Wilson County Community Needs Assessment and Gap Analysis

Drug-Free WilCo
Wilson County, TN
February 26th, 2021

Grantee Organization	Middle Tennessee State University	
Grant Number	HRSA-20-109	
Address	1301 East Main St., Murfreesboro TN 37132	
Service Area	Wilson County	
Project Director	Name:	Cynthia Chafin
	Title:	Associate Dir, Center for Health & Human Services
	Phone number:	615-898-5493
	Email address:	Cynthia.Chafin@mtsu.edu
Contributing Consortium Members and Stakeholders (organization name or individual descriptor – i.e., "person in recovery" – is sufficient; individual names are not required)	MTSU CHHS, MTSU Data Science Institute	
	Persons in Recovery, Local Government Representatives	
	Vanderbilt University Medical Center, Civic Groups, Local Businesses	
	Wilson County School District, Wilson County Health Department	
	YPC WilCo (Youth Prevention Coalition from Wilson Cty High Schools)	
	Parents/Families Affected by SUD/OUD, Law Enforcement, Courts	
	Racial/Ethnic Minorities, Faith-Based Organizations	
	Formerly Incarcerated and Formerly Homeless	

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WILSON COUNTY **COMMUNITY NEEDS ASSESSMENT AND GAP ANALYSIS**

January 2021
RCORP Grant #G25RH40048

This project is 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 award totaling $200.000 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

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Introduction and Background Information

DrugFree WilCo is a community coalition aimed to prevent and reduce drug misuse in Wilson County Tennessee. In collaboration with the Center for Health and Human Services (CHHS), Data Science Institute (DSI), and Department of Health and Human Performance (HHP) at Middle Tennessee State University (MTSU), the consortium was awarded a federal planning grant (HRSA-20-109, the Rural Communities Opioid Response Program or RCORP) from the Health Resources and Services Administration (HRSA) to conduct a community needs assessment and gap analysis for current Wilson County community drug prevention and intervention strategies.

This report includes existing and newly acquired quantitative and qualitative data, where focus groups and key informant interviews were conducted, and secondary data compilation were performed.

This report is intended to highlight unmet needs in Wilson County and identify existing gaps regarding drug prevention and intervention for DrugFree WilCo and its community partners to take action in improving the lives of their residents.

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Mission, Vision, and Values

Our Mission

DrugFree WilCo is a coalition dedicated to uniting the collective community of Wilson County with the mission to prevent and reduce drug misuse and addiction among youth and adults; and to provide education, communication and awareness of resources.

Our Planning Values

- **ABOLISH STIGMA**
- **CELEBRATE DIVERSITY**
- **CHOICE**
- **COMMUNITY INPUT**
- **HOPE**
- **PERSON-FIRST LANGUAGE**
- **RECOVERY IS POSSIBLE**
- **RESPECT**

Our Vision

To assure that Wilson County has safe, drug-free public spaces for a healthy community, and to increase an active youth environment to eliminate loneliness and isolation. Create awareness for prevention and stop the stigma for those who are in recovery.

Needs Assessment Methodologies

For this project, a needs assessment and gap analysis was conducted using available secondary aggregate community level data and primary qualitative data.

The secondary quantitative data were used to describe the demographics, social determinants of health, and opioid use disorder / substance use disorder estimates in Wilson County.

Data Sources Include

- U.S. Census Bureau American Community Survey
- U.S. Labor Department
- Behavioral Risk Factor Surveillance System
- Substance Abuse and Mental Health Services Administration
- Tennessee Department of Mental Health and Substance Abuse Services
- Tennessee Department of Education
- Tennessee Department of Health
- Middle Tennessee 211 Counts
- United Ways of Tennessee (ALICE)
- Independent Evaluation Report of 15th Judicial Court

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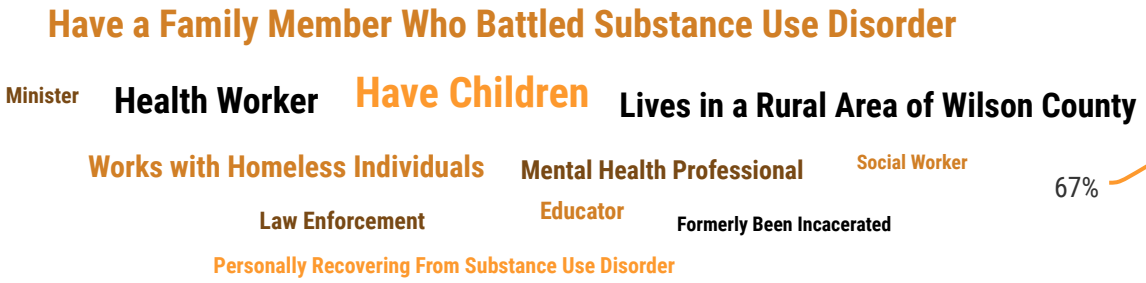
Needs Assessment Methodologies (Cont.)

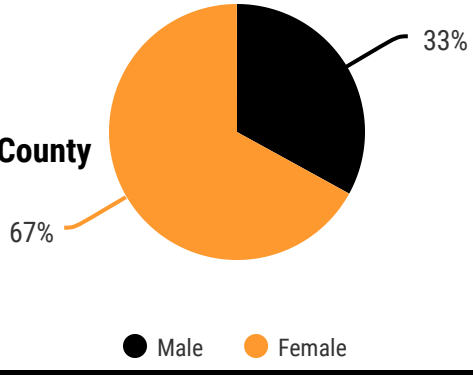
Primary qualitative data were collected via the DrugFree WilCo forum through focus groups and key informant interviews.

Participants in the focus groups and key informant interviews were recruited by DrugFree WilCo coalition members and community stakeholders, with specific intent to include community members from various backgrounds and interaction with opioid/substance use disorder. Upon verbal agreement of interest in participating in either the focus group or key informant interview, each participant was provided with information about how the data would be collected and used for this report. Four focus groups and key informant interviews were held between November 23rd, 2020 and January 8th, 2021 virtually via Zoom, where audio recordings were made for content analysis.

Each focus group and key informant interview had a semi-structured questionnaire (See Appendix). The recorded sessions were downloaded onto an external hard drive and transcripts were extracted and hand delivered to the Data Science Institute at MTSU for thematic coding of the transcripts that yielded results as major themes with supporting quotes. All results and quotes were to be de-identified to protect participants' privacy. Also, all primary focus group and key informant interview aspects of data collection, analysis, and reporting were reviewed and approved by the Middle Tennessee State University Institutional Review Board (IRB-21-2063 7qv).

Survey Group Participant Characteristics





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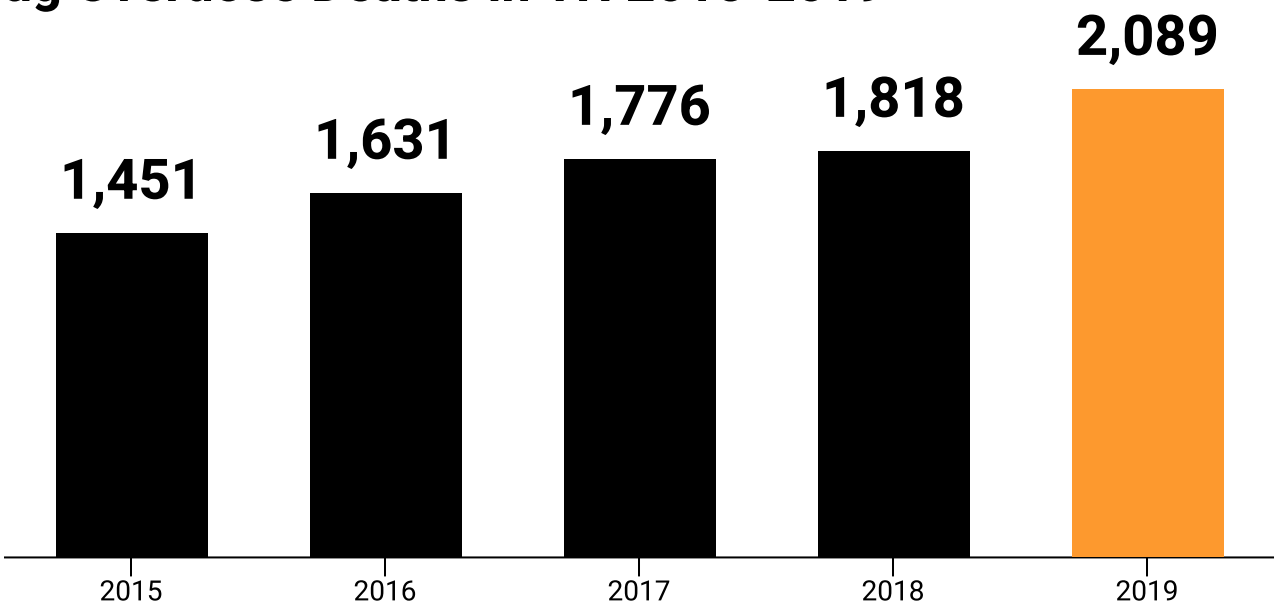
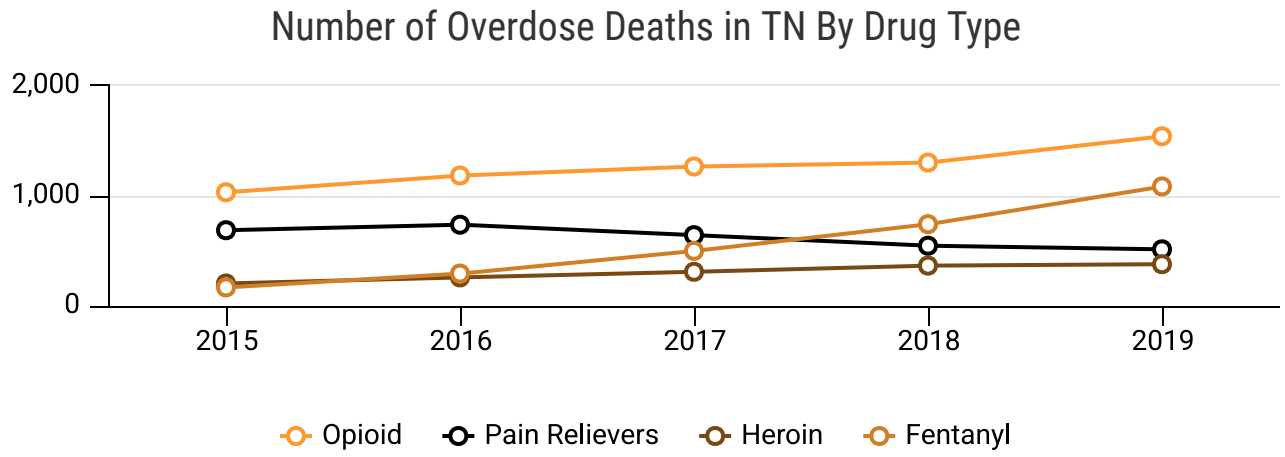
Tennessee State Level
Overdose Deaths

Drug Overdose Deaths in TN 2015-2019



Over the past five years, drug overdose deaths in Tennessee have consistently increased. In 2019, 2,089 Tennesseans died of a drug overdose. This represents a 15% increase in drug overdoses from 2018.



