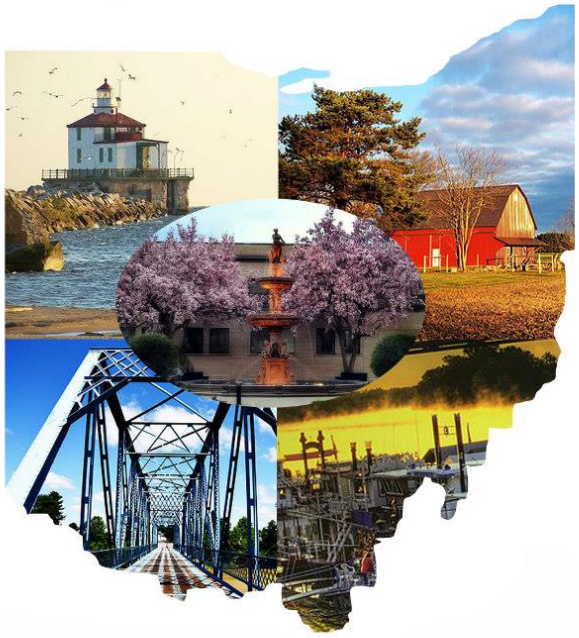

COP-RCORP

Communities of Practice for Rural Communities Opioid Response Program

Core Activity 2: Needs and Gaps Assessment

Washington County, Ohio

Washington County Opiate Hub

Washington County Health Department

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Acknowledgements

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Washington County's Opiate Hub acknowledges the time and effort consortium members and other local stakeholders contributed to this needs assessment.

The Pacific Institute for Research and Evaluation (PIRE) and Ohio University's Voinovich School of Leadership and Public Affairs (OHIO), through a shared services and braided funding approach, work directly with project directors from the five COP-RCORP backbone organizations to provide leadership, training, capacity building, technical assistance and evaluation services, and management oversight for project activities. The project directors then bring back the shared learnings and experiences from the community of practice to their respective community-specific consortium, which is responsible for leading project activities within the five Ohio communities. This needs assessment represents the shared work of Washington's local consortium, the Washington County Health Department (backbone organization), and the COP-RCORP Training, Technical Assistance, and Evaluation Team (PIRE and OHIO).

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Opportunities and Gaps Assessment: Final Report

Communities of Practice for Rural Communities Opioid Response Program (COP-RCORP)

Washington County Opiate Hub

Washington County Health Department

September 29, 2019

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Introduction

RCORP-Planning

The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative supported by the Health Resources and Services Administration (HRSA), an operating division of the U.S. Department of Health and Human Services, to address barriers to access in rural communities related to substance use disorder (SUD), including opioid use disorder (OUD). RCORP funds multi-sector consortia to enhance their ability to implement and sustain SUD/OUD prevention, treatment, and recovery services in underserved rural areas. To support funded RCORP consortia, HRSA also funded a national technical assistance provider, JBS International.

The overall goal of the planning phase of the RCORP (RCORP-Planning) is to reduce the morbidity and mortality associated with opioid overdoses in high-risk rural communities by strengthening the organizational and infrastructural capacity of multi-sector consortiums to address prevention, treatment, and recovery. Under the one-year planning initiative, grantees are required to complete five core activities:

A) Develop/strengthen the consortium by drafting a memorandum of understanding (MOU);
B) Conduct a detailed opportunity and gap analysis (needs assessment);
C) Develop a comprehensive strategic plan for OUD prevention, treatment, and recovery;
D) Develop a comprehensive workforce plan for OUD prevention, treatment, and recovery services and access to care; and
E) Complete a sustainability plan for the consortium and proposed activities of the strategic and workforce development plans.

COP-RCORP Consortium

The Communities of Practice for Rural Communities Opioid Response Program (COP-RCORP) Consortium was created in 2018 when the Pacific Institute for Research and Evaluation (PIRE), together with backbone organizations from Sandusky and Washington counties, and Ohio University's Voinovich School of Leadership and Public Affairs (OHIO), together with backbone organizations from Fairfield and Ashtabula counties, , each submitted and received a $200,000 RCORP-Planning grant from HRSA (grants G25RH32461-01-05 and G25RH32461-01-00, respectively). Upon receiving the two HRSA grants, OHIO and PIRE then employed a braided funding and shared services approach to collaborate and support a fifth COP-RCORP community in the master consortium – Seneca County. The COP-RCORP Organizational Chart is a visual description of how the COP-RCORP initiative functions to enhance capacity and sustainability at a local level by leveraging state and community partnerships (Figure 1). The braided funding approach ensured that OHIO and PIRE were able to provide equitable funding across five Ohio communities, while balancing backbone support with community resources.

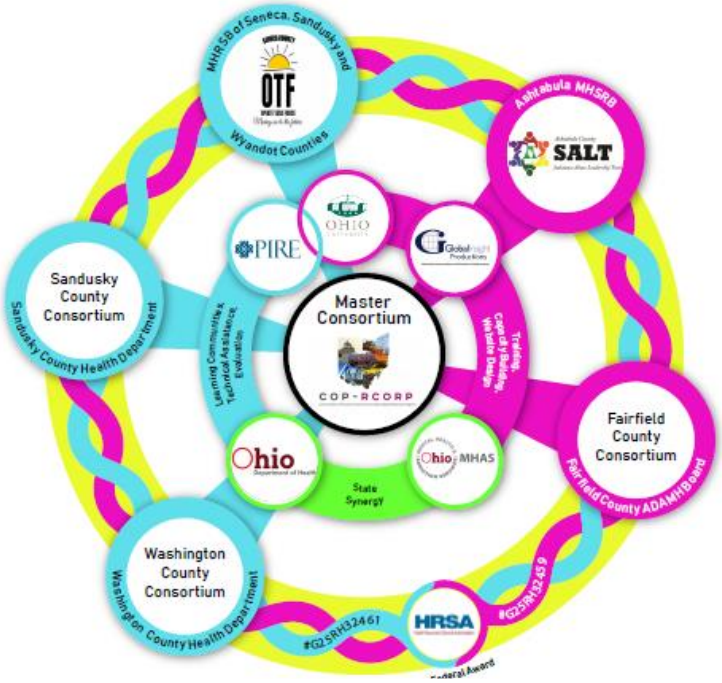

Figure 1. CoP-RCORP Organizational Chart.

