disc village
BEHAVIORAL HEALTH

MADISON-TAYLOR

Opioid Response Coalition

MADISON & TAYLOR

NEEDS ASSESSMENT 2019

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INTRODUCTION TO MADISON AND TAYLOR COUNTIES

MADISON COUNTY

The city of Madison is the heart of Madison County, and has been designated as one of the "Best Little Towns to Visit" by Visit Florida.[1] With over 20 historical markers, Madison County is dedicated to preserving its history, and is widely known for being the childhood home of musician Ray Charles. The local Chamber of Commerce describes Madison County as "a faith-based community that is blessed with abundant historical and natural treasures."[2]

TAYLOR COUNTY

Taylor County was established in 1856, and spans an area of roughly 1232 square miles. Known as the "Tree Capital of the South", the pine woods of Taylor County play a vital role in the global forestry industry[3]. This tradition of forestry is celebrated annually by locals and visitors alike, who flock to the county seat of Perry for the Florida Forest Festival each Fall. With nearly 60 miles of coastline and four rivers, Taylor County is also a favorite among fishermen, kayakers, and scallopers.

MADISON-TAYLOR OPIOID RESPONSE COALITION

DISC Village, Inc. is a licensed and accredited community-based substance abuse agency, designated as the lead substance abuse agency for Madison and Taylor counties by Big Bend Community Based Care. In September 2018, DISC was awarded funding as part of the HRSA Rural Communities Opioid Respose (Planning) grant for the purposes of developing a strategic plan for combating the opioid crisis in Madison and Taylor counties.

DISC utilized this opportunity to strengthen existing partnerships with other human services providers, and to create new partnerships with other like-minded providers and businesses throughout both communities. In November 2018, these partnerships developed into the Madison-Taylor Opioid Response Coalition.

The immediate order of business for the Coalition was to produce a comprehensive Needs Assessment to quantify and communicate the impact and prevalence of the opioid crisis in

[1] Visit Florida. (2019). Madison County, Florida: Where the Past is a Destination. Retrieved April 6, 2019 from https://www.visitflorida.com/en-us/travel-ideas/visiting-madison-county.html

[2] Madison County Florida Chamber of Commerce. (2019). The History and Namesake of Madison County Florida. Retrieved April 6, 2019 from http://www.visitmadisonfl.com/about.php

[3] Taylor County Tourism Development Council. (2016). Retrieved April 6, 2019 from http://www.taylorflorida.com/about.php

Madison and Taylor counties. The Needs Assessment also identifies those community assets which already exist and can be capitalized upon for the purposes of facilitating improvement in the areas of prevention, recovery and treatment for persons with opioid and other substance use disorders.

Finally, the Needs Assessment provides a mechanism for identifying service and workforce gaps in order to prioritize and focus Coalition efforts as part of a sustainable strategic plan. Development of the strategic plan is intended to spotlight areas where Coalition efforts can most affect long-term positive change towards reducing opioid abuse in Madison and Taylor counties, increase availability and accessability of services for persons in need of substance abuse treatment, and generate community awareness and support of work sponsored by the Coalition in both counties.

RURAL COMMUNITY OPIOID RESPONSE NEEDS ASSESSMENT

THE MADISON-TAYLOR COUNTIES COMMUNITY OPIOID RESPONSE NEEDS ASSESSMENT PROCESS

The Madison-Taylor Opioid Response Needs Assessment is based on the Mobilizing for Action through Planning and Partnerships (MAPP) model for completing improvement plans and needs assessments. This model was developed by the National Association of County and City Health Officials (NACCHO) as an interactive method for community-involved information gathering and strategic planning. The MAPP process consists of four core assessments:

- Community Themes and Strengths Assessment (CTSA)
- Local Public Health System Assessment (LPHSA)
- Community Health Status Assessment (CHSA)
- Forces of Change Assessment (FOCA)

METHODOLOGY

The Community Health and Status Assessment and Community Themes and Strengths Assessment have been integrated into the Madison-Taylor Opioid Response Needs Assessment. Each section of the Needs Assessment includes the strengths of Madison and Taylor counties in those particular components, as well as the challenges faced by each county. The Appendix includes a Sevice Systems Analysis – a quick-reference view of the sevice system assets and challenges in Madison and Taylor counties. In order to most accurately illustrate the complexities and interrelatedness of substance and opioid abuse and its effects on the health and wellness of the rural communities of Madison and Taylor counties, substantive qualitative and quantitative data has been collected and compiled into a reader-friendly format comprised of the following components:

- Community Health Status Assessment (CHSA)

  - Demographics and Socioeconomics
  - Mortality and Morbidity
  - Strengths and Challenges
- Community Strengths and Themes Assessment (CTSA)
  - Community Member Interview Analysis
  - Provider Survey Analysis
  - Strengths and Challenges
- Workforce and Services Gap Analysis
  - Strengths and Challenges
- Intersecting Themes and Key Considerations
- Appendix
  - Service Systems Analysis
  - Survey Materials
  - Coalition Members

The Community Health Status Assessment process involves the collection and analysis of data specific to the overall public health of a community. Data for the Community Health Status Assessment is gathered from sources such as public health services providers and community partners. The resulting analysis can then be utilized for the purposes of identifying and prioritizing those indicators which most negatively impact community wellness.

The Community Strengths and Themes Assessment addressess questions such as, “What issues really matter to the members of our community?” and “What do members like about our community?” Data for the Community Strengths and Themes Assessment is gathered from sources such as provider surveys or community member interviews. The data gathered from the Community Strengths and Themes Assessment provides a mechanism for identifying common areas of community member concern, and to spotlight those assets which strengthen the community as a whole.

The Workforce and Services Gap Analysis is the synthesis of the Community Health Status and Community Strengths and Themes assessments. Data from the assessments is compiled and then analyzed to identify and prioritize key indicators in the areas of prevention, treatment and recovery. These priorities become the core components of sustainable, strategic planning.

The Intersecting Themes and Key Considerations section summarizes the essential findings and conclusions of the above-mentioned components.

COMMUNITY HEALTH STATUS ASSESSMENT

INTRODUCTION

The Community Health Status Assessment includes key, revelant findings from numerous sources including the U.S. Census Bureau, Centers for Disease Control and Prevention, and

Florida Department of Education. Likewise, a compilation of data was provided to Madison-Taylor Opioid Response Coalition by Big Bend Community Based Care, and has been incorporated into the Community Health Status Assessment. Some tables include data specific to the counties of Madison and Taylor, as well as a comparison with the state of Florida as a whole.

Findings from the Community Health Status Assessment are presented as sub-categories of the following sections:

Demographics and Socioeconomics

Mortality and Morbidity

DEMOGRAPHICS AND SOCIOECONOMICS

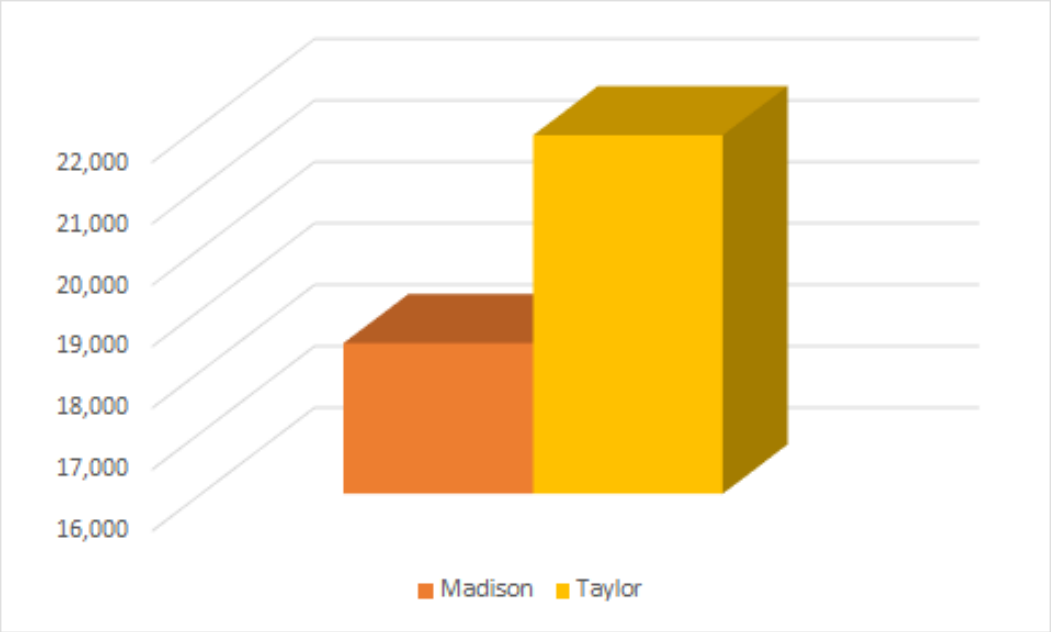
The population dynamics and the health of a community are congruous, with each being affected by changes in the other. Indicators such as age, race, and employment and education levels can have a significant impact on the overall health of a community. This impact frequently presents in multiple areas, such as the inability to afford or obtain basic resources (food, electricity, etc), education deprivation, unemployment or under-employment, and substance abuse.

POPULATION

There are 67 counties in the state of Florida. According to the most recent census data on population numbers, Taylor County ranks 54th with a population of roughly 21,833. Madison, with approximately 18,449 members, ranks 56th [4].

