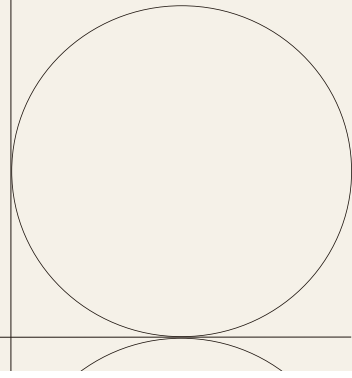# Indian River County
Opioid & Substance Use Advisory Group

Needs Assessment Evaluation & Strategic Planning Summary

Including:

Funding Allocation Recommendations

Assembled for:

County Commissioner Consideration

March 3, 2025

Process Facilitation & Report Compilation by:
The Flick Framework, LLC in

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Overview

Project Summary	Needs Assessment Evaluation & Strategic Planning Summary Funding Allocation Recommendations
Background	The strategic planning process for addressing opioid and substance use disorders in Indian River County was a collaborative, multi-phase effort designed to engage stakeholders and gather comprehensive insights to inform actionable strategies. Initiated in the Spring of 2024, the process was rooted in data-driven analysis, community input, and the active participation of diverse stakeholders.
Contributing Stakeholders	This effort was guided by a dedicated group of professionals and advocates who contributed their expertise, time, and commitment to addressing substance use challenges in Indian River County. This plan is the result of a data-driven and evidence-based approach, ensuring that each strategy is informed by objective analysis, community needs assessments, and best practices in prevention and intervention. By leveraging comprehensive data and research, the Advisory Group has developed a framework that not only identifies key areas of concern but also provides actionable solutions for lasting impact. The following individuals played a crucial role in this process, bringing their unique perspectives and insights to the table: *Indian River Hospital District* - Frank Isele *Cleveland Clinic of Indian River, Behavioral Health Center* - Cecelia Stalnaker *Treasure Coast Community Health* - Vicki Soule *Mental Health Collaborative* - Wes Sammons *Community Advocate* - Lisa Kahle *Indian River County School District* - Darian Minzenmayer *Indian River County Health Department* - Miranda Swanson *Thrive IRC Inc. (Formerly Substance Awareness Center)* - Carrie Maynard-Lester Their contributions helped ensure that this plan is not just a document but a roadmap for meaningful change. By working together, the Advisory Group has crafted a strategic approach that enhances public awareness, expands access to care, and reduces stigma surrounding substance use.

Quality Assurance
Recommendations

This strategic planning summary serves as a guiding framework for the next three to five (3-5) years, aligning with the current funding cycle. To ensure responsiveness to evolving community needs, it is essential to:

- Define how long these priorities will remain in place under the current program cycle.
- Determine the frequency of updates to the funding priorities and Request for Proposals (RFP).
- Ensure continued assessment and adaptation based on emerging needs and service gaps.

To maximize the impact of these investments and maintain alignment with the county's evolving needs, it is recommended that:

- Funding priorities be formally reviewed on an annual basis to assess progress, effectiveness, and any necessary adjustments.
- The RFP process be updated at least every two years to reflect changing service needs and funding landscapes.
- A structured mechanism (advisory board, task, force, committee, etc.) be established and maintained for ongoing stakeholder input, ensuring that those directly affected by these initiatives–including service providers, individuals in recovery, and community partners– have a voice in shaping future priorities.

The needs assessment (*see Appendix*) provides the foundational data to guide decision-making, while this strategic planning summary outlines actionable priorities to address those needs. While the current funding cycle focuses on key interventions such as stigma reduction, service coordination, and recovery support, additional gaps–including detox and residential treatment– remain. A sustained, long-term commitment to these efforts will be essential in building a more effective, efficient, and responsive system of care for Indian River County.

Strategic Planning Process

Phase One: *Needs Assessment*

The process began with a comprehensive needs assessment, conducted in partnership with Thrive IRC and the Community Advocacy Research and Evaluation Consulting Group (CARECG). This assessment integrated public data analysis, focus groups, and a community-wide survey to evaluate the prevalence, causes, and impacts of substance use disorders, as well as access to resources and services.

- **Public Data Analysis**: Examined trends in opioid and substance use, including overdose rates, treatment availability, and demographic patterns.
- **Focus Groups**: Engaged individuals with lived experience (PWLE), family members, and service providers to capture qualitative insights. Over 20 focus groups and interviews were conducted, with participants sharing firsthand experiences, barriers to care, and resource needs.
- **Community Survey**: Distributed widely, this survey quantified perceptions of substance use, resource awareness, and gaps in services, gathering input from over 400 respondents resulting in a 95% confidence interval for the survey results.