The COP-RCORP Consortium seeks to impact the opioid epidemic and complete the RCORP-Planning core activities by working together as a community of practice. Through this community of practice approach, OHIO and PIRE work directly with project directors from the backbone organizations of each community to provide leadership, training, capacity building, technical assistance and evaluation services, and management oversight for project activities. The project directors then bring back the shared learnings and experiences from the community of practice to their respective community-specific consortium, which is responsible for leading project activities within the five Ohio communities.

A sharing economy is a core value of the COP-RCORP Consortium, and although not every community can have a RCORP-Planning grant, every community can benefit from the work and experience of the RCORP grantees. Therefore, OHIO and PIRE, in partnership with Global Insight Productions, a local web design company, established a project website (https://www.communitiesofpractice-rcorp.com/) to serve as a sharing and distribution center for all HRSA-planning related resources and materials. The COP-RCORP website includes community pages, background on the consortium, training and technical assistance materials and on-demand videos for each of the core activities of the RCORP-Planning grant, links to technical assistance resources provided by JBS, and a password protected site that includes video recordings of consortium meetings. The site will also include the completed RCORP-Planning work from each of the COP-RCORP communities.

The Washington County Opiate Hub

In Washington County, there is a developing local consortium for the RCORP-Planning grant that operates mainly out of the Opiate Coalition for Washington County, or the Hub, and the Washington County Health Department operates as the backbone organization. In order to develop and strengthen the local consortium, the Health Department entered into a memorandum of understanding with local collaborators.

Local consortium. Consortium members in Washington County build and maintain Consortium engagement, and both facilitate and monitor progress toward completing each of the key RCORP-Planning tasks. Dr. Wittberg serves as a member of the project Master Consortium and is the primary contact in Washington County. Key consortium members include the Washington County Family and Children First Council, the Washington County Behavioral Health Board, The Right Path for Washington County, and the Washington County Health Department. The Washington County consortium has full ownership of all local RCORP-Planning key tasks.

The Washington County Opiate Hub was formed one year ago and is co-chaired by a local judge and a local legal advocate. It is a coalition consisting of representatives from many fields: legal, education, medical (including Nationwide Children's Hospital participation), public health, behavioral health (including treatment and recovery professionals), peer support, local public officials, NPOs (including housing and employment assistance), faith based organizations, local government agencies, law enforcement, youth organizations, older adult organizations, and even the local media. Most of the work of the Hub occurs in subcommittees: treatment, education, housing, and employment.

Public Health
Prevent. Promote. Protect.
Washington County Health Department

Backbone organization and project director. The Washington County Health Department is led by Dr. Richard Wittberg. Dr. Wittberg provides leadership and management responsibility for all COP- RCORP project activities in Washington County. Since 2013, Dr. Wittberg has served as the Washington County Health Commissioner. In this role, he leads the Washington County Health Department and leads the County's Community Health Assessment process.

Memorandum of understanding. In order to develop and strengthen the local consortium in Washington County, the Health Department has entered into a memorandum of understanding with the following collaborators for the RCORP-Planning grant:

- Washington County Behavioral Health Board
- The Right Path for Washington County
- The Washington County Family and Children First Council

Community context. Considering the cultural context of a community is vital when identifying and addressing needs and gaps within the community. Therefore, each local consortium in the CoP-RCORP Project is submitting its own needs assessment to ensure that the resulting product reflects the consortium's unique context, geographic area, history, population of focus, culture, vision, and mission.

Geographical area. Washington County, Ohio, including Marietta and Belpre and zip codes 45712, 45713, 45714, & 45715.

Population. Washington County has a population of just over 60,000 and is over 96% white. The median income is $46,000.

Population of focus. Our targets are children (prevention) and building adult treatment/recovery infrastructure.

Community history. Marietta is a historic town—it is the oldest town in the Northwest Territory, has more Revolutionary War veterans buried than any other town, and is speckled with Indian mounds. It is a very conservative town and has resisted passing a Behavioral Health levy for many years. The first one passed in 2018, mostly due to the opiate epidemic. Washington County has made great strides in building prevention, treatment, and recovery infrastructure over the past year, but many gaps remain. The community has a stable or slightly declining population.

Community culture. Washington County is the oldest settlement in the Northwest Territory. It is a very conservative county. Like other areas of Appalachia, there is a culture of neighbor helping neighbor. If your car breaks down, the next car is likely to stop to help. If your house burns down, the whole community will turn out to help. But there is little help for people who are weak, and addiction is perceived as weakness. Family are likely to turn their backs on addicts. There has been historically very little support for addiction services, and the recent passage of the levy shows the deep impact it has had on the county.

Figure 2. Mound Cemetery in Marietta.

Figure 2 is of Mound Cemetery in Marietta. We selected it because it represents the history of the town. Besides having more Revolutionary War veterans buried in it than any other cemetery in the US, the Adena ceremonial mound was there centuries before white men arrived.

Figure 3 is of a mountain biker in the Wayne National Forest. We selected it because National Geographic named Marietta the top adventure town in Ohio, with mountain biking infrastructure being one of the reasons for the award.

Figure 3. A mountain biker in Wayne national Forest.

Figure 4. Marietta Streetcar Tour Bus.

Figure 4 is of the Marietta Streetcar Tour Bus. We selected it because Marietta and Washington County are beautiful and draw a substantial number of visitors each year.

Figure 5 is of the fireworks display at the annual River Roar Festival. We selected it because it is one of the premier local festival events.

Figure 5. Annual River Roar Festival Fireworks Display.

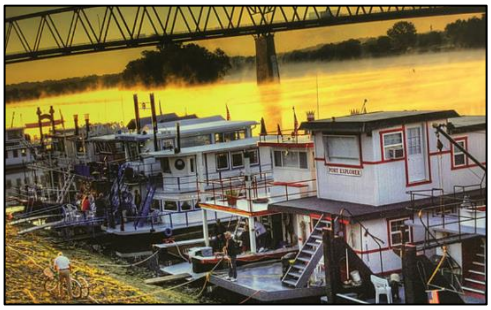

Figure 6. Sternwheel boats attending Sternwheel Festival.