[4] Florida Demographics by Cubit. (2017). Florida Counties by Population. Retrieved March 19, 2019 from https://www.florida-demographics.com/counties_by_population

Figure 1: Population by County



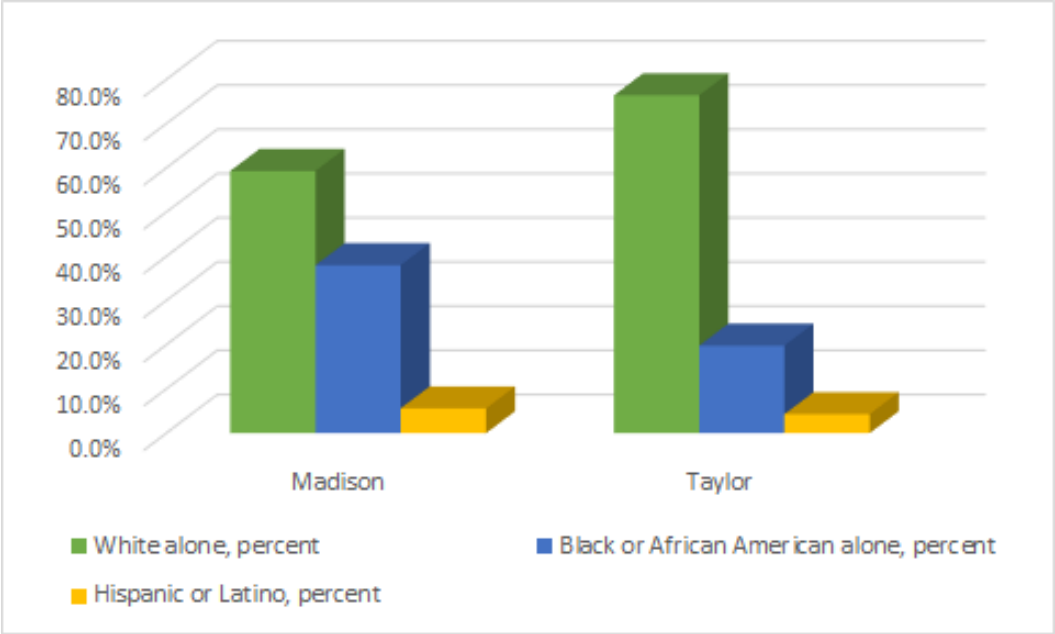
AGE, GENDER, AND RACE

The age and gender demographics of Madison[5] and Taylor[6] counties are comparable. Just under 50 percent of the population in both counties is female. Roughly 20 percent of the population in each county is age 18 or under.

Racial demographics are more varied between the two counties, with Taylor[7] having approximately 20 percent fewer Black or African American residents than Madison county.[8]

[5] United States Census Bureau. (2017). QuickFacts: Madison County, Florida; Florida. Retrieved March 15, 2019 from https://www.census.gov/quickfacts/fact/table/madisoncountyflorida,fl/PST045218
[6] United States Census Bureau. (2017). QuickFacts: Taylor County, Florida; Florida. Retrieved March 15, 2019 from https://www.census.gov/quickfacts/fact/table/taylorcountyflorida,fl/PST045218
[7] United States Census Bureau. (2017).
[8] United States Census Bureau. (2017).

Figure 2: Race by County



INCOME AND POVERTY

According to data from the US Census Bureau and World Population Review, Madison and Taylor counties have a poverty rate nearly twice that of the Florida state average. While the state average is 14 percent, the poverty rate in Madison is 28 percent[9]. The Taylor county poverty rate is roughly 23 percent. Rates in both counties are higher among black or African American members, with nearly 40 percent living in poverty[10] [11].

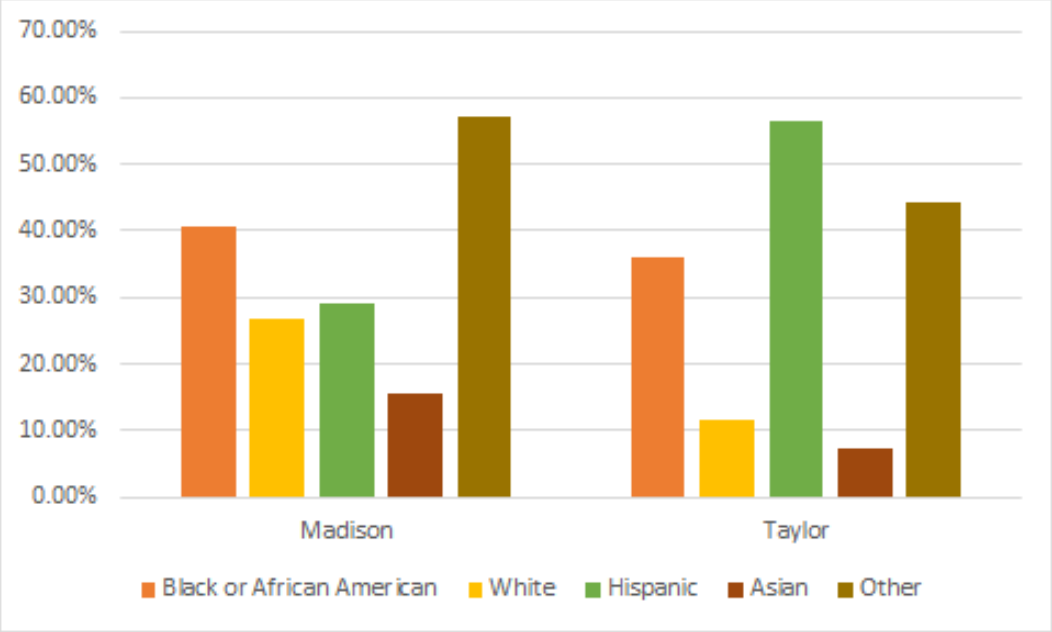
As of 2017, the average median income for Florida was about $50,883[12]. Taylor County falls just shy, averaging $49,161.[13] The average median income in Madison County is considerably lower at $31,816.[14]

Females are more likely to be affected by poverty than males throughout Madison and Taylor counties. In Taylor, 17 percent of the females live in poverty, while poverty affects 15 percent of

[9] United States Census Bureau. (2017).
[10] World Population Review. (2018). Taylor County Population. Retrieved March 26, 2019 from http://worldpopulationreview.com/florida-counties/taylor-county/
[11] World Population Review. (2018). Madison County Population. Retrieved March 26, 2019 from http://worldpopulationreview.com/florida-counties/madison-county/
[12] United States Census Bureau. (2017).
[13] United States Census Bureau. (2017).
[14] United States Census Bureau. (2017).

the male population[15]. In Madison, the number of females living in poverty is nearly double at roughly 33 percent, compared to men at 31 percent[16].

Figure 3: Poverty Estimates by Race



In Madison County, roughly 34 percent of females giving birth are unmarried[17]. According to the 2018 American Community Survey, 100 percent of Hispanic giving birth in Madison County were unmarried, compared to 71 percent of black females and 4 percent of white females giving birth[18]. The rate of unmarried females giving birth in Taylor County is higher, at 46 percent[19]. Of these, 29 percent of white females were unmarried, compared to 100 percent of black or African American females[20].

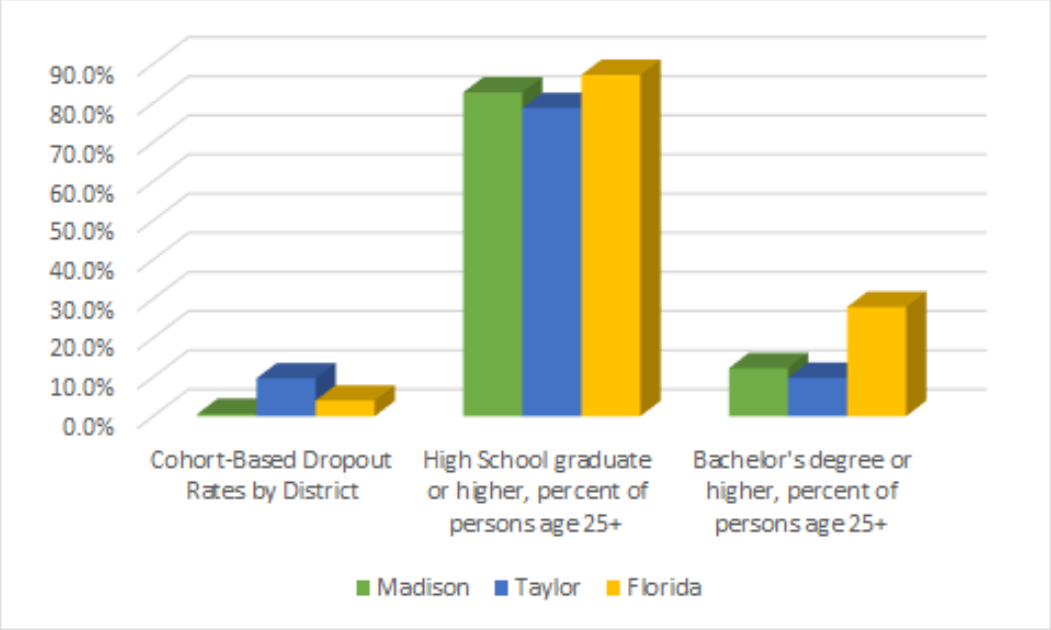
[15] World Population Review. (2018).
[16] World Population Review. (2018).
[17] TownCharts. (2019). Madison County, Florida Demographics Data. Retrieved April 8, 2019 from http://www.towncharts.com/Florida/Demographics/Madison-County-FL-Demographics-data.html
[18] TownCharts. (2019). Madison County, Florida Demographics Data
[19] TownCharts. (2019). Taylor County, Florida Demographics Data. Retrieved April 8, 2019 from http://www.towncharts.com/Florida/Demographics/Taylor-County-FL-Demographics-data.html
[20] TownCharts. (2019). Madison County, Florida Demographics Data

Of the 2,846 students enrolled in Taylor County public schools for the 2017-18 school year, the Florida Department of Education reports 96 percent as economically disadvantaged[21]. In Madison County, approximately 77 percent of the 2,785 students enrolled were economically disadvantaged[22].

EDUCATION

For the 2016-17 school year, the dropout rate for the state of Florida was 4 percent. The rate is more than double in Taylor county, at nearly 10 percent[23]. Roughly 20 percent of the population in Madison and Taylor counties have less than a high school education[24]. Fewer than 15 percent have earned a Bachelor's degree or higher[25].

