

RCORP Wilson County Project Summary - Highlights

Prepared for DrugFree WilCo
by the MTSU Data Science Institute

Sara Shirley

Jeffrey Stark



Center for Health
and Human Services



Public Health



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Overview – Highlights

- Who We Are - MTSU RCORP Team, RCORP Wilson County Consortium, Other Partners – 1.5 min.
- The HRSA RCORP Grants – 1.5 min.
- Opioid Related Statistics – 2 min.
- Successes - 5 min.
- Economic Impact - 2 min.
- Continuing Needs and Next Steps – 2 min.



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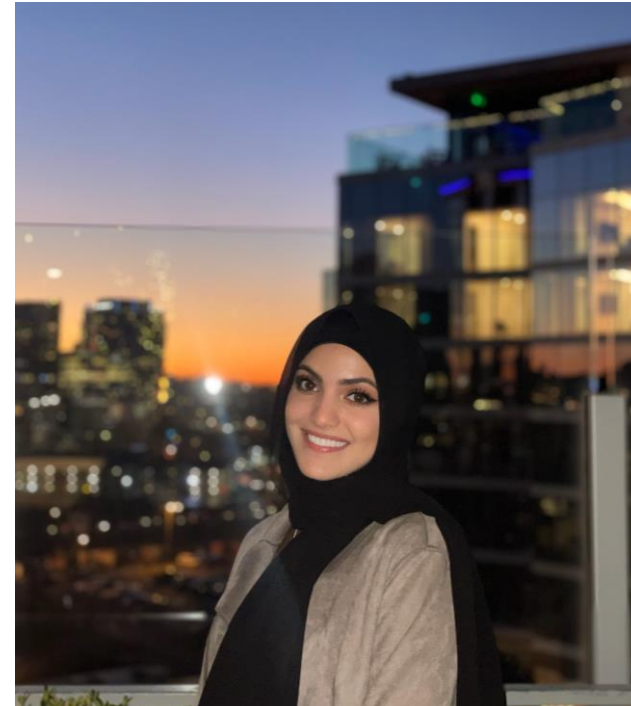


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Project Partners
forming **MTSU
RCORP
Consortium**
(formal MOUs in
place)

- DrugFree WilCo: Drug use prevention coalition of Wilson County
- MTSU Center of Health and Human Services: To shape a healthier future and advance the health and well-being of Tennesseans – Lead Agency for RCORP Wilson County grants
- Cedar Recovery: Largest addiction treatment center in Wilson County
- Mid-Cumberland Transportation: public transit system serving Wilson County and PIC Center needs and Uber.



MTSU RCORP TEAM

- Lead PI & Project Director: **Cynthia Chafin, PhD, MCHES®**, Director, Center for Health and Human services
- Co-PI and Project Director: **Kahler Stone, DrPH, MPH**, Associate Professor, Dept. of Health and Human Performance, Public Health Program
- Local Coordinator: **Michael Ayalon**, Master of Public Service, Program Coordinator, Center for Health and Human Services
- Data Analyst: **Keith Gamble**, Director, Data Science Institute, Professor Economics and Finance
- Project Assistant: **Chipper Smith, MPH & Maimoonah Dabshee, MPH**

Other Project Partners

- MT Public Health
 - Basic and applied research, community and university service, and educational and community partnerships
- MTSU Data Science Institute
 - Using complex data to create actionable insights



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Rural Communities Opioid Response Program (RCORP) Grant Funding

- The Rural Communities Opioid Response Program (RCORP) is a [multi-year initiative](#) by the Health Resources and Services Administration (HRSA)
- It is aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in [high-risk rural communities](#)



Two Grants, One Goal:

Reducing fatalities due to overdose and the associated economic burden related to misuse.

Planning Grant (18 months, 9/1/2020 – 2/28/2022)

- Understand the needs of those in Wilson County specific to opioid use disorder
- Focus Group studies
- Needs Assessment and Gap Analysis

Implementation Grant (3 years, 9/1/21 – 8/31/24)

- Put ideas into action
- Educate and inform
- Reduce stigma
- Save lives

These projects are supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance [awards totaling \\$200,000 and \\$1,000,000](#) with 100% funded by HRSA/HHS and \$0 amount funded by nongovernment sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.” For more information, please visit [hrsa.gov](https://www.hrsa.gov)