Center For Health and Human Services • RCORP Needs Assessment • https://www.mtsu.edu/chhs/
Statistics Provided by the TDH Office of Informatics and Analytics, Updated August 26, 2020

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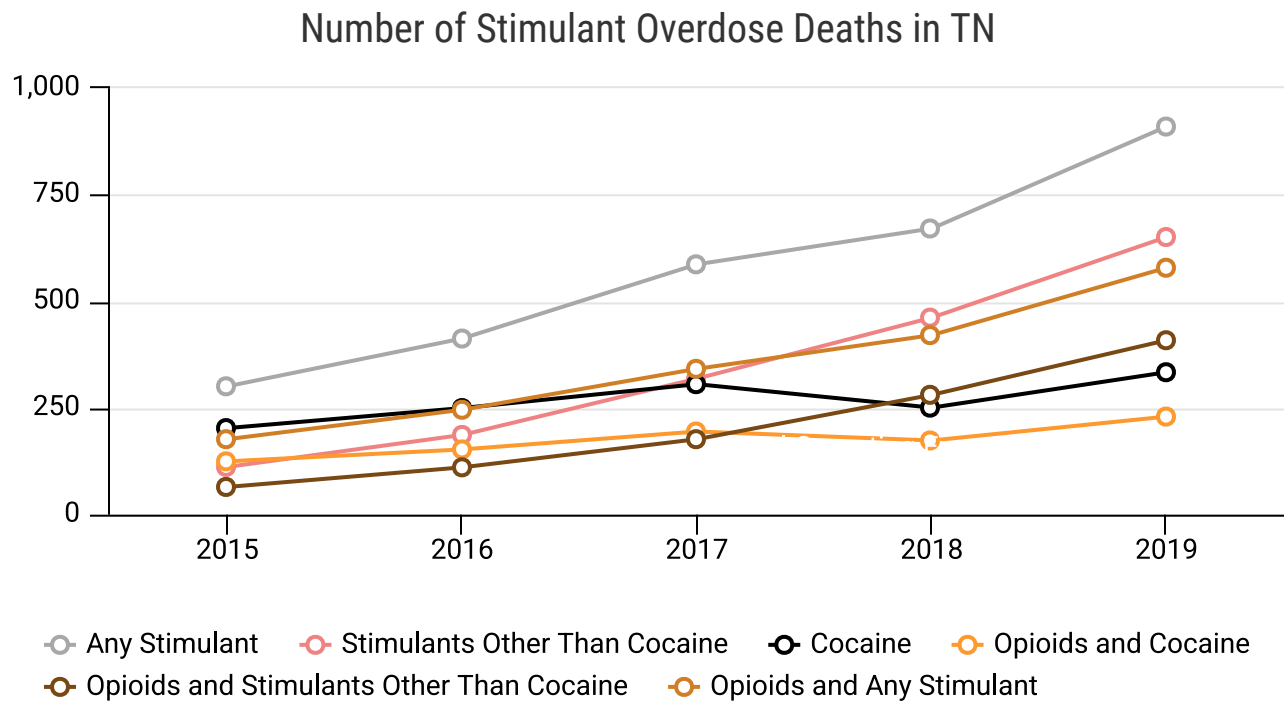
Tennessee State Level
Overdose Deaths (Cont.)

As was seen on the last page, opioids have consistently been common contributing causes among drug overdose deaths in Tennessee. Deaths involving any opioid have continued to increase, primarily driven by deaths involving illicit fentanyl. Of note, these are not mutually exclusive drug categories, and an overdose may have involved multiple types of opioids or nonopioid drugs.



Deaths involving stimulants other than cocaine (primarily deaths involving methamphetamine), have also increased substantially over the past five years. Deaths involving both opioids and stimulants (an example would be fentanyl and crystal methamphetamine, called "ice") have also increased over the past five years.

Center For Health and Human Services • RCORP Needs Assessment • https://www.mtsu.edu/chhs/
Statistics Provided by the TDH Office of Informatics and Analytics, Updated August 26, 2020

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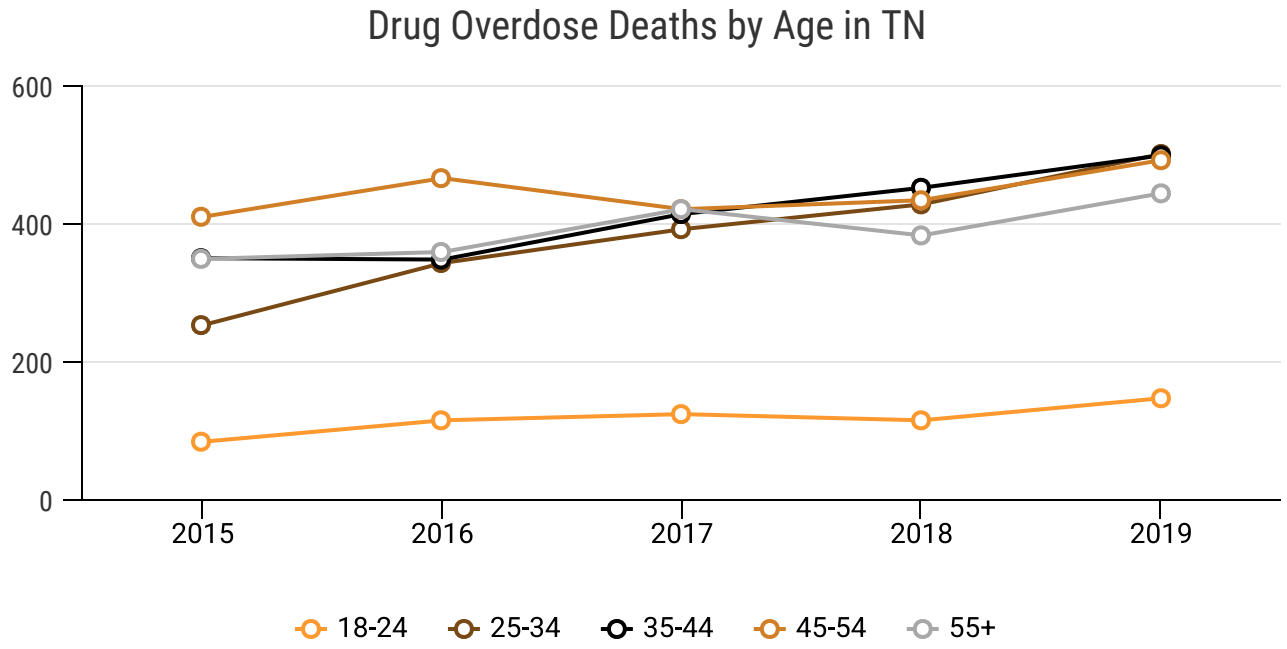
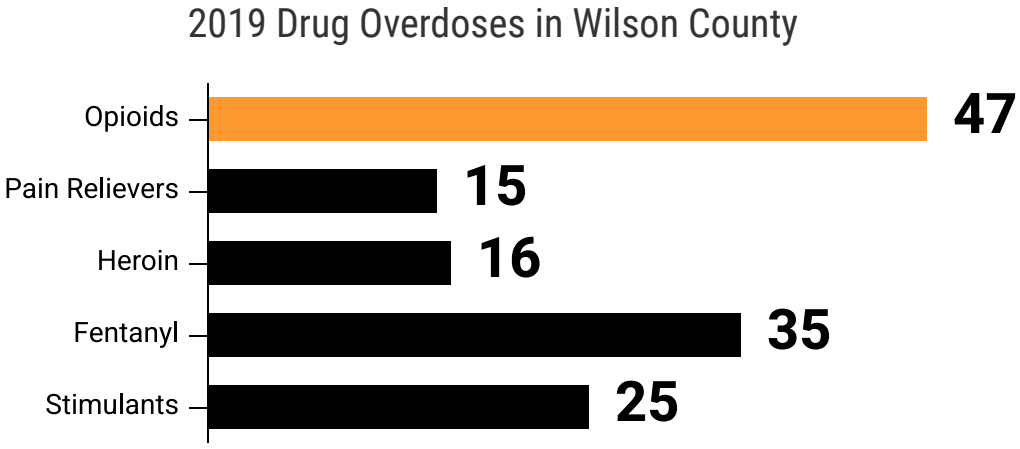
Tennessee State Level
Overdose Deaths (Cont.)



From 2018 to 2019, overdose deaths have increased among all age groups over 18. Between 2018 and 2019, persons aged 18-24 years had the highest percent increase (28%) of drug overdose deaths.



61
Total Overdoses

Center For Health and Human Services • RCORP Needs Assessment • https://www.mtsu.edu/chhs/
Statistics Provided by the TDH Office of Informatics and Analytics, Updated August 26, 2020

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County Statistics in 2020

136
** DUI Arrests (*2%)

13
** Overdose Deaths

51
** Suspected Overdoses

Suspected Overdoses by Age

Ages 15-17: 5.6%
Ages 18-20: 5.6%
Ages 21-30: 44.4%
Ages 31-40: 22.2%
Ages 41-65: 16.6%

19
*** Narcan Doses Administered in Ages Under 20 (*37%)

175
*** Narcan Doses Administered in Ages 21-40 (*55%)

362
*** Total Narcan Doses Administered

104,516
Prescriptions for Opioids Filled

114,675
Total Population (75% is in a Rural Area)

*** Percentage Increase from 2019**
**** Only Includes County Sheriff's Data (Not Local Police Departments)**
***** Only Includes County Emergency Services Data (Not Local Treatment Centers and Prisons)**

Center For Health and Human Services • RCORP Needs Assessment • https://www.mtsu.edu/chhs/
Statistics Provided by the Wilson County Sheriff's Department, Wilson County Emergency Management Agency, and United Ways of Tennessee ALICE Project

Sequential Intercept Model (SIM) Workshop Report

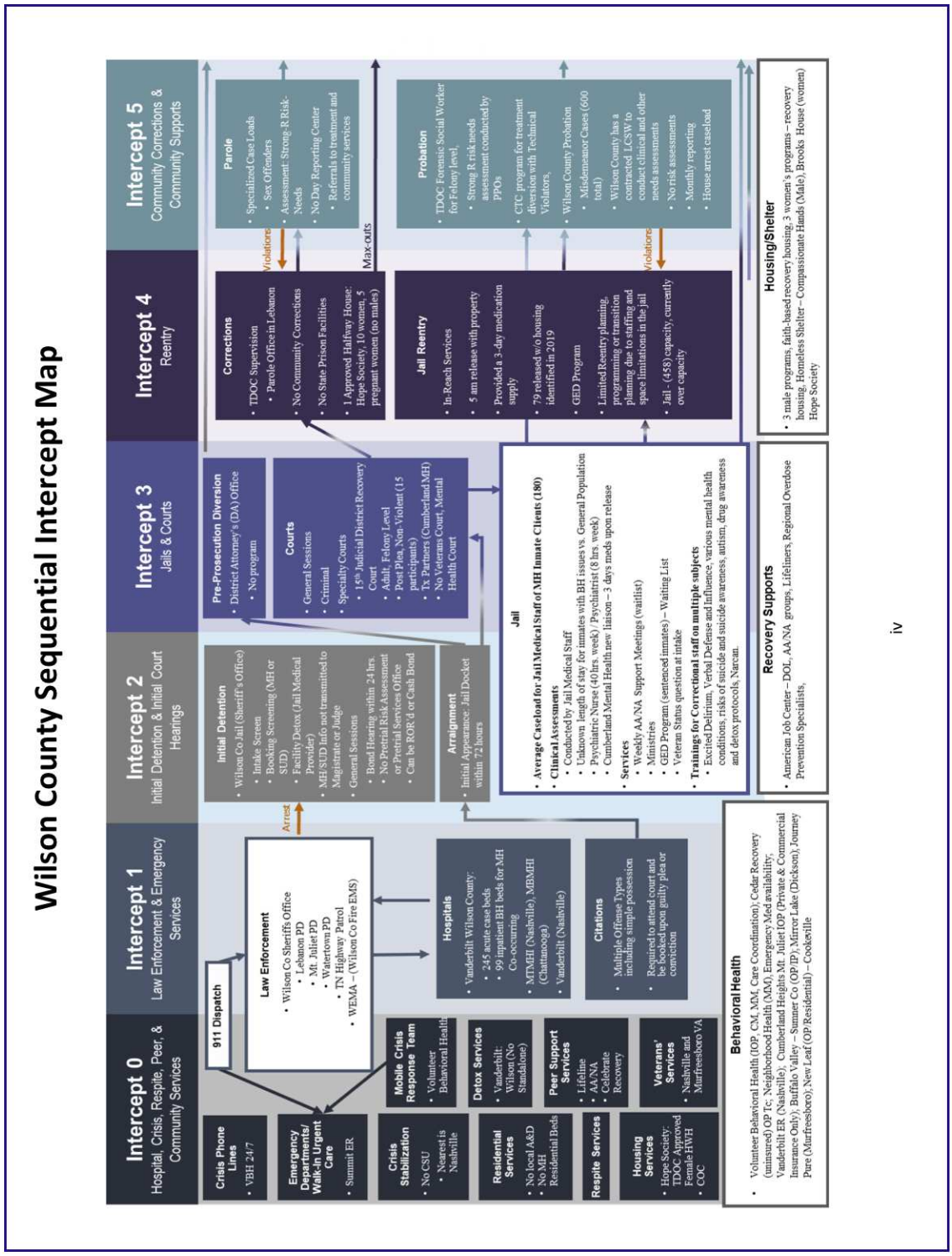
In December, 2019, DrugFree WilCo and community stakeholders in Wilson County participated in a mapping workshop to start identifying areas of need and gaps in OUD/SUD prevention, treatment, and recovery, particularly at the intersection of the judiciary. The following is the highlight narrative of the mapping exercise that took place:

“The Sequential Intercept Mapping Workshop occurred on December 18, 2019, and resulted in the development of a local cross-systems map based on the input of the interdisciplinary stakeholder group represented. Facilitators worked to guide the group through the mapping exercise by identifying how local individuals with mental health and substance use disorders, and specifically those individuals who have experienced an opioid-related overdose, move through the following intercept points of the criminal justice system."
These Include:

Intercept 0 – Community Services
Intercept 1 – Law Enforcement
Intercept 2 – Initial Detention / Initial Court Hearings
Intercept 3 – Jails / Courts,
Intercept 4 – Reentry
Intercept 5 – Community Corrections / Community Support

"Gaps and Opportunities were identified at each intercept point to better link individuals to treatment and community support services, as well as prevent their further penetration into the criminal justice system.”