Figure 4: Education Level and Dropout Rate Estimates



[21] Florida Department of Education. (2018). 2017-18 District Report Card: Taylor School District. Retrieved April 6, 2019 from https://edudata.fldoe.org/ReportCards/Schools.html?school=0000&district=62

[22] Florida Department of Education. (2018). 2017-18 District Report Card: Madison School District. Retrieved Aril 6, 2019 from https://edudata.fldoe.org/ReportCards/Schools.html?school=0000&district=40

[23] Florida Department of Education. (2018). Florida's High School Cohort 2016-17 Dropout Rate. Retrieved March 28, 2019 from http://www.fldoe.org/core/fileparse.php/7584/urlt/CohortDropoutRate1617.pdf

[24] Florida Department of Education. (2018).

[25] World Population Review. (2018).

The high school graduation rate among males is approximately 10 percent lower than females in both counties[26]. In Madison county, the male graduation rate is 76 percent, compared with females at 87 percent. In Taylor county, the male graduation rate is 82 percent, compared with females at 93 percent.

The Florida Department of Education ratings for school districts includes assessment of overall district performance in areas of Language Arts, Mathematics, Science, Social Studies, Accleration, and Graduation Rate. For the 2017-18 school year, Madison County District earned an overall "B" rating of 77 percent for district performance in these areas[27]. Taylor County District also earned a "B" rating, at 70 percent[28].

ECONOMY AND EMPLOYMENT

Home-ownership in Madison exceeds the state average of 64 percent, with the rate of owner-occupied housing at 75 percent[29]. The rate is considerably lower in Taylor County at approximately 59 percent[30]. The average household size in both counties is fewer than three persons[31].

The State of Florida Department of Economic Opportunity provides unemployment statistics which are updated monthly per county. At the end of February 2019, the average unemployment rate for the state of Florida was 3.5 percent[32]. Local area unemployment statistics indicate Madison County is above the state average at 4.1 percent unemployment[33]. As of 2016, there were 308 employer establishments in the county[34].

Taylor County's 3.7 percent unemployment rate is slightly higher than the state average[35]. There were 403 employer establishments reported in 2016[36]. Although the unemployment rate in both counties is higher than that of the state, both counties also show a modest decline in unemployment over the past year.

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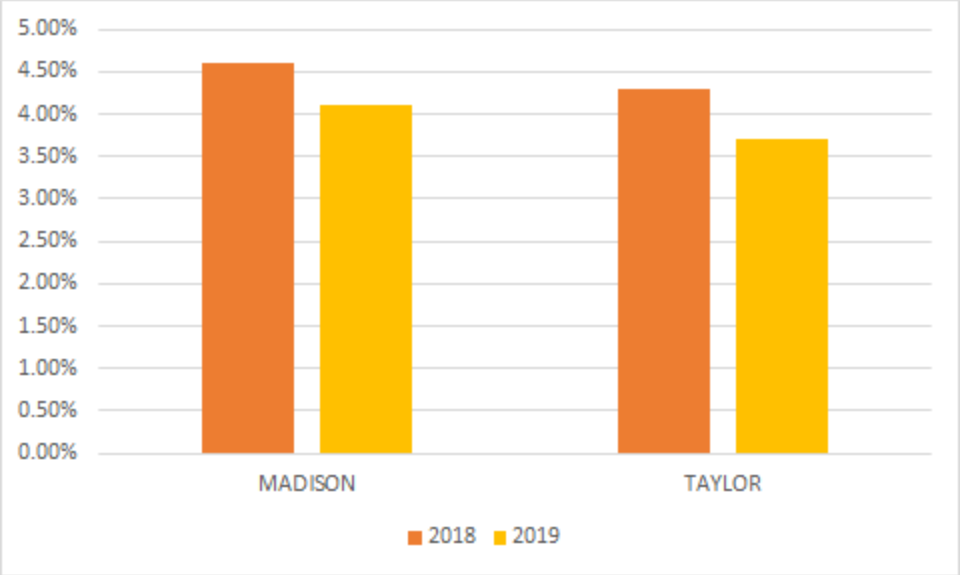
[26] Florida Department of Education. (2018). Cohort Graduation Rate Using Federal Guidelines 2017-18. Retrieved April 1, 2019 from http://www.fldoe.org/core/fileparse.php/7584/urlt/GradRates1718.pdf
[27] Florida Department of Education. (2018). 2017-18 District Report Card: Madison School District.
[28] Florida Department of Education. (2018). 2017-18 District Report Card: Taylor School District.
[29] United States Census Bureau. (2017).
[30] United States Census Bureau. (2017).
[31] United States Census Bureau. (2017).
[32] State of Florida Department of Economic Opportunity. (2019). Florida's Unemployment Rate. Retrieved April 1, 2019 from http://lmsresources.labormarketinfo.com/charts/unemployment_rate.asp
[33] State of Florida Department of Economic Opportunity. (2019). Local Area Unemployment Statistics by County. Retrieved April 1, 2019 from http://www.floridajobs.org/workforce-statistics/data-center/statistical-programs/local-area-unemployment-statistics
[34] United States Census Bureau. (2017).
[35] State of Florida Department of Economic Opportunity. (2019). Local Area Unemployment Statistics by County.
[36] United States Census Bureau. (2017).

Figure 5: Unemployment by County



DEMOGRAPHICS: STRENGTHS AND CHALLENGES

STRENGTHS

While most of the members of Madison and Taylor counties identify as white, black or African American, both counties boast a diverse population which includes ethnicities such as Hispanic or Latino, Asian, and American Indian[37]. The population is fairly evenly divided between male and female, with more than half the members of each county between the ages of 18 and 65[38].

Over 80 percent of students in Madison and Taylor counties are graduating from high school with a quality education. Students then have the opportunity to continue their education locally, if desired. Big Bend Technical College in Taylor County offers vocational training in areas such as nursing, electronics, and welding. Degree-minded students can attend North Florida Community College or the St. Leo University satellite campus in Madison.

Unemployment rates have been trending downards for both Madison and Taylor counties. For the fiscal years 2015, 2016, and 2017, the unemployment rate has dropped from 6.2 percent, to 5.2 percent, then to 4.4 percent, respectively[39]. A similar downward trend is also apparent in Taylor County, with a 6.7 percent unemployment rate in 2015, 5.4 percent in 2016, and 4.5 percent in 2017[40].

[37] United States Census Bureau. (2017).
[38] United States Census Bureau. (2017).
[39] U.S. Bureau of Labor Statistics. (2018). Local Area Unemployment Statistics. Retrieved April 8, 2019 from https://www.bls.gov/lau/home.htm#cntyaa
[40] U.S. Bureau of Labor Statistics. (2018). Local Area Unemployment Statistics

CHALLENGES

In both Madison and Taylor counties, over half of minority-born children are born into single-parent households. Likewise, over 75 percent of school-aged children are economically disadvantaged in both counties. Madison and Taylor both have an overall poverty rate nearly double that of the Florida state average.

Despite projections which indicate the population of Florida increasing, the populations of Madison and Taylor are both trending downward[41]. The Bureau of Economic and Business Research at University of Florida considers both counties to be among those where "institutional populations account for a large proportion of the population".[42] The Lake City Circuit Office, which supervises probation for seven counties including Madison and Taylor, estimates nearly 3,000 offenders on supervision in the district as of 2017.[43] With few employers in the area, job opportunities for community members are limited, but even more so for those members with a criminal record or who are serving probation.

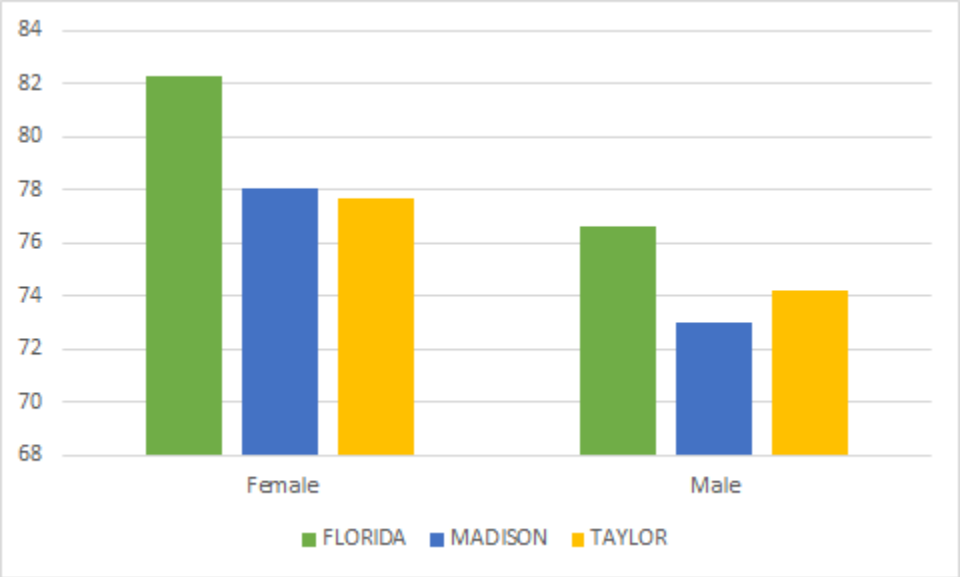
MORTALITY AND MORBIDITY

To measure the mortality rate of a community, the number of deaths in that particular population is tracked, then typically scaled to account for the size of the population and the time-span being measured. The morbidity rate is a measure of the state of health and wellness of the individuals within a population. Mortality and morbidity are frequently studied together in order to determine the incidence of ill health within a community and the impact it may have on the incidence of death within that population.

As of 2017, life expectancy in Florida was 79.45 years, just slightly higher than the national average of 78.86[44]. The statewide life expectancy rate among males was 76.62 years and 82.26 years among females. However, out of 67 Florida counties, Taylor County ranked 64th for life expectancy among females, and 54th in Madison County[45]. Life expectancy estimates for males were higher in both counties, with Madison County ranked at 58, and Taylor County at 49[46].