Four Project Core Areas



Summary of Implemented and Funded Activities

Public Education &
Stigma Reduction

Naloxone Access

Drug Take-Back
Programs

Community-Based
Prevention

SUD Screening and
Referral

Strengthen
Collaboration to
Improve Emergency
Treatment

Summary of Implemented and Funded Activities

Optimize
Reimbursement

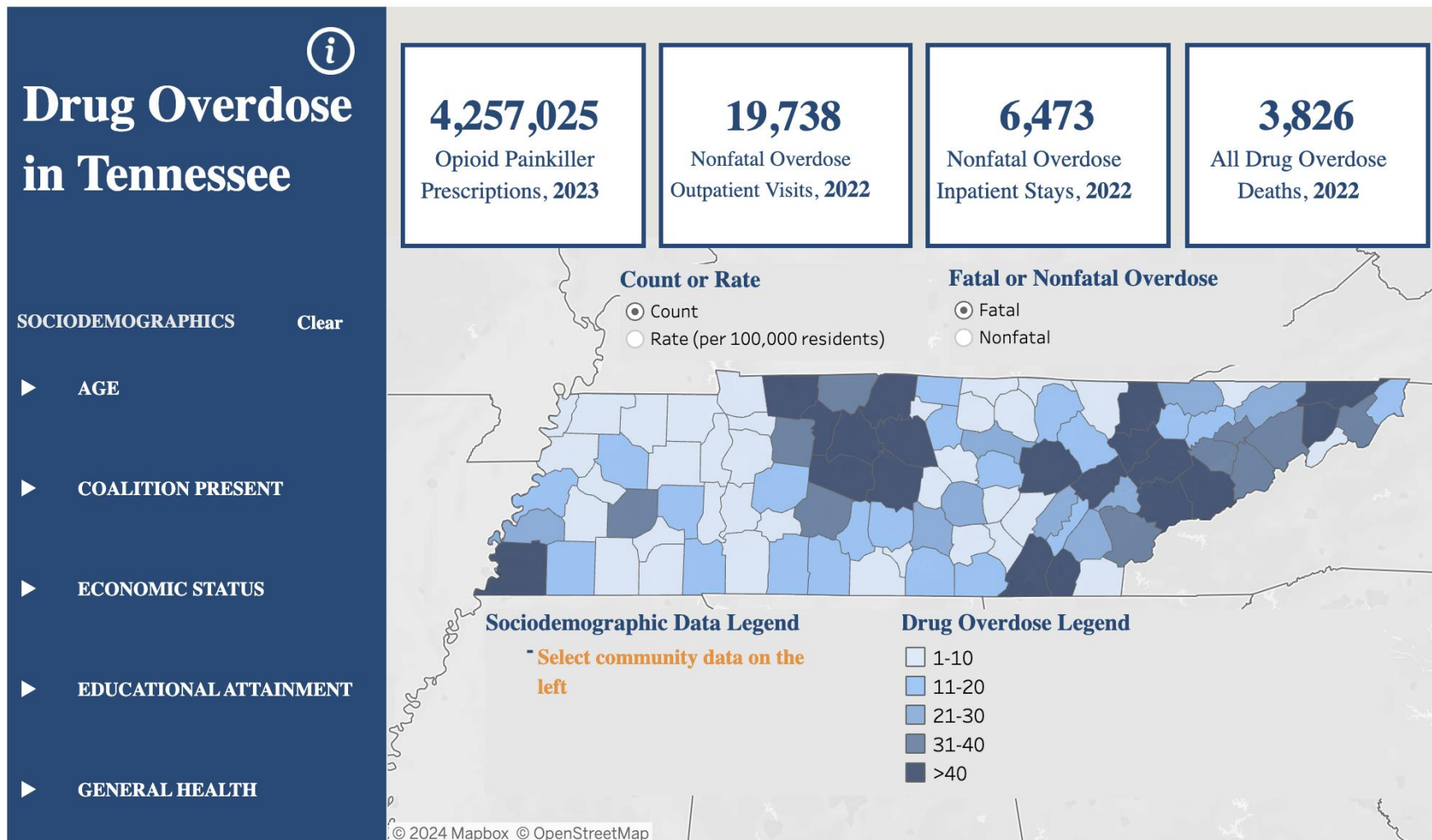
Improve Access to
Treatment
Supports

Improve
Discharge (Re-
entry) Programs
and Services

Expand Peer
Workforce

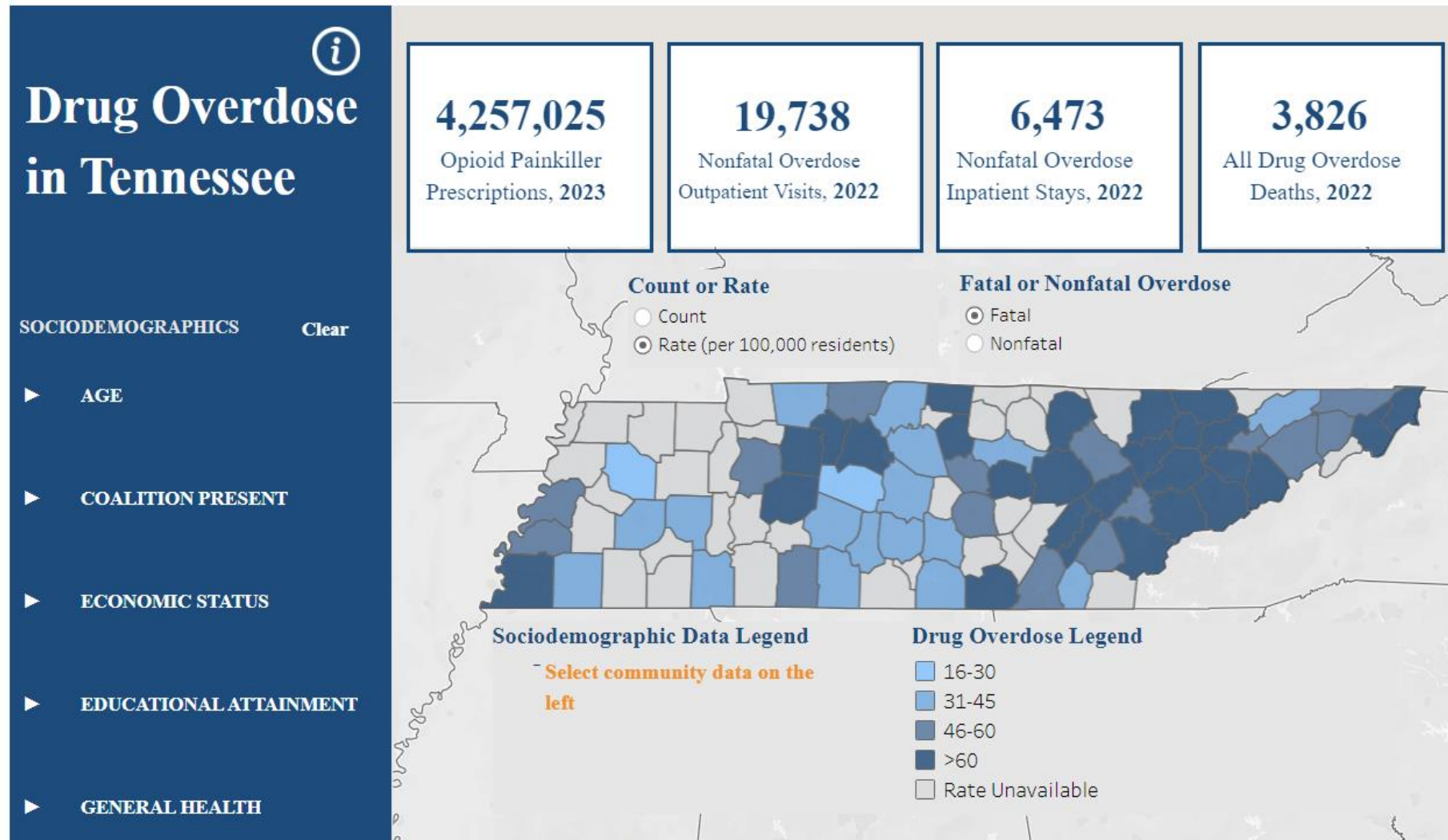
Expand
Availability of
Recovery Support
Services

