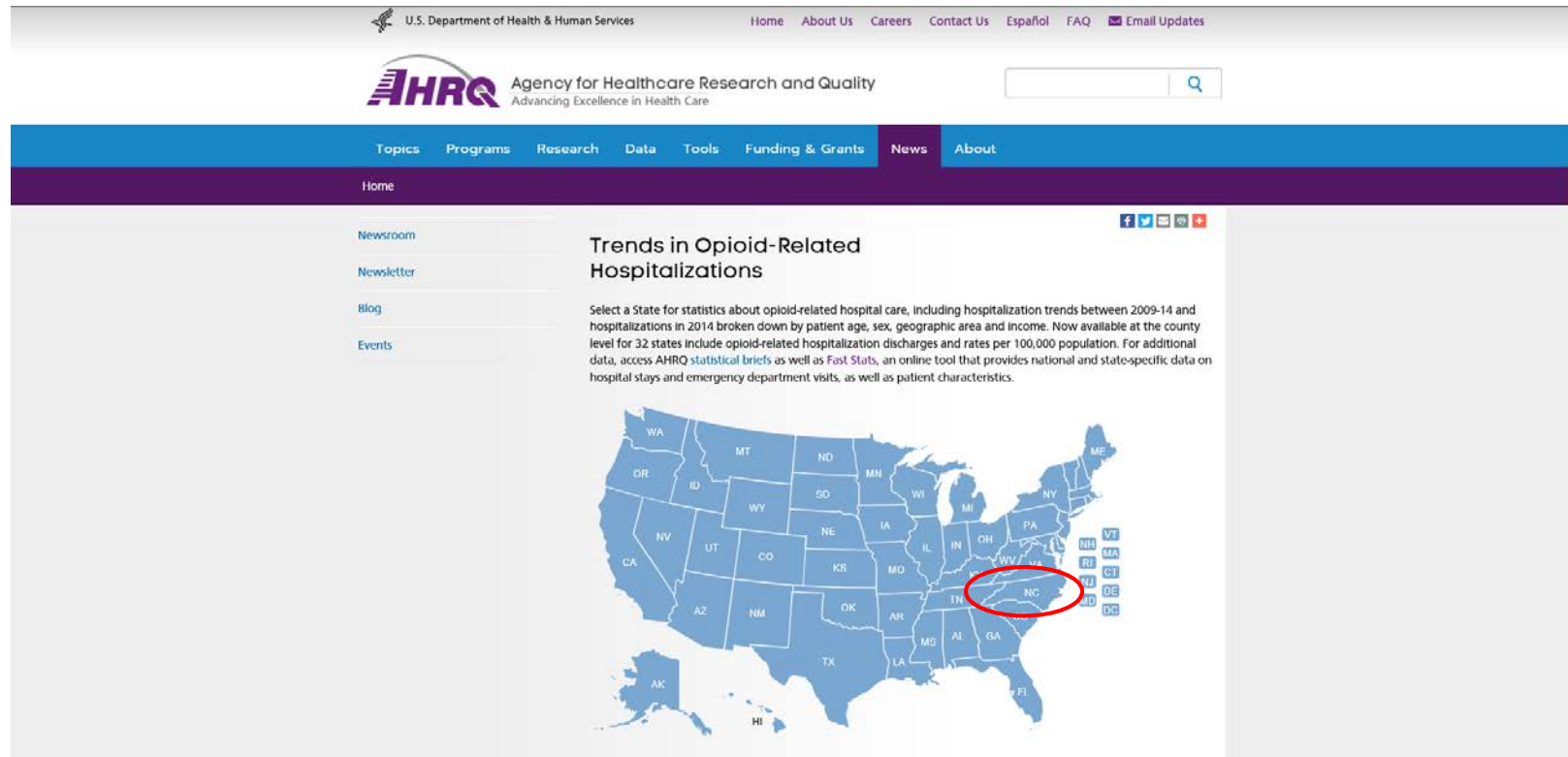


Emergency Department Visits and Hospitalizations

- 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

New York

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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)