[41] University of Florida: Bureau of Economic and Business Research. (2018). Projections of Florida Population by County, 2020-2045, with estimates for 2017. Retrieved April 8, 2019 from https://www.bebr.ufl.edu/sites/default/files/Research%20Reports/projections_2018.pdf
[42] University of Florida: Bureau of Economic and Business Research. (2018).
[43] Florida Department of Corrections. (2018). Lake City Circuit Office. Retrieved April 8, 2019 from http://www.dc.state.fl.us/cc/03.html
[44] Centers for Disease Control and Prevention. (2018). Mortality in the United States, 2017. Retrieved April 2, 2019 from https://www.cdc.gov/nchs/data/databriefs/db328-h.pdf
[45] Institute for Health Metrics and Evaluation. (2014). Life Expectancy County Map. Retrieved April 2, 2019 from https://www.worldlifeexpectancy.com/usa/life-expectancy-by-county
[46] Institute for Health Metrics and Evaluation. (2014).

Figure 6: Life Expectancy Estimates



COUNTY HEALTH RANKINGS

According to county health rankings at the end of the first quarter of 2019, Madison ranked 61st out of 67 Florida counties for overall rankings in health outcomes. The health outcome rankings are based on factors such as length of life and quality of life.[47]. For health factors – such as clinical care, health behaviors, physical environment, and socioeconomic factors – Madison was ranked 60th.[48] Taylor county scored higher in both categories, ranking 55th for health outcomes and 51st for health factors.[49]

CAUSES OF DEATH

Florida Department of Health reports the three leading causes of death in 2017 for both Madison and Taylor counties as cancer, heart disease, and chronic lower respiratory disease[50]. Medical examiner reports for 2015, 2016, and 2017 show alcohol, prescription drugs, and illicit substances as contributing factors in multiple deaths in both counties[51]. Opioids account for 50 percent of the substances which were contributing factors in drug-related deaths[52].

[47] 2017 County Health Rankings: Florida. (2019). Retrieved April 3, 2019 from http://www.countyhealthrankings.org/app/florida/2019/overview
[48] 2017 County Health Rankings: Florida. (2019).
[49] 2017 County Health Rankings: Florida. (2019).
[50] Florida Department of Health. (2018). Leading Causes of Death – 2017: Madison. Retrieved April 9, 2019 from http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.LeadingCausesOfDeathProfile
[51] Medical Examiner Annual Drug Raw Data. (2019). For years 2015, 2016, 2017.
[52] Medical Examiner Annual Drug Raw Data. (2019). For years 2015, 2016, 2017.

Figure 7: Medical Examiner Annual Drug Raw Data

Contributing Factors in Drug-Related Deaths (Opioids / Pain Relievers in red)	2015	2016	2017
MADISON	Alprazolam Ethanol Hydrocodone	Diazepam Hydromorphone Zolpidem	Oxycodone Synthetic Cannabinoids Tramadol
TAYLOR	Oxycodone	Alprazolam Diazepam Ethanol Fentanyl Hydrocodone Methamphetamine Oxycodone	Alprazolam Ethanol Hydrocodone Methadone Synthetic Cannabinoids

BEHAVIORAL RISK FACTORS

In 2017, there was one incidence of Hepatitis C reported in Taylor County[53]. There were two cases of HIV reported in both Madison and Taylor counties[54]. The number of sexually-transmitted diseases (STDs) in both counties has trended upward since 2016, with approximately 113 STDs reported in Madison County in 2017, and 128 cases reported in Taylor County[55]. Chlamydia constitutes roughly 69 percent of the STDs reported, and ghonorrhea roughly 27 percent[56].

In Madison County, tobacco use among adults is reported at 16 percent, slightly lower than the state average of 17 percent[57]. Tobacco use in Taylor County is higher at 21 percent[58]. Non-medical marijuana use in both counties is roughly 4 percent, less than the Florida average of 7 percent[59]. Heavy use of alcohol – or binge-drinking – is 21 percent in Taylor County, considerably higher than the state average of 15 percent[60].

[53] Florida Department of Health. (2018). Hepatitis-C, Acute: Taylor. Retrieved April 10, 2019 from http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=8651
[54] Florida Department of Health. (2018). HIV Cases. Retrieved April 10, 2019 from http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalHIVAIDSViewer.aspx?cid=0471
[55] Florida Department of Health. (2018). Reportable and Infectious Diseases. Retrieved April 10, 2019 from http://www.flhealthcharts.com/charts/CommunicableDiseases/default.aspx
[56] Florida Department of Health. (2018). Reportable and Infectious Diseases.
[57] Florida Department of Health. (2016). 2016 Florida BRFSS Data Report: Madison County
[58] Florida Department of Health. (2016). 2016 Florida BRFSS Data Report: Taylor County
[59] Florida Department of Health. (2016). 2016 Florida BRFSS Data Report: Madison County, Taylor County
[60] Florida Department of Health. (2016). 2016 Florida BRFSS Data Report: Taylor County

HEALTH CARE ACCESS AND UTILIZATION

As of 2017, Madison County reported having three licensed physicians, and one licensed family physician[61]. In Taylor County, there are eight licensed physicians, and one licensed family physician[62]. Each county has a local hospital, nursing home or rehabilitation facilities, and a public health department.

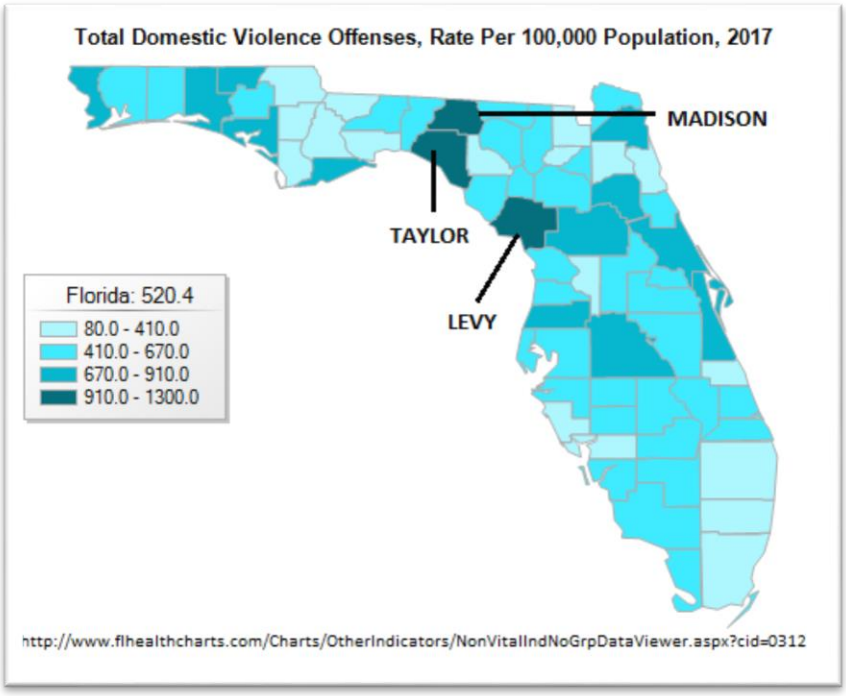
Neither county currently has a licensed OB/GYN, licensed pediatrician, or licensed psychiatrist. The ratio of population to behavioral health services providers is significantly greater than the Florida state average of 703 persons for every one provider[63]. In Madison County, the ratio is 2603 persons per provider[64]. In Taylor County, this ratio is more than double the state ratio at 5544 persons for every behavioral services provider[65].

MENTAL HEALTH

Research has determined 25 percent – or one in four – men who commit acts of domestic violence also have substance abuse issues[66]. Further studies have shown 80 percent of women in treatment for substance use disorders report a history of sexual and/or physical abuse[67]. Domestic violence rates have been steadily increasing in Madison and Taylor counties over the past few years. Taylor County ranks second in the state of Florida with approximately 1188 domestic violence offenses per 100,000 population[68]. Madison ranks third with 927 offenses per 100,000 population[69].

[61] Florida Department of Health. (2018). County Health Profile: Madison. Retrieved April 11, 2019 from http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CountyHealthProfile
[62] Florida Department of Health. (2018). County Health Profile: Taylor
[63] 2017 County Health Rankings: Florida. (2019).
[64] 2017 County Health Rankings: Florida. (2019).
[65] 2017 County Health Rankings: Florida. (2019).
[66] Substance Abuse and Mental Health Services Administration. (2015). Substance Abuse Treatment and Domestic Violence. Retrieved April 15, 2019 from https://store.samhsa.gov/system/files/sma15-3583.pdf
[67] Pyramid Healthcare, Inc. (2018). The Relationship Between Trauma and Substance Abuse. Retrieved April 15, 2019 from https://silvermistrecovery.com/trauma-and-substance-abuse-connection/
[68] Florida Department of Health. (2018). County Health Profile: Total Domestic Violence Offenses - Taylor
[69] Florida Department of Health. (2018). County Health Profile: Total Domestic Violence Offenses - Madison

Figure 8: Total Domestic Violence Offenses



Both Madison and Taylor have seen a slight decrease in the number of non-drug and alcohol-related mental health hospitalizations since 2016[70]. Suicide in Madison County is also on the decline, with 13 suicides per 100,000 population in 2017[71]. The suicide rate in Taylor County is also decreasing. However, when adjusted for age, Taylor ranks third highest in the state at 25 suicide deaths per 100,000 population[72].