Figure 6 is of sternwheel boats attending the annual Sternwheel Festival. We selected it because it is another of the premier local festival events.

Figure 7 is of one of the several covered bridges in Washington County. We selected it because many people think of covered bridges when they think of Washington County. The bridge shown is on a popular leaf-peeping tour which also brings a lot of visitors to the county.

Figure 7. A covered bridge.

Figure 8 is of sunrise over Marietta. We selected it simply because it is so beautiful!

Figure 8. Sunrise in Marietta.

Figure 9 is of sternwheel boats racing at the annual Sternwheel Festival. We selected it because it demonstrates our close ties to the Ohio River and its history.

Figure 9. Sternwheel boats racing at the Sternwheel Festival.

Vision/Mission/Planning

Values. Both vision and mission statements play an important role in the consortium's ability to plan and ensure that plans are entrenched in consistent values. The vision statement makes sure that all decisions are properly aligned with what the organization hopes to achieve. Mission statements are a way to direct a community in the right direction by providing the "big picture" goal that helps to direct the plan. Shared vision and mission statements, help ensure that local consortia can engage in strategic planning processes in a way that is consistent with their values and with the local context.

***Vision*.** "Effective investments in prevention, treatment and recovery that consistently improve the opiate addiction landscape."

***Mission*. "**Facilitate community discussion, decisions, and investments in opiate infrastructure."

Planning Values. We will seek community input in determining the most significant needs. Through the subcommittees of the Hub (the opiate coalition for Washington County), we will determine prevention, treatment and recovery needs, and we will use the general membership of the hub to choose the most pressing 2-4 needs. Strategic planning will be focused on those identified needs.

Measuring Community Capacity and Readiness

COP-RCORP Capacity and Readiness Survey

As a part of the evaluation of the RCORP-P initiative, stakeholders in each of the five local consortia were asked to complete an online survey at the beginning of the project period measuring capacity and readiness. The COP-RCORP Capacity and Readiness Survey has been successfully used by the TTAE team in past projects related to substance use and abuse in Ohio. The survey was completely voluntary, and stakeholders were informed to answer as honestly as possible. The survey assessed: (1) Consortium Readiness, (2) Consortium Planning Capacity, (3) Strategic Planning Capacity, (4) Community Factors (that may have influenced opioid prevention, treatment, and recovery efforts in the community), (5) Capacity to Address Community Factors, and (6) Impact.

COP-RCORP Capacity and Readiness Survey Results

The results of the COP-RCORP Capacity and Readiness Survey for Washington County are in the Appendix. The results (except for Factors and Impact) show counts and percentages of responses to each survey item where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. Also shown for each survey item (under the heading Aggregate) is the mean (or average) and standard deviation (S.D.). For Factors, the results show counts and percentages of responses to each survey item where 1 = No Impact, 2 = Low Impact, 3 = Moderate Impact, and 4 = High Impact. For Impact, the results show the mean, median, mode, and standard deviation (S.D.) for each survey item – on the survey the response categories ranged from 0 (not at all) to 10 (completely).

The information provided helped each consortium to identify its current strengths and needs, while working to complete its needs and gaps assessment and move forward in the planning phase of addressing opiate use disorder (OUD) across the continuum of care. Results for each of the five local consortia were shared out to project leads as a separate report in July 2019 (see Appendix).

Needs Assessment Methodologies

Strategies for Collection and Use of Quantitative Data

The TTAE team provided project leaders with a resource that delineated each area of opioid related use (prevention, treatment, and recovery) into actionable questions that could be answered using local data. The questions guided project leaders to consider how to define their populations of focus, and to articulate the impacts of OUD on those populations in terms of prevention, treatment, and recovery services. Support materials, including instructional videos and templates, were made available on the project website. Project leaders reviewed existing sources of data to identify high quality evidence to support their planning efforts. These included raw, publicly available data sets maintained by the Ohio Department of Health and other public entities, as well as community-level data collected by the county Mental Health Services Board and local mental health and addiction service providers. The Community Health Assessments were a valuable resource in this process. Prescriber data was accessed through OARRS and the SAMHSA buprenorphine waiver program.

Project directors also reached out to many other partners in their relative communities to find supporting data for prevention, treatment, and recovery related services.

Strategies for Collection and Use of Qualitative Data

Similarly, Project leads were encouraged to use qualitative data to support their efforts when necessary. Qualitative data was collected through learning conversations with local consortium members and stakeholders, as well as through community forums. Project leads used this data to answer guiding questions provided by the TTAE team to consider existing assets, gaps, resources, and needs related to OUD in their community.

Community-specific Data Collection Methods

The HRSA needs assessment templates were circulated among partners and among stakeholders. The Treatment Subcommittee worked on Treatment and Recovery templates while the Education Subcommittee worked on the Prevention template. The responses were reviewed by the partners. The Washington County RCORP Partners consist of Washington County Family and Children First Council, the Washington County Behavioral Health Board, The Right Path for Washington County, and the Washington County Health Department. The partners worked together to complete the templates based on the feedback from the hub.

Method for Identifying Priorities

The TTAE team provided project leads a template to support them in developing a plan to build concurrence within the consortium and among stakeholders for setting priorities. Project leads considered how their group would identify priority needs, discuss issues, consider feasibility, and select strategies to implement.

Community-specific Prioritization Methods

The HRSA needs assessment templates were circulated among partners and among stakeholders. The partners worked together to complete the templates based on the feedback from the hub. From the needs assessment templates, the identified needs were compiled and presented to the subcommittees. Each member of the subcommittees used three votes to give their opinion of the top needs for each for each area: prevention, treatment and recovery. The identified needs are:

1. **Prevention**: The PAX Good Behavior Game has been extraordinarily successful in the Washington County School systems. We have 250 educators trained and data on 2000 students. We have demonstrated a 75% reduction in unfocused behaviors. PAX is only appropriate for grades K-5. The identified needs for prevention are appropriate evidence-based programs for pre-K, Middle-High, and for the 18-25 age group.
2. **Treatment**: Transportation (transportation is a barrier to treatment), Residential Treatment (there is currently no residential treatment in Washington County), Detox (there is no detox facility in Washington County), Co-occurring conditions (most individuals in recovery have a co-occurring condition and integrating care between medical, dental and behavioral health is a challenge), support for families (families members, especially children, need education and support to effectively engage the person who is in treatment), and workforce (there are not enough counselors).
3. **Recovery**: Co-occurring conditions, more peer support for individuals in recovery, housing (Washington County lacks transitional housing, recovery housing, and emergency housing), transportation (for attending support groups, jobs or other appointments necessary for recovery), and jobs for individuals in recovery.

