COP - RCORP

Communities of Practice for Rural Communities Opioid Response Program

Core Activity 3: Strategic Plan

Washington County

Washington County Local RCORP Consortium

Washington County Health Department

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

Washington County Local RCORP Consortium

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 initiative 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. The third core activity is to complete a comprehensive strategic plan that addresses gaps in OUD prevention, treatment, and recovery. This report contains the local consortia's comprehensive strategic plan from the planning phase.

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) and Ohio University's Voinovich School of Leadership and Public Affairs (OHIO) and braided together funding from two separate awards (grants G25RH32461-01-06 and G25RH32459-01-02 respectively). PIRE and OHIO then offered equitable access to five backbone organizations in the rural communities of: Ashtabula, Fairfield, Sandusky, Seneca, and Washington Counties. An organizational chart of the braided COP is presented in Figure 1 for quick reference. More information about the organizational structure, co-developmental process, and shared economy may be found on the project website: https://www.communitiesofpractice-rcorp.com/
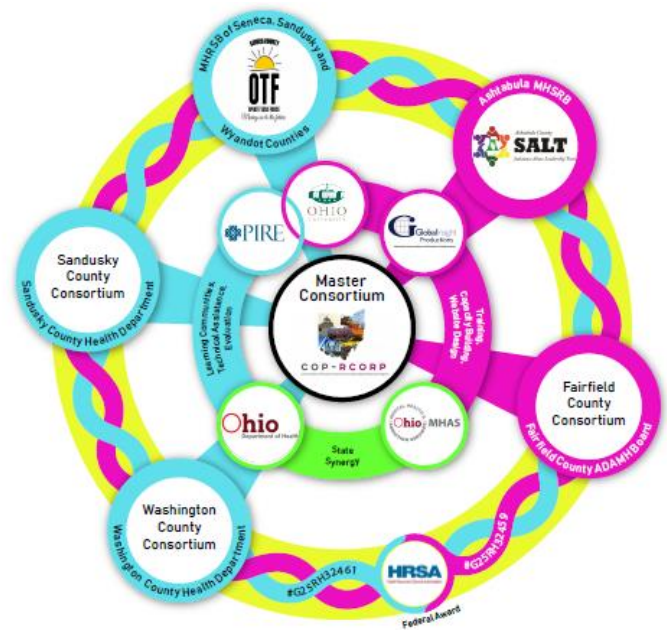

Figure 1. CoP-RCORP Organizational Chart.

COP-RCORP Strategic Planning Approach

The strategic planning process utilized as part of the COP-RCORP process was designed both to fulfill core planning objectives of the RCORP-Planning grant program and to provide evaluable strategic plans that COP-RCORP local consortia can use to guide future opiate use disorder (OUD) efforts and initiatives. The COP-RCORP strategic planning process was data-driven and adopted a format used successfully in other Ohio initiatives. This format included completion of a strategic plan map and a detailed strategy description form. A crosswalk of the format utilized by the COP-RCORP local consortia and the requirements as detailed by the Health Services and Resources Administration (HRSA) in the Notice of Funding Opportunity (NOFO) for the award is provided in the Appendix.

The COP-RCORP planning process engaged communities in examining the entire continuum of care – prevention, treatment, and recovery. The process used a parts-to-whole format in which separate strategic plans and strategy description forms were completed for three elements of prevention (supply reduction, demand reduction, and harm reduction), treatment, and recovery. Breaking down the strategic plan into very specific parts encouraged in-depth and sustained involvement from community partners, supported distributed leadership among consortium members so no one agency completed all of the work, and provided a space for intentional thinking about evidence-based, promising, and innovative approaches to reduce the morbidity and mortality associated with opioid overdose across the continuum of care. These separate plans, which are integrated together in this strategic planning report, provide each COP-RCORP community with a single comprehensive strategic plan that is actionable and which has practical and conceptual fit to each community's needs and gaps related to OUD and SUD.