Sequential Intercept Model (SIM) Workshop Report (Cont.)



Financial Hardship in Wilson County

We were able to work with United Ways of Tennessee to evaluate their statewide data project, ALICE, which provides a comprehensive measure of financial hardship across the state

ALICE stands for Asset Limited, Income Constrained, Employed. These are households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county. Through their reports, it was determined that 47 percent of households in Tennessee struggle to afford the basic necessities of housing, child care, food, health care, and transportation.

In 2017, the population in Wilson County was 136,442 and the number of households was 50,234. The median household income was $69,959, the unemployment rate was 2.6%, the ALICE households were 23%, and the households in poverty were 8%.

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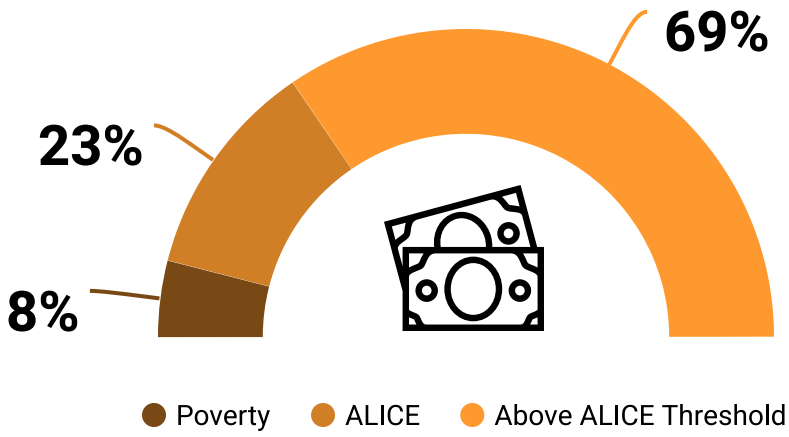
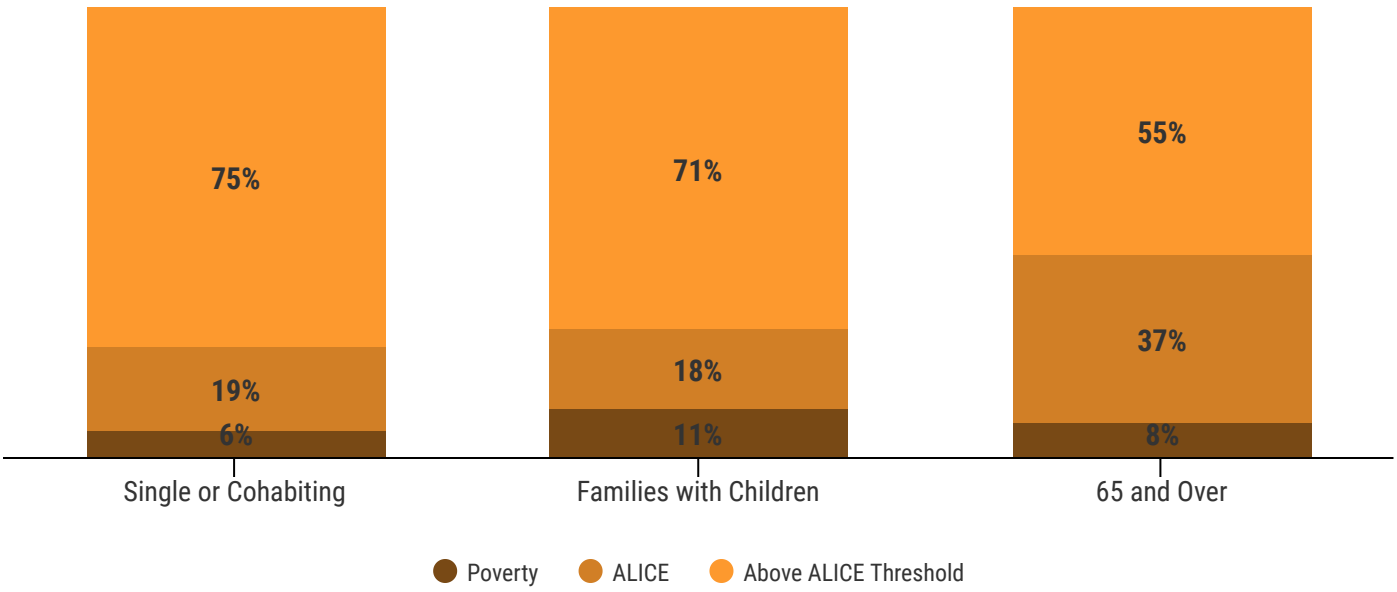
Household Incomes in Wilson County

Households by Income in 2017



Household Types by Income in 2017



Center For Health and Human Services • RCORP Needs Assessment • https://www.mtsu.edu/chhs/
Statistics Provided by the United Ways of Tennessee ALICE Project

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2017 ALICE Project
Wilson County (Cont.)

Household Survival Budget

Monthly Costs	Single Adult
Housing	$700
Child Care	$0
Food	$179
Transportation	$322
Health Care	$124
Technology	$55
Miscellaneous	$172
Taxes	$336
Annual Total	**$22,656**

Hourly Wage: $11.33

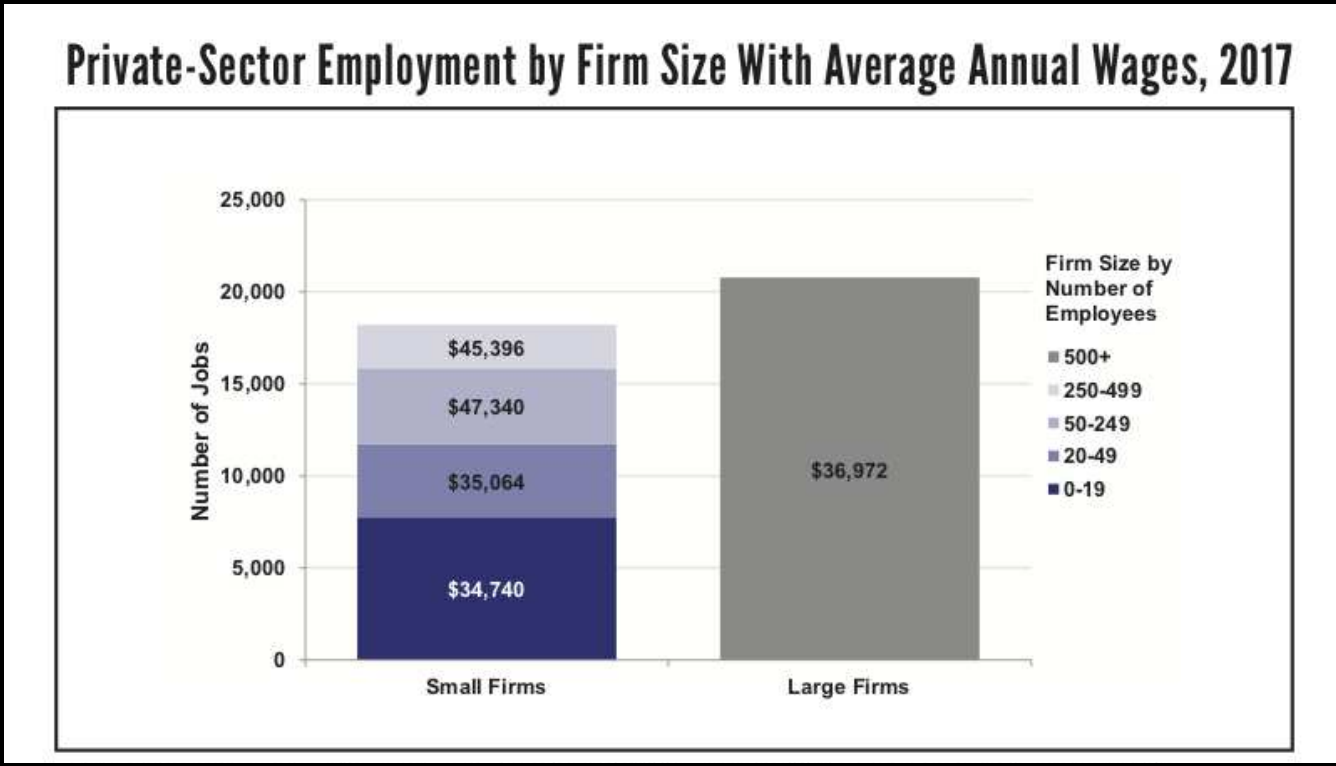
Monthly Costs	2 Adults, 1 Infant, 1 Preschooler
Housing	$959
Child Care	$1,104
Food	$543
Transportation	$644
Health Care	$529
Technology	$75
Miscellaneous	$449
Taxes	$639
Annual Total	**$59,304**

Hourly Wage: $29.65

Household Distribution

Town	Total Households	% of Households ALICE and Poverty
Green Hill CDP	2,502	18%
Lebanon	10.844	50%
Mount Juliet	11,193	26%
Rural Hill CDP	717	29%
Watertown	554	54%

2017 ALICE Project
Wilson County (Cont.)



These graphs show the minimum that a household in Wilson County needs to live, but does not include savings for emergencies or future goals.

In 2017, costs were well above the Federal Poverty Level of $12,060 for a single adult and $24,600 for a family of four. Family costs increased by 23% statewide from 2010 - 2017, compared to 12 percent inflation nationally, and wages lag behind.

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2017 ALICE Project
Wilson County (Cont.)
Impact of ALICE

The Benefits of Sufficient Income

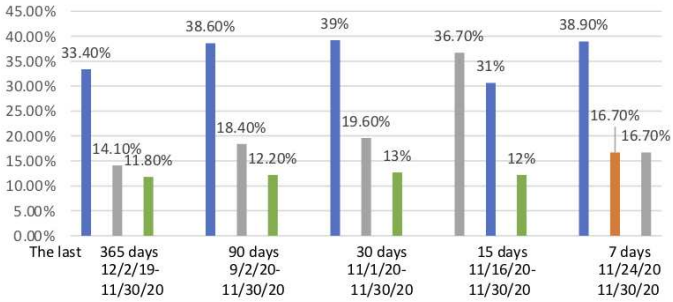
If households have sufficient income for...	Impact on ALICE	Impact on the Community
Safe, Affordable Housing	Improved health through safer environments and decreased stress, improved educational performance and outcomes for children, greater stability for household members, a means to build wealth for homeowners	Less traffic, lower health care costs, better maintained housing stock, lower crime rates, less spending on homelessness/social services
Quality Child Care and Education	Improved academic performance, higher lifetime earnings, higher graduation rates, improved job stability/access for parents, better health	Decreased racial/ethnic and socioeconomic performance gaps, decreased income disparities, high return on investment (especially for early childhood education)
Adequate Food	Decreased food insecurity, improved health (especially for children and seniors), decreased likelihood of developmental delays and behavioral problems in school	Lower health care costs, improved workplace productivity, less spending on emergency food services
Reliable Transportation	Improved access to job opportunities, school and child care, health care, retail markets, social services, and support systems (friends, family, faith communities)	Fewer high-emissions vehicles on the road, more diverse labor market, decreased income disparities
Quality Health Care	Better mental and physical health (including increased life expectancy), improved access to preventative care, fewer missed days of work/school, decreased need for emergency services	Decreased health care spending, fewer communicable diseases, improved workplace productivity, decreased wealth-health gap
Reliable Technology	Improved access to job opportunities, expanded access to health information and tele-health services, increased job and academic performance	Decreased "digital divide" in access to technology by income, increased opportunities for civic participation
Savings	Ability to withstand emergencies without impacting long-term financial stability and greater asset accumulation over time (e.g., interest on savings; ability to invest in education, property, or finance a secure retirement)	Greater charitable contributions; less spending on emergency health, food, and senior services

Note: For sources, see Figure 12: Sources, following the Endnotes for this Report

Essential Health and Human Needs

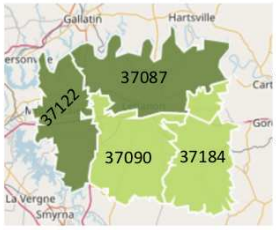
We were able to access reports from **Middle TN 211 Counts,** which is a real-time tracker of the essential health and human needs for which Middle Tennesseans are seeking additional resources.