SUBSTANCE ABUSE

Although the Florida rate of alcohol-related motor vehicle traffic crashes has been on the decline state-wide for the past five years, Madison County has experienced a slight increase in incidents, with alcohol-impaired driving deaths at 37 percent for 2016, 2017, and 2018[73]. Florida Department of Transportation ranks Taylor County within the top 20 percent for number of

[70] Florida Agency for Health Care Administration (AHCA). (2018). Hospitalizations for mental disorders, except drug and alcohol-induced mental disorders. Retrieved April 12, 2019 from http://www.flhealthcharts.com/Charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=9880

[71] Florida Department of Health, Bureau of Vital Statistics. (2018). Suicide Deaths. Retrieved April 14, 2019 from http://www.flhealthcharts.com/Charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0116

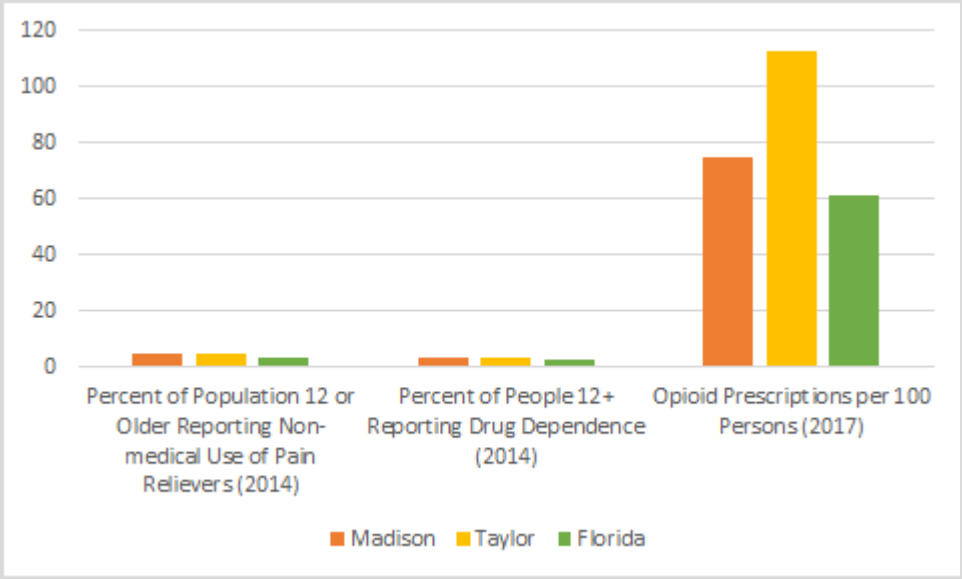
[72] Florida Department of Health, Bureau of Vital Statistics. (2018). Suicide Deaths.

[73] 2019 County Health Rankings. (2019). Alcohol-impaired Driving Deaths. Retrieved April 12, 2019 from http://www.countyhealthrankings.org/app/florida/2018/measure/factors/134/map

impaired driving incidents state-wide[74]. However, this number has been trending downward over the past three years, with alcohol-impaired driving deaths decreasing from 42 percent in 2015 to 31 percent in 2018[75].

According to data reported by amfAR, as of 2014, roughly 4.42 percent of the population of both Madison and Taylor counties over the age of 12 reported the non-medical use of prescription pain-relievers[76]. Opioid prescription rates in both counties are higher than the Florida state average of 60 per 100 persons. The prescription rate for Madison County is reported at 74 per 100 persons[77]. Taylor County reports at nearly double the state average, at 112.8 opioid prescriptions per 100 persons[78].

Figure 9: Painkiller Use & Opioid Prescription Rates



[74] Florida Department of Transportation. (2018). 2017 Highway Safety Plan. Retrieved April 12, 2019 from https://fdotwww.blob.core.windows.net/sitefinity/docs/default-source/content/safety/3-grants/fl-2017-hsp.pdf?sfvrsn=56173c7e_0

[75] 2019 County Health Rankings. (2019). Alcohol-impaired Driving Deaths.

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MORTALITY AND MORBILITY: STRENGTHS AND CHALLENGES

STRENGTHS

According to the 2016 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report, over 70 percent of Madison and Taylor County adults rate their health-related quality of life as "good to excellent"[79]. Both counties also rank higher than the state average for number of adults with health insurance, with over 85 percent insured in Madison and Taylor counties[80]. Roughly half the population of both counties has been screened for HIV[81].

Illegal use of marijuana in both counties is less than 5 percent, compared to the state average of 7 percent. Alcohol abuse in Madison County is considerably lower than the Florida average of 17 percent, with 11 percent of the population reporting heavy drinking or binge-drinking[82].

Madison and Taylor each have at least one provider licensed to administer Buprenorphine, a medication indicated in the treatment of opioid-use disorders[83].

CHALLENGES

The 2017 County Health Profile indicates there are no licensed OB/GYN physicians or licensed pediatricians in either county[84]. Neither county currently has detox facilities or emergency psychiatric beds[85].

Although they are two of the smaller counties in the state, Madison and Taylor counties rank among the highest for domestic violence and suicide. While alcohol-impaired driving deaths are on the decline, Taylor County still ranks in the top 20th percentile for state-wide impaired driving incidents.

The rate of opioid prescriptions per 100 persons in both counties greatly exceeds that of the state average.

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COMMUNITY THEMES AND STRENGTHS ASSESSMENT

In order to fully understand the impact of substance abuse in a community, it is necessary to pair and integrate data from multiple sources. For the purposes of this Needs Assessment, data for the Community Health Status Assessment was gathered from a variety of administrative data sets and secondary sources. However, to ensure a holistic view of the strengths and challenges within a community, it is vitally important to collect data regarding the personal insights, opinions, and experiences of the members of that community.

The Madison-Taylor Opioid Response Coalition Community Themes and Strengths Assessment seeks to answer questions such as: "How do you perceive the substance abuse problem in your community?", "What services are available for persons with substance use disorders in your community?", and "What barriers do community members face in getting help for their substance use disorders?"

METHODOLOGY

Two surveys were developed to query individuals about substance abuse in their communites – a provider survey, and a community member survey. Each survey contained questions specific to substance abuse, opioid-specific substance use and abuse, and community assets and challenges.

The provider survey was utilized to canvass professionals serving Madison, Taylor, or both counties in areas of behavioral health, healthcare, child and family welfare, education, religious or faith-based services, and law enforcement.

The community member survey was used to engage those persons in Madison and Taylor county who have been directly affected by substance abuse in their community. Open-ended questions regarding community supports which may be lacking, substance abuse and, more specifically, opioid use and abuse were included in the survey. Respondents included: high school and college students, persons currently or formerly in recovery, persons currently seeking treatment, and parents, spouses, and significant others of substance users. The community member survey was also created in an interview format, allowing respondents to participate in the manner which they felt most comfortable – either anonymously through the survey, or face-to-face in an interview.

Surveys and/or interviews were completed by over 60 respondents, with 45 percent of respondents from Madison County, and 55 percent from Taylor County. Survey instruments utilized in querying community members and providers are included in the Survey Materials section of the Appendix within this document.

Figure 10: Community Member Survey - Demographics

Demographics	Community Members	
	Number	Percent
Age Group		
0-17	2	6.6
18-24	12	40
25-29	3	10
30-39	5	16.6
40-49	2	6.6
50-59	5	16.6
60-69	1	3.3
Gender		
Male	14	53
Female	16	47
Race / Ethnic Group		
American Indian / Alaskan Native	1	3.4
Black or African American (non-Hispanic)	4	13.79
Hispanic / Latino	1	3.4
White / Caucasian	22	75.86
Other	1	3.4

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

COMMUNITY MEMBER SURVEYS AND INTERVIEWS

The community member survey included the following questions regarding employment status:

Are you currently employed?

If yes, how long have you been at your current job?

If no, how long have you been unemployed?

Figure 11: Community Member Survey – Employment

EMPLOYMENT		
	Number	Percent
Q1. Are you currently employed?		
Yes	11	39
No	17	61
Q2. If yes, how long have you been at your current job?		
Less than one year	8	67
1-2 years	3	25
2-5 years	1	8
Q3. If no, how long have you been unemployed?		
Less than one year	2	17
1-2 years	1	8
2-5 years	3	25
Over 5 years	5	42
Retired	1	8

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

The community member survey included the following questions regarding household status:

What is your current marital status?

Do you have children under the age of 18 living in the home?

If yes, how many?

Figure 12: Community Member Survey - Household

HOUSEHOLD		
	Number	Percent
Q4. What is your current marital status?		
Divorced	1	3
Married	7	24
Separated	1	3
Single	19	66
Widowed	1	3
Q5. Do you have children under the age of 18 living in the home?		
Yes	11	37
No	19	63
Q6. If yes, how many?		
One	2	22
Two	5	56
Three	1	11
Eight	1	11

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

What can you tell me about opioid abuse in your community?

"It is an epidemic in my community which has caused deaths and severe health issues."

"I used to have a few friends that use a variety of drugs, with whom I no longer associate."

"Substance abuse runs rampant in Madison with kids addicted, and adults. My grandmother is an addict, and many teens at my high school are addicted."

"It's bad."

"Lots in Perry."

"There is a lot of drug abuse all throughout Taylor County."

"All I know is that it is bad enough to have citizens on the streets asking for drug money."

"It's definitely around. I know a lot of people are doing cocaine and the pills."

"Plentiful."

"It's awful. Seems like everybody is using it. People you wouldn't even think are using – they just keep it secret."

"I think it's why so many people are on meth. They started on the pills, then found out meth was cheaper and easier to get, and the effects last longer."

"There is a lot of people using them."

"There's a good bit. Mostly people use it to calm their pain. Most people here have crappy lives so they use pills to ease the pain of having a terrible life."

"Severe."

"It's everywhere. Easy to get."

"It's bad. They are easy to get."

"Unreal how many addicts in such a small community. I was on doctor-prescribed opiates for 15 years, then Suboxone® for years. I've been completely clean since July of last year."

"Bad."

"It is really bad and ruined a lot of families and people's lives."

"I have an addictive personality. Currently addicted to marijuana and cigarettes."

The community member survey included the following questions regarding opioid use and seeking treatment:

Are you an opioid user?

Have you sought help for yourself, or for a loved one's substance abuse problem?