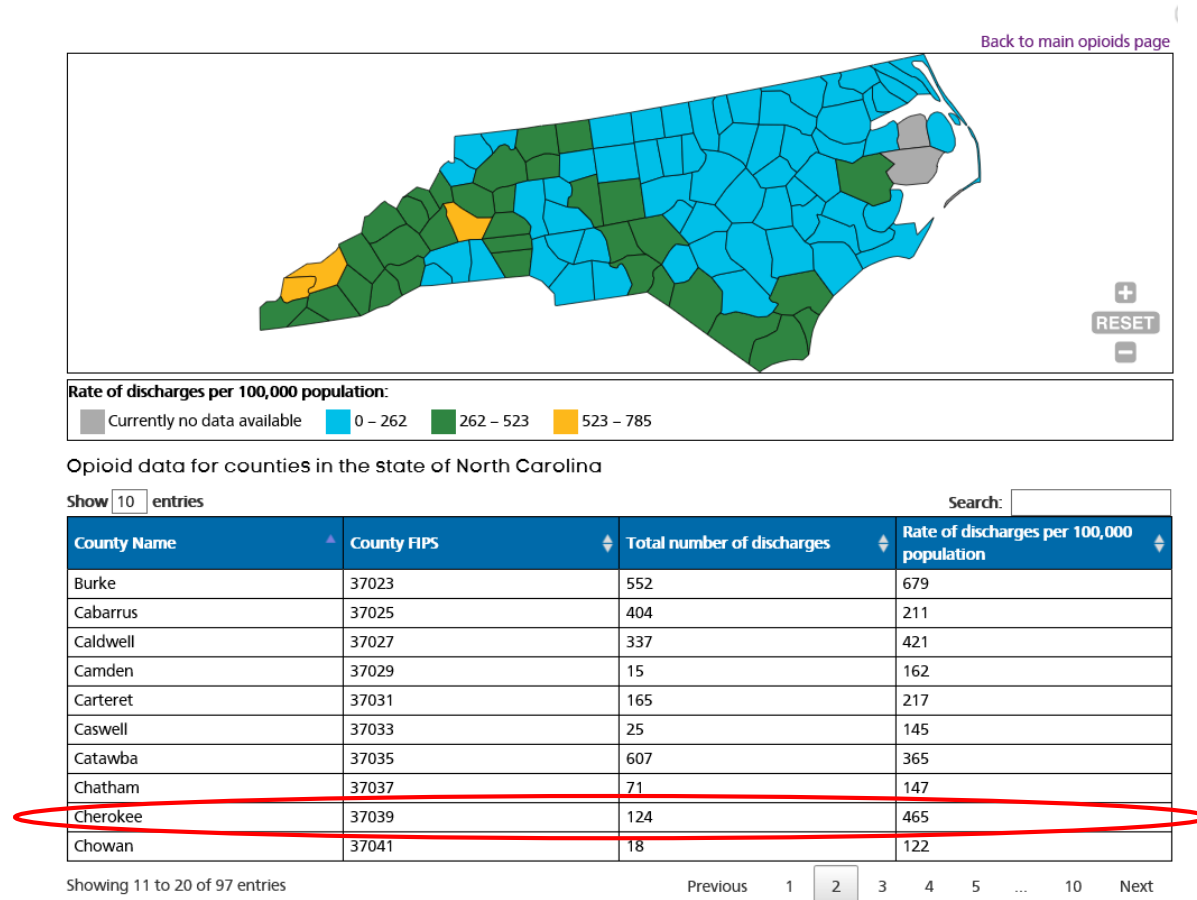
Geographic area with highest rate, 2014: [City \(Large Central Metropolitan\)](#) (350 per 100,000 people) (PDF, 387 KB)

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



<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

The screenshot shows the American FactFinder website interface. At the top, there's a navigation bar with links to MAIN, COMMUNITY FACTS, GUIDED SEARCH, ADVANCED SEARCH, and DOWNLOAD CENTER. Below this, a search bar prompts the user to 'Enter a state, county, city, town, or zip code' with an example 'e.g., Atlanta, GA' and a 'GO' button. On the left, a sidebar lists various data categories: Population, Age, Business and Industry, Education, Governments, Housing, Income, Origins and Language, Poverty, Race and Hispanic Origin, Veterans, and Show All. The main content area displays data for 'Valley County, Idaho'. It shows the 'Median Age' as 50.2, sourced from the '2013-2017 American Community Survey 5-Year Estimates'. Below this, a section titled 'Popular tables for this geography:' lists several tables. The table 'Single Years of Age and Sex' is circled in red. Other tables listed include 'Age and Sex', 'Children's Characteristics (Age, Race, School Enrollment, Poverty, ...)', 'Population 65 Years and Over (Sex, Race, Poverty, Veteran, Disability, Relationships, ...)', 'Characteristics of Teenagers (School Enrollment, Labor Force, ...)', 'Age Groups and Sex', 'Compare Cities and Towns for Age Groups and Sex', 'General Population and Housing Characteristics (Population, Age, Sex, Race, Households and Housing, ...)', and 'Annual Population Estimates for Selected Age Groups by Sex'. At the bottom, there's a link to 'Want more? Need help? Use Guided Search or visit Census.gov's Quick Facts.'

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



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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[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	(2.34 - 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)



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?