Background Statistics: Tennessee

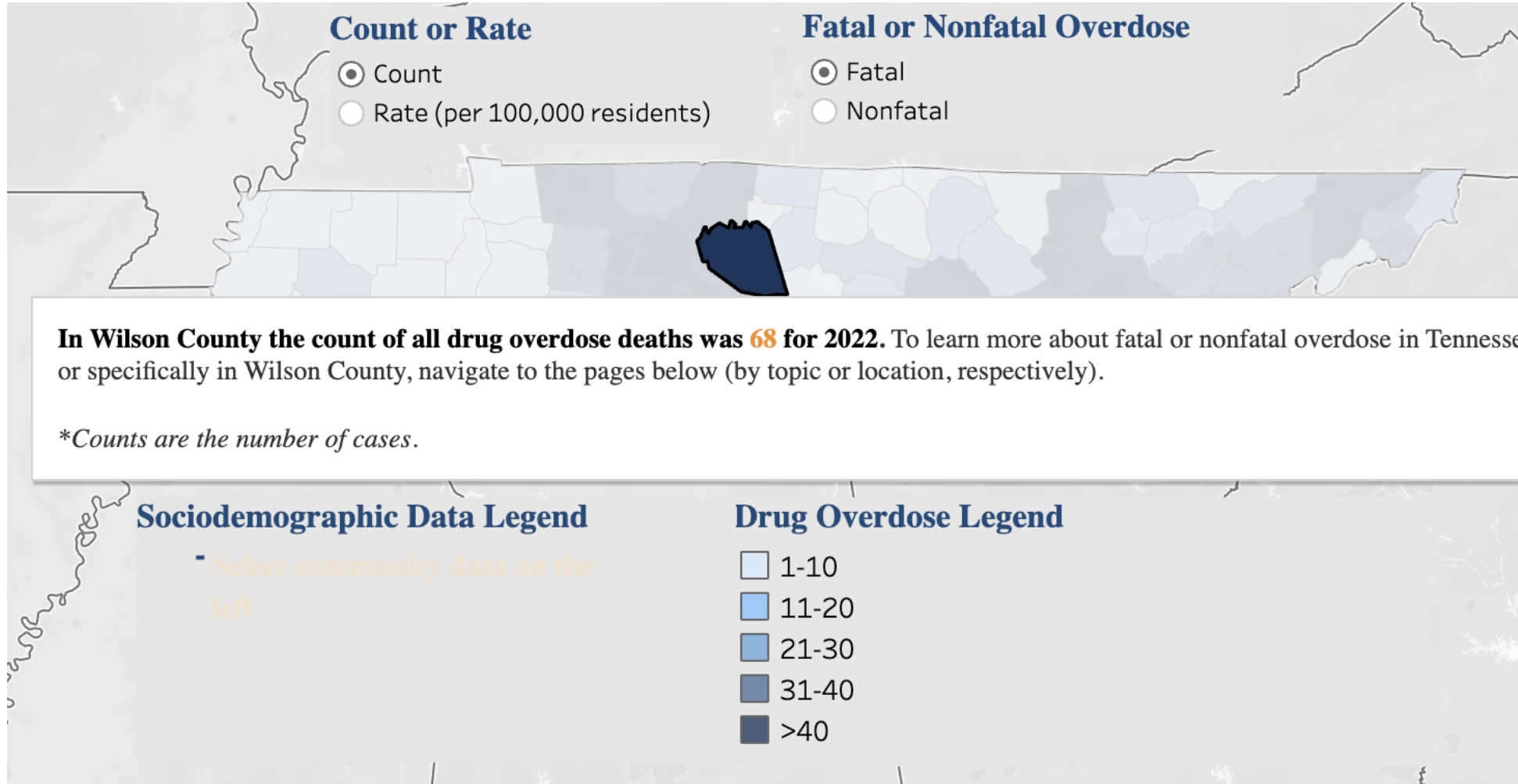


Background Statistics: Tennessee

(continued)

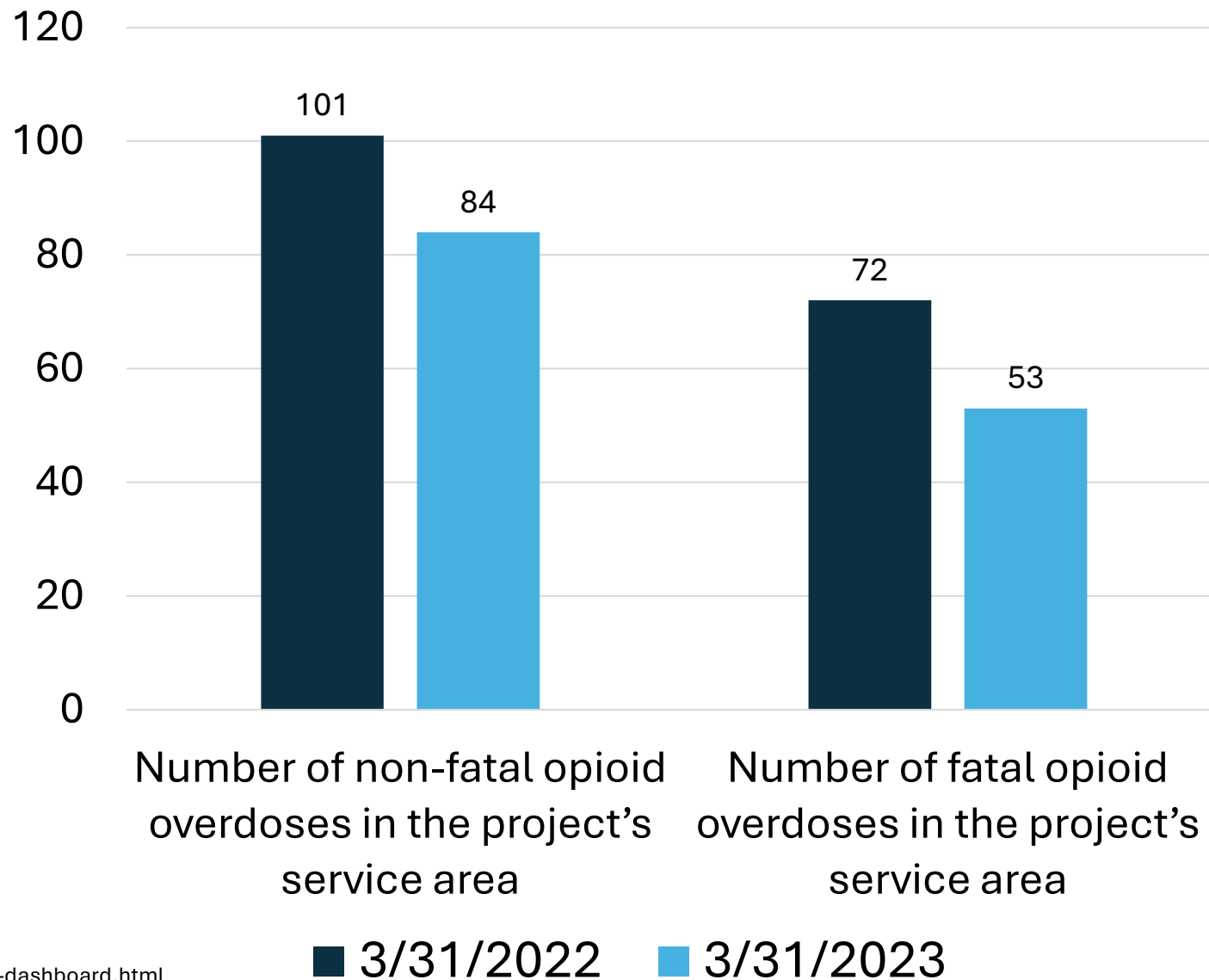


Background Statistics: Wilson County



One Year Comparison – Wilson County

- Reduction of non-fatal opioid overdoses by 16.8%
- Reduction of fatal opioid overdoses by 26.4%



Overview of Successes

Youth Prevention

PIC Center

OD Map

Stigma Activities

Patient Care

Youth Prevention

DrugFree Wilco is the consortium partner championing multiple successful youth prevention activities under the RCORP grant.