The COP-RCORP approach to strategic planning incorporates both a theory of change and a theory of action. The theory of change, sometimes called a logic model, was integrated into the COP-RCORP planning process to ensure that each local consortium would immediately understand how strategies chosen for implementation relate to community needs and gaps, its chosen problem of practice, and desired outcomes. The COP-RCORP consortium believes that the theory of change (or logic model) is at the heart of any truly evaluable strategic plan and we share a planning value that the theories of change function as a roadmap for communities to get to outcomes. By articulating what their goal is and then carefully selecting strategies accordingly, COP-RCORP local consortia are more likely to achieve their shorter-term goals, which will in turn help them achieve their longer-term goals of reducing the prevalence and consequences of OUD. In addition, the theory change (logic chain/model) promoted strategic thinking by encouraging local consortia to examine the logic behind the strategy (or strategies) they are considering or selecting and to consider whether the strategy to be implemented is evidence-based, culturally relevant, and the right "fit" for the need identified in the community.

Because a detailed theory of action also is required for successfully addressing OUD and related problems, the COP-RCORP strategic planning process also includes careful and intentional implementation planning that will support the strong execution of the selected strategies. Another key advantage of COP-RCORP's approach to data-driven strategic planning is that by integrating the theory of change, the theory of action, and locally-relevant data and data sources, evaluation is built into the strategic planning process.

As noted above, the COP-RCORP consortium operationalized the strategic planning process with two strategic planning tools. The first tool is a "strategic plan map" that has been used successfully by communities across Ohio as a tool for strategic planning. The strategic plan map combines the theory of change and theory of action into a single document that can be easily understood by all community partners and community members, thus facilitating discussion about the plan and operationalization of plan components. While the focus of the strategic plan map is on why a community has selected a particular strategy (or strategies), it also

shows the activities that are necessary to carry out a strategy. The strategic plan map connects selected strategies to not only the needs assessment data that was used to determine what strategy was selected but also to the outcomes anticipated by implementing the strategy.

The second tool is a "strategy description form." Although the strategic plan map includes many aspects of the theory of action, a separate strategy description form is needed to capture details about the proposed strategy, including its cost, level of evidence, and practical and conceptual fit with a community. The COP-RCORP strategy description form also requires communities to assess whether the proposed strategy will increase access to and affordability of local OUD/SUD services and includes a detailed implementation plan.

By using a parts-to-whole approach and completing both a strategic plan map and a strategy description form for each of the five COP-RCORP planning areas, each of the five COP-RCORP local consortia have completed a comprehensive planning process across the full continuum of care.

Washington County Local RCORP Consortium Strategic Plan
to Address Opioid Use Disorder

The Washington County Local RCORP Consortium's Strategic Plan consists of four strategic plans encompassing prevention (supply reduction and harm reduction), treatment, and recovery. In addition, for demand reduction, a detailed strategy is proposed to build a local data infrastructure that will allow the Washington County Local Consortium to complete a logic chain and strategic plan map focused on reducing demand among youth in Washington County youth. Each plan has a specific goal and theory of change, which are summarized here, and the strategic plan maps and strategy description forms follow.

Prevention – Supply Reduction
Goal:
- This plan proposes a strategy to supply Washington County residents with a safe and easy way to dispose of unused opioids. The strategy will educate and engage area pharmacies on safe opioid disposal method practices. The strategy also will work with pharmacies to integrate provision of disposal bags into their workflows.

Theory of Change:
- If we educate local pharmacies and provide safe opioid disposal practices (e.g., Dispose Rx), then we can expect to have consistent distribution of safe opioid disposal methods with filled opioid prescriptions amongst pharmacies in Washington County.
- If we have consistent distribution of safe opioid disposal methods with filled opioid prescriptions amongst pharmacies in Washington County, then we can expect an increased access to appropriate disposal of unused opioids by county pharmacy customers to reduce the availability of unused opioids in the community, as evidenced by interviews with local pharmacies.
- If access to appropriate disposal of unused opioids increases, then we can expect a reduction in opioid abuse and OUD deaths in Washington County.