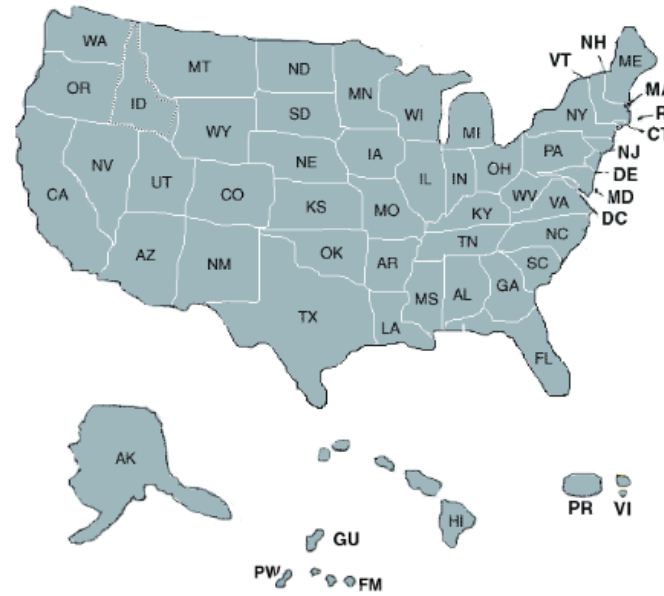
Treatment Data



Access State Profiles of Treatment Facilities (N-SSATS & N-MHSS) and State Summaries of Treatment Episode Data (TEDS)

Click this [information link](#) to see TEDS State data availability.

Click on a State on the map below, or click here for data for the entire [United States](#) (all states, combined with other jurisdictions), then choose TEDS, N-SSATS, or N-MHSS on the next screen.



<https://www.dasis.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 and 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 licensed or 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.



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://www.dasis.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	iulie.hibben@idph.iowa.gov

Complete list is available. Ask your TEL.



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Grants

SAMHSA makes grant funds available through the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Center for Mental Health Services. Find funding opportunities that support programs for substance use disorders and mental illness, and learn about the grant application, review, and management process.

Note: A significant change has been made to the registration process for the System for Award Management (SAM). Please refer to the FAQs on the SAM website.



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- » [GPRA Measurement Tools](#)
- » [Grants Glossary](#)
- » [Fact Sheet](#)

Grant Awards

- » [Grant Awards by State](#)
- » [SAMHSA Grant Awards Archive](#)

SAMHSA Grant-Related Contact Information

Grant Announcement Questions?
Contact the person(s) listed under "Agency" in the "Grant Announcement" section.



FY 2019 Grant Announcements

SAMHSA announces grant funding opportunities through Funding Opportunity Announcements (FOAs). Each FOA contains all the information you need to apply for a grant. To apply for a SAMHSA grant, you must register on [Grants.gov](#).

- » [View all Fiscal Year \(FY\) 2019 Grant Announcements](#)



Applying for a New Grant

These resources will help you find and apply for funding opportunities. Visit "[Applying for a New SAMHSA Grant](#)" to learn more.

- » [Training Events for Applicants](#)
- » [Registration Requirements](#)
- » [Submitting Your Application](#)
- » [Application Forms and Resources](#)
- » [Guidelines for Consumer and Family](#)



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SAMHSA Grant Awards By State

Fiscal Year: 2018



Pacific Islands:

- » [American Samoa](#)
- » [Guam](#)
- » [Fed. Micronesia](#)
- » [Marshall Islands](#)
- » [N. Marianas Isle.](#)
- » [Rep. Palau](#)

Caribbean:

- » [Puerto Rico](#)
- » [Virgin Islands](#)

View Grant Awards By Fiscal Year: [2018](#) | [2017](#) | [2016](#) | [2015](#) | [2014](#)

<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

Center: GLS

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

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
FY 2018 Funding: \$125,000
Project Period: 2018/09/30 - 2023/09/29
CCOI Drug-Free Community

<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



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[Behavioral Health Agencies](#)

[Informational Websites](#)

Self-Help, Peer Support, and Consumer Groups

[Self-Help Groups \(Addiction\)](#)

[Peer Support \(Mental Health\)](#)

[Mental Health Consumer Assistance](#)

[Consumer Advocates](#)

Children

[Veterans, Active Duty Military, and Military Families](#)

Behavioral Health Treatment Services Locator

Welcome to the Behavioral Health Treatment Services Locator, a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.

PLEASE NOTE: Your personal information and the search criteria you enter into the Locator is secure and anonymous. SAMHSA does not collect or maintain any information you provide.

Find treatment facilities confidentially and anonymously.

Get Help

Suicide prevention lifeline [1-800-237-TALK \(8255\)](#)

Free and confidential support for people in distress, 24/7.