The above list was presented to the entire Hub on 7/11 at their quarterly meeting. Each member of the Hub voted on the three issues that they think are most pressing. The results will be compiled by the partners, and the top 3-6 issues will be identified. The identified issues will be brought back to the subcommittees for discussion/brainstorming possible strategies to improve the issues.

The identified issues may not match up with the template we will be using for HRSA strategic planning, but the partners will be able to identify issues to work on separately from the stakeholders that will match HRSA strategic planning requirements and develop additional plans to address them.

Results and Findings

Washington County inventoried available data in the areas of prevention (including supply reduction, demand reduction, and harm reduction), treatment, and recovery. Using the needs assessment template provided by the COP-RCORP master consortium, local consortia used this information to determine available prevention, treatment, and recovery services, as well as gaps, assets, and resources in these areas. Below are tables detailing the impact of the opioid crisis in each area, as well as the available data to back up each claim. Where noted, data to support the impact stated is unavailable. Areas of missing data highlight additional gaps in data collection and data collection infrastructure.

Prevention: Assessing Community Needs and Resources

After communities filled in the template provided by the master consortium, the COP-RCORP TTAE team organized Washington County answers to the prevention template by demographic age ranges and how each age group was affected. Consortium responses to the prevention template were then inserted into a table (see Table 1) to better delineate the impacts of opioid use on each specific population and the data that each local consortium had to support their specific claims. A summary of Washington County work in the area of prevention is also included.

Table 1. Prevention Needs Assessment

Population	Impact	Data
Young Children **Defined:** Pre-Kindergarten	Gap: Lack of infrastructure: there are no local facilities to treat neo-natal alcohol syndrome. Asset: Hub – opiate coalition.	Lack of infrastructure: there are no local facilities to treat NAS.
	Gap: Significant increases in the number of children being removed from their homes due to parental substance abuse.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Individual trauma due to increased crime and overdoses in the home, including ACEs and unstable households.	Local professionals list this as a concern. There is a need to identify a way to measure this and a data source to track progress.
	Gap: Lack of training for family doctors Asset: Hub – opiate coalition.	Local professionals list this as a concern. Appropriate training needs to be identified along with a means of transmitting it to local doctors.
	Gap: No assessment until there is a problem Asset: Mental Health Levy and willingness of the Behavioral Health Board to partner with community allies.	No coordination between pediatrician, JFS, corrections- no way to assess risk
School-aged children **Defined:** Children in school, grades K-12	Gap: Fatal and non-fatal drug overdoses by parents of school-aged children. Asset: School systems working together, making fairly unified program decisions, and willing to assist in prevention efforts, such as the PAX program.	Local professionals list this as a concern. There is a need to identify a data source to track progress. 2016: 127.9 per 100,000 people (OHA Drug Overdose Sharing Program) --2012-2016 age-adjusted rate: 12.8 deaths per 100,000 --2016 age-adjusted rate: 24.2 per 100,000 (ODH Drug Overdose Report)
	Gap: Vaping as a gateway to other drug use.	Local professionals list this as a concern. There is a need to identify a data source to track progress.

Population	Impact	Data
	Gap: Fatal and non-fatal drug overdoses by school-aged children.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Peer pressure from friends using Asset: School systems working together, making fairly unified program decisions, and willing to assist in prevention efforts, such as the PAX program	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Increased incarceration rates for drug-related crimes among parents of school-aged children.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Significant increases in the number of children being removed from their homes due to parental substance abuse.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Community trauma due to increased crime, ACES, and overdoses. Asset: Hub – opiate coalition.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Lack of drug-free role models for school-age youth. Asset: Mental Health Levy and willingness of the Behavioral Health Board to partner with community allies.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
Young adults **Defined:** Adults 18-24 years old	Gap: Fatal and non-fatal drug overdoses by persons aged 18 and older who are peers, parents, and siblings of young adults.	Local professionals list this as a concern. There is a need to identify a data source to track progress. 2016: 127.9 per 100,000 people (OHA Drug Overdose Sharing Program) --2012-2016 age-adjusted rate: 12.8 deaths per 100,000 --2016 age-adjusted rate: 24.2 per 100,000 (ODH Drug Overdose Report)
	Gap: Increased incarceration rates for drug-related crimes.	Local professionals list this as a concern. There is a need to identify a data source to track progress.

Population	Impact	Data
	Gap: Lack of employment for young adults	Local professionals list this as a concern. There is a need to identify a data source to track progress. 6% of population are unemployed (2017 RWJF County Health Rankings)
	Gap: Facebook society and the effects of social media on perceptions of drug use. Asset: Hub – opiate coalition.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
Families **Defined***:* Individuals forming a household	Gap: Family stigma around drug use, abuse, and evidence-base prevention practices Asset: Mental Health Levy and willingness of the Behavioral Health Board to partner with community allies.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Significant increases in the number of children being removed from their homes due to parental substance abuse among young adults.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Fatal and non-fatal drug overdoses impact children, spouses, significant others, parents, and grandparents.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Appalachian culture (no support for weakness). Asset: Hub – opiate coalition.	Local professionals list this as a concern. There is a need to identify a way to measure this and a data source to track progress.
	Gap: Lack of employment for parents and wage earners in the family. If there are not job opportunities for individuals in recovery, relapse becomes more likely.	Local professionals list this as a concern. There is a need to identify a data source to track progress
Adults **Defined***:* Adults ages 25-64	Gap: Fatal and non-fatal drug overdoses by persons who are peers and siblings of adults.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Lack of employment for adults. If there are not job opportunities for individuals in recovery, relapse becomes more likely.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
Aging Adults **Defined**: Adults ages 65 and older	Gap: Caregiver burden exists when grandparents take custody of their grandchildren due to a parent's substance abuse.	Local professionals list this as a concern. There is a need to identify a data source to track progress.