Phase Two: *Stakeholder Engagement*

Stakeholder engagement was central to the strategic planning process, ensuring that the voices of those most affected by the crisis were heard alongside service providers, policymakers, and community leaders. Key stakeholders included:

- *Individuals with lived experience and their families.*
- *Health and Behavioral health providers, law enforcement, and public health officials.*
- *Educational institutions, and nonprofit organizations.*
- *Local funders and community advocates.*

Stakeholder involvement was facilitated through regular meetings, workshops, and breakout sessions where participants identified priorities, shared perspectives, and collaborated on potential solutions. These engagements also served to build consensus around key issues and foster a sense of shared responsibility for addressing the crisis.

Phase Three: *Prioritization of Recommendations*

Building on the findings of the needs assessment and stakeholder discussions, the strategic planning team identified five major categories of recommendations, and with strategic discussion this was refined into two priority categories:

- *Increasing Public Awareness through Training and Education*
- *Expanding Access to Comprehensive Care and Support Services*

These strategic investments aim to reduce stigma, improve cross-sector collaboration, and streamline access to essential resources, including treatment, housing, and recovery services. By funding in-service training programs, coordinated referral systems, stigma reduction campaigns, and transitional housing initiatives, the county can create a more integrated and effective response to substance use disorders (SUDs). These initiatives not only enhance service delivery but also generate long-term cost savings, reduce recidivism, and improve public health outcomes.

While these funding priorities mark significant progress, additional long-term opportunities should be considered—particularly addressing gaps in detox and residential treatment services. Ensuring a full continuum of care is essential to sustained recovery success. The county is encouraged to explore additional funding mechanisms and leverage local public-private partnerships to support expanded detox and residential treatment options, strengthening the infrastructure needed for comprehensive substance use disorder care.

Priority #1: Increase Public Awareness and Training / Education Programs

To reduce stigma, enhance cross-sector collaboration, and improve community understanding of substance use disorders, funding should support targeted education initiatives, stigma-reduction campaigns, and specialized training programs for key stakeholder groups.
Primary Funding Recommendations include:

Develop and Fund a Core In-Service Training Program

- Establish a standardized training curriculum covering the science of addiction and the stages of recovery. This program should include audience-specific training modules tailored to different service demographics, equipping participants with the knowledge and tools to facilitate effective referrals to local service providers. Examples of training modules could include:
  - Peer Training: Medical Providers
  - Peer Training: Law Enforcement
  - Peer Training: First Responders
  - Parents
  - Employers
  - School-Based & Other Youth Development Professionals
  - Motivational Interviewing
  - Readiness for Change

Coordinate and Incentivize Participation in a Training Task Force

- Establish a Training Task Force responsible for evaluating existing training programs, researching new evidence-based models, and developing an annual action plan to align training efforts across agencies
- Deliverables from the Task Force should include a comprehensive list of approved, evidence-based training programs that can be funded and implemented. Examples of potential training programs include:
  - Words Matter: How Language Choice Can Reduce Stigma.

- Addressing Stigma & Substance Use Disorders: A HealtheKnowledge Course
- Reducing the Stigma of Addiction Course: Johns Hopkins Medicine

Fund and Implement a Widespread Stigma-Reduction Campaign

- Develop and distribute educational materials across community and workplace settings, ensuring accessibility through virtual platforms, social media, and public events. Strategies could include:
  - Recovery Storytelling Events – Hosting events where individuals in recovery share their experiences to challenge stigma and humanize addiction.
  - Media Toolkits for Businesses, Schools, and Community Organizations – Providing digital and print materials to encourage information dissemination.
  - Recovery-Friendly Business Initiatives – Recognizing and promoting workplaces that actively support employees in recovery through policies and practices that reduce stigma

Priority #2: Expand Access to Comprehensive Care & Support Services

To improve service navigation, access to care, and long-term recovery outcomes, funding should support the development of integrated systems that streamline referrals and resource accessibility.