National Helpline [1-800-662-HELP \(4357\)](#)

Treatment referral and information, 24/7.

Disaster Distress Helpline [1-800-985-5990](#)

Immediate crisis counseling related to disasters, 24/7.

Watch Video Tutorials

Overview

[Locator Overview](#)

Finding Treatment

[Find Facilities for Veterans](#)

[Register a New Facility](#)

Other Locator Functionalities

[Download Search Results](#)

[Print Search Results](#)



Treatment Locator

SAMHSA

Substance Abuse and Mental Health
Services Administration

[Home](#) [About](#) [FAQs](#) [Locator Map](#) [State Agencies](#) [Widgets](#) [Contact Us](#) [Help](#) [Video Tutorial](#)

Map

Satellite

Legend - Facility Type

- Substance Abuse
- Mental Health
- Health Care Centers
- Buprenorphine Physicians

Find Facility

Murphy, NC 28906, USA [Search Facilities](#)

☐ State ☐ County ☐ Distance miles

Service: ☒ Substance Abuse (SA) ☐ Mental Health (MH) ☐ SA & MH ☐ Health Care Centers ☐ Buprenorphine Physicians ☐ Veterans Affairs

[Download](#) [Print](#) [Filter/Sort](#)

Facility Listing Information Showing 1 - 100 of 13909 Records

1 of 140

Show 100

Appalachian Community Services 2.65 miles

1 750 U.S. Highway 64 West, Murphy, NC 28906
Main Tel: 828-837-0071

[Directions](#) [Website](#) [More Information](#)

Appalachian Community Services 12.49 miles

2 254 Church Street, Hayesville, NC 28904
Main Tel: 828-389-1494

[Directions](#) [Website](#) [More Information](#)

New Hope Counseling of Blairsville 15.44 miles

3 76 C Hunt Martin Street, Blairsville, GA 30512
Main Tel: 706-745-4066

[Directions](#) [Website](#) [More Information](#)

Avita Community Partners Union County 15.44 miles

4 76 Hunt Martin Street, Suite A, Blairsville, GA 30512
Main Tel: 706-745-5911

[Directions](#) [More Information](#)

MedMark Treatment Centers Blairsville 15.76 miles

5 20 Commerce Drive, Blairsville, GA 30512

[Directions](#) [More Information](#)