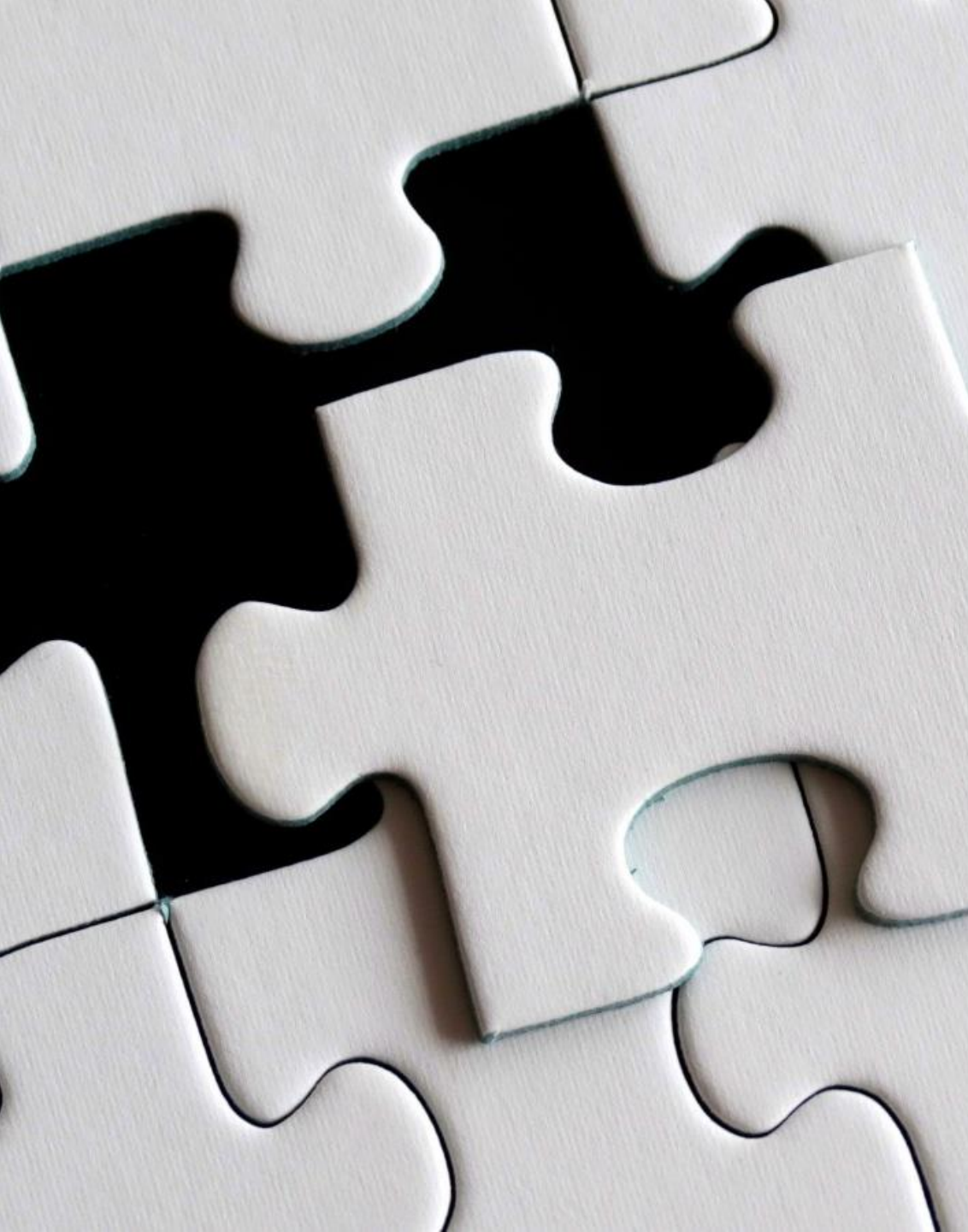


Youth Prevention Activities

- Some of the biggest successes in prevention have come through the very active [youth prevention coalition, YPC WilCo](#). There are four current YPC groups. Three are in Wilson County high schools (Lebanon, Mt. Juliet, and Green Hills High School), as well as one in a middle school (Mt. Juliet).
- These groups of YPC WilCo have developed educational videos that are being played in the high schools, and the students in the youth prevention coalition travel to the middle schools for educational events as well.
- Prior YPC WilCo activities include "Escape the Vape" Kits that allowed the students to host their own escape room, a Family Feud style trivia game on the dangers of drugs, and a signed banner pledge from the students.
- After a successful submission for grant funding from the county opioid settlement funds, "[The Screenagers Project](#)" curriculum in Wilson County Schools was approved and will be implemented.



PIC Center



Recovery Services

- There have been many successes with Wilson County's diversion center, also called the PIC Center, or Preventing Incarceration in Communities.
- The PIC Center exists to decrease the crime rate, reduce recidivism, and combat the opioid crisis in Wilson County, TN.
- When there are individuals arrested on a non-violent, drug-related charge in Wilson County, the District Attorney's office sends eligible participants to the PIC Center for assessment

Success Rates and Individuals Served

The PIC Center staff (a Certified Peer Recovery Specialist) performs an assessment and recommends a level of care, referring that individual to a treatment provider. The staff then collects progress reports from the treatment center and the individual over the next 6 – 12 months.

At the time of the individual's court case, the DA's office can drop the individual's charges based on their participation in treatment. To date, there is a **67% success rate in the program**. **108 individuals have already successfully graduated from the program**, and there are **71 active participants in the PIC Center as of September 2024**.

OD Map

OD Map

ODMAP provides near real-time suspected overdose data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike, in overdose events. ODMAP links first responders and relevant record management systems to a mapping tool to track overdoses to stimulate real-time response and strategic analysis across jurisdictions.



OD Map

- After a multi-year effort to build support and connections, establishing OD Map is a major success of the Wilson County RCORP grant which will provide immense value to local OUD efforts.
- OD is up and running through WEMA as of February 2024.
- Working to get additional law enforcement data added in over time to better understand data and trends (MJPD, LPD, WCSO).



Patient Care – Direct Impact

Patient Services

- Because of the RCORP Implementation grant, 40 of patients were provided with potentially life-saving treatment or services totaling *\$338,999.26 that otherwise would not have received them.

**Does not include final month of the original grant period of 8/31/24.*



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Changing Lives, Saving Lives!

- Leanne Harris, Lebanon, TN featured in the MTSU Spring 2024 Research Magazine.
- Grant funded treatment for Leanne who at the time of publication, was 2 years in recovery.
- Harris is convinced the grant saved her life.

Full article and magazine: [2024 MTSU Research by Middle Tennessee State University - Issuu](#)



Leanne Harris at her Wilson County home

TAKING THE LONG ROAD

ARMED WITH MTSU GRANT DOLLARS, ONE TENNESSEE COUNTY'S BATTLE AGAINST AN INSIDIOUS DISEASE—AND A LETHAL STIGMA—OFFERS HOPE FOR RECOVERING OPIOID ADDICTS

In 2021, Leanne Harris gave birth to a boy and gave him away. If he couldn't go home with her, she thought, he could at least go home with his big brothers, ages 2 and 5. They'd been adopted by a family friend.

"That's the major thing—I had to sign custody over of my oldest two," Harris said. "When I had my third, I also gave him up, because I wanted them all together. I didn't want them to be separated."

Harris, who lives in Lebanon, lost custody of her three children because she'd lost battle after battle against meth and heroin. She'd tried rehab, including medication-assisted treatment (MAT) with suboxone, several times without success.

That's the way addiction often looks, said Dr. Josh Wienczkowski, because addiction is a chronic disease. Wienczkowski is medical director at Lebanon-based Cedar Recovery, where Harris had tried and failed to get clean with MAT.

Just like cancer, diabetes, or high blood pressure, substance use disorder (SUD) is characterized by periods of relapse and remission. It's unrealistic to expect full recovery after a single course of treatment, Wienczkowski said. And with SUD, as with other chronic diseases, recovery can be complicated by depression, financial hardship, or any number of internal or external stressors. The important thing is to keep trying.

"What's comforting is that current literature shows the vast majority of those with SUD will recover fully—over 70%," he said. "And time in both treatment and recovery only increases that number."