Top 3 Requests by Time Period in the Last Year



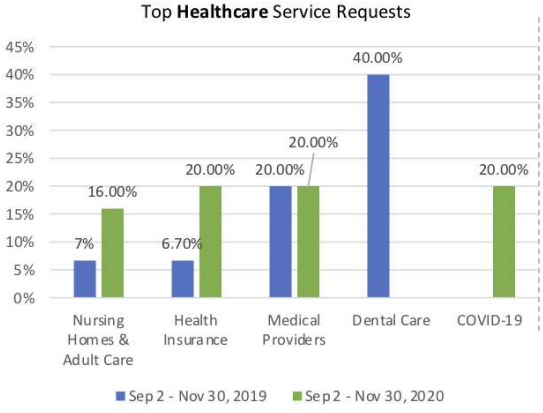
Over the last 30 days, requests for **housing and shelter** and **utilities have fluctuated**, requests for **healthcare** have **increased.**

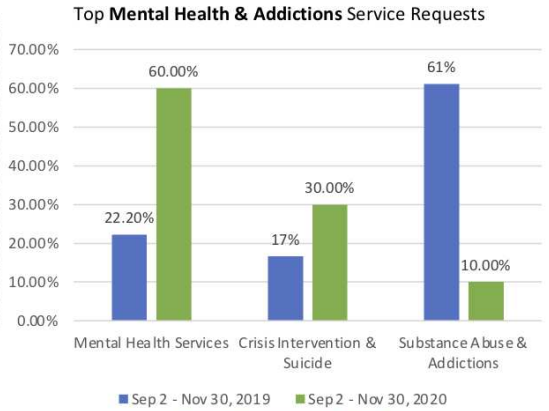
Zip Code Frequencies for Top Requests in the last 90 days



37087	Highest rate of requests for **Housing & Shelter, Food, Employment & Income,** and **Utilities**
37122	Highest rate of requests for **Mental Health & Addictions** and **Transportation Assistance**
37090	Among the **top zip codes with the most need** for **Healthcare**

Healthcare and Mental Health Requests





These graphs cover the time period September 2, 2019 through November 30, 2020 in Wilson County. A total of 1,664 resource requests were received during this time period.

Essential Health and Human Needs (Cont.)

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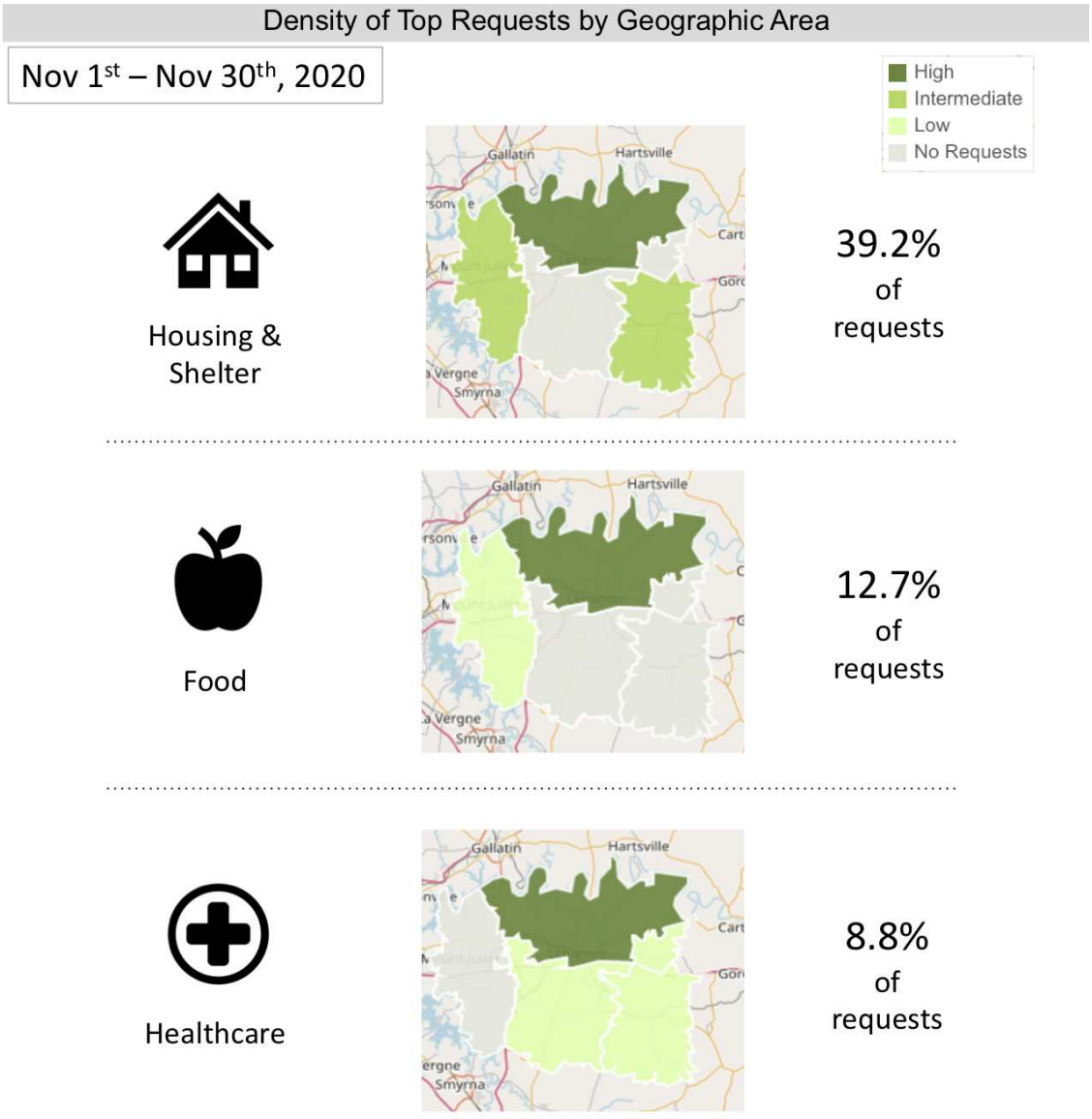

Created by Vanderbilt University Medical Center's Office of Health Equity – April 21, 2020. Updated December 1, 2020. https://www.vumc.org/healthequity

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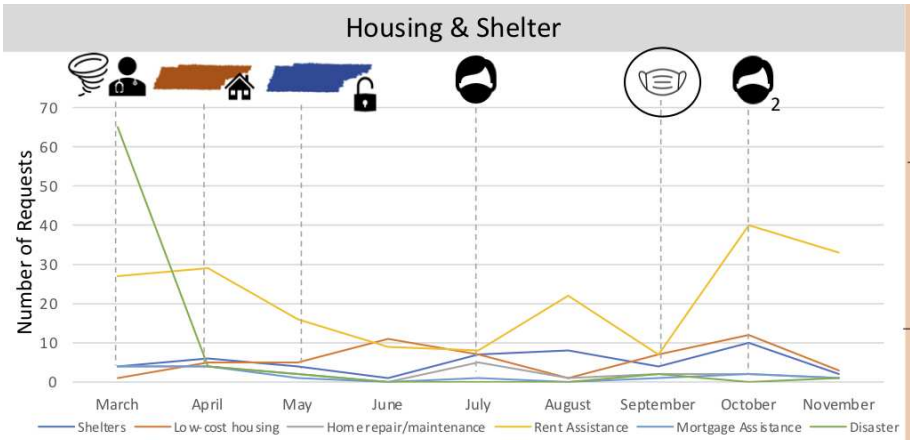
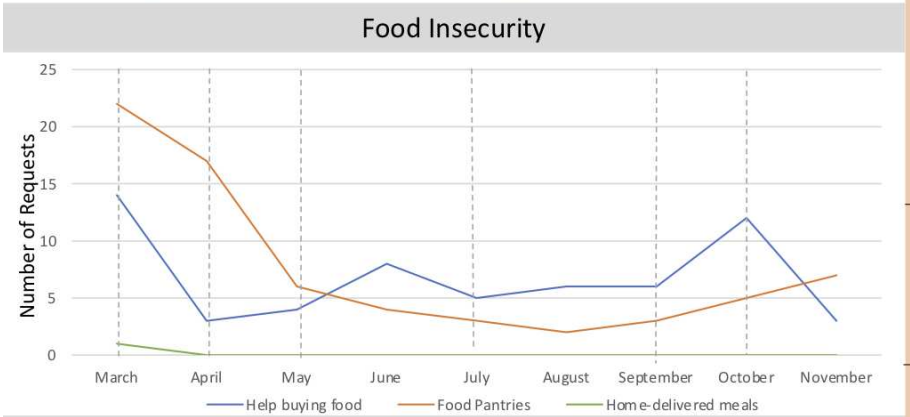
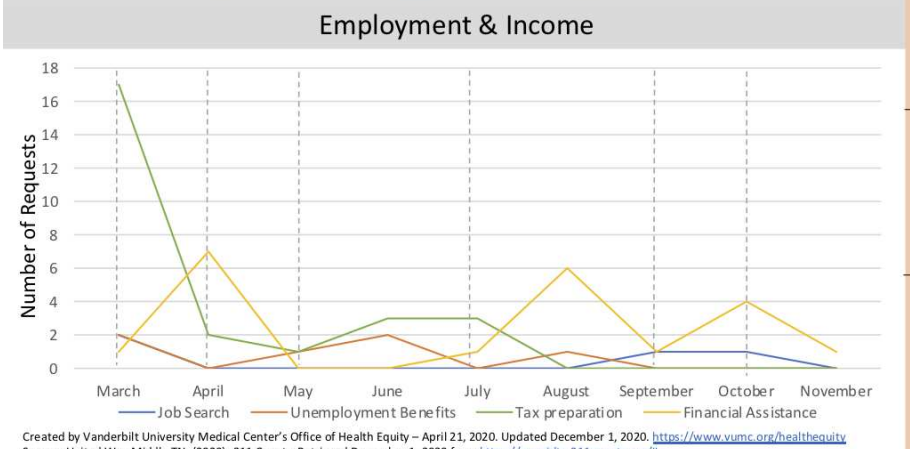






Created by Vanderbilt University Medical Center's Office of Health Equity – April 21, 2020. Updated December 1, 2020. https://www.vumc.org/healthequity
Source: United Way Middle TN. (2020). *211 Counts*. Retrieved December 1, 2020 from https://uwmidtn.211counts.org/#.

March 3, 2020
Tornadoes through Middle TN

March 18, 2020
Wilson County's **first COVID-19 case confirmed**

March 30, 2020
Gov. Lee issues **"safer-at-home"** order for COVID-19 response for **TN**

April 2, 2020
Gov. Lee issues **"stay-at-home"** order for COVID-19 response for **TN**

May 1, 2020
"Stay-at-home" order **expires** in **TN**

July 17, 2020
Masks are mandated in Wilson County

September 30, 2020
Mask mandate is lifted in Wilson County

October 22, 2020
Mask mandate is reinstated in Wilson County

These graphs cover the time period September 2, 2019 through November 30, 2020 in Wilson County. A total of 1,664 resource requests were received during this time period.