1 new notification



Treatment Locator

SAMHSA

Substance Abuse and Mental Health
Services Administration

Find Facility

Murphy, NC 28906, USA

Search Facilities

☐ State ☐ County ☐ Distance miles

Service: ☒ Substance Abuse (SA) ☐ Mental Health (MH) ☐ SA & MH

☐ Health Care Centers ☐ Buprenorphine Physicians

☐ Veterans Affairs

Facility Listing Information Showing 1 - 100 of 13909 Records

Download Print Filter/Sort

1 of 140 Show 100

Appalachian Community Services 2.65 miles

1 750 U.S. Highway 64 West, Murphy, NC 28906
Main Tel: 828-837-0071

Directions Website More Information

Information And Services

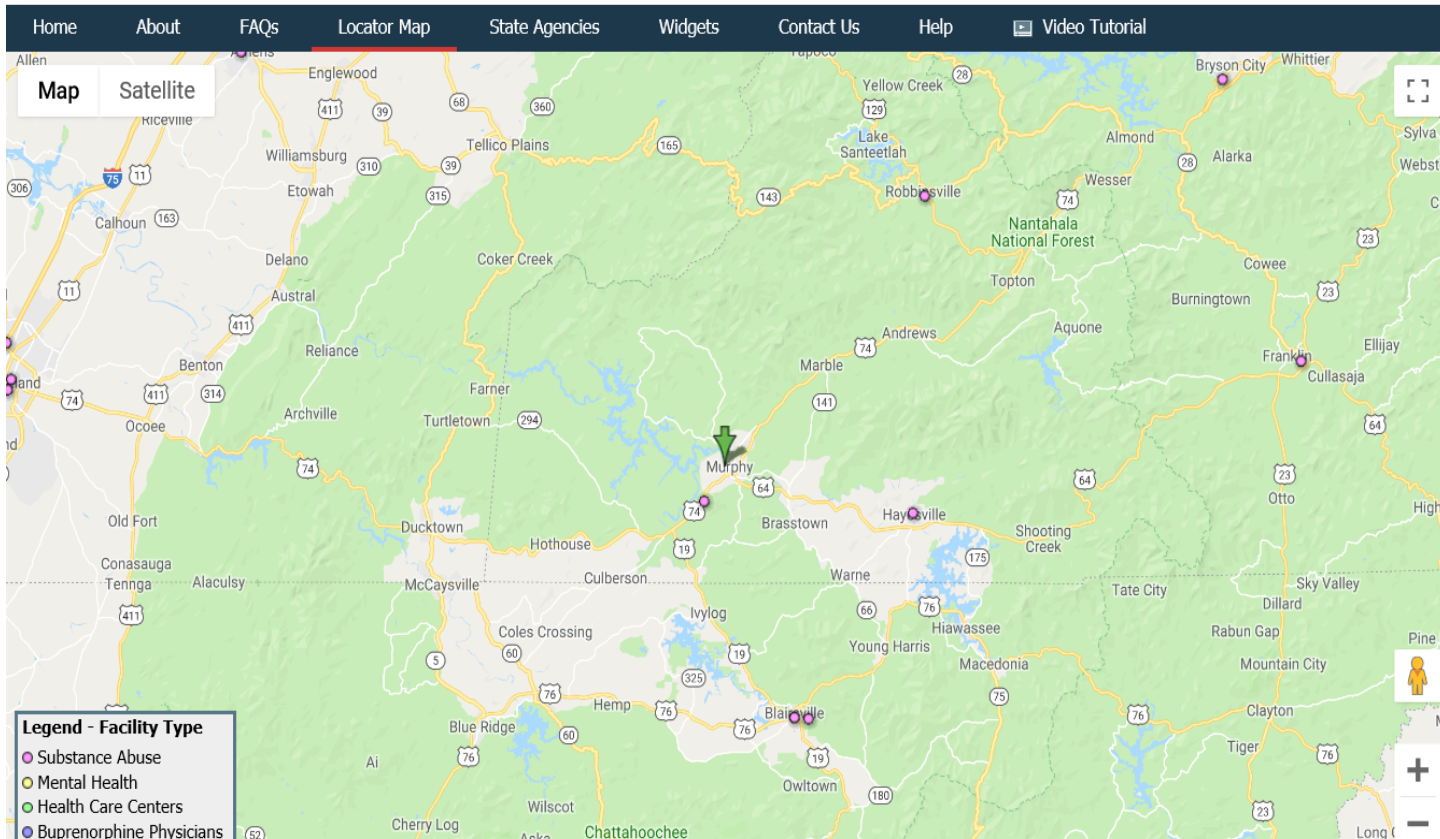
Type of Care: Substance abuse treatment

Service Settings (e.g., Outpatient, Residential, Inpatient etc.):
Computerized treatment/telemedicine; Outpatient; Intensive outpatient treatment; Regular outpatient treatment

Type of Opioid Treatment: Buprenorphine used in Treatment; Buprenorphine maintenance; Naltrexone used in Treatment; Prescribes/administers buprenorphine; Prescribes/administers naltrexone; Relapse prevention from naltrexone

Pharmacotherapies: Buprenorphine with naloxone (Suboxone®); Buprenorphine without naloxone; Extended-release, injectable Naltrexone (Vivitrol®); Medications for psychiatric disorders

Treatment Approaches: Anger management; Brief intervention; Cognitive behavioral therapy; Contingency management/motivational incentives; Dialectical behavior therapy; Motivational interviewing; Martix Model; Rational emotive behavioral therapy; Relapse prevention; Substance abuse counseling; Trauma-related counseling; 12-step facilitation



<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

PEOPLE ADVOCATING RECOVERY (PAR)



People Advocating Recovery (PAR) is a statewide recovery community organization in Kentucky whose members work to eliminate barriers to recovery from addiction. Mike Barry is the Chief Executive Officer and has been involved with PAR since its founding in 2005.

Mike Barry is a former Board Member of Faces & Voices of Recovery and PAR is a Charter Member of ARCO.

ASSOCIATION OF
**RECOVERY
COMMUNITY
ORGANIZATIONS**
FACES & VOICES OF RECOVERY



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

[Home](#) [Conferences](#) [Services](#) [Standards](#) [Learning Center](#) [Support](#) [About](#) [Cart](#)

Recovery Residences of the Carolinas

(678) 556-0840

beth.fisher@hopehomesrecovery.org

Recovery Residents of the Carolinas (RRoC) offers peace of mind to those persons aspiring to embrace a better, sober life for themselves and their loved ones. Within the next five years, RRoC will have helped create a safer, consistent more reliable resource in the recovery community by holding members to a level of service necessary to encourage self-sufficient productive lives.

Vision Statement:

"Recovery Residences of the Carolinas (RRoC) seeks to ensure a standard of excellence among its members thus becoming the trusted resource for both professionals looking to provide addiction recovery services and for persons in need of addiction recovery services to find each other wherever they are in the continuum of care."