Develop and Fund a Coordinated Referral and Intake System

- **Centralized Intake and Referral Process** – Establish a unified intake system to ensure seamless transitions between jail-based services, community-based treatment programs, and recovery housing. A coordinated approach will enhance continuity of care and reduce service fragmentation
- **Pilot a Single-Point-of-Entry Model** – Improve efficiency by implementing a single access point for service navigation, referrals, and discharge planning, reducing barriers to timely treatment and housing placement.
- **Create a Centralized Service Hub** – Develop a dedicated facility where individuals can access treatment assessments, peer recovery coaching, housing navigation, and crisis response services, ensuring comprehensive support in one location.

Establish a Countywide Comprehensive Services & Resource Directory

- **Integrate Existing Resource Directories** – Fund the development of a centralized, countywide Services & Resource Database by consolidating existing service directories (e.g., United Way Resource Directory, Health Department listings) to improve access to housing, treatment, and peer-support services.
- **Ensure Database Accessibility and Maintenance** – Maintain an up-to-date, user-friendly database accessible to all service providers, law enforcement, and the public, promoting streamlined referrals and improved service coordination.
- **Provide Training for Service Utilization** – Offer education and training for providers and community stakeholders on effectively using the database, enhancing awareness of available resources and ensuring efficient referrals.

Stabilization Program for High-Barrier Individuals
A critical component of expanding housing and recovery support is addressing the needs of individuals facing significant barriers to placement, such as co-occurring disorders, justice involvement, or extended histories of homelessness. Funding could support the development of a "soft landing" program, designed to:

o Prevent individuals from being discharged into homelessness or relapse-prone environments by providing transitional placements with appropriate support structures.
o **Offer individualized placement planning** to ensure each person receives the level of care and stability necessary for sustained recovery.

Improve Jail-to-Community Transitions

o **Expand Discharge Planning Services** to ensure individuals transitioning from jail or treatment facilities have immediate
access to housing, peer support, and treatment services.
o **Provide Transportation and Case Management Support** to remove barriers to accessing recovery services post-release.

While the initiatives to improve jail-to-community transitions and strengthen crisis response are currently supported by other organizations and funding sources (TCCH for jail transitions and CORE for crisis response), the group recognizes their continued importance and the need for sustained support.

Expand & Enhance Transitional Housing and Wraparound Support

o **Increase safe housing capacity** by funding transitional housing programs tailored to individuals in early recovery. These programs should integrate wraparound services that prioritize long-term stability over short-term placement solutions.
o **Support housing voucher programs** that extend beyond temporary assistance, incorporating comprehensive recovery support to mitigate relapse risks associated with financial and social instability.
o **Prioritize stability before employment** by ensuring individuals receive adequate recovery support before transitioning into the workforce. Employment-related stress can be a relapse trigger; therefore, housing programs should emphasize progressive stabilization strategies before promoting workforce entry.

Strengthen the Peer Support Workforce
To enhance the availability and effectiveness of Peer Support Specialists (PSS), funding could support:

o **Access to Peer Certification Programs**, removing financial barriers such as travel, per diem, and lodging expenses for individuals pursuing certification. The managing entity offers free 40-hour training, but additional support is needed to make participation more accessible.
o **Workforce expansion initiatives**, allowing programs to recruit and train individuals who would benefit from PRSS certification. As an example, applicants seeking funding could illustrate their recruitment strategies, methods for cultivating and supervising peer support roles, and plans for sustaining these roles within their organizations.
o **Support for peer supervision and career development**, ensuring that certified Peer Support Specialists receive adequate mentorship and ongoing training to remain effective in their roles.

Develop a Sustainable Recovery Support Network

o **Enhance Peer Recovery Programs** by expanding peer-led services within jails, emergency departments, and housing
programs to provide on-demand, person-centered recovery support.
o **Strengthen Community-Based Recovery Initiatives** such as THRIVE and other peer-driven behavioral health programs to increase access to prevention, treatment, and recovery education.
o **Fund Public Education Campaigns** to increase awareness and reduce stigma surrounding addiction, substance use, harm reduction, and recovery support.

Incentivize Service Provider Coordination & Engagement

- o **Establish a Service Provider Engagement Fund** to encourage and incentivize active participation in coordinated case management efforts, including Case Rounds, Tier Huddles, and multi-agency planning meetings aimed at connecting individuals to critical services.
- o **Support the Standardization of Intake and Referral Protocols** by funding training for service providers to ensure a consistent and effective approach across agencies.
- o **Support the Development of an Annual Provider Action Plan** that aligns resources and service coordination efforts across law enforcement, behavioral health, and housing sectors.