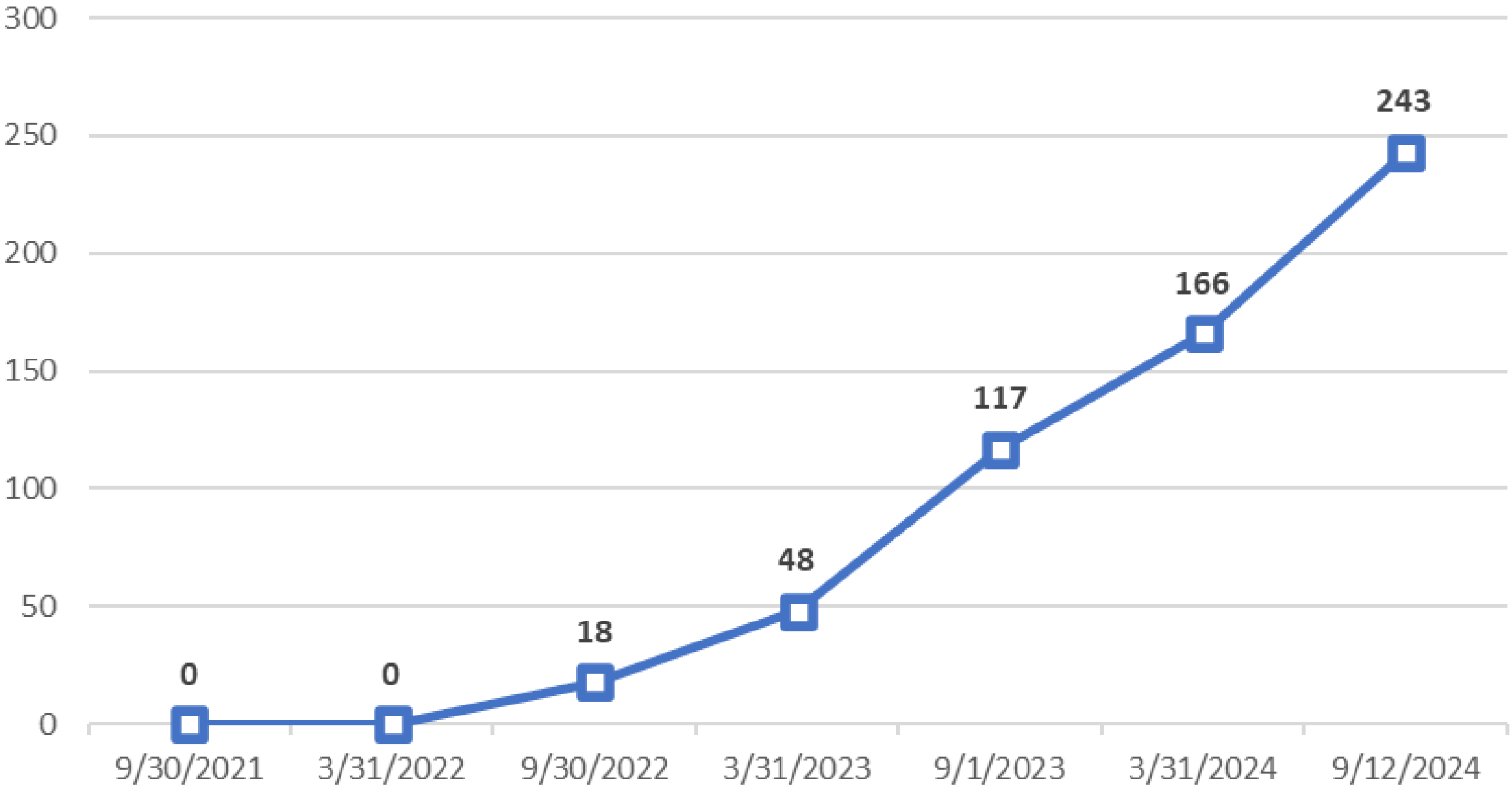
Harris can't recall exactly how many times she tried MAT, and she's not sure what made the last time different. All she knows is she was desperate to see her kids, including her baby, so she tried it again, and it stuck.

HEALTH AND WELLNESS

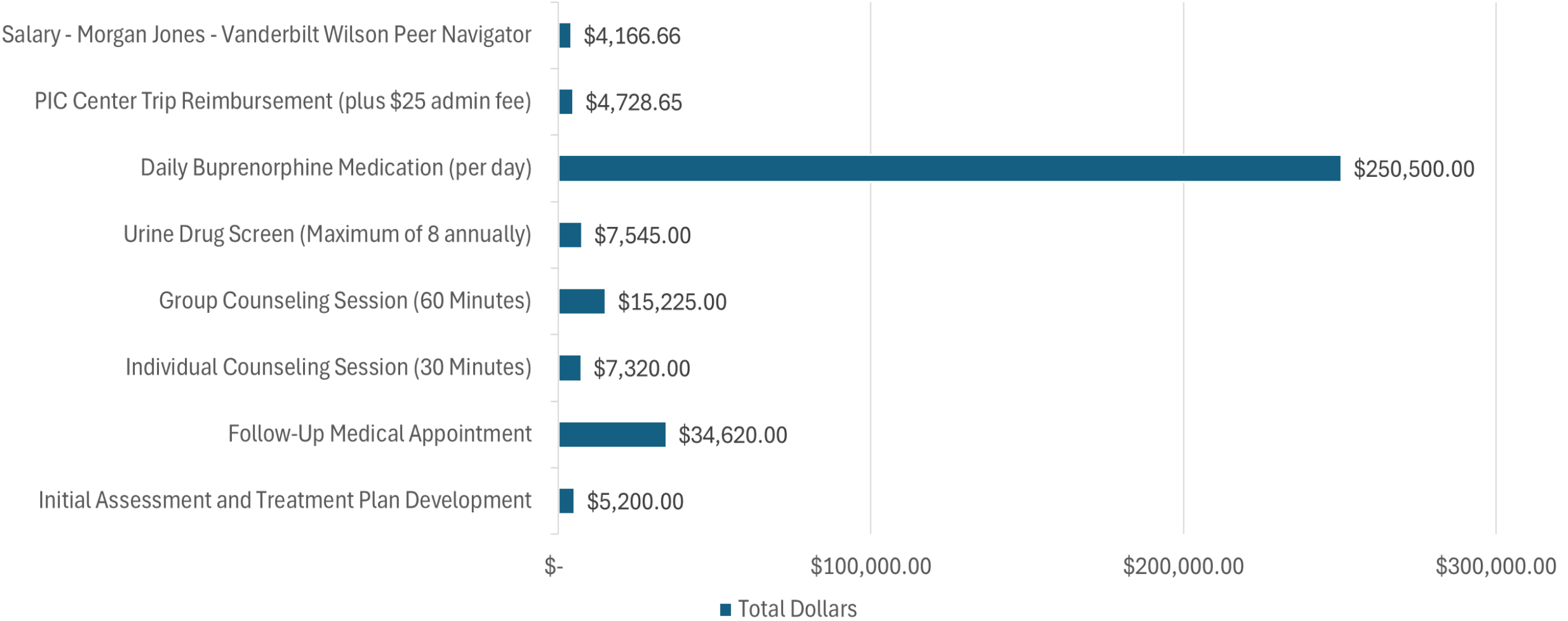


Article by
Aileen Gorman
Photo by
Andy Heidt

Patient Service Encounters



Grant Funds Expended for Treatment



Stigma

What is Stigma and Why is Reducing it Important?



- Stigma against those with substance use disorder is a set of negative attitudes and stereotypes that can create barriers to treatment and recovery, and make these conditions worse (Volkow, 2020).
- Anyone can have stigmatizing attitudes – individuals, healthcare providers, and other professionals.
- Stigma is an overarching concern that is addressed as part of the Wilson County RCORP project activities.
- Addressing stigma as an overarching concern means we are more likely to be successful in all project activities and to demonstrate positive impact.

Activities supporting stigma reduction as part of the RCORP grant include:

- Law enforcement training (n=112)
- “Lunch and Learns” for Health care providers, and other professionals in the community (n=58)
- Billboard campaigns (2022 and 2024)



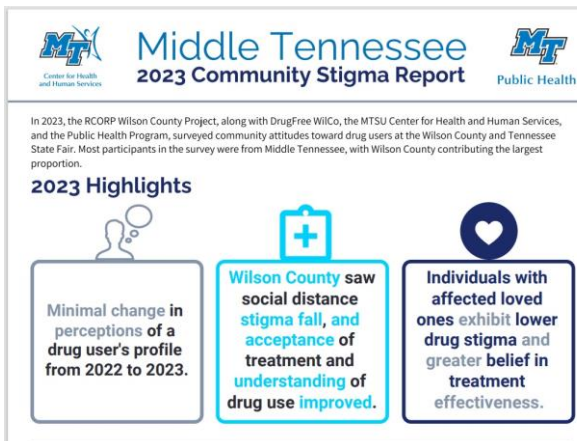
Stigma Reports

Three annual stigma reports were developed with outcomes from stigma reduction activities.