Core Values:

- Compassion
- Respect
- Fairness
- Helpfulness

NC

<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



Association of Recovery in
Higher Education

ARHE Member Login

Username

Password

LOGIN →

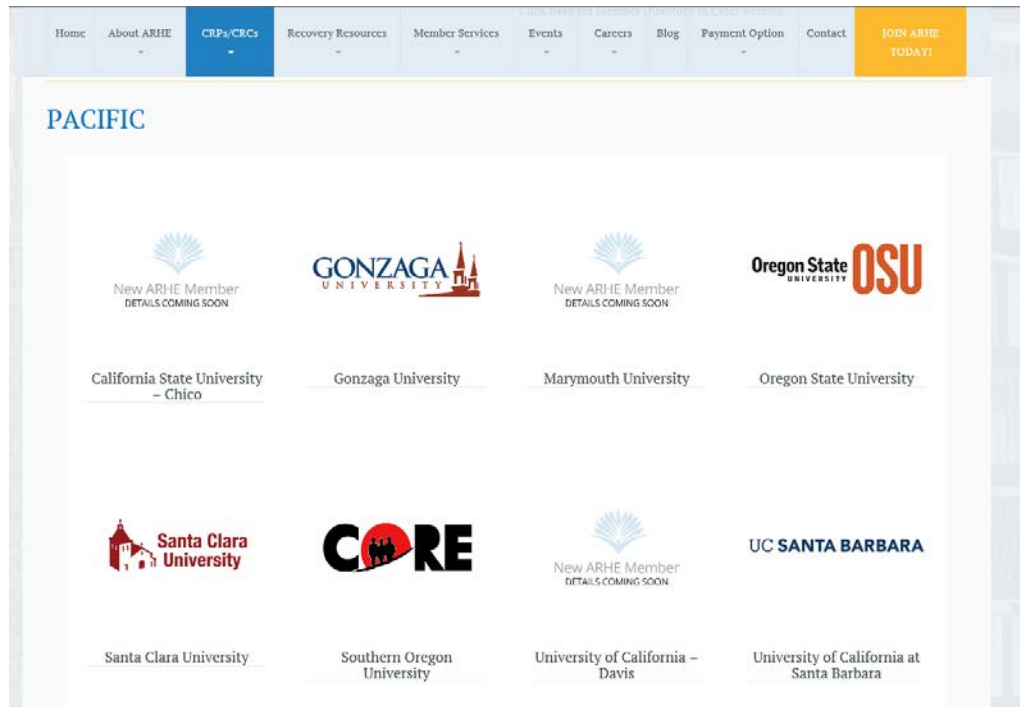
Lost Password

Home	About ARHE	CRPs/CRCs	Recovery Resources	Member Services	Events	Careers	Blog	Payment Option	Contact	JOIN ARHE TODAY!
------	------------	-----------	--------------------	-----------------	--------	---------	------	----------------	---------	------------------