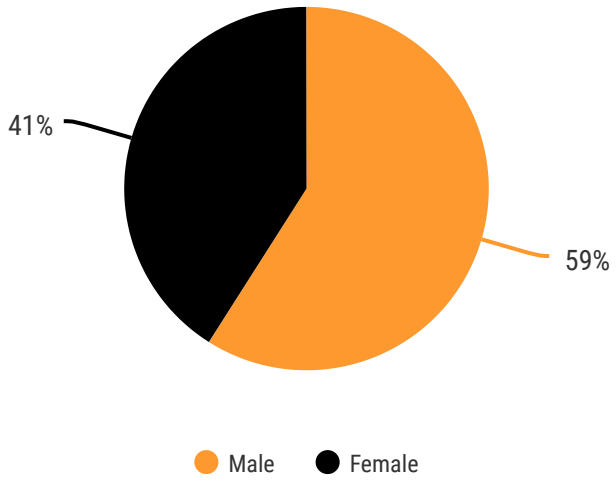
Fifteenth Judicial Drug Court Program Data

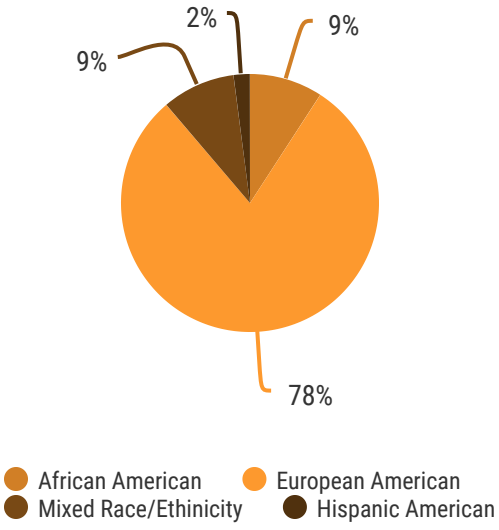
We were also able to access an Individual Evaluation Plan for the Fifteenth Judicial Drug Court Program, which was prepared on June 24, 2019 by Barbara F. Turnage, PhD and Justin Bucchio, PhD from Middle Tennessee State University.

Judicial District Drug Court Program serves Macon, Smith, Troudsdale, Jackson, and Wilson counties and provides intensive supervision for eligible felony offenders that are substance dependent as an alternative sentencing option.

These are some of the variables that can be used for future program evaluation within the 15th Judicial Drug Court Program, as well as the Diversion Center (called the PIC Center) planned in Wilson County for first time drug offenders with misdemeanor (non-violent) offenses.

Of the 46 Cases on File:





Fifteenth Judicial Drug Court Program Data (Cont.)

Primary Drug of Choice

Drug Name	# of Individuals	Percent
Methamphetamine	8	17.4%
Heroin	2	4.3%
Roxy	1	2.2%
Marijuana	3	6.5%
Hydrocodone	1	2.2%
Alcohol	1	2.2%
Pain Pills	10	21.7%
Opiates	6	13.0%
Anything	1	2.2%
Cocaine	6	13.0%
Oxycodone	2	4.3%
Crack Cocaine	1	2.2%
Meth & Pot	2	4.3%
Meth & Opiates	1	2.2%
Missing	1	2.2%
Total	**46**	

39% of Individuals Reported a Mental Health Diagnosis

Of Those 18 Individuals with a Reported Mental Health Diagnosis:

- 8 Bipolar Disorders
- 8 Anxiety
- 6 Depression
- 1 Schizophrenia

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Social Determinants of Health
Wilson County

Education

Social Determinant of Health	Indicator	Year(s)	Source
Graduation Percentage of High School Students	96%	2016-2017	Tennessee Department of Education
High School Graduate or Higher	91.6%	2019	American Community Survey
Attended Some College, No Degree	22%	2019	American Community Survey
Bachelor's Degree or Higher	32.4%	2019	American Community Survey

Income and Employment

Social Determinant of Health	Indicator	Year(s)	Source
Unemployment (1)	2.8%	2018	Local Area Unemployment Statistics Program
Income Inequality (2)	4.0	2014-2018	American Community Survey
Median Household Income	$75,991.00	2019	American Community Survey
Poverty Rate	7.7%	2019	American Community Survey
Children in Poverty	10.6%	2019	American Community Survey
Children in Single-Parent Households	24%	2014-2018	American Community Survey
Median Earnings for Full-Time Male Workers	$55,742.00	2019	American Community Survey
Median Earnings for Full-Time Female Workers	$44,428.00	2019	American Community Survey

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Social Determinants of Health
Wilson County (Cont.)

Health

Social Determinant of Health	Indicator	Year(s)	Source
Frequent Physical Distress (5)	11%	2017	Behavioral Risk Factor Surveillance System
Frequent Mental Distress (6)	12%	2017	Behavioral Risk Factor Surveillance System
Poor Physical Health Days per Month (7)	3.8	2017	Behavioral Risk Factor Surveillance System
Poor Mental Health Days per Month (8)	4.1	2017	Behavioral Risk Factor Surveillance System
Disabled	13.3%	2019	American Community Survey
Uninsured	6.3%	2019	American Community Survey
Excessive Drinking (9)	17%	2017	Behavioral Risk Factor Surveillance System
Alcohol Impaired Driving Deaths (10)	36%	2014-2018	Fatality Analysis Reporting System
Incarceration Rate (11)	461 per 100,000	2018	Bureau of Justice Statistics Annual Survey of Jails
Homeownership	76.80%	2019	American Community Survey
Social Association Rate (12)	9.7 per 10,000	2017	County Business Patterns
Disconnected Youth (13)	5%	2014-2018	American Community Survey

Race

Social Determinant of Health	Indicator	Year(s)	Source
Residential Segregation: Black vs. White (3)	31%	2014-2018	American Community Survey
Residential Segregation: Non-White vs. White (4)	27%	2014-2018	American Community Survey
White Alone	87.8%	2019	American Community Survey
Black or African American Alone	7.1%	2019	American Community Survey
American Indian and Alaska Native Alone	0.3%	2019	American Community Survey
Asian Alone	1.7%	2019	American Community Survey
Native Hawaiian and Other Pacific Islander Alone	0.0%	2019	American Community Survey
Some Other Race Alone	1.4%	2019	American Community Survey
Two or More Races	1.7%	2019	American Community Survey

Social Determinants of Health: Wilson County (Cont.)

(1) The percentage of the county's civilian labor force, ages 16 and older, that is unemployed but seeking work.

(2) A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum

(3) The index score can be interpreted as the percentage of either Black or White residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area. Top US counties (90th percentile) are around 23%

(4) The index score can be interpreted as the percentage of either non-White or White residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area. Top US counties (90th percentile) are around 14%

(5) The age-adjusted percentage of adults who reported 14 or more days in response to the question, "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"

(6) The age-adjusted percentage of adults who reported 14 or more days in response to the question, "Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

(7) The age-adjusted average unhealthy days per month in response to the question "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"

(8) The age-adjusted average unhealthy days per month in response to the question "Thinking about your mental health, for how many days during the past 30 days was your mental health not good?"

(9) Measures the percentage of a county's adult population that reports binge or heavy drinking in the past 30 days.

(10) The percentage of motor vehicle crash deaths with alcohol involvement.

(11) Rate in People Ages 15-64

(12) Measures the number of membership associations per 10,000 population

(13) Percentage of teens and young adults ages 16-19 who are neither working nor in school

Qualitative Information: Key Informants and Focus Groups

Focus groups and key informant interviews for this assessment were open-ended discussions on several topics that included the roles of stigma and health and societal inequalities in opioid/substance use disorder prevention and intervention, as well as the general strengths and barriers in the Wilson County community to reduce morbidity and mortality of opioid/substance use disorder.

Stigma

Stigma plays a role in health workers and the Wilson County community's perception of opioid/substance use disorder. Several key themes that emerged were that stigma is present in health workers but not clear to what degree, that opioid/substance use disorder changes how how patients are viewed at times by health workers and the community, particularly in the way it is viewed as an individual choice vs. a disease, and that it impacts coming together as a community to prevent and lower opioid/substance use disorder.

Barriers for eliminating stigma in Wilson County were also discussed where lack of education in the workforce and community setting exists as well as insufficient social support networks. Opportunities for eliminating stigma include public education in these same spaces as well as in youth, where greater substance use disorder is found. The faith community was highlighted as an opportunity to engage further in helping to eliminate this particular stigma. The following pages contain quotes from individuals explaining their perspectives on stigma within the county.

Qualitative Information: Key Informants and Focus Groups (Cont.)

Stigma (Cont.)

“I think a lot of people try and generalize or they’ll stigmatize a certain group or certain kind of person that will be more likely to have this disorder, but it can happen to anyone, and it can happen to your family as well. And it’s a disease. It’s not just someone’s personal choice of them having to deal with this disorder. I think that it’s one huge barrier, that people think it comes down to individual choice.”

“There's very much a debate still going on within the public of what is choice and what is illness. I don’t think the average person really understands addiction, unless you’re touched by it, unless you’ve experienced it. So I think there is absolutely a bias. I think that people tend to look at people that fall into that trap of opioid abuse in a negative way.”

“I think that collaborating between the clinical side resources, public health, community health, law enforcement, and emergency services, having these kinds of conversations, having those collaborations is really the first step in eliminating the stigma that exists and how we can address them.”

“The stigma is preventing education on substance abuse disorder in the schools.”

“The legal system has had a stigma toward those suffering from substance use disorder and has viewed it as a moral flaw or weakness, something that is easily controlled.”

Qualitative Information: Key Informants and Focus Groups (Cont.)

Stigma (Cont.)

“A disease seems to address the whole stigma issue. We don’t look down on other people who are diabetics for example. Substance use disorder was viewed as a moral failing rather than as a disease.”

“Stigma exists on multiple levels from local government, all the way down to ground level individuals that are suffering from substance use disorders.”

“There’s a lot of stigma even still within the health profession, it is a hard population to work in.”

“We deal with a lot of patients who are coming to us with undiagnosed co-occurring disorders which can lead them to behave in ways that make it hard to care for them at times. This is tied into stigma.”

Qualitative Information: Key Informants and Focus Groups (Cont.)

Stigma (Cont.)

“The stigma is preventing education on substance abuse disorder in the schools.There is a big wall against having curriculums in the school on substance use disorder. I don’t think it’s just lack of tax money and other pushbacks on curriculum. Parents don’t want it in the schools. They say there’s not a problem in the schools. It’s not with my kid, and so we don’t need that curriculum in school. That is definitely related to stigma and not being able to embrace that this is a problem we could tackle and help resolve.”

“I think educating people is the best remedy. When I got in trouble, they had it all over everything. It affected my kids at school and everything else. Unless you know me today, you don’t know that all that’s changed.”

Stigma can also prevent people from receiving and getting Intramuscular Naloxone. Even people within our own coalition need additional education around Intramuscular Naloxone. There is stigma in our community on people using syringes, and confusion on which types of needs a drug user would use (not the same syringe as Naloxone). People in our community feel comfortable with the nasal spray and Evzio Autoinjector Naloxone. Education is needed specifically with Intramuscular options.

Qualitative Information: Key Informants and Focus Groups (Cont.)

Inequalities

Inequities exist in Wilson County in relation to opioid/substance use disorder prevention and interventions including geographic access to services, the need for more social workers, funding of programs and lack of insurance coverage, and transportation to and from services. Per these discussions, youth in Wilson County see a disproportionate burden of OUD/SUD. The following quotes are provided from participants of the focus groups and key informant interviews to enforce these raised issues.

“For patients when they leave our program, and even the insured patients, there’s exclusions in some of the insurance policies for that treatment. Even with TennCare there’s only a handful of facilities we can send them to. It’s not just the uninsured, it’s the insured as well. It’s a double problem.”

“People may be willing to go to an intensive outpatient program, but they have no way to get there. There’s no way to get people places.”

“There are other populations [in Wilson County] that would be more affected by substance and opioid use disorder, whether that’s patients without health insurance or lower income, depending on the communities that they are living in.”