Prevention: Summarizing Local Context and Conditions

There are many prevention programs in Washington County for young children and school-aged children delivered by school systems, Local Health Department, various CBOs and funded by local foundations, Behavioral Health Board, State, and various others. For adults, Washington County has Project Dawn (Naloxone education/distribution), Harm Reduction program (including needle exchange, vaccination, disease testing), Mental Health Levy (to support identified prevention programs). Large gaps remain, especially for young children, but gaps exist for all groups in transportation, coordination and sustainable platform, and access to and knowledge of programs. For young adults, we are not getting requests and have had to battle public opinion to address this age group. We don't feel we know enough about what programs should be started/investigated, but we know several challenging gaps remain. There is money for programs available now, but what will remain when it's gone?

Prevention: Finding Opportunities, Gaps, and Resources

As part of the template provided by COP-RCORP TTAE team, the Washington County Opiate Hub reviewed the prevention needs assessment and identified opportunities and gaps in Washington County, as well as existing and potential federal, state, and local resources that could be used to address OUD with the RCORP funding award. The opportunities, gaps, and resources for prevention-related service systems were then organized in a table (see Table 2).

Table 2. Prevention Service Systems: Opportunities, Gaps, and Resources

Prevention	
Opportunities	• School systems working together, making fairly unified program decisions, and willing to assist in prevention efforts, such as the PAX program. • Mental Health Levy and willingness of the Behavioral Health Board to partner with community allies. • Hub – opiate coalition.
Gaps	• Appalachian culture: in Appalachia, if you break down on the road, it is likely the next car will stop to help. If there is a disaster, such as a flood, everyone pitches in to help. It is a society built on community strength, however for individuals who make a "choice" to demonstrate weakness (addiction), the community tends to turn their back on them. • Lack of a roadmap to utilizing EBP. • Lack of prevention programming for middle and high school. • Very little prevention activity for anyone beyond high school.
Resources	• HRSA • ARC • State opiate grants • Grants available to the Behavioral Health Board • Community Foundations • Behavioral Health Board • Local health-focused foundations

Treatment: Assessing Community Needs and Resources

After local consortia completed the treatment needs and gap assessment template provided by the COP-RCORP master consortium, the TTAE team organized Washington County answers by three categories—availability, accessibility, and affordability—and inserted them into a table (see Table 3) to better delineate the impacts of opioid use in the treatment sector. For treatment, data was not separated by demographic age range, as it was for prevention. A summary of Washington County work in the area of treatment is also included.

Table 3. Treatment Needs Assessment

Access to Treatment	Narrative	Data
Availability	Gap: There is a lack of residential treatment infrastructure, including detox facilities, and across the sexes. Asset: BH Levy and financial support for treatment has greatly increased, including a 3.7 level residential treatment center that will be in place soon.	Lack of infrastructure – until very recently we have had no residential treatment. We are in the process of building capacity: Currently have a 3.1 and 3.5 facility (Oriana) for men and a 3.1 and a 3.5 for Women (Brandi's Legacy) which both opened in July, but do not have a 3.7. There may be a 3.7 in the works. Infrastructure is not equal for both sexes. We will track capacity and hope to track out of county placements. Lack of infrastructure: we have no detox facility in the county. There are plans for 3.7 facilities (Oriana) for both men and women, but facilities for pregnant women are not included in these plans.
	Gap: Co-occurring disorders are prevalent. Co-occurring disorders often require the conflation of treatment modalities or even providers. If both disorders are not appropriately addressed, treatment can be rendered ineffective for both.	Most individuals in recovery have a co-occurring condition. Integrating care (case management?) between medical, dental and behavioral health is a challenge. Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Stigma around SUD and OUD prevent evidence-based treatment from being implemented.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Lack of coordinated leadership among city and county agencies Asset: A large coalition (the Hub) has formed to unify county initiatives around treatment, housing, employment, and prevention.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: There is a lack of Neonatal Abstinence Syndrome (NAS) Treatment available.	Lack of infrastructure. Infants have to be sent to the Canton area, and there are no units closer in Ohio. WVU Medicine in Parkersburg WV has some capacity. We will see if it is possible to start tracking referrals from Brandi's Legacy to facilities outside the county.
	Gap: There are not enough counselors or other BH professionals to cover the BH needs.	There are not enough counselors or other BH professionals to cover the BH needs. We will track increases in workforce.

Access to Treatment	Narrative	Data
	Gap: Recovery oriented systems of care so that a person entering treatment has the overall recovery in mind. Inclusive systems that recognize the value of multiple treatment modalities and the client's right to unbiased information in order to choose what works best for them.	Local professionals list this as a concern. There is a need to identify a way to measure this and a data source to track progress.
Accessibility	Gap: It can be hard for individuals to discover what kind of treatment options exist. Asset: Conversations are currently around setting up a Community Resource Center and stabilizing the new Rapid Response Team, both with a focus on steering people into treatment.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Transportation to and from treatment. Lack of reliable, sober support transportation from one phase of treatment (i.e. detoxification) to another (i.e. IOP or residential) can be the point of attrition for many individuals with Opiate Use Disorder (OUD). The county is very large, which leads to isolation. Also, weekend and evening services are lacking.	While some services exist, many individuals do not know how to access. Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Families members, especially children, need education and support to effectively engage the person who is in treatment. Asset: Conversations are currently around setting up a Community Resource Center and stabilizing the new Rapid Response Team, both with a focus on steering people into treatment.	Local professionals list this as a concern. There is a need to identify a way to measure this and a data source to track progress.
Affordability	Gap: Medicaid only covers 30 days of treatment. Almost all treatment in the county is Medicaid, and 30 days of treatment is often inadequate. Brandi's Legacy will sometimes cover longer on their own dime. All providers help patients sign up if they are not insured currently. Asset: BH Levy and financial support for treatment has greatly increased.	Almost all treatment in the county is Medicaid, and all providers help patients sign up if they are not insured currently.

Treatment: Summarizing Local Context and Conditions

Washington County has made great strides in developing treatment infrastructure but still has a long way to go to meet needs. Wait time for treatment is 1-3 days. This pushes access for other BH issues to up to three weeks. The system is stressed and more counselors are needed. Most treatment is received in the county. Some clients choose to go out of county (usually across the river to Parkersburg) due to stigma. There is enough treatment capacity in the county, although it is pretty stretched currently. Hopewell Health is an FQHC, so integration of medical and BH is easier, but their presence in Washington County is relatively small. All the treatment centers offer other BH services, but all say integration between treatment and other BH services could be better. Oriana House is available in the county for incarceration treatment.