Figure 12: Community Member Survey - Opioid Use / Treatment

OPIOID USE / TREATMENT		
	Number	Percent
Q9. Are you an opioid user?		
Yes	11	48
No	12	52
Q10. Have you sought help for yourself, or for a loved one's substance abuse problem?		
Yes	9	47
No	10	53

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

What can you tell me about your experience with opioids? (Either as an opioid user yourself, or as a friend of family member of an opioid user.)

"It causes severe mood swings. You lose rationality."

"At first I was doing methadone with friends here and there. Then some of the pills gave me energy, so I'd use them before going to work. Then I started working just to be able to get the pills."

"Pain management. Dependency runs in my family."

"When I started, it gave me energy. After one week, I couldn't go without them. I was constantly chasing them, or I was sick if I couldn't get them. I ended up on the needle."

"I normally have a prescription, but there have been times when I'd have to borrow it or buy it off the street, but it's real expensive."

"It's a dark place. Easy to get in, hard to get out."

"You spend a lot of money on it."

"I did it cos I always had anger. I didn't like my own family very much, so instead of going home, I'd go somewhere else and get high."

"One can easily abuse."

"It takes pain, hurt, shamefulness away. You and your life don't exist."

"Pills you can get from someone with a prescription."

"Vicodin. It took me two months to get off them."

"I was already using when I moved up here. I sometimes travel to other towns to get drugs."

"It's expensive, painful, and destroyed my life. I don't want to get back to how I was."

"I didn't mean to abuse substances -- it just took me over."

How were you introduced to opioids? (How did you first start using?)

Figure 13: Community Member Survey - Originations of Opioid Use

ORIGINATIONS OF OPIOID USE		
	Number	Percent
Q12. How were you introduced to opioids? (How did you first start using?)		
Family member	1	8.3
Friend / significant other	6	50
Pain management program	1	8.3
Prescription	4	33.3

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

What do you think contributed most to your opioid use?

"Stress levels and depression."

"I liked the energy it gave me."

"Pain, dependency."

"Wanting to fit in with the people I was with."

"I liked how they made me feel."

"Friends using."

"The feeling you get when you don't have it."

"Anger. Boredom. And all my friends were doing it."

"Back and neck pain."

"Escape from reality."

"How they made me feel."

"Pain. Prescription-happy doctors."

"Lack of things for children and teens to do."

What prevention services would have helped prevent your (or your loved one's) opioid abuse?

Are all of those services available in your community?

Responses are displayed in the table below – and due to duplicity -- have been grouped together by similarity, then ranked in order of "most common" to "least common" response.

Figure 14: Community Member Survey - Prevention Services

PREVENTION SERVICES		
Response	**Number**	**Percent**
What prevention services would have helped prevent your (or your loved one's) opioid abuse?		
Mental health counseling	8	25
Prescription monitoring	4	13
Rehab (including rehab for mothers with babies)	4	13
Support from my family	3	9
Pain management options (including options for low income / no insurance)	3	9
Caring doctor / practitioner / prescriber	2	6
"Suboxone" / Medication-Assisted Treatment (MAT)	2	6
Family intervention / resources for parents	2	6
Privacy / anonymity in seeking treatment	1	3
Physical fitness	1	3
Activities / more things to do after school	1	3
Transportation to appointments or meetings	1	3
Are all of those services available in your community?		
Yes	4	17
No	14	61
I don't know	5	22

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

Please tell me about your experience seeking help / treatment for yourself or your loved ones. (For instance, the ease or difficulty of making an appointment, cost, location of services, quality of services, etc.).

"If the treatment center was to be advertised more, and in a better location, it would be simpler to seek treatment."

"We had to have the police check on her. We called several centers to see who would accept her insurance. We had to Baker Act her."

"Had to go to Tallahassee." (multiple respondents)

"It was hard to find treatment. I looked and looked. One day my buddy sent me a picture of the "opiate problem" sign and I found the DISC program."

"Been in treatment twice. Due to chronic pain, I need them."

"I had to go to Gainesville for treatment. It was very expensive. If my brother hadn't helped me, I could not have gotten treatment."

"It is hard to find help in Taylor County."

"Insurance is a problem."

"Help is everywhere you go -- you just can't see it until you accept you need help."

"Good."

How do you think your experience with opioid abuse is similar to others in your community? (Either as an opioid user yourself, or as the friend or family member of an opioid user.)

"The heartbreak of seeing those who you love become someone else."

"Many people in my community are low-income and uninsured substance abusers who have been put in situations where their families are falling apart because of the lack of help."

"Friends are addicted and don't know how to seek help. A lot of families are broken."

"If you go to the doctor for any problem, and they know you've been a drug user, they automatically assume you are either there to get pills or that your illness is because of drug or alcohol use. They don't listen or consider it might be something else."

"The ones that want to quit, they just don't know where to go."

"They probably got it like I did and had no idea how addictive it would be. You just trust your doctor."

"People have problems with the cost of treatment."

"I felt worse when I didn't have the pills – withdrawals – and there's nowhere to go to detox."

"Everyone feels helpless when it comes to helping friends or family members in this county."

How do you think your experience with opioid abuse is different from others in your community? (Either as a opioid user yourself, or as the friend or family member of an opioid user.)

"I used pot to aid with my depression and back pain."

"I was able to distance myself from the substance abusers that used to be my friends, though not everyone can do that."

"I got help." (multiple respondents)

"I think I was able to kick it a little easier than others. My son uses needles and so it has been harder for him to quit."

"I use Subutex."

"I got them for free. I never had to steal or do anything illegal to get them."

"I have control now with the help of family and counseling."

"I only used pills if I couldn't get crack."

"I have been able to see that I need help, and it's out there."

"No help here."

What treatment services do you believe are needed for people with substance-use disorders? (List up to 3)

Are all of those services available in your community?

Responses are displayed in the table below – and due to duplicity -- have been grouped together by similarity, then ranked in order of "most common" to "least common" response.

Figure 15: Community Member Survey - Treatment Services

TREATMENT SERVICES		
Response	**Number**	**Percent**
What treatment services do you believe are needed for people substance-use disorders? (List up to 3)		
Mental health counseling	8	23.5
Substance abuse counseling	7	20.5
Health care (including low-income / no insurance)	3	8.82
Medication-Assisted Treatment	3	8.82
Inpatient rehab	2	5.88
Detox facilities	2	5.88
Community education about addiction	2	5.88
Online counseling	1	2.94
Random check-ins / phone calls	1	2.94
Housing assistance	1	2.94
Food assistance	1	2.94
Financial assistance / coaching	1	2.94
Prescription monitoring	1	2.94
Employment assistance	1	2.94
Are all of those services available in your community?		
Yes	3	14.28
No	13	61.9
I don't know	5	23.8

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

What services are missing in your community? (List up to 3)

Responses are displayed in the table below – and due to duplicity -- have been grouped together by similarity, then ranked in order of "most common" to "least common" response.

Figure 16: Community Member Survey - Missing Services

MISSING SERVICES		
Response	**Number**	**Percent**
What services are missing in your community? (List up to 3)		
Mental health counseling (including low-income / no insurance)	7	18.42
Inpatient rehab	5	13.15
Detox facilities	5	13.15
Recreational activities	4	10.52
Healthcare (including low-income / no insurance)	4	10.52
Outreach programs	3	7.89
Employment assistance	3	7.89
Privacy / anonymity for people seeking treatment	2	5.26
Regular wellness checks / phone calls to person with substance abuse problems	2	5.26
Court-ordered treatment for anybody with drug-related criminal charges	1	2.63
AA / NA / support groups	1	2.63
Public transportation	1	2.63

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

Why do you believe members of your community abuse substances? (List up to 3 reasons)

Responses are displayed in the table below – and due to duplicity -- have been grouped together by similarity, then ranked in order of "most common" to "least common" response.

Figure 17: Community Member Survey - Factors Contributing to Substance Abuse

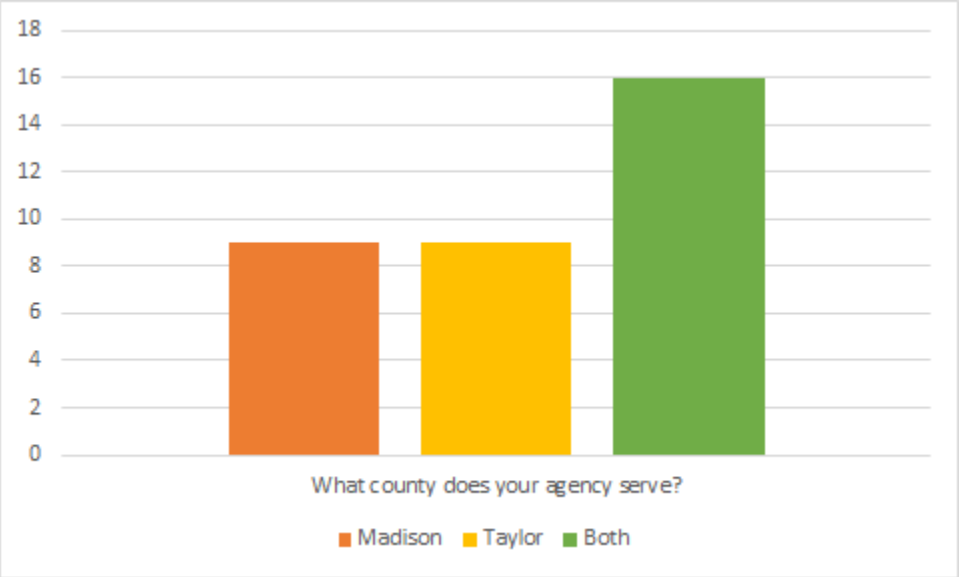
CONTRIBUTING FACTORS		
Response	**Number**	**Percent**
Why do you believe members of your community abuse substances? (List up to 3 reasons)		
Boredom "There's nothing else to do here"	8	21.05
Unemployment	6	15.78
Stress	5	13.15
Prescribed / pain management	5	13.15
Family members / friends use	4	10.52
Social acceptance / peer pressure	4	10.52
Depression	3	7.89
Poverty	2	5.26
Ease of access to drugs	1	2.63

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

PROVIDER SURVEYS

What county does your agency serve?