Strengthen Crisis Response & Overdose Prevention

- o **Expand the Quick Overdose Response Team's Capacity** to ensure individuals in crisis are rapidly connected to treatment
  and long-term support services.
- o **Increase Harm Reduction Efforts** through funding for Naloxone distribution, overdose prevention training, and public education initiatives.
- o **Develop a Data-Driven Crisis Response Strategy** to identify high-risk individuals and geographic areas requiring targeted intervention, improving the efficiency and impact of crisis response efforts.

Expected Impact

Investing funds in these areas will likely result in:

Project Outcomes	✔ Reduced stigma and increased compassion across professional and community settings.
	✔ Increased knowledge and awareness of addiction science and treatment options across multiple sectors.
	✔ Improved referral pathways ensuring individuals receive timely access to care.
	✔ Greater cross-sector collaboration in education, healthcare, and law enforcement.
	✔ Reduce service fragmentation and streamline access to care through coordinated intake and referral systems.
	✔ Expand housing and recovery support, ensuring that individuals leaving jail, treatment, or crisis situations have safe and supportive options.
	✔ Enhance provider collaboration, leading to more effective and integrated service delivery.
	✔ Improve long-term recovery outcomes by increasing peer mentorship opportunities, harm reduction strategies, and crisis response interventions.
	✔ Reduce recidivism and emergency service utilization, lowering overall community costs and improving public health outcomes.

Table 1.1: Training Strategies to Combat Stigma

Audience Category	Proposed Activities	Identified Gaps & Challenges	Funding Priorities & Expected Impact
Medical Service Providers *(Doctors, Nurses, Hospital Staff, Primary Care, Specialists, Pharmacists)*	- Expand SBIRT & stigma focused training for medical professionals, embedding it in continuing education. - Develop co-training opportunities between medical and mental health providers. - Implement patient-centered communication training to reduce bias in care settings.	- Stigma remains a barrier to screening, referral, and treatment acceptance. - Patient Care interactions could be improved by increasing Provider's understanding of the nature of the disease of addiction by providing Professional Development Trainings from their Peers. - Time constraints limit engagement with behavioral health resources.	Fund SBIRT utilization trainings across provider locations & stigma-reduction trainings for all medical providers to improve the quality of patient care. **Outcome:** *More supportive provider attitudes, leading to earlier interventions, better treatment engagement, and improved patient outcomes.*
Mental Health Providers *(Therapists, Counselors, Behavioral Health Staff, Crisis Response Teams)*	-Cross-training initiatives to better connect behavioral health with medical and law enforcement sectors. - Provide training on reducing stigma within mental health services to encourage dual-diagnosis treatment.	- Mental health & addiction stigma still leads to fragmented care and delayed treatment. - Need for greater integration with medical and first responder teams.	Support training and partnerships between behavioral health and medical providers to create a more seamless care experience. **Outcome:** *More integrated healthcare approach, reducing service gaps and improving patient trust.*
Other Service Providers *(Social Workers, Case Managers, Housing & Employment Support Staff, Faith-Based Organizations)*	- Train social service professionals in stigma reduction techniques, ensuring compassionate service delivery. -Train on Referral best practices: <u>what</u> to refer <u>for</u> and <u>where</u> to refer <u>to</u>. - Develop employer partnerships to reduce hiring discrimination against individuals in recovery.	- Stigma influences access to housing, employment, and social services. - Providers may unknowingly reinforce stigma and/or create barriers to accessing care in their policies and languages.	Allocate funds to integrate stigma education into workforce development and social services. Fund a referral-focused training that educates on the recognition of need and an understanding of available resources. **Outcome:** *Increased service utilization, and improved stability for those in recovery.*
Law Enforcement *(Police Officers, Sheriff's Department,*	- Expand CIT and harm reduction training for law enforcement. - Implement peer-led education sessions	- Stigma leads to punitive responses instead of diversion and treatment referrals.	Fund expanded CIT and harm reduction education to reduce stigma-driven arrests and increase treatment referrals.