Treatment: Finding Opportunities, Gaps, and Resources

As part of the template provided by COP-RCORP TTAE team, the Opiate Hub reviewed the treatment needs assessment and identified opportunities and gaps in Washington County, as well as existing and potential federal, state, and local resources that could be used to address OUD with the RCORP funding award. The opportunities, gaps, and resources for treatment-related service systems were then organized in a table (see Table 4).

Table 4. Treatment Service Systems: Opportunities, Gaps, and Resources

Treatment	
Opportunities	• BH Levy and financial support for treatment has greatly increased. • A large coalition (the Hub) has formed to unify county initiatives around treatment, housing, employment, and prevention. • A 3.7 level residential treatment center that will be in place soon. • Conversations are currently around setting up a Community Resource Center and stabilizing the new Rapid Response Team, both with a focus on steering people into treatment.
Gaps	• Stigma surrounding addiction. • Community support for infrastructure. • Capacity for State ODH grants.
Resources	• HRSA • Washington County Behavioral Health Board levy dollars. • Local foundations including McDonough, Sisters Health Foundation, Marietta Community Foundation, Parkersburg Area Community Foundation, Ross Foundation, and others.

Recovery Supports: Assessing Community Needs and Resources

After local consortia filled in the recovery template provided by the master consortium, the TTAE team organized Washington County answers by three categories—availability, accessibility, and affordability—and inserted them into a table (see Table 5) to better delineate the impacts of opioid use in the recovery sector. For recovery, data was not separated by demographic age range, as it was for prevention. A summary of Washington County work in the area of recovery is also included.

Table 5. Recovery Supports Needs Assessment

Access to Recovery	Narrative	Data
Availability	Gap: Co-occurring disorders are prevalent. Co-occurring disorders often require the conflation of treatment modalities or even providers. If both disorders are not appropriately addressed, treatment can be rendered ineffective for both.	Most individuals in recovery have a co-occurring condition. Integrating care (case management?) between medical, dental and behavioral health is a challenge. Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Quality Emergency shelter housing, recovery housing, and transitional housing is a consistent need for individuals in recovery, as many individuals are homeless or unable to return to previous their residence at the time of discharge from treatment. It is hard to avoid relapse if a person becomes homeless. Asset: The Washington County Behavioral Health Board received its first levy and has money to spend on impactful programs.	There is no recovery or emergency shelter housing in the county. There are currently eight units in the County that are "permanent supportive housing", but residents cannot be kicked out for insobriety, only for illegal substance use.
	Gap: Legal assistance: Drug court is a great addition, but sustainability is still a challenge. Asset: The Washington County Behavioral Health Board received its first levy and has money to spend on impactful programs.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Education. Especially assistance with a GED. The more education a person has, the more likely they will recover successfully.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	HIPAA: Inability to share information often gets in the way of helping people recover.	Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Stigma towards SUD and OUD affects the willingness of the community to implement evidence-based recovery. Asset: Local opiate coalition has broad support.	Less stigma around SUD. Local professionals list this as a concern. There is a need to identify a data source to track progress.
	Gap: Wait times	Stress to the system has increased wait times to several weeks for regular BH appointments, but treatment appointments can still be seen within a few days. We will continue to track wait times.
Accessibility	Gap: Ongoing support for individuals in recovery Asset: The Health Department is exploring the use of Peer Recovery Supporters in recovery.	NA/AA/support groups. Peer support. Local professionals list this as a concern. There is a need to identify a data source to track progress.

Access to Recovery	Narrative	Data
	Gap: Transportation: Without transportation, a person in recovery cannot hold a job or get to appointments.	Washington County is huge, and isolation is common. Also, weekend and evening services are lacking. Local professionals list this as a concern. There is a need to identify a data source to track progress.
Affordability	Gap: Lack of payment sources and funds for recovery. Asset: The Washington County Behavioral Health Board received its first levy and has money to spend on impactful programs.	Medicaid for covered services.
	Gap: Employment: If a person cannot earn a living wage, relapse is more likely. Asset: An AmeriCorps program and a VISTA program are available to support local initiatives.	Local professionals list this as a concern. There is a need to identify a data source to track progress.

Recovery: Summarizing Local Context and Conditions

Most individuals in recovery in Washington County are in the 25-35 age group, but almost all age groups are represented. Medicaid covers most recovery services. Relapse is the biggest impact. Without better supports for people in recovery, there will be fewer individuals who successfully recover, more individuals who relapse, more babies born to addicted mothers, more children whose potential is compromised because of their upbringing, more children in foster care, more crime, more drug related deaths, and more families/communities impacted by drugs. Adequate support for individuals in recovery is a gap. There is often a gap between what private insurance will pay and what treatment costs. There is no recovery housing or job training. These are gaps. No waiting list for NA/AA. We have counselors in the jails to help with treatment and case management that provide assistance with transitioning out of incarceration. Oriana runs a half-way house and correctional center (residential services for clients involved in the jail system).

Recovery Supports: Finding Opportunities, Gaps, and Resources

As part of the template provided by COP-RCORP TTAE team, the Opiate Hub reviewed the recovery supports needs assessment and identified opportunities and gaps in Washington County, as well as existing and potential federal, state, and local resources that could be used to address OUD with the RCORP funding award. The opportunities, gaps, and resources for recovery-related service systems were then organized in a table (see Table 6).

Table 6. Recovery Supports Service System: Assets, Needs, and Gaps

Recovery Supports	
Opportunities	• The Washington County Behavioral Health Board received its first levy and has money to spend on impactful programs. • Local opiate coalition has broad support. • The Health Department is exploring the use of Peer Recovery Supporters in recovery. • An AmeriCorps program and a VISTA program are available to support local initiatives.
Gaps	• There is very little infrastructure to support recovery. • County leadership is not unified around addiction or recovery. • Stigma remains a large barrier. • Transportation services. • Employment. • Housing. • Limited capacity to compete for federal and state funds.
Resources	• HRSA • The Washington County Health Department is currently working on a Department of Labor FOA response with OU. • The Washington County Health Department, through past work, has a good working relationship with several Medicaid insurers, and will be trying to work regionally to demonstrate the ROI of Peer Recovery Support. • The Washington County Behavioral Health Board has money it could invest in worthwhile programs/infrastructure that would support recovery. • Several local foundations that would invest in worthwhile programs or infrastructure that would support recovery.