Prevention – Demand Reduction
Goal of Action Steps Planning Form:
- As noted above, Washington County does not currently have data collection infrastructure required to complete a logic chain, strategic plan map, or a strategy proposal form. As a result, the Washington County Local RCORP Consortium completed a project "Action Steps Planning Form" to guide infrastructure development. Significant progress was made during the RCORP-Planning year

on this issue, as a number of local school districts completed the OHYES! Survey during the fall of the 2019-2020 school year.

- Key next steps noted on Washington County's Action Steps Planning Form include:

  o Obtaining district-level access to 2019-2020 school year OHYES! Survey data.
  o Obtaining buy-in for continued student survey data collection.
  o Using OHYES! Survey data to understand the impact of the PAX Good Behavior Game on Washington County K-5 students.
  o Assessing available prevention programs and strategies for middle school youth in Washington County, who currently do not receive evidence-based prevention services.

These key action steps, which also build upon identified gaps in Washington County's needs assessment, will support Washington County as it develops data collection infrastructure to sustain existing prevention efforts around demand reduction and to make data-informed decisions about how to extend and complement those services in the future.

Prevention – Harm Reduction
Goal:
- This plan proposes a strategy to promote and educate stakeholders, WC residents, and OUD intravenous drug users to utilize a county HARM reduction program. Although this program is currently in operation, it has not been utilized and Washington County's focus in this area is to increase utilization in the program and engagement in treatment and recovery services. This will be done primarily through increased promotion of the program with provider offices, emergency care providers, pharmacies, and other area healthcare workers.

Theory of Change:
- If we promote and educate stakeholder on the C-HARM-Ed reduction program, then we can expect to increase acceptance of the C-HARM-Ed reduction program among the IVDU population and among relevant stakeholders.
- If we increase acceptance of the C-HARM-Ed reduction program among IVDU population and relevant stakeholders, then we can expect an increase in the utilization of the C-HARM-Ed program as evidenced by WCHD records Program & Nursing Director records.
- If we expect to increase the utilization of the C-HARM-Ed program, then we can expect a reduction in hepatitis rates and OUD deaths as evidence by NCHD Regional Epidemiologist WC report/Corner's Report.

Treatment
Goal:
- This plan proposes to develop coordinated plan by collaborating with the Washington County Board of Behavioral Health (BHB) and treatment partners to develop and implement infrastructure to provide detox, residential treatment, and MAT services in Washington county.

Theory of Change:
- If we develop a coordinated implementation plan to offer detox and in-patient MAT treatment services utilizing local mental health levy funds, then there will be additional infrastructure developed to support the provision of detox and in-patient MAT services in Washington County.

- If we develop the infrastructure to support the use of detox and in-patient MAT services in Washington County, then we can expect an increase in utilization of detox and in-patient MAT services by residents of Washington County.
- If utilization of detox and in-patient MAT services increases in Washington County, then we can expect a reduction of OUD deaths in Washington County.

Recovery

Goal:
- This plan proposes a strategy to expand peer recovery services through ensuring that additional peer recovery supporters complete training and certification in order to help persons with OUD start and sustain recovery.

Theory of Change:
- If we develop a national service model through AmeriCorps for peer recovery support services, then we can expect to develop the workforce infrastructure necessary for peer recovery support services.
- If we develop the workforce infrastructure for peer recovery support services, then we can increase the number of peer recovery services offered in Washington County as evidenced by HUB Partnership data.