Correctional Staff, Parole Officers)	featuring stories from individuals in recovery. - Establish law enforcement & healthcare cross-training to improve	- Many officers lack training on addiction as a medical condition.	**Outcome:** *More officers directing individuals to care instead of incarceration, reducing recidivism, improving public safety and health outcomes.*
First Responders *(Firefighters, EMS, Emergency Room Staff, Paramedics)*	- Mandatory stigma and trauma training for all EMS and fire personnel. - Peer support programs to address first responder mental health and secondary trauma.	- Stigma can lead to delayed emergency response for overdose calls. - High burnout among first responders affects compassion and patient interactions.	Invest in peer support networks and training programs to improve emergency responses and reduce burnout. **Outcome:** *More compassionate crisis responses, reducing overdose fatalities and improving public trust in first responders.*
General Public *(Community Members, Families, Employers, Faith Leaders)*	- Expand public awareness campaigns using real stories from people in recovery. - Create employer training on supporting employees in recovery. - Faith-based stigma/trauma informed care education to increase community-based support.	- Stigma discourages help seeking behavior and community support for harm reduction initiatives. - Misconceptions about medication-assisted treatment (MAT) persist.	Fund widespread stigma reduction campaign/ information dissemination resources across community and workplace settings. Fund an "Addiction in the Workplace" resource to educate employers. **Outcome:** *More supportive families, workplaces, and faith groups, leading to increased treatment engagement.*

Table 1.2: Education & Awareness Strategies to Combat Stigma

Strategy	Proposed Activities	Identified Gaps & Challenges	Funding Priorities & Expected Impact
Youth Awareness & Education	-Integrate stigma education into school health curricula. - Train teachers and school counselors to recognize and challenge stigma in students.	- Youth stigma discourages peer support and early intervention. - Prevention programs don't always address the impact of stigma on mental health.	Expand stigma-specific youth education programs to encourage early help-seeking. Fund targeted advertising efforts across Virtual Platforms **_Outcome_**: *Youth are more likely to support peers and seek help early, reducing long-term substance use rates.*
Adult Awareness & Education	- Offer stigma-focused community workshops featuring people with lived experience. - Establish business and faith-based education initiatives to address stigma in workplaces and congregations.	- Employers and community leaders lack guidance on how to support individuals in recovery. -Citizens lack a shared understanding of addiction as a disease	Support structured community stigma-reduction training to improve acceptance of harm reduction and treatment approaches. **_Outcome_**: *More inclusive community support systems, reducing barriers to recovery.*

Table 2.1: Expand Access to Comprehensive Care & Support Services

Strategy	Proposed Activities	Identified Gaps & Challenges	Funding Priorities & Expected Impact
Jail-Based Services	- Develop shared disorder diagnosis framework to align all local service providers. - Create a centralized referral process to ensure smooth transitions between jail-based and community services. - Establish a Stabilization Program for hard-to-place individuals.	- Lack of coordinated referral system. - Safe housing capacity is limited; high effort needed to educate on "disorder" diagnosis. - Need for shared understanding of disorder diagnosis among service providers. - TCHSC restrictions: Cannot serve individuals in active addiction; income requirement limits access.	- Fund transitional housing expansion projects & peer support networks to provide post-incarceration stabilization. - Invest in a coordinated referral system, streamlining intake and service access. - ***Outcome***: *Improved continuity of care post-release, reducing recidivism and increasing treatment engagement.*
Community-Based Services	- Incentivize agency participation in case rounds & tier huddles by providing funding for their time commitment - Develop a countywide services directory to streamline referrals (alternative to underutilized 211 system).	-Housing limitations: Need for increased housing options for those in active addiction or early recovery. - Difficulty in navigating services: Need for a centralized intake system. - Need to increase service provider engagement: Agencies hesitant to participate in coordination efforts. - Cost perceived as a barrier: Public uncertainty about service costs and potential exploitation.	- Support the development of a countywide service navigation database for improved care coordination. - Fund agency participation incentives to increase service provider engagement. - ***Outcome***: *More individuals successfully navigate recovery services, leading to better longterm stability and lower relapse rates.*
Engagement with / Utilization of Resources	-Expand Senior Resources -Database into a comprehensive countywide Services & Resource Directory. - Pilot an Informed Florida model as a 211 alternative. - Develop an integrated discharge planning model for individuals transitioning from treatment, jail, or crisis intervention.	7-day discharge requirement for sliding scale care presents a barrier to continuity of care. - Resource fragmentation: Lack of a centralized intake process. - Need for a more functional alternative to 211, since it is not widely supported. -Lack of recovery-focused discharge planning.	- Fund a centralized intake and discharge planning system to improve transitions of care. - Invest in a countywide alternative to 211 to enhance community engagement. - ***Outcome***: *Reduced service fragmentation, improved access to care, and higher rates of successful recovery and reintegration.*