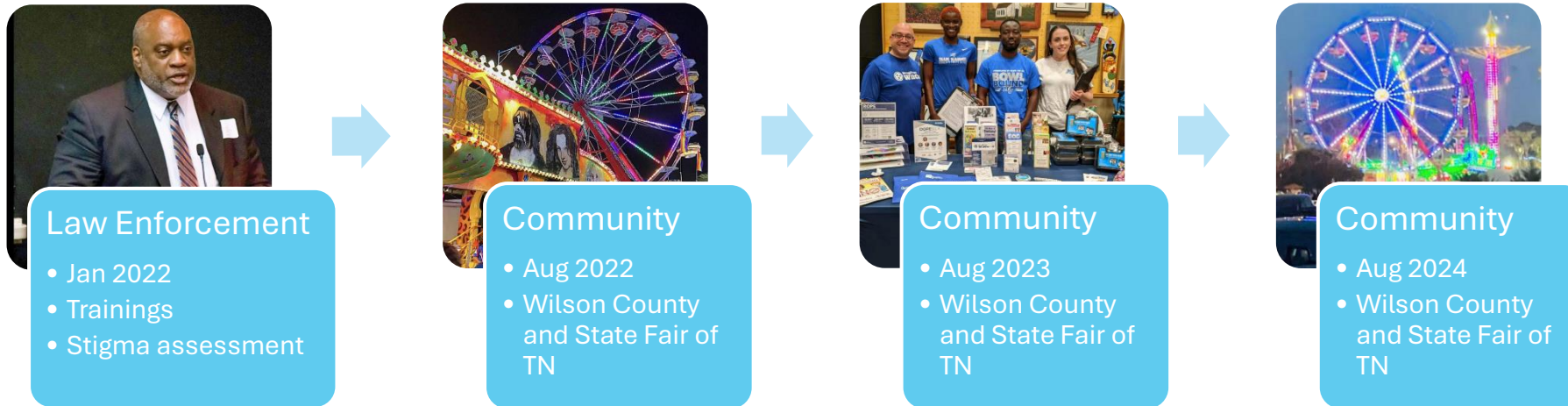
RCORP Wilson County, TN
Provider and Community Stigma Report



Years One and Two reports are available at [CHHS Publications – The Center for Health and Human Services \(mtsu.edu\)](https://chhs.mtsu.edu/publications) with Year Three in progress.



Stigma Assessment and Tracking Timeline



Objectives

1. **Develop/adapt a tool** to measure provider stigma toward PWUD.
2. **Quantify stigma level** in Law Enforcement and Community members (the public).
3. Assess **differences** in Law Enforcement and Community.
4. Track **Community over time**.

Assessing Stigma

- The CHHS RCORP team, in collaboration with M.P.H. students at MTSU, developed a questionnaire to measure stigma based on research found in the literature.
- **Community Stigma:** Surveys were administered at the Wilson County-Tennessee State Fair in 2022, 2023, and 2024 after stigma reduction activities were underway (Collected between 350-400 questionnaires each year).
- **Law Enforcement Stigma:** Surveys were administered as part of six lunch and learn educational sessions in 2022 focusing on harm-reduction and led by HRSA-endorsed law enforcement officer.
- Disease model of addiction was the overarching scheme: Dangerousness, blame, social distance, fatalism.



Opioid Use Disorder Questionnaire — Tennessee State Fair 2022

Date: _____ Interviewer initials: _____

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I have read this informed consent document pertaining to the above identified research..... ☐ Yes ☐ No
 The research procedures to be conducted are clear to me..... ☐ Yes ☐ No
 I confirm I am 18 years or older..... ☐ Yes ☐ No
 I am aware of the potential risks of the study..... ☐ Yes ☐ No
 I affirm that I freely and voluntarily choose to participate in this study. I understand I can withdraw from this study at any time without facing any consequences..... ☐ Yes ☐ No

1(8). Please indicate how strongly you agree or disagree with the following statements:

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
A If I knew that a heroin addict lived nearby, I would not allow my children to play alone outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B One important thing about people addicted to heroin or opioids is that you cannot tell what they will do from one minute to the next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C People who use heroin or opioids are a threat to the safety of our community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D Although some heroin/opioid users may seem all right it is dangerous to forget that they are drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E Persons addicted to heroin and/or opioids are usually responsible for their own condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F If I knew someone was addicted to heroin or opioids I would try not to socialize with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G It would bother me to live near a person who used heroin or opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H It would be difficult for me to develop a friendship with someone who uses heroin or opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I I would not vote for a politician if I knew they had been addicted to heroin or opioids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J If I could, I would prefer not to work with someone who was a known user of heroin or opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K I would be fine letting someone who had a history of opioid and heroin use marry into my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L Most people who become addicted to heroin or opioids are addicts for life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M A typical drug user belongs to the lower class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N Males are more likely to be a drug user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O Most drug users are employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P Drug abuse is a disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q Medicated assisted treatment (MAT) programs can be an essential tool in aiding in treatment and preventing overdose deaths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2(9). From your experiences a typical drug user is which race/ethnicity?
☐ Black or African-American ☐ American Indian / Alaskan Native ☐ Asian ☐ Hispanic or Latinx ☐ White ☐ Not Listed

MT Public Health
MIDDLE TENNESSEE STATE UNIVERSITY

3(10). What is your age (in years)? _____

4(11). What is your gender?
☐ Man ☐ Woman ☐ Not Listed _____

5(12). What is your race/ethnicity?
☐ Black or African-American ☐ American Indian / Alaskan Native ☐ Asian ☐ Hispanic or Latinx ☐ White ☐ Not Listed

6(13). Have you seen any of the DrugFree WilCo billboards displayed in Wilson County in the past year?
☐ Nope, I haven't seen any of them
☐ I saw at least one, but only once
☐ I saw one or more occasionally
☐ I see/saw them routinely when they were up

7(14). What County do you reside?
 _____ or ☐ Outside of Tennessee

8(15). Are you willing to be contacted in the future via email for a follow-up telephone interview as part of a qualitative study on substance use in TN?..... ☐ Yes ☐ No thanks!

9(16). Thank you for completing the survey!

Please enter your email address below to be entered into the drawing for a \$150 Kroger Gift Card:

We thank you for your time!



- Informed Consent
- 14 Stigma oriented questions
- Billboard sign visibility
- Drug user stereotyping questions (biases)
- Respondent demographics (age, gender, race)
- **Loved/close one affected question added – Years Two and Three**

Highlights from Year Two Stigma Report - Community



Middle Tennessee 2023 Community Stigma Report



In 2023, the RCORP Wilson County Project, along with DrugFree WilCo, the MTSU Center for Health and Human Services, and the Public Health Program, surveyed community attitudes toward drug users at the Wilson County and Tennessee State Fair. Most participants in the survey were from Middle Tennessee, with Wilson County contributing the largest proportion.

2023 Highlights



Minimal change in perceptions of a drug user's profile from 2022 to 2023.