- If we increase the number of peer recovery services offered in Washington County, then we can expect a reduction in relapse and OUD deaths as evidenced by data from the Coroner's Office

Washington County Health Department

RCORP-P Strategic Plan Map: *Prevention - Supply Reduction*

Statement of how the plan is related to at least one of the HRSA RCORP-Planning Goals:

1. Prevention: reducing the occurrence of opioid use disorder among new and at-risk users, as well as fatal opioid-related overdoses, through activities such as community and provider education, and harm reduction measures including the strategic placement and use of overdose reversing devices, such as naloxone, and syringe services programs;
2. Treatment: implementing or expanding access to evidence-based practices for opioid addiction/opioid use disorder (OUD) treatment, such as medication assisted treatment (MAT), including developing strategies to eliminate or reduce treatment costs to uninsured and underinsured patients; and
3. Recovery: expanding peer recovery and treatment options that help people start and stay in recovery.

This plan is related to the RCORP-P Prevention goal of reducing the occurrence of opioid use disorder among new and at-risk users by reducing the supply of available prescription medications in Washington County

Population of Focus:
Washington County residents, especially those who receive opioid prescriptions through local pharmacies.

Theory of Community Change:

If we educate local pharmacies and provide safe opioid disposal practices (e.g., Dispose Rx), then we can expect to have consistent distribution of safe opioid disposal methods with filled opioid prescriptions amongst pharmacies in Washington County.

If we have consistent distribution of safe opioid disposal methods with filled opioid prescriptions amongst pharmacies in Washington County, then we can expect an increased access to appropriate disposal of unused opioids by county pharmacy customers to reduce the availability of unused opioids in the community, as evidenced by interviews with local pharmacies. If access to appropriate disposal of unused opioids increases, then we can expect a reduction in opioid abuse and OUD deaths in Washington County.

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)			Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	**Causal Factor**	**Root Cause**	**Evidence-Informed Strategy(ies)**	**Lead Partner(s) for Strategy & Approximate Budget**	**Key Activities and Time Line**	Outcome for the **Root Causes** (Shorter-term Outcomes)	Outcome for the **Causal Factor** (Mid-term Outcome)	**Opioid Use Disorder** Outcome (Long-term Outcome)
High opioid abuse rates and OUD deaths in Washington County	Lack of access to appropriate disposal methods for unused opioid prescriptions leading to wide availability of unused opioid prescriptions.	Inconsistent distribution of disposal pouches by Washington County pharmacies	The proposed strategy will supply prescription opioid consumers with a safe and easy way to dispose of unused opioids. The strategy will educate and engage area pharmacies on safe opioid disposal method practices. The strategy also will work with pharmacies to integrate provision of disposal bags into their workflows.	Lead partners include: Washington County Health Department Washington County Behavioral Health Board Washington County pharmacists DisposeRx approximately $220 for 2,000 count to implement at pharmacies Travel approximately $180 – 3 pharmacy trips for implementation and evaluation/qualitative survey of DisposeRx strategy	July/August 2019: Interview all pharmacists to determine who is currently distributing Dispose RX to opioid consumers. September/October 2019: Negotiate with pharmacies who are not distributing Dispose RX to begin distribution. Late Fall 2019: Community education via recovery day around opioid disposal (Dispose RX, Sheriff office drop off, take-back days)	Consistent methods of safe opioid disposal distributed with filled opioid prescriptions amongst pharmacies in Washington County Number of participating pharmacies as measured by ongoing surveys/interviews with pharmacies.	Increased access to appropriate disposal methods for unused opioids by county pharmacy customers to reduce the availability of unused opioids in the community A solidified process across all county pharmacies on safe opioid disposal method being distributed with opioid prescriptions at the time of dispensing. This will be measured by ongoing surveys/interviews with pharmacies. Number of Ohio Rx Disposal locations available in Washington County, as indicated by Ohio Rx Disposal website. Number of disposal bags distributed as measured by project records.	Reduction in opioid abuse and OUD deaths
The DEA publication "2018 National Drug Threat Assessment" has determined that Controlled Prescription Drugs have high availability within communities. Washington County opioid deaths by opioid overdose and suicide study – WCHD and BOBH 49 TOTAL Opioid Overdose Deaths 2013-2018	Qualitative Survey to county pharmacies finds local pharmacies do not have a consistent process across all county pharmacies on safe opioid disposal method being distributed with opioid prescriptions at the time of dispensing. Ohio RX Disposal website shows only 3 locations to dispose of unused opioid/prescription drugs in Washington County	Qualitative Survey to county pharmacies finds 7/12 Washington County pharmacies currently do not distribute a disposal method with opioid prescriptions. The five pharmacies that do distribute disposal bags do not do so consistently due to limited amount of disposal pouches that have been available.						Reduced number of opioid use disorder deaths in Washington County