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



Recovery Resources

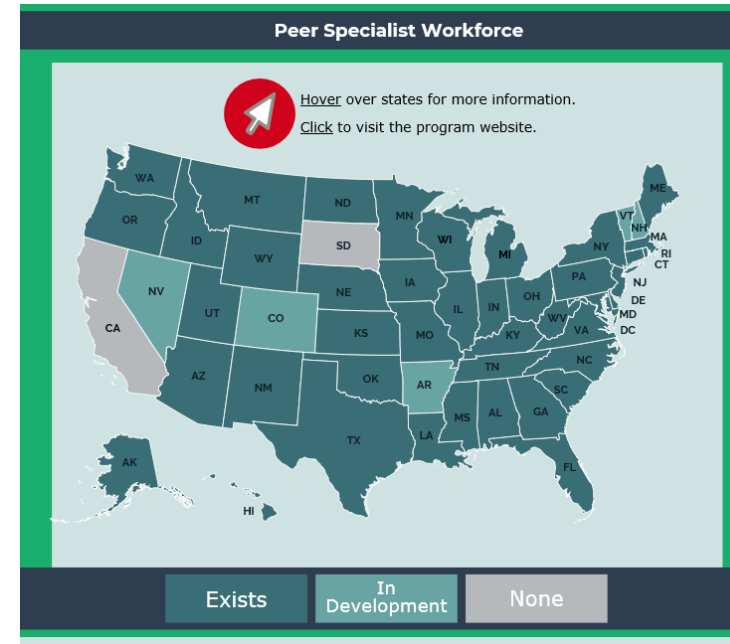


<https://collegiaterecovery.org/collegiate-recovery-programs/>

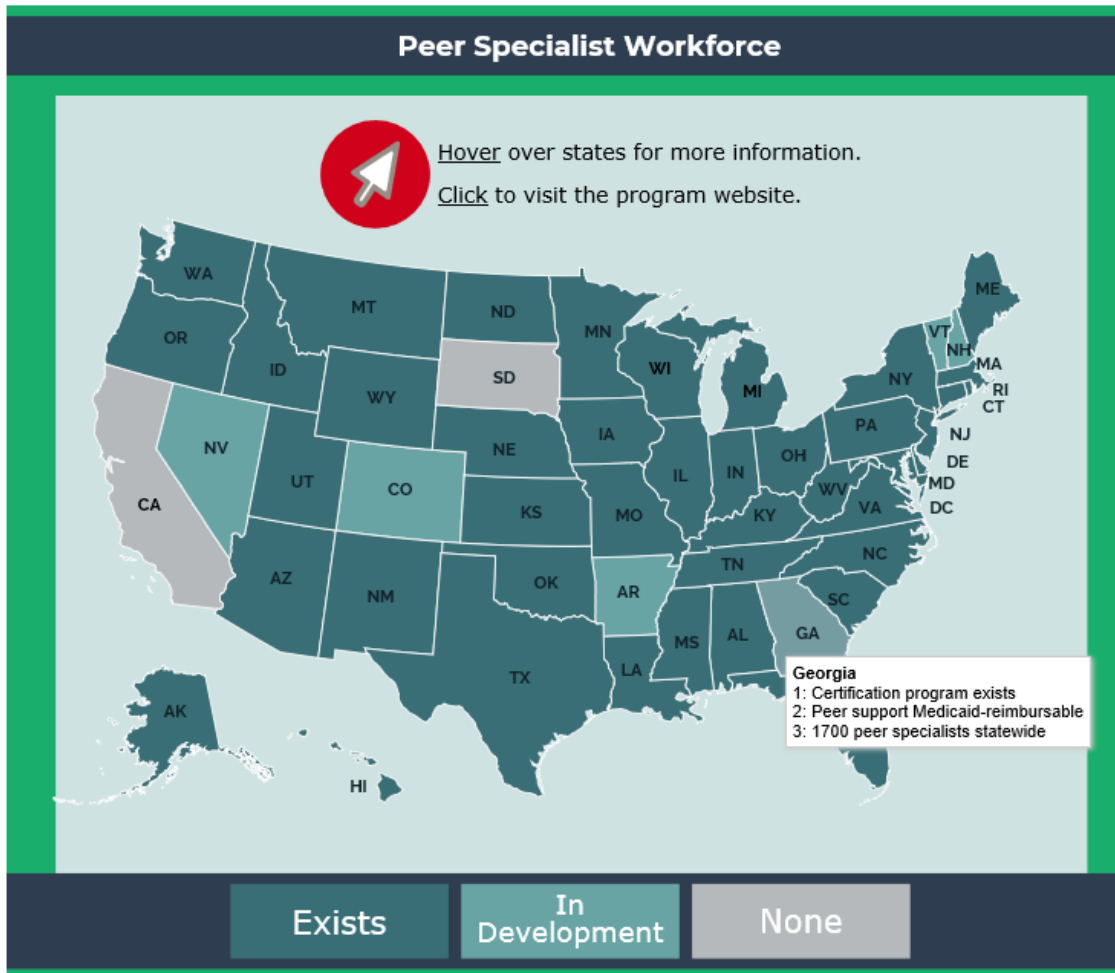


Recovery Resources

- 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>

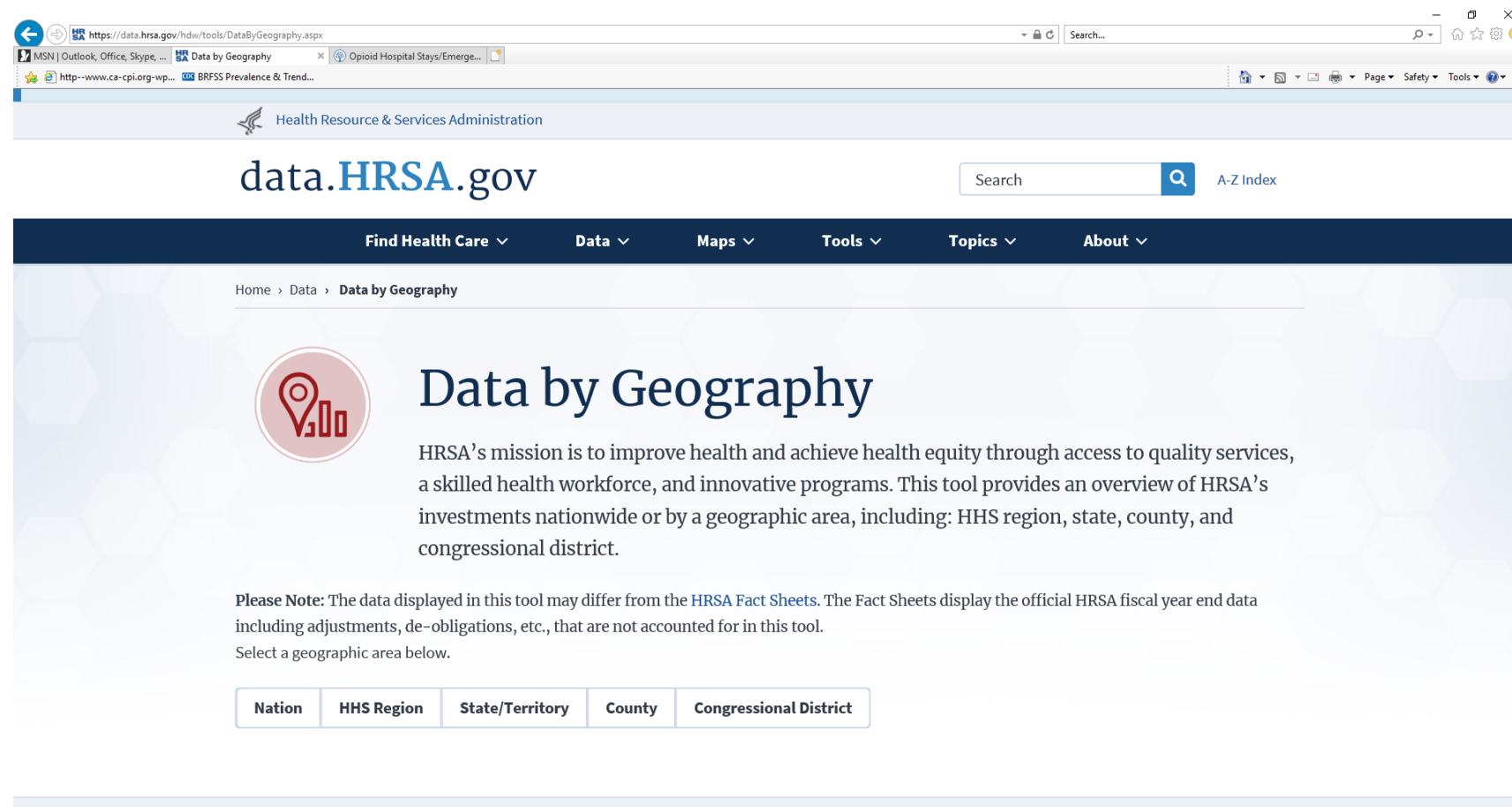


What Resources Are Available in My Community to Address the Opioid Problem?

- Grant Funding
- Ongoing Partnerships



Funding Information



The screenshot shows a web browser window with the URL <https://data.hrsa.gov/hdw/tools/DataByGeography.aspx>. The page header includes the Health Resource & Services Administration logo and the text "data.HRSA.gov". A search bar and "A-Z Index" link are present. The main navigation bar contains links for "Find Health Care", "Data", "Maps", "Tools", "Topics", and "About". The breadcrumb trail reads "Home > Data > Data by Geography". The "Data by Geography" section features a red circular icon with a location pin and a bar chart. The text describes HRSA's mission and the tool's purpose: "HRSA's mission