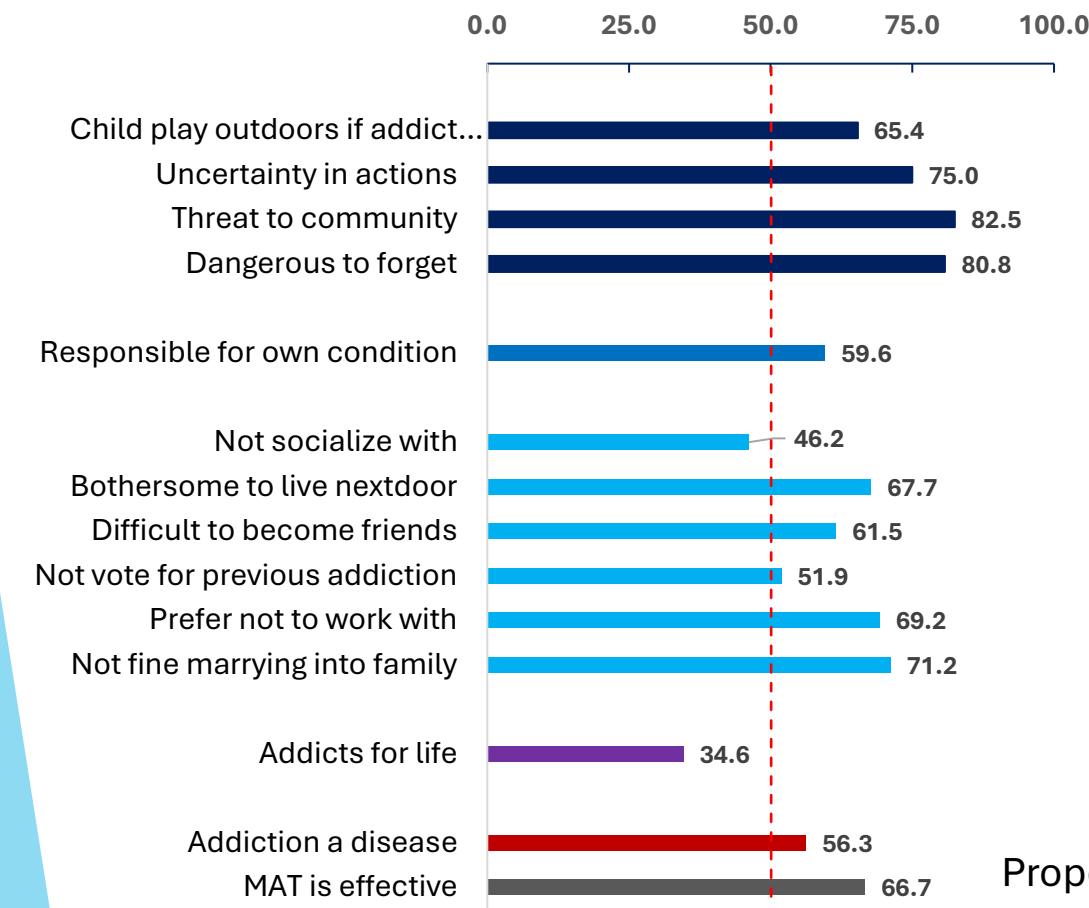
Wilson County saw social distance stigma fall, and acceptance of treatment and understanding of drug use improved.



Individuals with affected loved ones exhibit lower drug stigma and greater belief in treatment effectiveness.

Highlights from Year One Stigma Report – Law Enforcement

Law Enforcement Training - Six virtual (held via Zoom) peer-led harm reduction model presentations were delivered over two days in January 2022, for local law enforcement officers in Wilson County. Of those that attended a classroom with lunch (N=112), 48 agreed to participate in the survey (N=48).



Proportion of participants strongly agreeing or agreeing to the statement

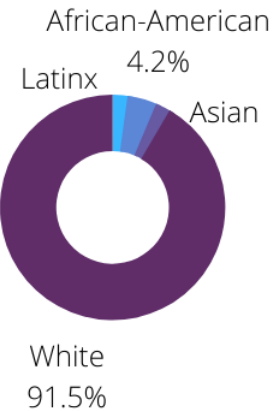
Provider-level stigma is measurably present in Law Enforcement

Opportunities for further training

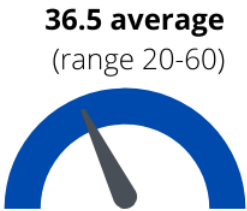
“We all work in this field with a bias already and with the right information and tools the next generation of LEO learning from us, and I saw a lot of LEO leaders in this group, we could definitely get the wheels moving so that the newer guys do not wind up with the same biases we hold.”

2022 Law Enforcement Sample

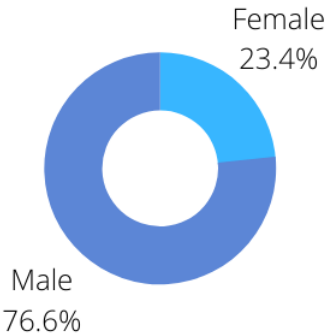
Race / Ethnicity



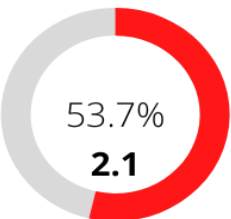
Age



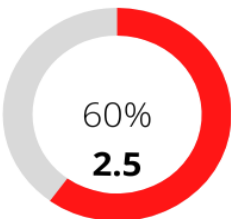
Sex



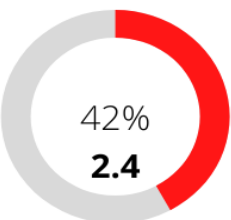
Dangerous



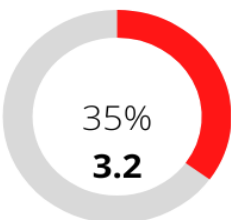
Blame



Social Distance



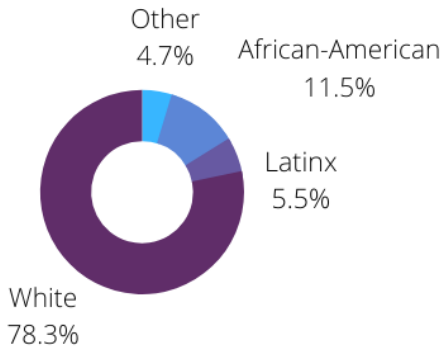
Fatalism



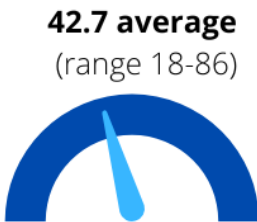
On a scale of 1= Strongly Agree to 5=Strongly Disagree

2022 Community Sample

Race / Ethnicity



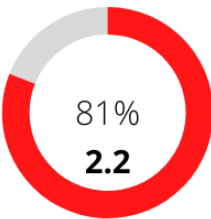
Age



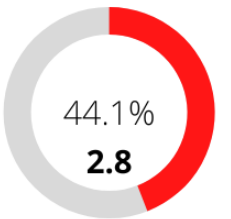
Sex



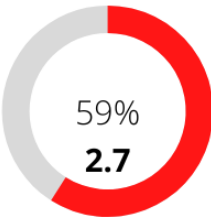
Dangerous



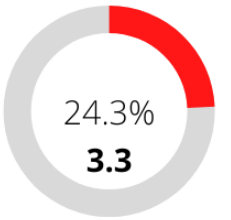
Blame



Social Distance



Fatalism



On a scale of 1= Strongly Agree to 5=Strongly Disagree

So, after year 1 (2022)?