Figure 18: Provider Survey - County of Service



What type of services does your agency provide to the community? Select all that apply.

Figure 19: Provider Survey - Services Provided

SERVICE TYPE		
Response	**Number**	**Percent**
Education	15	44.12
Health / medical	14	41.48
treatment	11	32.35
Child welfare	10	29.41
Mental health	5	14.71
Legal / law enforcement	3	8.82
Religious / church / faith-based	1	2.94
Other: Disaster relief	1	2.94
Other: Rape Crisis Center	1	2.94
Other: Maternal and child health support services	1	2.94

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

How long have you practiced your profession in this community?

Figure 20: Length of Profession

PROVIDER DEMOGRAPHICS		
Response	**Number**	**Percent**
How long have you practiced your profession in this community?		
Less than 5 years	14	42.42
5 - 10 years	11	33.33
10 - 15 years	0	0
15 - 20 years	3	9.09
Over 20 years	5	15.15

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

What do you believe are the top five (5) reasons people in your community abuse opioids? (Please select 5 items)

Figure 21: Contributing Factors to Opioid Use

CONTRIBUTING FACTORS TO OPIOID USE		
Response	**Number**	**Percent**
What do you believe are the top five (5) reasons people in your community abuse opioids? (Please select 5 items)		
Family members and/or friends use or abuse drugs or alcohol	14	53.85
Stress management / poor coping skills	14	53.85
Availability / easy to get	12	46.15
Mental health disorders	11	42.31
Boredom / lack of entertainment options	10	38.46
Other drug or alcohol use	10	38.46
Poverty	8	30.77
Prescriptions/ over-prescribed	8	30.77
Unemployment / under-employment	8	30.77
Lack of access to substance abuse treatment	7	26.92
Peer pressure / social pressure	7	26.92
Lack of parental / adult supervision	6	23.08
Dissolution of family (child being raised by relatives, in foster care, etc)	5	19.23
Lack of access to mental health care	5	19.23
Poor parenting skills	5	19.23
Domestic violence	4	15.38
Lack of access to medical care / lack of insurance	4	15.38
Trauma	4	15.38
Dropping out of school	2	7.69
Lack of safe, affordable housing	2	7.69
Loneliness	2	7.69
Crime	1	3.85
Divorce	1	3.85
Homelessness	1	3.85

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

Of the five (5) reasons you selected above, which three (3) do you believe the community can most improve within the next 1-3 years if the proper resources (funding, manpower, etc.) are available?

Figure 22: Potential Areas for Affecting Change

POTENTIAL FOR CHANGE		
Response	**Number**	**Percent**
Of the five (5) reasons you selected above, which three (3) do you believe the community can most improve within the next 1-3 years if the proper resources (funding, manpower, etc.) are available?		
Stress management / poor coping skills	8	10.95
Lack of access to substance abuse treatment	8	10.95
Lack of access to mental health care	8	10.95
Boredom / lack of entertainment options	7	9.59
Prescriptions/ over-prescribed	6	8.22
Availability / easy to get	5	6.85
Unemployment / under-employment	3	4.11
Poor parenting skills	3	4.11
Other drug or alcohol use	3	4.11
Lack of parental / adult supervision	3	4.11
Lack of access to medical care / lack of insurance	3	4.11
Peer pressure / social pressure	2	2.74
Family members and/or friends use or abuse drugs or alcohol	2	2.74
Domestic violence	2	2.74
Community education / awareness of mental health and substance use disorders	2	2.74
Poverty	1	1.2
Dropping out of school	1	1.2
Dissolution of family (child being raised by relatives, in foster care, etc)	1	1.2
Affordable child care(including after hours availability)	1	1.2
Marketing / awareness of available programs	1	1.2
Early intervention	1	1.2
Mentoring	1	1.2
Partnerships / sharing resources	1	1.2

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

Please indicate the level of availability for the following services in your community.

Figure 23: Availability of Services

AVAILABILITY OF SERVICES				
	Easily Available	Somewhat Available	Unavailable	Not Sure
Healthcare services for the poor / uninsured	12%	76%	8%	4%
Outpatient mental health services	0	88%	8%	4%
Outpatient substance abuse services	12%	68%	20%	0%
Inpatient mental health services	0	20%	76%	4%
Inpatient substance abuse services	0	20.83%	75%	4.17%
Transportation to health care / mental health / substance abuse services	0	64%	24%	12%
Prevention services	8%	40%	44%	8%
Virtual (online) mental health / substance abuse services	4%	32%	44%	20%
Affordable, quality childcare	4.17%	54.17%	33.33%	8.33%

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

Please indicate how problematic each of the following issues is in your community.

Figure 24: Prevalence of Challenges Faced by Community

COMMUNITY CHALLENGES				
	A minor problem	Somewhat of a problem	A big problem	Not sure
Prescription rates of opioids	4.17%	12.50%	58.33%	25.00%
Availability of non-prescribed opioids ("on the street")	0.00%	4.00%	88.00%	8.00%
IV-drug use (needles / syringes)	8.00%	40.00%	20.00%	32.00%
Availability of needle / syringe exchange services	4.00%	4.00%	32.00%	60.00%
Opioid-related overdose	16.67%	33.33%	16.67%	33.33%
Availability of support groups for families affected by opioid-use disorders (Al-anon, etc)	4.00%	36.00%	44.00%	16.00%
Availability of support groups for people in recovery (AA, NA, etc)	8.00%	40.00%	40.00%	12.00%
Stigmatization or marginalization related to addiction / opioid abuse	4.00%	32.00%	60.00%	4.00%
Criminal activity related to opioid abuse	0.00%	24.00%	68.00%	8.00%
Availability of medication-assisted treatments (Suboxone®, Vivitrol®, etc)	12.00%	20.00%	32.00%	36.00%
Community awareness of medication-assisted treatments	0.00%	20.00%	64.00%	16.00%
Community awareness of opioid-use disorders	4.00%	12.00%	72.00%	12.00%
Opioid use among pregnant women	0.00%	20.00%	44.00%	36.00%
Opioid abuse in homes with children under the age of 18	0.00%	16.00%	76.00%	8.00%
Availability of substance abuse training for providers	8.00%	16.00%	56.00%	20.00%
Availability of detox services	4.00%	8.00%	68.00%	20.00%
Cost of health care services	4.00%	8.00%	72.00%	16.00%
Cost of mental health services	8.00%	20.00%	64.00%	8.00%
Cost of substance abuse services	4.00%	20.00%	60.00%	16.00%

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

From the list below, please select the three (3) which you believe are the biggest barriers to community members getting help for opioid-use disorders. (Please select 3 items).

Figure 25: Barriers to Change

Q8. From the list below, please select the three (3) which you believe are the biggest barriers to community members getting help for opioid-use disorders. (Please select 3 items).		
Response	**Number**	**Percent**
Cost / insurance concerns	19	76
Lack of awareness of available resources / services	14	56
Motivation	12	48
Lack of transportation	9	36
Fear of job loss ("I can't take time off work for treatment")	7	28
Fear of repercussion / punishment	6	24
Privacy concerns	5	20
Fear of separation from loved ones ("I don't want to be away from my kids / significant other that long.")	4	16
Difficulty using technology effectively (such as for virtual / online treatment services)	1	4
Lack of affordable, quality childcare	1	4
Other (please specify)	0	0

Source: Madison-Taylor Opioid Response Coalition. (2019). Community Themes and Strengths Assessment .

WORKFORCE ANALYSIS

The Workforce Analysis identifies those employment assets which already exist in Madison and Taylor counties, and can be mobilized towards achievement of goals which have been prioritized and committed to by the Madison-Taylor Opioid Response Coalition. The analysis attempts to identify workforce gaps – or areas where employment growth is necessary -- as well as anticipate the challenges to overcome in addressing these gaps.

WORKFORCE ANALYSIS			
Task-Specific / General Capacity	**What is needed to complete these tasks?**	**Strengths**	**Challenges**
Workforce to be mobilized for this effort?	Social workers Advanced practice nurses Certified prevention specialists Addiction counselors Mental health counselors Peer support specialists Recovery coaches Waivered MAT providers Psychiatrists Physicians	Existing network of behavioral health workers FDOH present in both counties Substance abuse (including MAT) counseling available in Taylor	Low wages for behavioral health professionals Lack of housing, entertainment, and employment options to entice professionals to rural communities Shortage of licensed mental health and medical professionals Roughly 25% of existing workforce has been at their jobs over 15 years (nearing retirement) Lack of substance abuse treatment (including MAT) in Madison Shortage of para-professionals in both counties
Necessary Core Competencies	Understanding addiction Understanding of diagnostic criteria for substance use disorders Familiarity of pharmacological resources (MAT) Crisis intervention Screening Clinical evaluation Motivational interviewing Referral Service coordination Treatment planning	Existing network of trained behavioral health para-professionals Limited MAT Services available Peer Recovery Specialist training available online, scholarships available	Network of trained para-professionals is too small to handle current needs of the community Lack of communication and care-coordination across agencies Engage the community through education, information, and public awareness in order to remove stigma related to addiction and recovery

	Counseling Client, family, and community education		MAT clients frequently have to travel to Tallahassee to fill their prescription or see the physician
Necessary Credentialing	Bachelor's Level education or higher Waiver / certification to provide MAT Certified Peer Recovery Specialist	Existing credentialed workforce can be utilized to train, mentor, and encourage new participants Existing partnership with NFCC and St Leo can be harnessed to create a pipeline of new talent	Master's level education or higher required by Medicaid for reimbursement Currently only 1 provider licensed to administer Buprenorphine in both counties Cost of higher education vs low-wages in rural communities
Adoption of Evidence-Based Practices (EBPs) with Fidelity	SBIRT (screening, brief intervention, and referral to treatment) Motivational interviewing MAT services	Motivational interviewing and MAT services currently utilized by some existing providers	Consensus on utilization of EBPs across agencies
Resources to Support Workforce	Higher education Partnerships with existing providers to extend / expand capacity Telehealth Partnerships with higher education for locally supervised internships / practicum Continued education for providers	Higher education options locally available: North Florida Community College, St. Leo University, Big Bend Technical College FDOH, DCF, Apalachee Center currently have established presence in both counties	Community members often do not have access to computer / internet / data plan to utilize telehealth services Lack of incentives to entice interns to sign-on as employees upon completion of supervision Cost of continued education frequently falls to the employee

SERVICE SYSTEMS ANALYSIS

The Service Systems Analysis identifies those services or assets which already exist and can be utilized for the achievement and sustainability of a long-term strategic plan. It also identifies existing shortcomings and anticipates near-future challenges which must be considered and addressed as part of any strategic planning efforts.