Workforce Development Planning

Workforce development is a key part of both the planning and implementation phase of the COP-RCORP initiative. The focus of the needs and gap assessment process was to gather data on impacts, gaps, and assets in the areas of prevention, treatment, and recovery as they affect different populations in each local consortia and the relevant service systems. Each local consortium can now use the needs assessment to guide the strategic planning process by identifying priorities in their community. Given the importance of the needs assessment to guiding strategic planning, the workforce development components of the RCORP-P grant were shifted into their own process and deliverable. Workforce development needs and strategic plans will be addressed in a separate, stand-alone document that complements the prevention, treatment, and recovery needs and gaps identified in this document.

Conclusion

COP-RCORP is focused on selecting evidenced-based strategies that are culturally competent and sustainable at a community level. The COP-RCORP initiative will use a strategic planning process grounded in logic chains and the strategic planning framework to guide this process. Using such a process sets each consortium up for success by ensuring that strategy selection is tied to data at a local level. Each local consortium will develop 5 strategic plan maps to connect the information from their needs assessment to the strategies that make the most sense for their community in the three areas of prevent (reducing supply, reducing demand, and reducing substance related deaths) as well as treatment and recovery. In developing these plans, local consortia will determine the root causes of the substance use related problems in each of these five areas and be able to identify solutions that are linked directly to community-specific and culturally relevant contexts.

For our local consortium in Washington County, there are two major take-aways we came to understand through this process. First, we have critical data needs. While our partners in the very diverse Hub are good sources to identify gaps, we need accurate ways to measure improvements. Finding appropriate data sources will be a focus going into the future, especially for the identified priorities. Our data gaps seem to be everywhere. It is obviously an area where we will need lots of help. We are working to access OHYES data to help judge the impact of PAX, but it will be more challenging to find ways to assess progress with priorities like transportation, employment, and stigma. Finding appropriate data and data sources will be a major focus going into the future.

Secondly, we have a community that is ready to work together to make improvement in the addiction landscape of Washington County. These willing partners are a huge asset that we will be able to leverage to make lasting change. Additionally, without this planning grant to give structure to the Hub's effort, the sustainability and effectiveness of the Hub would have been reduced. The partners have truly appreciated the structure the planning grant has put on their work. Besides the issues we will be working on in the HRSA strategic plan, we have several identified needs that subcommittees of the Hub will be working on such as transportation, employment and housing. For example, one current initiative is developing a grant for a mobility manager to focus on improving transportation. We are trying not to get too diffuse in our efforts, but the subcommittees each have at least two major needs that they will be trying to address, including the needs identified in the planning grant strategic plan.

We have developed a tracking form which will allow us to continually update progress on identified needs and add initiatives based on this needs assessment as the community evolves. The best part of the needs assessment process was how it engaged the community and put structure to the work of the Hub. The current needs assessment was based largely on the experience and opinions of the diverse members of the Hub, and this assisted in their ownership of the product and their engagement in the process. On the other hand, it also demonstrates a glaring need for data to justify identified gaps and to track progress in filling needs.

APPENDIX

Table 1. Consortium Readiness.

Survey Item	N	Aggregate	
		Mean	S.D.
Consortium Readiness			
Our consortium's initiative for this project seems better than what we were doing in planning to address opiate use disorder (OUD).	5	3.60	0.89
Our consortium's initiative for this project is important compared with other things we do in planning to address opiate use disorder (OUD).	6	4.00	0.63
Participants are engaged in this process.	6	3.83	0.75
Stakeholders are open to change.	6	4.17	0.41
Our consortium's initiative for this project can adequately acquire and allocate resources (including time, money, effort and technology).	6	3.50	1.22
Meeting facilitators and interviewers for this project are culturally competent and speak the language(s) spoken by interviewees.	6	3.50	0.55
Facilitators and interviewers for this project are trained in moderating interviews, including keeping participants on topic, facilitating concurrence, and maintaining neutrality.	6	3.33	0.52

Table 2. Consortium Planning Capacity.

Survey Item	N	Aggregate	
		Mean	S.D.
Consortium Planning Capacity			
Communication			
Members of our consortium think it is important to engage in regular structured open communication with community members and other participating organizations.	6	4.50	0.55
Members of our consortium have knowledge of or experience in engaging in regular structured open communication with community members and other participating organizations.	6	4.00	0.00
Members of our consortium regularly engage in structured, open communication with community members and other participating organizations.	6	4.00	0.63
Shared Vision / Common Agenda			
Most members of our consortium think it is important to share with other participating organizations a common understanding of a problem.	6	4.50	0.55
Members of our consortium share a common understanding of the problem.	6	4.00	0.00
Performance Management / Evaluation			
Members of our consortium think it is important to agree with other participating organizations on the ways success will be measured and reported.	6	4.00	0.63
Our consortium knows how to evaluate if our initiatives are reaching our desired outcomes and goals.	6	4.00	0.63
Our consortium has agreed with other organizations on the ways success will be measured and reported.	6	3.67	0.52
Our consortium members regularly make minor adjustments to our initiative to improve its success.	6	3.83	0.41
There is evidence that this consortium is benefiting our community.	6	3.67	0.52
Collaboration			
Members of our consortium think it is important to work with a diverse set of stakeholders to coordinate a set of activities using a plan of action.	6	4.50	0.55
Our consortium members have experience in working with a diverse set of stakeholders to coordinate a set of activities using a plan of action.	6	4.17	0.41
Members of our consortium have knowledge of or experience in using a joint approach to solve a problem through agreed-upon actions.	6	3.83	0.41
Consortium members have good relationships with others inside our organization.	6	4.33	0.52
Most members of our consortium have worked with a diverse set of stakeholders to coordinate a set of activities using a plan of action.	6	4.00	0.63
The consortium is able to use a joint approach to develop strategic plans to solve a problem.	6	3.83	0.75

Table 3. Strategic Planning Capacity.