“Law enforcement can do a lot to drive a stigma out or to increase a stigma. We want people to get help, otherwise they are just doing the same things over and over again and they’re going to die.”

Qualitative Information: Key Informants and Focus Groups (Cont.)

Inequalities (Cont.)

"I got to know a lot of the homeless population. They've said that they've tried a lot of the different treatment centers in the area and it just wasn't for them. They tried to go get help, and they were treated badly or once they got out of treatment, there was nothing for them to fall back on. So, a lack of housing, couldn't get a job because of their background. That sets them right back into that addiction over again because it's easier to numb the pain with drugs that it is to fight to get a job for something that's on your record from over 20 years ago."

"The [underprivileged] or underinsured population have a heavier effect because of the lack of access to treatment."

"The younger population are going to be affected or those who have children."

Availability of and Access to OUD/SUD Prevention, Treatment and Recovery Services

On the issue of availability and access to opioid/substance use disorder prevention, treatment, and recovery services, participants clearly brought forward key barriers and potential solutions. Currently, there are 10 authorized buprenorphine practitioners in Wilson County. Lack of professionals (social workers, clinical personnel, educators) and providers, rurality of the county and certain population groups, stigma, money and insurance complications, and navigation of a complicated system to get access to services were noted as well. Select quotes from participants are below for reference.

Qualitative Information: Key Informants and Focus Groups (Cont.)

Availability of and Access to OUD/SUD Prevention, Treatment and Recovery Services (Cont.)

"With COVID-19 right now, patients don't have the same access to the resources that they might have had before, or there might be social isolation concerns. Folks that feel more isolated or feel any type of stress related to COVID-19 are going to be very affected by substance and opioid use disorder."

"Not all areas of the county, specifically Watertown do not have the same access to services."

"There's very much a debate still going on within the public of what is choice and what is illness. I don't think the average person really understands addiction, unless you're touched by it, unless you've experienced it. So I think there is absolutely a bias. I think that people tend to look at people that fall into that trap of opioid abuse in a negative way. We're going to have to find a way to educate the public at large. My natural response was not even the addict themselves, but the collateral damage - the children."

"I want to help people and I want to keep people safe the best way that I know how. It's just that I don't have the toolset that a social worker has."

"There has to be more education, more support, maybe more money needs to be put here for the health department towards prevention for new generations. More partnership, more connections between agencies."

"Money is a barrier, because to give more support...that means hiring people"

Qualitative Information: Key Informants and Focus Groups (Cont.)

Availability of and Access to OUD/SUD Prevention, Treatment and Recovery Services (Cont.)

"I think it definitely is driven by socioeconomic. At most of these places that treat substance use disorders, it's cash up front. It's not covered by insurance. You have to have money to be able to get help."

"Transportation is difficult, but it really comes down to access to being able to afford the care. It's a lot of cash only. Some insurances help, there's always long waiting lines in Middle Tennessee. I know in this area it's difficult to find care that's accessible and affordable to the majority of folks that I work with in our clinics. The wait might be too long. If they need help, they need to get it right away. It's not easy here in Tennessee."

"I'm certified to provide MAT, medication assisted treatment. But, Tennessee has decreased the number of practitioners who could safely do that.The barriers are the three A's, access, availability, and affordability."

"I think you still have to go outside of Wilson County, especially for residential care. It's severely lacking in Wilson County, and maybe that's the whole state, and mental health care was severely cut back."

"Maybe people don't know what is available."

"It's still such a hard, difficult system to navigate. Who to call, who takes my insurance, and all of these things. You're dealing with someone who is already at a breaking point."

Qualitative Information: Key Informants and Focus Groups (Cont.)

Availability of and Access to OUD/SUD Prevention, Treatment and Recovery Services (Cont.)

"Wilson County is fairly rural, folks don't have money, but there's people that don't have access. I feel like people in more rural areas are less likely to get the help they need."

"As a drug addict, when you are ready to do something, you got to be ready to do it, because two, three days later, when they call back, I don't care no more - I was already high again. It was over at that point. You go through the emergency room, it just goes faster because they've got direct ties to whatever they need to do. It's like pulling teeth almost unless you're coming out of prison or at a hospital off a suicide attempt. As far as sitting at home and waiting to get going? It's really hard."

"We have parents, single moms that are confronted with the issue of either putting their kids in custody or going to treatment and getting help. So, they choose to just avoid it all. If we had family treatment programs we could avoid some trauma."

"The biggest would help would be an efficient way to connect them to a person who can navigate the list because I can't navigate 50 things in an ER visit. If we had an intake center with a hand off to somebody who can walk them through it, that might go miles by actually plugging them into these systems."

"People who have gone through rehab can be an amazing resource. We were utilizing them as patient navigators to help connect to new patients who needed treatment, and helping them walk through the process was a strong resource."

Qualitative Information: Key Informants and Focus Groups (Cont.)

OUD/SUD Health Workforce (Including Recruitment, Retention, and Worker Capacity/Skills)

Those interviewed from the health workforce indicated several difficulties in recruitment, retention, and skills that were born out of stigma and lack of education. Below are select quotes from participants.

"The hardest thing is recruiting people who have the right experience and open to evidence based treatments like MAT, people who are able to integrate the importance of psychosocial treatment with the importance of medication into their thinking.Understand as much as possible about behavioral health. We deal with a lot of patients who are coming to us with undiagnosed co-occurring disorders which can lead them to behave in ways that make it hard to care for them at times.

"In addiction it's hard to recruit because it's a population that social workers don't gravitate towards. There's a lot of stigma even still within the profession, it is a hard population to work in. It is hard to keep them if they have too many negative interactions with patients and if they don't see the positive interactions with patients enough, then they leave."

"There's a little bit of resistance to understanding the newest based evidence and plugging that into how they are helping the patient."

"Even on a basic level...the patients that tend to come in, struggling with addiction, don't look like the people I live with, people who I interact with at the hospital, and how close they are in those struggles to what you are actually going through so that there's not this huge gap."

Qualitative Information: Key Informants and Focus Groups (Cont.)

OUD/SUD Health Workforce Cont.
(Including Recruitment, Retention, and Worker Capacity/Skills)

Loan forgiveness programs at the state level are available to individuals who become apart of the workforce within our state. The first loan forgiveness program is called the Tennessee Center for Health Workforce Development Residency Stipend Program. The only requirement for this program is committing to practice with underserved populations in Tennessee. The other loan forgiveness program is called the Tennessee State Loan Repayment Program. The requirement for this program is to commit to an initial 2 year service obligation to practice full-time or part-time at an ambulatory public, non-profit or private non-profit primary care site located in a federally designated Health Professional Shortage Area.

Within our County, currently we do not have any opportunities for loan forgiveness programs. However, state level programs and advertising are used in conduction to help recruit and retain workforce members.

Continuing education is available for our health workforce through the Central Tennessee Area Health Education Center (AHEC) Program. Training courses and modules can be accessed through their website materials and resources.

Qualitative Information: Key Informants and Focus Groups (Cont.)

General Strengths, Barriers, and Opportunities for Reducing OUD/SUD

"This county has shown time and time again is that we love to come together and help other people. Our greatest barrier is money."

"I think that collaborating between the clinical side resources, public health, community health, law enforcement, and emergency services, having these kinds of conversations, having those collaborations is really the first step in eliminating the stigma that exists and how we can address them."

"I wish we had representation from the faith community. Maybe there's a perception that people involved in the faith community aren't involved or having this problem, but I know they do. There's resources there that could help us as well."

"We've got to have that community buy-in, because without the community buy-in, you're just got a meeting of stakeholders."

Qualitative Information: Key Informants and Focus Groups (Cont.)

Availability of and Access to OUD/SUD Harm Reduction Services

We spent time discussing with an Assistant Professor of Emergency Medicine at Vanderbilt on the availability of and access to OUD/SUD harm reduction services, including human immunodeficiency virus/hepatitis C (HIV/HCV) testing and treatment. She was not aware of the harm reduction services that may be present locally. VUMC is not an Emergency Department that sees its primary population as needing these screening tools. They are more focused on insured patients and do not see them as the safety net. One idea for screening is a plan from the Emergency Department. Her former University had a grant to screen all patients presenting to the Emergency Department and then refer to treatment into the HIV or Hepatitis C clinics. Hepatitis C treatment is actually very well funded by the government and insurance was not an issue. With system implementation, they were able to catch and then refer to treatment HIV/Hepatitis C patients.

The struggle for us as for any group addressing health in this population is reliable contact. When working with homeless or transient populations, it is hard to maintain regular connection. Follow up for them was initially dismal. They had to take a hard look at the system approach to make changes. This could be an option for the Wilson County area if funding were available for infrastructure.

Qualitative Information: Key Informants and Focus Groups (Cont.)

Availability of and Access to OUD/SUD Harm Reduction Services (Cont.)

Out of the 50 states, in 2015, Tennessee ranked 16th in HIV diagnoses. Between 2011-2015, rates of reported acute hepatitis C increased 100%. Tennessee overall, is at an extremely high vulnerability for HIV & Hep C epidemics. Eastern Tennessee is at even greater risk with many areas lacking essential resources for testing, medical, and/or basic needs. To receive HIV testing and treatment services in Wilson County, residents can go to the County Health Department in Lebanon. HCV services are not available inside our county, but are available in Nashville at Vanderbilt.

When speaking with the TN Community and Behavioral Health Medical Director, he mentioned barriers that included funding for “wrap around care.” He was referring to the care that happens with patients after they are initially treated for withdrawal or overdose, including connecting them to medications and treatment centers.

When we search for treatment centers on findtreatment.gov, we find 22 facilities within a 25 mile radius of Lebanon, Tennessee. As we get closer West to metro Nashville, that number increases to 46 facilities. As we get further East and into more rural parts of the county such as Watertown, Tennessee, that number decreases to 17 facilities within the same 25 mile radius. When we do a similar search on the Mental Health and Substance Abuse Treatment Locator, we find a total of 23 sites in the Lebanon and Mt. Juliet area. When we use the Buprenorphine Practitioner Locator we are able to find 4 practitioners in Lebanon and 1 practitioner in Mt. Juliet.

Qualitative Information: Key Informants and Focus Groups (Cont.)

Availability of OUD/SUD Prevention and Recovery Services

In Wilson County, we lack the prevalence of any existing Syringe Service Programs (SSPs). However in next-door Davidson County, the State's first SSP was established in downtown Nashville through the organization Street Works. There is also another SSP in the city of Madison, which is also in Davidson County. These are the only two SSPs within driving distance of our county.

Fentanyl Testing Strips (FTS) are a tool that can be used to identify the presence of unregulated drugs. These strips can test injectable drugs, powders, and also pills such as opioids. Currently, these strips are not widely available to residents in our community. However, efforts are being made in order to obtain FTS that can be used for community education and outreach in order to help those are most at risk. More information about Fentanyl Testing Strips (FTS) can be found through resources provided by National Harm Reduction Coalition.

Drug User Health Hubs were cultivated in order to provide a space for people using drugs to receive quality health care without a stigma filled response from healthcare professionals in their treatment. There is no formal process for being able to be a designated Drug User Health Hub. Services provided from these hubs include buprenorphine prescription, anti-stigma work in the community, hepatitis C treatment, etc. These kind of services could eventually be incorporated into the PIC Center to transform it into more than just a incarceration diversion and rehabilitation center.

Qualitative Information: Key Informants and Focus Groups (Cont.)

Availability of OUD/SUD Prevention and Recovery Services (Cont.)

For information on Drug User Health Services within the county, a list of resources can be found on the DrugFree WilCo website. These services include inpatient services, outpatient services, hospitals, sober living, meeting groups, and more.

DrugFree WilCo is the community coalition with close to 200 members currently. In December 2020, DrugFree WilCo started a Naloxone Distribution Program with Gibbs Pharmacy in Lebanon and was able to distribute 560 units to treatment centers in Wilson County. Some of our proposed solutions in Wilson County include overdose education on the pharmacy bags distributed at local pharmacies, as well as posting overdose procedures at major employers throughout the county in conjunction with our education for businesses program.

Drug Takeback Programs are in place at the Wilson County Sheriff's Office throughout the year, and DrugFree WilCo helps to promote these events on social media. School programs have been difficult during the pandemic, but we hope to roll out our curriculum in the Fall of 2021 once levels come down in our community. In the meantime, we are looking to educate youth in creative settings such as churches, drive-in movie theaters, and other youth-serving organizations.