Coalition/Group Name: Washington County Health Department
County: Washington County
Date Submitted: 20190917
Date Reviewed: 20190925

COP-RCORP Strategy Description Form- Supply Reduction

Overview of the Strategy (Please answer each question using 100 words or less for each response.)

Using the results of your needs assessment as a guide, please provide a concise description of your strategy including the following twelve (12) elements:

1. Who is the intended recipient (priority population) of this strategy?

   Washington County residents, especially those who receive opiate prescriptions through local pharmacies.

2. How will you address the unique needs of the service population?

   Washington County residents have very limited options to safely dispose of unused prescription medication. This has meant that Washington County has high availability of prescription opiates that may be misused. We will address the service needs of County residents by increasing access to safe opioid disposal to Washington County residents by using local pharmacies for prescription disposal. This will increase the number of disposal locations on the OhioRx Disposal website.

3. What is the strategy that will be implemented?

   The proposed strategy will supply prescription opioid consumers with a safe and easy way to dispose of unused opioids. The strategy will educate and engage area pharmacies on safe opioid disposal method practices. The strategy also will work with pharmacies to integrate provision of disposal bags into their workflows.

4. What is the history of this strategy in the community? (i.e., Has this strategy been implemented before in the community? Is it a continuation of an existing strategy? Is it an expansion of an existing strategy? Is it a brand new strategy?)

   As part of interviews during our needs assessment with our 12 county pharmacies, five of the 12 pharmacies have implemented dispose RX with filled opioid prescriptions. However, all 5 admit it is a new process and that they are not always distributed with chronic opioid prescriptions, just new acute prescriptions. The remaining seven pharmacies did not have a process in place but were interested in piloting a program with prescriptions.

5. What agency/organization will implement the strategy? Why is this agency/organization taking the lead on this strategy?

   Lead partners include: Washington County Health Department, the Washington County Behavioral Health Board, and Washington County pharmacists

6. How will this strategy be funded and what is the anticipated cost associated with the strategy? (Please specify source of funds – grant, general revenue, in-kind support, etc.; funding agency/organization if applicable; etc.).

We will use HRSA RCORP-Implementation grant funding to initiate a formal pilot with all 12 pharmacies; our pharmacy partners will assume the costs after the pilot. This is a low-cost option as Dispose RX has 2,000 count packs for $220.00.

7. Where will it be implemented?

Belpre and Marietta CVS, Belpre Fruth, Marietta KMART, Beverly B&W, and Barlow White Oak will be the pharmacies for new process implementation. We will continue to educate and promote the process with the other 5 pharmacies – Marietta – Kroger, Walgreens, Rite-Aid, Walmart, and Belpre- Kroger and Rite-Aid.

8. When will it be implemented?

October 2019, after RCORP-Implementation funding begins.

9. How will it be implemented?

We will distribute a few boxes per pharmacy and meet with pharmacy staff. We will conduct a follow-up survey to assess implementation, to identify issues with workflow that are causing challenges, and to record the number of disposal bags distributed.

10. What challenges and/or barriers do you expect to encounter when implementing the strategy?

Most of the pharmacies in the county are part of a corporate chain, so far the challenge has been that they are personally (as in the pharmacist) interested but they need to seek approval from a district or corporate manager.