Survey Item	N	Aggregate	
		Mean	S.D.
Strategic Planning Capacity			
Consortium Capacity for Use of Evidence-Based Strategies & Strategic Planning			
Our consortium knows how to select an evidence-based initiative that best fits with our organization and community's needs.	6	4.33	0.52
Using evidence-based strategies and strategic planning is one of the three main priorities of our consortium.	6	4.33	0.52
Most members of our consortium view evidence-based strategies and strategic planning as difficult to understand.	6	2.00	0.00
Using evidence-based strategies and strategic planning has been better than other strategies that could have been implemented to address the same problems/issues.	6	4.00	0.63
Most members of our consortium view evidence-based strategies and strategic planning as consistent with the needs of potential users in the community.	6	4.17	0.75
Most members of our consortium view evidence-based strategies and strategic planning as difficult to implement.	6	2.67	0.52
Members of our consortium have the knowledge or experience needed to implement evidence-based strategies and strategic planning.	6	4.00	0.63
Our consortium includes leaders who will use their influence to advocate for implementation of evidence-based strategies and strategic planning.	6	4.17	0.41
Strategic Prevention Framework			
Members of our consortium have the concrete skills to perform the tasks needed to implement the Strategic Prevention Framework (SPF).	6	3.83	0.75
Most members of our consortium view the Strategic Prevention Framework (SPF) as consistent with the community's values and norms.	6	3.33	0.52
Our consortium includes individuals who will be strong advocates for implementing the Strategic Prevention Framework (SPF).	6	3.67	0.82

Table 4. Factors.

Survey Item	N	Aggregate	
		Mean	S.D.
Factors			
Cultural norms, attitudes, or practices favoring substance use	5	3.60	0.55
Lack of community awareness of the extent or consequences of substance abuse	5	3.20	0.84
Community disorganization	5	3.40	0.89
High poverty rates/low socioeconomic status	5	3.80	0.45
High unemployment or underemployment	5	3.60	0.55
Low literacy, lack of education, education a low priority, or high dropout rates	5	3.40	0.55
Large recent refugee/immigrant population	4	1.50	0.58
Language barriers	5	1.20	0.45
Easy access to substances for underage youth	5	3.60	0.55
Easy access to substances for adults	5	4.00	0.00
Not enough funds for prevention interventions	5	3.60	0.55
Lack of relevant prevention interventions for specific populations at risk	5	3.20	0.84
Lack of transportation, difficulty reaching some parts of the community	5	4.00	0.00
Lack of trust in law enforcement, government, social services	4	3.50	0.58
Limited legal policies/laws or enforcement	4	2.75	0.50
Lack of drug-free activities for area youth	4	2.75	0.96
Lack of supervision for area youths	5	3.40	0.55
Events that included substance use and received local media coverage and influence public opinion	4	2.50	0.58
Stressful events affecting large portions of the target population, such as large fires, hurricanes, earthquakes, or terrorist attacks	4	1.75	0.50

Table 5. Consortium Capacity to Address Factors

Survey Item	N	Aggregate	
		Mean	S.D.
Consortium Capacity to Address Factors			
Economic Opportunities			
Members of our consortium think it is important to implement strategies to improve economic opportunities to counter the symptoms of community trauma.	6	4.33	0.82
Members of our consortium have knowledge of or experience in strategies to improve economic opportunities to counter the symptoms of community trauma.	6	3.67	0.52
Members of our consortium have skills to implement strategies to improve economic opportunities to counter the symptoms of community trauma.	6	3.67	0.52
Physical / Built Environment			
Members of our consortium think it is important to implement strategies within the physical/built environment to counter the symptoms of community trauma.	6	4.17	0.75
Members of our consortium have knowledge of or experience in strategies within the physical/built environment to counter the symptoms of community trauma.	6	3.83	0.41
Members of our consortium have skills to implement strategies within the physical/built environment to counter the symptoms of community trauma.	6	3.67	0.52
Social-Cultural Environment			
Members of our consortium think it is important to implement strategies within the social-cultural environment to counter the symptoms of community trauma.	6	4.50	0.55
Members of our consortium have knowledge of or experience in strategies within the social-cultural environment to counter the symptoms of community trauma.	6	3.67	0.82
Members of our consortium have skills to implement strategies within the social-cultural environment to counter the symptoms of community trauma.	6	3.83	0.41

Table 6. Impact.

Note. Responses were on a scale of 0 (not at all) to 10 (completely).					
Survey Item	**N**	**Mean**	**Median**	**Mode**	**S.D.**
Impact					
Influence					
People in the community listen to the opinion/position taken by the RCORP consortium.	5	6.40	6.00	6.00	1.14
The RCORP consortium has access to powerful people.	5	7.20	8.00	8.00	1.30
The consortium has relationships with public officials who can help the RCORP planning process in my community.	5	7.20	8.00	8.00	1.30
The RCORP consortium can gain support from political figures when needed.	5	7.20	8.00	8.00	1.64
The RCORP consortium works appropriately with influential community residents.	5	6.80	7.00	7.00	1.48
Participation					
The RCORP consortium gets its members outside the community to participate in activities when necessary.	5	6.60	6.00	6.00	1.52
The consortium gets community members to participate actively in the RCORP planning process.	5	5.80	6.00	5.00	0.84
Community members get involved in the RCORP initiative's activities.	5	6.20	6.00	5.00	1.30
The consortium has relationships with diverse groups (For example, local businesses, religious institutions, colleges, and universities.) that can help the RCORP initiative.	5	6.80	7.00	8.00	1.30
Use of Data					
Consortium members are committed to using data to set the agenda.	5	6.80	6.00	6.00	1.92
Consortium members are committed to using data to improve our work over time.	5	7.00	7.00	7.00	1.87
The RCORP consortium helps people in the community identify shared goals.	5	6.20	6.00	6.00	0.84
Community Focus					
The leadership communicates the RCORP consortium's concerns to community members.	5	5.80	6.00	5.00	0.84
The RCORP planning process helps to increase a sense of community.	5	6.00	6.00	6.00	0.71
The RCORP planning process helps people in the community work together.	5	6.60	6.00	5.00	1.82