Opportunities and Resources

Gaps in Wilson County at Hospital, Crisis, Community Services

- Mobile Crisis Response Time could be between 2 - 8 hours.
- Cell phone calls to 911 aren't always dispatched to the right place: Sometimes calls in the western part of Wilson County go the Davidson County dispatch.
- Law Enforcement (primary or responsible law enforcement agency) wait time to escort to the hospital and wait for clearance.
- Staff at Vanderbilt – Wilson County is limited for behavioral health care
- Involuntary commitments are taken to jail and then the hospital for tests. If no placement is found they are transported back to the jail.
- Mental health crisis cases appear at the hospital looking for resources and have difficulty finding placement.
- There is no Crisis Stabilization Unit in Wilson County, only outpatient services at Volunteer Behavioral Health.
- There are no detox services outside of the main hospital Vanderbilt – Wilson County.
- Placement at the closest Psychiatric Hospital - Middle Tennessee Mental Health Institute (MTMHI) can be difficult.
- Lack of psychiatric services at VBHCS.
- Outpatient mental health services are limited (doctors, clinicians).
- Transport time to mental health facilities is a burden on law enforcement.
- There is no local state funded inpatient treatment facility.
- There is no standardized reporting for drug overdoses and reversals in the community.
- There is no follow-up with overdose cases to provide treatment and recovery support resources.
- There are no Recovery Navigators working in the hospitals.

Opportunities and Resources (Cont.)

Resources in Wilson County at Hospital, Crisis, Community Services

- There is interest in the development of a walk-in center, crisis stabilization, and detox center in the county.
- Cedar Recovery takes referrals for substance use disorder for outpatient services and offers Medication Assisted Treatment (MAT).
- Volunteer Behavioral Health Care System offers outpatient treatment services. • Middle Tennessee Regional Mental Health Institute is the State Psychiatric Hospital.
- Moccasin Bend Mental Health Hospital is 2 ½ hours away in Chattanooga. • Project Lifeline (Peer Support Program)
- Hope Society (Sober Living)
- Cumberland Heights Satellite Outpatient Office
- Buffalo Valley (Sumner County) Inpatient
- Journey Pure - Inpatient
- Cumberland Heights (Nashville) Inpatient
- New Leaf (Putnam County) Inpatient

Opportunities and Resources (Cont.)

Prior to 2018, there was no centralized place to go in order for the citizens of Wilson County to find detox services, inpatient services, outpatient services, residential/outpatient treatment, meetings, and sober living options locally. The resource list developed on the coalition website is extensive, but the challenge remains for providers to connect to these programs.

It is possible to have a centralized database (or even an app with key features to be accessed by a provider) that can be searched with criteria and availability for us to access, or a center with trained personnel that would complete that process and then make referrals to the local places/resources that are able to assist with drug addiction and treatment. The search and identification of resources appropriate for each person seeking help is a daunting process. The resources on the coalition website are great, but unless there is a strategy to access them, we are underutilizing.

Gaps in Wilson County in Law Enforcement and Emergency Services

- No formal pre-arrest diversion programming in Wilson County. No walk-in center, CSU, Detox facilities.
- Law enforcement does not have CIT-trained officers who have completed the 40-hour course, but this wasn't considered an immediate priority
- There are no resources for law enforcement to leverage when dealing with the homeless/transient population

Opportunities and Resources (Cont.)

Resources in Wilson County in Law Enforcement and Emergency Services

- Law Enforcement has access to Naloxone.
- Mt. Juliet Police Department sends a drug detective for follow-up with overdose cases.
- There are case management and peer support resources available in the county.
- Law enforcement would like more information about other diversion programs in the state, such as programs operating in Davidson and Knox County.

Gaps in Wilson County Detention & Initial Court Hearings

- There is a need for more information to be available to the Judge at the preliminary hearing regarding substance abuse and mental health status.
- There is no pre-trial risk assessment instrument being utilized to inform release decision making.
- There are no pretrial services available for individuals with a substance use disorder.
- High number of individuals are being booked into the jail on failure to appear (FTA) and violation of probation charges.
- Court dockets can be set 3-6 months out as a result of having only one General Sessions Judge in Wilson County.
- Often the initial court case is set three months after the preliminary hearing and there are a high number of failures to appear for court, so then another date must be set.
- There are no Lifeliners (peer support staff) operating in the jail to screen inmates and refer to community based services.
- No collaborative MOUs between jail and community-providers.
- Lack of treatment options for indigent clients.
- Cost of MAT is prohibitive for the Sheriff's Office.
- Assessment for MAT eligibility shouldn't be done at booking but at a clinician level.

Opportunities and Resources (Cont.)

Gaps in Wilson County Jails & Courts

- Lack of a jail data analyst to determine impact of substance abuse and mental health on length of incarceration.
- No substance abuse treatment in jail.
- No counseling services in jail.
- There is a waitlist to get into self-help meetings in jail.
- Lack of space in jail for programming.
- Lack of correctional officers to accommodate movement into programming.

Resources in Wilson County Jails & Courts

- Medical/RN services in the jail.
- There is an opportunity and willingness for greater information sharing between the jail and community providers.
- The new CJL position is beginning to operate in the jail and will facilitate connections to community-based services.
- There is interest in a Mental Heath Court.
- Jail staff maintain a list of felony friendly employers.
- Career Fairs are offered through the American Job Center.
- Skills training is available through the local Department of Labor and Workforce Development

Opportunities and Resources (Cont.)

Gaps in Reentry

- Lack of coordinated care management upon release for inmates.
- No transitional housing for men.
- Limited transitional beds for reentry from jail.
- Lack of supportive housing transitioning from the hospital.
- Limited or no shelters for the homeless.
- Need for more low-cost affordable housing.
- No pre-release coordination for entitlement benefits.
- Limited transportation options.
- No work-release reentry programs.
- Limited coordination from jail to treatment services.
- No positions in the jail on the front (booking) or back end (reentry) to help individuals connect to community-based resources.
- Lack of resources to coordinate with children involved with custodial DCS cases.

Resources in Reentry

- Hope Society (10 bed transitional house) 5 pregnant women beds
- Compassionate Hands (winter only)
- Brooks House
- Fisher House (homeless veterans)
- Celebrate Recovery groups
- Churches
- 3-day supply of medications upon release
- Mid-Cumberland Ride Transport Services

Opportunities and Resources (Cont.)

Gaps in Community Corrections & Supports

- There is no TDOC Day Reporting Center in Wilson County.
- No Risk/Needs Assessment being used by county probation.
- No home visits conducted by county probation.
- Need for more mental health treatment resources.
- Lack of special conditions for attendance at treatment services.
- Lack of male inpatient treatment options.

Resources in Community Corrections & Supports

- TDOC Risk/Needs and clinical assessments
- TDOC Forensic Social Workers
- Probation has discretion for violations
- County probation – a part time Therapist performs clinical assessments 20 hours a week
- House arrest caseloads for Failure to Appear charges
- 4 full time probation officers share a caseload for all county probation services
- County level probationers report once per month
- Random drug testing
- SPOT referrals to treatment centers
- 5 AA meetings locally and 2 NA meetings
- 3 alcohol and drug faith-based programs – Freedom House, Cross Styles, Friends of Bill (male)
- 3 women's programs – Mary's House, Friends of Bill (female), Hope Society (supports MAT)
- Referrals out of county to The Next Door (Nashville), and Buffalo Valley

Opportunities and Resources (Cont.)

Opportunities in Maintaining and Sustaining a Coalition

- Having widespread support from leaders throughout the sectors of the county
- Partnering with local leaders that already impact citizens on a daily basis
- Providing a space for passionate members of our community to express their desire to see positive change
- Training successors for leadership positions
- Showing appreciation to members who go above and beyond in the coalition

Challenges in Maintaining and Sustaining a Coalition

- Communication challenges in a virtual environment (ex: Zoom) when we can't meet in person
- Getting all coalition members to actively support our events
- Managing coalition members and their self-interest's versus coalition goals
- Find resolutions to difficult and controversial issues in our community
- Getting consensus from all coalition members instead of voting and moving forward with majority
- Resuming forward momentum after small setbacks
- Avoiding leadership burnout
- Reducing stigma surrounding education on various practices of administering treatment and relief

Funding Opportunities

RCORP Implementation Grant

Seventy-Eight of these grants are to be awarded by HRSA (must be a planning grant recipient to apply) that will cover up to $1 million dollars dispersed over a three year period.The majority of funds in this grant go to cover priority areas identified in planning grant as well as HRSA core deliverables (Prevention, Treatment, Recovery). Our team will begin the application development with input from DrugFree WilCo along with completing joint letters of commitment from DrugFree WilCo and 3 other partners. Through formalized contracts and MOUS, funds will be disseminated to local organizations identified by DrugFree Wilco to facilitate each of the priority areas. A sustainability plan beyond 3 years is required in order to be in contention for this grant.

RCORP Psychostimulant Grant

Fifteen of these grants will be awarded by HRSA (must be planning grant recipient to apply) that will cover up to $500,000 dollars dispersed over a three year period. For the purposes of this funding opportunity, psychostimulants include methamphetamine and other illegal drugs, such as cocaine and ecstasy, as well as prescription stimulants for conditions such as attention deficit hyperactivity disorder (ADHD) or depression.

This grant is similar to the opioid implementation grant, along with other required core priority areas identified in the planning grant specific to psychostimulants. The deadline for applying is April 12th of this year, and our team will begin the application development with input from DrugFree WilCo along with completing joint letters of commitment will be needed from DrugFree WilCo and three other local partners. Grant funds will be distributed to local organizations identified by DrugFree Wilco that will facilitate each of the priority areas.

Local Sources of Funding

State level sources of funding are continually being researched and applied for as they become available. Funding through local foundations will be able to be given more pursuit this year, as DrugFree WilCo has just brought on a new full time Executive Director to lead the charge.

The Way Forward in Wilson County

Core Priority #1

The PIC Center
(Preventing Incarceration in Communities: a Diversion Center)

Core Priority #2

Transportation to Treatment

Core Priority #3

Wilson County Naloxone Distribution Program

Core Priority #4

ODMap Implementation For Real Time Data and Spike Alerts

Core Priority #5

Jail Based Re-Entry Transition Specialist

Core Priority #6

Education in Businesses and Youth Development Settings

MTSU CHHS

Core Priority #1: PIC Center

According to the Federal Bureau of Prisons, drug offenders make up 46.2% of the country's inmate population, more than double any other offense. 76.9% of drug offenders released in a 2005 study were rearrested within 5 years, nearly half of those within the first year. In addition, people are 40 times more likely to overdose in the first 2 weeks following incarceration.

"As I came to understand the brain science of addiction I realized that judges are uniquely positioned to use our levers to help keep people alive, then get and keep them well. We need to see an arrest as an opportunity and incarceration as a tool in our bag instead of the solution."

- Judge Duane Slone

We recently spoke with Judge Duane Slone who received the highest judicial honor for his opioid-related work in the Fourth Judicial District. In Jefferson County, a program called TN ROCS was implemented for participation in a recovery court program. There has been a 50% reduction in people serving TDOC sentences in the Jefferson County Jail over the last 2 years. The recidivism rate from 2014 - 2017 for any new criminal offense is 32%, including people who had as few as one appearance on the ROVS docket. Finally, there has been nearly a 50% reduction in overdose deaths in Grainger County from 2013 - 2017.

Similar actions in Wilson County can be implemented to decrease the crime rate by treating opioid use disorder rather than sending all offenders to local jails, reduce recidivism and case loads for local judges and law enforcement, and combat the opioid crisis by offering an alternative to incarceration.