11. How does the proposed strategy impact affordability and/or accessibility of services delivered to the priority population?

Some of the pharmacies report selling an opioid prescription disposal method. Consumers will not have to purchase the $10-$20 in addition to their prescription. They will also not have to wait or spend gas money to travel for infrequent take-back days.

12. How does the proposed strategy contribute to eliminating or reducing cost of treatment for uninsured or underinsured patients?

Reduces cost of gas to take-back days or cost of "pill terminator" sold at some local pharmacies. More importantly, by reducing the supply of opioids in Washington County, fewer opioids will be available to be abused.

Demonstrate a Conceptual Fit with the Community's Opioid-Related Priorities (250 words or less)

How is the strategy relevant to the data from your needs assessment?

Our community needs assessment, as well as our community health assessment highlight that Washington County has too many prescription opioids available for misuse. We also learned that our community values prevention efforts and feels strongly that the County needs to engage in prevention activities around OUD/SUD in our community.

Demonstrate a Practical Fit: Theoretical "if-then" Proposition

Please include the "if-then" proposition for this strategy from your coalition/group's strategic plan map.

If we educate local pharmacies and provide safe opioid disposal practices (e.g., Dispose Rx), then we can expect to have consistent distribution of safe opioid disposal methods with filled opioid prescriptions amongst pharmacies in Washington County.

If we have consistent distribution of safe opioid disposal methods with filled opioid prescriptions amongst pharmacies in Washington County, then we can expect an increased access to appropriate disposal of unused opioids by county pharmacy customers to reduce the availability of unused opioids in the community, as evidenced by interviews with local pharmacies.

If access to appropriate disposal of unused opioids increases, then we can expect a reduction in opioid abuse and OUD deaths in Washington County

Demonstrate a Cultural Fit (250 words or less)
Based on the results of your needs assessment, how does this strategy align with the needs of the population? Think about the following:
- Why are you choosing this specific strategy for this specific population?
- How does your workforce/partnerships/collaborations for this project reflect the needs of the population?

This strategy meets an identified need in our community and fits the context of Washington County. However, after conducting a qualitative assessment at the pharmacies, there is an obvious gap in this strategy. Even the pharmacies that currently have a disposal process are new to the process. Currently we do not have pharmacy participation in our local healthcare coalition or at our community HUB, so another task that complements this strategy is that we need to engage them in this grant process.

Demonstrate a High Likelihood of Sustainability within the Community (250 words or less)
How will the opioid ecosystem sustain this strategy in the community? Please consider the following resources: time, money, human resources, political support, etc.

We will use HRSA RCORP-Implementation grant funding to initiate a formal pilot with all 12 pharmacies; our pharmacy partners will assume the costs after the pilot.

Demonstrate Effectiveness (What is the evidence that the strategy will work?)

A. If you are implementing a **workforce development or infrastructure development strategy**, please place an "X" next to the description that best fits the strategy:

- ☐ This is not a workforce development of infrastructure development strategy.
- ☐ Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.
- ☐ Improve education in treatment of opioid use disorder for health care providers.
- ☐ Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting
- ☐ Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms
- ☐ Improve access, availability, and distribution of overdose-reversing drugs
- ☐ Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.
- ☐ **Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.**
- ☐ Increase access, availability, and provision of supportive housing for individuals in recovery

☐ Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)

☐ Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.

Evaluation

1. Please describe your intervening variable and your outcome variable and how you will track outcomes and demonstrate success. Please indicate any quantitative or qualitative measures you will be tracking.

   Intervening variable – number of pharmacies actively distributing a disposal method with opioid prescriptions in Washington County

   Outcome variable – number of opioid deaths in Washington County

2. Who will collect and analyze data?

   Shaeleigh Sprigg – continuous qualitative assessment of pharmacy processes

   Number of Opioid Deaths- County Board of Behavioral Health/County Coroner's Office/ Marietta Belpre City HD

3. How the data will be shared and with whom?

   Data will be shared at monthly HUB meetings

4. What costs are associated with the evaluation and how will the evaluation be funded? If there are no costs, please explain why there are no costs.