- Both LEOs and community members showed “**similar**” stigma levels in **dangerousness, blame, social distance,** and **fatalism** domains with different distributions **and marginal significance** when adjustment is taken.
- Study **achieved its objective of estimating stigma prevalence** and highlighting parallels between LEOs and community members.

Additional Successes: Stigma

The MTSU RCORP Project Team has been invited to share outcomes of stigma reduction activities at a national conference, one grantee national webinar, two statewide conferences, one regional event.

Annual Conferences:

American Public Health Association
Tennessee Public Health Association
Rural Health Association of Tennessee

Quarterly Webinars:

Rural Health Association of Tennessee
HRSA Learning Collaborative



Other Successes

Additional Successes

- **Accessing data for consortium planning, monitoring consortium activities:** Consortium members can use the data collected for HRSA reporting to plan and track their activities. With the recent decision to **adapt OD Maps in all counties of Tennessee, additional data will be available to consortium members.** This provides all overdose data across the county in one centralized location.

Additional Successes

- **Telehealth/telemedicine:** While our RCORP partner Cedar Recovery has several locations across the state of Tennessee, since Wilson County is a rural county, they started "Studio Health" in 2022 to give more people in rural Wilson county access to treatment. It also helps those who are not comfortable visiting a treatment center in person
- Participants connect with their doctor and therapist through the app, they perform mail-in drug screens, and medications such as Suboxone (buprenorphine) is prescribed to a pharmacy near their home. This initiative was completed outside of RCORP funding.

Additional Successes

- **Accessing data from consortium members for HRSA reporting:** Even with staff turnover, we have been successful in getting needed data in part due to the data reporting structures set up by the MTSU RCORP Team.
- **Additional HRSA RCORP funding:** MTSU CHHS and Cedar Recovery received almost \$3,000,000 **to expand treatment** to six rural Tennessee communities and expand their work in Wilson County.
- **Additional Opioid Abatement funding:** DrugFree Wilco and MTSU Center for Health and Human Services applied for and receiving funding from local and state abatement funds to further work in Wilson County and throughout the state. This represents five grant applications and totals \$9,141,962.

Economic Impact



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Economic Impact of Opioid Use Disorder



- Preventing opioid use disorder can have significant economic impact.
- The costs associated with OUD are substantial, including healthcare expenses, lost productivity, criminal justice costs, and more.
- The total cost of the opioid epidemic in 2017 was estimated at \$1.021 trillion including \$471 billion for OUD and \$550 billion for fatal opioid overdoses.

Sources:

Luo, F., Li, M., & Florence, C. (2021). State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose - United States, 2017. *MMWR. Morbidity and mortality weekly report*, 70(15), 541–546. <https://doi.org/10.15585/mmwr.mm7015a1>

Florence, C., Luo, F., & Rice, K. (2021). The economic burden of opioid use disorder and fatal opioid overdose in the United States, 2017. *Drug and Alcohol Dependence*, 218. <https://doi.org/10.1016/j.drugalcdep.2020.108350>

Jennings, K. (2022, May 23). Economic Toll of Opioid Epidemic: \$1.3 Trillion a Year. *Forbes*. <https://www.forbes.com/sites/katiejennings/2022/02/04/economic-toll-of-opioid-epidemic-13-trillion-a-year/>

Economic Impact: Centers for Disease Control and Prevention (CDC) Model

Fatal Opioid Overdose:
Value of a Statistical Life: \$10.1 million
Lost Productivity: \$1.4 million
Healthcare Costs: \$5,500

Total Cost: \$11.5 million

Living with Opioid Addiction:
Reduced Quality of Life: \$183,200
Lost Productivity: \$14,700
Healthcare Costs: \$14,700
Criminal Justice: \$7,000
Substance Use Treatment: \$1,600

Total Cost: \$221,200

Sources:

Luo, F., Li, M., & Florence, C. (2021). State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose - United States, 2017. *MMWR. Morbidity and mortality weekly report*, 70(15), 541–546.
<https://doi.org/10.15585/mmwr.mm7015a1>

Florence, C., Luo, F., & Rice, K. (2021). The economic burden of opioid use disorder and fatal opioid overdose in the United States, 2017. *Drug and Alcohol Dependence*, 218.
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Jennings, K. (2022, May 23). Economic Toll of Opioid Epidemic: \$1.3 Trillion a Year. *Forbes*. <https://www.forbes.com/sites/katiejennings/2022/02/04/economic-toll-of-opioid-epidemic-13-trillion-a-year/>

Economic Impact: Patients Treated through RCORP Wilson County Grant

Fatal Opioid Overdose:
Value of a Statistical Life: \$10.1 million
Lost Productivity: \$1.4 million
Healthcare Costs: \$5,500

Total Cost: \$11.5 million
Potential Lives Saved: 40 Receiving Treatment
Potential Economic Impact: \$460 Million

Living with Opioid Addiction:
Reduced Quality of Life: \$183,200
Lost Productivity: \$14,700
Healthcare Costs: \$14,700
Criminal Justice: \$7,000
Substance Use Treatment: \$1,600

Potential Costs Saved: \$221,200 X 40 Receiving Treatment: \$8,848,000

Sources:

Florence, C., Luo, F., & Rice, K. (2021). The economic burden of opioid use disorder and fatal opioid overdose in the United States, 2017. *Drug and Alcohol Dependence*, 218. <https://doi.org/10.1016/j.drugalcdep.2020.108350>

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Continuing Needs and Next Steps



Center for Health
and Human Services



Public Health



Data Science Institute



Continuing Needs

- **Availability of Substance Use Disorder (SUD) Treatment:** Treatment is available though there are ongoing issues with the **uninsured and underinsured** and treatment costs. Grants and other sources of outside funding will continue to be pursued to address this.
- **Naloxone Distribution:** There is lack of availability of Naloxone nasal spray, which is also limited by high cost. In Wilson County, there is **currently limited support for intramuscular Naloxone**.
- **Stigma:** While there has been progress made in addressing stigma, it still is a challenge within the community at large and within law enforcement (this is the only sub-population where this has been studied – there may be others). **There is stigma surrounding harm reduction** in particular (intramuscular Naloxone and syringe exchange, etc.).
- **Researching Underserved Populations:** Treatment services data indicate a continued challenge in reaching racial and ethnic minorities equitably, though progress has been.

What's next?



Secure additional
grant funding

MTSU CHHS is
happy to
partner and
support
continuing
efforts



Gain support from local officials to
provide sustained funding



Continue local coalition efforts to
collaborate on prevention,
treatment, and recovery efforts
leveraging available resources

Recommended Next Steps

- Actively and continually seek [grant funding](#) to continue local OUD/SUD work
- [Share successes and Sustainability Plan](#) with [county and local officials](#) and ask for their support with future activities and endeavors
- Continue support for the [PIC Center](#) (Preventing Incarceration in Communities)
- [Develop sustainability plan for providing transportation](#) to treatment
- Continue to support and maximize Wilson County [Naloxone Distribution Program](#)
- [Fully utilize ODMap](#) Implementation for real time data and spike alerts
- Continue support for Jail based [re-entry transition](#) specialist
- [Continue Education](#) in businesses and youth development settings
- Continue to [strengthen the local coalition](#) by recruiting and retaining new and active members to support prevention, treatment, and recovery



Thank you RCORP
Wilson County
Consortium Partners



Thank you, HRSA
RCORP Staff