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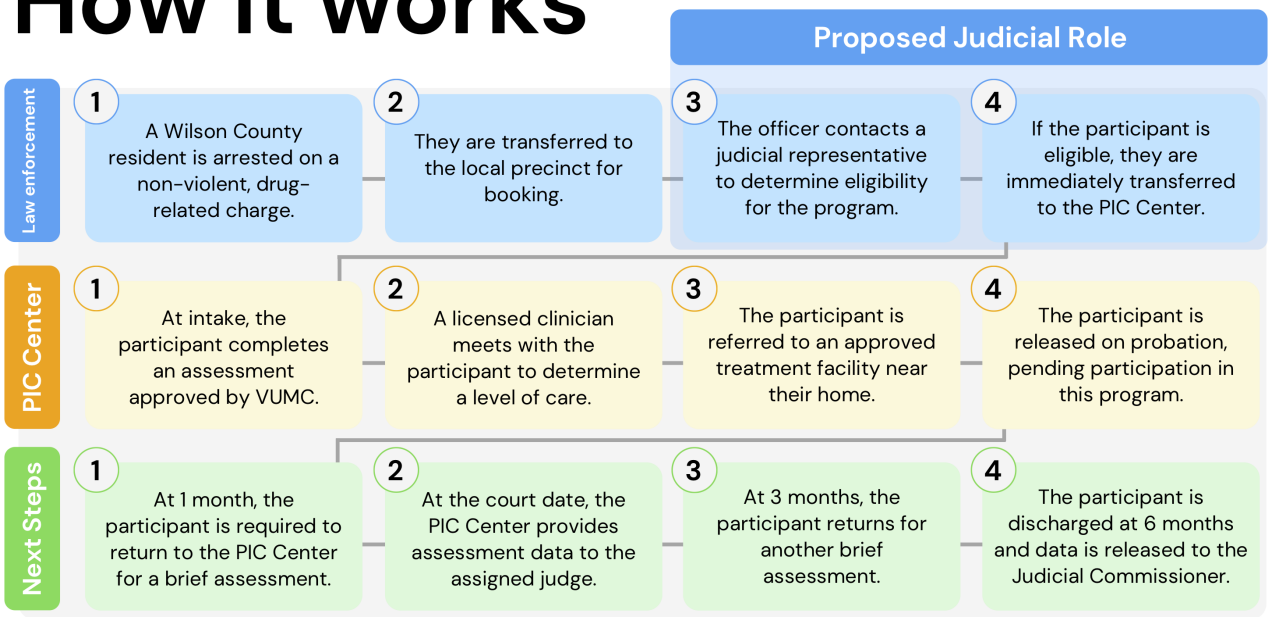
Core Priority #1: PIC Center (Cont.)

In working with Judge Slone, we were able to get agreement from the Wilson County judges to implement a new procedure in the Wilson County PIC Center for first-time misdemeanor drug offenders as shown in the graph below that will have a significant impact.

How it works



Intervening early with medication assisted treatment (MAT) has been proven to help first-time offenders rehabilitate and re-establish a life outside of the correctional system. We have made new local connections for housing (John Grant, Compassionate Hands) and jobs (Adina Chumley, WilsonWorks) for a presence within the PIC Center to help in these areas as well.

Funding will be needed through grants for the uninsured in Wilson County to receive MAT treatment.

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Core Priority #2: Transportation to Treatment

In a recent news article, Vanderbilt teamed up with TDOT to provide transportation for people in Davidson County to get to treatment:

"A Vanderbilt researcher and the Tennessee Department of Transportation are teaming up to help fight the opioid epidemic in the Volunteer State. They want to find better ways to give addicts transportation to treatment options.

TDOT is funding the new 18-month project to analyze transportation investment opportunities to help fight the opioid epidemic across the state. The project will be led by Vanderbilt University researcher Janey Camp.

Camp and her team will use statewide data to model a variety of scenarios that show how people can get to treatment facilities with improved transit options. The researchers will look a variety of options, like public transit and on-demand services such as ridesharing and infrastructure.

The research team hopes this new transportation plan they come up with will also be used to help people in other states.

Currently, Tennessee has the third-highest opioid prescription rate in the nation, and overdose deaths involving opioids in the state have been rising for more than a decade."

In Wilson County, we would like to explore partners for transportation options to provide similar services for our citizens seeking treatment (i.e. Mid-Cumberland Public Transit). Additional funding through grants will be required to make this a reality in our county.

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Core Priority #3: Wilson County Naloxone Distribution Program

Making Naloxone available all across Wilson County will help us achieve our goals in 2021.

Evidence shows that increasing the availability of Naloxone, a medication that reverses the respiratory depression caused by an opioid overdose, reduces the rate of opioid deaths. Naloxone can be safely administered to prevent overdose-related injuries and death not only by medical professionals but also by lay people who witness an overdose, such as families and friends of people who use opioids. This would be extremely beneficial to people at risk of overdose who are leaving hospitals, treatment, or corrections settings.

In addition, clinicians should provide Naloxone to patients who are at high risk of overdose, such as those who have a high-dose opioid prescription or are concurrently prescribed any combination of opioids and benzodiazepines. We must remove barriers to Naloxone accessibility in order to reduce the number of opioid overdose deaths in Wilson County.

For more practical outreach to fentanyl and psychostimulant users, we are applying for additional funding with a grant application in April of 2021. More work needs to be done in this area as it relates to treatment of PUD. Opioid Use Disorder is more easily treated with MAT at this time. As for fentanyl, we hope to market the availability of FTS in our county to bring more awareness. Once OD Map is up and running, we will have more data to share with the community on the presence of fentanyl in our community as well as more specifics on where we are seeing it in the county.

A Naloxone distribution program was created in Wilson County with a new partnership between DrugFree WilCo and Gibbs Pharmacy in Lebanon, Tennessee. Additional details of the partnership in which free Naloxone is distributed to treatment centers across the county can be found here.

We hope to find funding from local businesses and community partners to make this possible.

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Core Priority #4: ODMap Implementation For Real Time Data and Spike Alerts

Getting real time data on the number of overdoses in Wilson County so we can see spikes and trends has been very difficult

Within Wilson County, the best we have been able to do is to gather overdose deaths by manually contacting all three of the agencies in Wilson County: Wilson County Sheriff's Office, Lebanon Police Department, and Mt. Juliet Police Department. Depending on workload, response time can be as long as two weeks to get the information and share it between departments. Typically we wait for the Tennessee Department of Health to publish their annual report to get accurate overdose information. This however will not help the citizens of Wilson County to identify areas of high concentration of overdoses, or to identify spikes in overdoses as they happen so that we can educate the public and save lives before it is too late.

A map is needed to collect both suspected fatal and non-fatal overdoses in real time, as well as track Naloxone administration in our county, in order to mobilize a cohesive and collaborative response.

We have been working with law enforcement, EMS, and the local hospitals to get coordinators willing to input this data in real time into ODMap. We have a consensus within the county that this is the right tool to help us, and have started to take steps to get this up and running in Wilson County.

We expect to have this tool active in Q1 of 2021. No funding is needed for this. Once it is up and running, it will help to get community buy-in on the severity of the problem and prevent future overdoses.

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Core Priority #5: Jail Based Re-Entry Specialist

In the September 2019 jail bed space report, Wilson County Jail had a total population of 600, which was 142 (131%) over the total capacity of 458 beds.

The jail exceeded its capacity throughout the 24-month period of October 2017-September 2019 sampled for the workshop. These are some trends related to the composition of the jail population over time. The pretrial population housed in the Wilson County Jail stayed between (40.0% - 51.0%) over the same 24-month reporting period. The populations with the highest percentage of growth were TDOC Backup (+56.7%), Pre-trial Misdemeanants (+52.0%), and Pre-trial Felony (+15.6%).

Currently in Wilson County we have one male jail based re-entry transition specialist that works two days per week. DrugFree WilCo plans to assist by adding a female jail based re-entry transition specialist on the other 3 days of the week for self-help, job readiness, social skills, extra-curricular activities, using computers, and motivating clients. An Individual Service Plan (ISP) will be created for each client on transition, training, education, and employment.

A Crisis Stabilization Unit is in future consideration to be added in order to offer 24/7/365 intensive, short-term stabilization for someone experiencing a mental health emergency and is willing to receive services. The average length of stay in a CSU is 3 days and the service is free of charge. This will help to reduce overdoses that happen immediately upon release from the Wilson County Prisons. Ideally, people leaving the prisons will have Naloxone and other resources in the community to ensure that they don't overdose upon release.

We will use existing grant opportunities to help fund this program.

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Core Priority #6: Education in Businesses and Youth Development Settings

In order to reduce the stigma surrounding drug abuse and treatment in Wilson County, a curriculum will be introduced about the opioid epidemic and to provide resources for both businesses and settings that facilitate youth development.

These online modules can be delivered both virtually and in-person as needed. Topics range from how the opioid crisis evolved, the science behind addiction with short term and long term effects, the reality of opioids in our community and how we can support those who are affected by misuse or use, and the three types of prevention (primary, relapse, and the prevention of injury/death).

In the first year we will be focusing on large employers in Wilson County, and as the pandemic starts to slow in year two, then we will increase and support the use of evidence-based prevention programs for youth in Wilson County. Schools may not always be accessible due to COVID-19, so therefore our horizons for outreach have broadened to new environments. "Youth development settings" include schools as well as churches, youth groups, community centers, community packs/troops, and more.

We will use existing grant opportunities to help fund this program.

Appendix

RCORP Focus Group – Semi-Structured Questionnaire

1. Who is most affected by substance/opioid use disorder in Wilson County?
2. How does stigma of substance/opioid use disorder impact health worker and community perceptions/biases of people who use(d) drugs, if at all?
3. What barriers exist to eliminating this stigma in Wilson County?
4. What opportunities exist in eliminating this stigma in Wilson County?
5. How is access to treatment for substance/opioid use disorder in Wilson County inequitable by location, race/ethnicity, gender, and socioeconomic status, if at all?
6. What barriers exist to eliminating these inequalities in Wilson County?
7. What opportunities exist in eliminating these inequalities in Wilson County?
8. What is the greatest barrier to lowering substance/opioid use disorder rates and/or deaths in Wilson County?
9. What is the greatest strength in Wilson County to lower substance/opioid use disorder rates and deaths?
10. A successful coalition with a mission to lower substance/opioid use disorder needs what entities and people involved to make change?

Appendix

RCORP Key Informant – Semi-Structured Questionnaire

BOLDED ARE FOR HEALTH WORKERS ONLY

1. Who is most affected by opioid/substance use disorder in Wilson County?
2. How does stigma of opioid/substance use disorder impact health worker and community perceptions/biases of people who use(d) drugs, if at all?
3. What barriers exist to eliminating this stigma in Wilson County?
4. What opportunities exist in eliminating this stigma in Wilson County?
5. How is access to treatment for opioid/substance use disorder in Wilson County inequitable by location, race/ethnicity, gender, and socioeconomic status, if at all?
6. What barriers exist to eliminating these inequalities in Wilson County?
7. What opportunities exist in eliminating these inequalities in Wilson County?
8. What is the greatest barrier to lowering opioid/substance use disorder rates and/or deaths in Wilson County?
9. What is the greatest strength in Wilson County to lower opioid/substance use disorder rates and deaths?
10. A successful coalition with a mission to lower opioid/substance use disorder needs what entities and people involved to make change?
11. **Regarding the health workforce that interact with patients, individuals, or groups with opioid/substance use disorder, what, if any, are the barriers or challenges to recruiting trained health workers in this area?**
12. **What are the barriers or challenges to retaining these opioid/substance use disorder trained/skilled workers?**
13. **How would you describe in Wilson County, in your field of health work, the skills and capacity of health workers to lower opioid/substance use disorder rates and deaths?**

MTSU CHHS

Contact Us

Postal Address:

Center for Health and Human Services
1114 East Lytle Street, Box 99
Murfreesboro, TN 37132

Website:

chhs.mtsu.edu

Email:

cynthia.chafin@mtsu.edu

Phone Number:

615-898-5493

Follow Us:

@mtsu_chhs

CHHS
Center for Health and Human Services

MTSU CHHS

Contact Us

Contributing Members:

Cynthia Chafin
Project Director
cynthia.chafin@mtsu.edu

Kahler Stone
Project Director
kahler.stone@mtsu.edu

Michael Ayalon
RCORP Local Coordinator
michael.ayalon@mtsu.edu

Ryan Otter
MTSU Data Science
ryan.otter@mtsu.edu

Charles Apigian
MTSU Data Science
charles.apigian@mtsu.edu

Chipper Smith
Student Assistant
khs2z@mtmail.mtsu.edu

CHHS
Center for Health and Human Services