is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs. This tool provides an overview of HRSA's investments nationwide or by a geographic area, including: HHS region, state, county, and congressional district." A "Please Note" section states: "The data displayed in this tool may differ from the HRSA Fact Sheets. The Fact Sheets display the official HRSA fiscal year end data including adjustments, de-obligations, etc., that are not accounted for in this tool. Select a geographic area below." Below this, there are five buttons: "Nation", "HHS Region", "State/Territory", "County", and "Congressional District".

<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 ¹	Grant Number ¹	HRSA Key Program ¹	County Name ¹	State Abbreviation ¹	Grant Activity Code ¹	Program Name ¹	Financial Assistance ¹	Award Year ¹
 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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



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

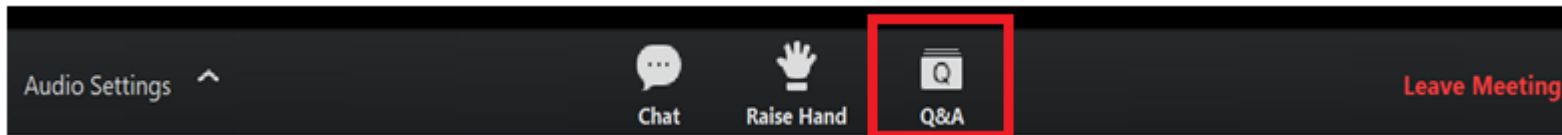


Submitting Questions and Comments



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