   No costs are anticipated at this time. Staff time is being covered as an in-kind contribution

Action Planning: Theory of Action

Please detail the action steps necessary to implement this strategy. Please be as specific as you can! This section will provide a roadmap for your implementation team to ensure high-quality implementation of the selected strategy. Please add rows as necessary by right-clicking on the last row and selecting "Insert" then "Insert Rows Below". For additional technical assistance on how to insert rows in Microsoft Word, please see the following video: https://support.office.com/en-us/article/video-add-and-delete-table-rows-and-columns-490e418e-cb57-40da-8d5b-b722a5da891f

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
Complete qualitative survey at local pharmacies	August 2019	September 2019	Shaeleigh Sprigg	Completed as part of needs assessment
Attend Recovery day for community education on safe opioid disposal	September 21, 2019	September 21, 2019	Shaeleigh Sprigg Richard Wittberg Hilles Hughes	Completed as part of needs assessment and as background for strategic plan completion.
Distribute and train on Dispose RX pouches	October 2019	November 2019	Shaeleigh Sprigg	Project and training records
Follow up on Qualitative survey at local pharamcies/ Track participation and distribution frequency at local pharmacies	November 2019	Aug 2022	Shaeleigh Sprigg	Project records
Submit locations for Ohio RX Disposal website	September 2019	ongoing	Shaeleigh Sprigg	Project record of submissions
Train DON on Dispose RX pouches and increase availability for distribution through C-HARM-Ed	September 2019	ongoing	Shaeleigh Sprigg Val Betkoski	Training records

Consortium/Group Name: Washington County RCORP Local Consortium
County: Washington County
Date Submitted: 9/17/19
Date Reviewed: 9/23/19

RCORP-P Action Planning Form: *Prevention - Demand Reduction*

1. Which OUD/SUD plan is your community consortium having difficulty completing a logic chain for and what factors are contributing to the difficulties?

For Demand Reduction, school-based SUD/OUD prevention [programs or curriculums] are not universally available in Washington County schools. There is a strong desire among the local RCORP consortium to implement school-based prevention, yet there is no ongoing access to local data on youth SUD/OUD attitudes and behaviors. This data would allow us to engage in a data-driven process to select and implement an evidence-based program that is culturally relevant and sustainable in the community at this time.

2. What are the key factors that must be addressed before the community consortium can move forward with developing a data-driven strategic plan to select and implement evidence-based strategies?

There are two main issues that need to be resolved. The first is obtaining data to measure impact of the current PAX program. PAX is aimed at grades K-5 and has been well accepted by most of the local school systems, but grade gaps still exist. There has been one full year of PAX implementation. Some of the six Washington County school systems have been more aggressively implementing PAX than others. We recently learned that a number of the Washington County School Districts participated in the OHYES! Survey during the 2018-19 school year. Once the data has been processed and released, we need to negotiate with the school systems to get access to district level OHYES data, and this will take some time. From the OHYES data, we will select variables to track related to violence and drug use. We hope to be able to track improvements in OHYES data points as grade school children move into middle school. We also hope to demonstrate variation in OHYES data based on the percentage of grades/school system implementing PAX. In other words, we hope to see the school systems that have aggressively implemented PAX have larger reductions in the tracked OHYES variables.

The second issue that needs to be resolved is discovering a program to pilot at a middle school that might amplify PAX. Currently, children moving from grade school to middle school miss PAX and giving them an age appropriate program might help them continue progress attributable to PAX. We would like to compare OHYES data for that school with a school with a similar OHYES baseline to see if amplification occurs. We will work with community partners to select a program to pilot over the coming school year and anticipate piloting it during the 2020-21 school year. Having access to the OHYES data and perhaps other relevant data will help us select the strategy to pilot.