SERVICE SYSTEMS ANALYSIS			
Task-Specific / General Capacity	**Strengths**	**Challenges**	**Opportunities Created**
SUBSTANCE USE DISORDER (SUD) SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)	2 substance abuse treatment providers in Taylor Outpatient services available in Taylor. Telehealth services available	No established treatment providers in Madison Community members lack access to technology for telehealth Lack of transportation to treatment Only 1 provider receives low income / uninsured	Utilize existing providers for teaching SBIRT protocol across agencies Expand treatment for low income / uninsured into Madison
SUD PREVENTION	Prevention specialists exist on-campus at Madison County Central School and Taylor County High School	Lack of community awareness of existing prevention services	Public awareness to encourage utilization of existing prevention services
PEER SUPPORT	Agencies already utilizing peer support can be utilized as subject matter experts in expanding peer support across agencies Florida Medicaid recognizes CRPS as billable for services	Cost and length of time to certify can be prohibitive Is not a substitute for qualified clinicians	Share peer support resources across agencies
MEDICATION-ASSISTED TREATMENT (MAT)	MAT Services for low-income / no insurance available in Taylor county	Lack of licensed Buprenorphine administrators means MAT clients still have to travel to other cities to get their prescriptions filled Limited funding means persons needing MAT	Extend MAT services in both counties

		services may have to go on a waiting list	
PRIMARY CARE		Lack of affordable care for low-income / uninsured Primary care physicians may lack expertise regarding substance use disorders Patients frequently minimize (or omit) information about substance use when speaking with their physician Lack of protocol for identifying high-risk / vulnerable populations Population per provider is higher than state average	Develop universal screening protocol (SBIRT) Implement screening protocols which encourage patients to be honest about their substance use, and which identify and include high-risk / vulnerable populations within the community
PAIN CARE		Lack of pain management options Prescription rates higher than state average	
HOSPITALS	Madison County Memorial Hospital serving Madison County Doctor's Memorial Hospital serving Taylor County	No beds designated for mental health emergencies or detox services	Develop partnership for implementation of early screening and intervention Partner to develop and implement a standard discharge and referral protocol
ED AND FIRST RESPONDERS	Utilizing naloxone for opioid overdose reversal	No standardized protocol for referring overdose victims to treatment	Partner with emergency staff to implement a universal screening protocol
MENTAL HEALTH	Apalachee Center provides mental health case management in both counties Apalachee Center recently implemented mobile crisis response teams	No mental health counseling available in either county for low income / uninsured Population per provider is higher than state average	Develop partnerships to utilize mobile teams as 'first responders' for early screening and intervention

FINANCIAL RESOURCES	HRSA: Rural Communities Opioid Response (Planning & Implementation) RCORP-Medication-Assisted Treatment Expansion funding	Surety necessary in order to appropriately budget Coalition activities and project long-term sustainability	Utilize Coalition to identify additional funding opportunities Engage the community in contributing towards Coalition efforts

KEY CONSIDERATIONS

WHAT IS THE EXTENT OF THE OPIOID PROBLEM IN THIS COMMUNITY?

For the past three years in both Madison and Taylor counties, opioids have been a contributing factor in 50 percent of deaths in which alcohol or substances were involved. Taylor County ranks seventh in the state of Florida for non-fatal drug-involved overdoses[86]. Florida county health rankings list Madison as 61 out of 67. Taylor scores slightly higher, ranked at 55 of 67 counties.

The rate of non-fatal opioid-involved drug overdoses (per persons over age 11) is 12.1 per 100,000 persons for Madison County, and 90 per 100,000 persons for Taylor County[87]. The prescription rate of opioids in the state of Florida is roughly 60 prescriptions per 100 persons. In Madison County, the rate is significantly higher at 74 prescriptions per 100 persons. In Taylor, the rate is twice that of the state average, at 113 opioid prescriptions per 100 persons.

WHAT IS THE PREVALENCE OF THE OPIOID PROBLEM IN THIS COMMUNITY?

Madison ranks 56th of 67 Florida counties for size, with a population of 18,449. According to the most recent data from the U.S. Census Bureau (2010), the median age in Madison is 40, with roughly half the population between the ages of 21 and 64[88]. Taylor County – ranked 54th for population -- is slightly larger with 21,833 residents. The median age for Taylor is 41, and 77 percent of the population is between the ages 21 and 62[89].

The National Survey on Drug Use and Health shows 14.76 percent of persons over the age of 18 abused pain relievers within a one-year period[90]. When adjusted for the population and age

[86] Florida Department of Health. (2018). Non-Fatal Opioid Overdose Surveillance. Retrieved April 8, 2019 from http://www.floridahealth.gov/statistics-and-data/fl-esoos/_documents/nonfatal-od-2017.pdf
[87] Florida Department of Health. (2018). Non-Fatal Opioid Overdose Surveillance.
[88] United States Census Bureau. (2010). Community Facts. Retrieved April 8, 2019 from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF
[89] United States Census Bureau. (2010). Community Facts
[90] National Survey on Drug Use and Health: Model-Based Prevalence Estimates. (2018). 2016-2017. Retrieved April 8, 2019 from https://www.samhsa.gov/data/report/2016-2017-nsduh-state-prevalence-estimates

demographics of each county, projections indicate roughly 1,361 persons in Madison County will abuse pain relievers within the next year. Projections for Taylor County estimate 2,481 persons abusing pain relievers in the next year.

Abuse of pain relievers is also prevalent among persons under the age of 18 at a rate of 7.6 percent across the state of Florida. Projections indicate that for Madison County, 280 persons under age 18 will abuse pain relievers. For Taylor County, the number is projected at 332 persons.

WHO IS IMPACTED BY THE OPIOID PROBLEM?

Respondents to the Community Member Survey ranged from age 16 to 65, spanned multiple ethnicities, and included a fairly even number of females and males surveyed. The opioid problem in Madison and Taylor counties is a multi-generational one, indiscriminate of gender or culture.

The American Psychiatric Association recently released a study which links unemployment and a shortage of mental health workers to neonatal abstinence syndrome[91]. The high rate of unemployment and critical shortage of behavioral health workers in the target rural service area indicates the population is at increased risk for SUD/OUD and neonatal abstinence syndrome. Females in the Madison-Taylor service area are particularly vulnerable, due to a 61% unemployment rate in Taylor.

The high rate of domestic violence in both counties is an indicator of SUD/OUD risk among men who commit domestic violence, and an even higher risk among female domestic violence victims. With roughly 20% of the service area over the age of 65, the lack of pain management and limited access to affordable medical care mean an aging population is at risk of becoming increasingly dependent on pain relievers.

OBSERVATIONS

Of those community members who completed an opioid use survey, nearly 50 percent reported having an OUD but had not sought or received treatment. Roughly one-third of respondents reported becoming addicted through pain management or from being prescribed opioids.

Community members reported that lack of availability and access to prevention services such as mental health counseling, prescription monitoring, and rehabilitation facilities was a contributing factor in their substance abuse and worsening of addictive behaviors. Over 60 percent of survey

[91] American Psychiatric Association. (2019). Neonatal Abstinence Syndrome Linked to Unemployment, Mental Health Shortages. Retrieved April 8, 2019 from https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2019.3a39

respondents reported the lack of treatment services such as mental health counseling, substance abuse counseling, and affordable primary healthcare – particularly for persons with low-income or who are uninsured – were contributors to prolonged substance abuse.

Service providers who were surveyed provided similar responses, indicating alignment with the community regarding workforce and service gaps which worsen the SUD/OUD problem in Madison and Taylor counties. Providers rated the top barriers to community members receiving treatment as: cost / insurance concerns, lack of awarness of available resources / services, motivation, lack of transportation, and fear of job loss.

MOVING FORWARD

Madison-Taylor Opioid Response Coalition is a partnership of like-minded agencies and individuals committed to addressing prevention, treatment, and recovery service gaps and helping community members overcome challenges in accessing resources necessary for long-term wellness and recovery. The Coalition is actively and aggressively pursuing various funding streams to finance initiatives which will positively affect change towards improving behavioral services and quality of life for the Madison and Taylor county communities.

COALITION MEMBERS

- Kimberly Allbritton, Administrator, Florida Department of Health – Madison County
- Lori Evans, Madison County Memorial Hospital
- Elizabeth Fuentes, Care Manager Supervisor, Apalachee Center
- John Grosskopf, President – North Florida Community College
- Donna Hagan, CEO, Healthy Start Coalition of JMT
- Lisa Hill, Project Director, DISC Village, Inc.
- Trey Howard, Attorney – Offices of Oscar M. Howard, Attorney at Law
- David W. Johnson, Lead Pastor, Northside Church of God
- Valencia Jones, Child Protective Investigator, Florida Department of Children and Families
- Alston Kelley, Chair, Madison County Commission
- Kristie Lutz, Florida Department of Health – Taylor County
- Major Marty Tompkins, Taylor County Sheriff's Office
- Epp Richardson, Madison County Sheriff's Office
- Mike Watkins, Chief Executive Officer, Big Bend Community Based Care
- Lori Newman, Director of Student Services, ESE, Mental Health Services – District School Board of Madison county