3. What <u>assets</u> can the community consortium draw upon to develop a data-driven strategic plan to select and implement evidence-based strategies? How will the community consortium draw upon those assets during the planning process?

We will engage the Education Subcommittee of the HUB to develop MOUs so that we can obtain access to OHYES and other relevant data. We will work collaboratively with them to conduct a data-driven process to better understand needs and impact.

4. What <u>barriers</u> could the community consortium face during the process of developing a data-driven strategic plan to select and implement evidence-based strategies? How will the community consortium work to prevent or address those barriers?

There are a few barriers that we may encounter. It may be difficult to craft an MOU that will allow school systems to share data. Most school systems are very sensitive about releasing any data that identifies their students. It may be difficult to find an evidence-based program focused on substance abuse prevention for Middle School that is acceptable to the school systems, and thus may be difficult to find a pilot site. We may have to settle for a program that has an evidence base around behavior and not addiction, although with OHYES data we may be able to tell if it amplifies the benefits of PAX. Developing data to demonstrate that whatever program selected for Middle School is effective will be very important, as we want to make sure we use available resources wisely.

5. What are the key goals that the community consortium must set in order to be able to submit a data-driven strategic plan with a logic chain? Please complete the table below. Please add rows as necessary by right-clicking on the last row and selecting "Insert" then "Insert Rows Below". For additional technical assistance on how to insert rows in Microsoft Word, please see the following video: https://support.office.com/en-us/article/video-add-and-delete-table-rows-and-columns-490e418e-cb57-40da-8d5b-b722a5da891f

Goal	Key Personnel	Estimated Timeframe
By the end of academic year 2019-20, the consortium will have access to OHYES data for at least 2 of the six school districts in Washington County.	Dick Wittberg Shaeleigh Sprigg	May 2020
The Washington County Consortium will create a sub-committee comprised of school and community stakeholders (including youth) to engage in a data-driven process to select a school-based EBP that is culturally relevant and sustainable, also resulting in a strategic plan map and a strategic plan.	Dick Wittberg Shaeleigh Sprigg Washington County School Superintendents	May 2020
During academic year 2020-21, one of the Washington County school districts will implement a school-based prevention education program for Middle School youth.	Selected Superintendent Middle School teachers in selected district	2020-2021 academic school year

Planning for Success

Please detail the action steps necessary to implement this strategy. Please be as specific as you can! This section will provide a roadmap for your implementation team to ensure high-quality implementation of the selected strategy. Please add rows as necessary by right-clicking on the last row and selecting "Insert" then "Insert Rows Below". For additional technical assistance on how to insert rows in Microsoft Word, please see the following video: https://support.office.com/en-us/article/video-add-and-delete-table-rows-and-columns-490e418e-cb57-40da-8d5b-b722a5da891f

| Key Activities | Timeline | | Who is Responsible? | Process Indicators |
	Start Date	End Date		
Goal 1: By the end of academic year 2019-20, the consortium will have access to OHYES data for at least 2 of the six school districts in Washington County.				
Coordinate with Hub Education subcommittee to arrange for meetings with the Superintendents	Fall 2019	Fall 2019	Richard Wittberg Shaeleigh Sprigg	Meetings arranged
Meet with superintendents in six Washington County school districts to negotiate MOUs to collect and share OHYES! data with the Washington County Consortium	Spring 2020	Spring 2020	Richard Wittberg Shaeleigh Sprigg	Access to district data
Work with Education Subcommittee to develop themes from the data	Late Spring 2020	Late Spring/Early summer 2020	Richard Wittberg Shaeleigh Sprigg	Report generated
Goal 2: The Washington County Consortium will create a sub-committee comprised of school and community stakeholders (including youth) to engage in a data-driven process to select a school-based EBP that is culturally relevant and sustainable, also resulting in a strategic plan map and a strategic plan.				
Subcommittee established	Fall 2019	Fall 2019	Richard Wittberg Shaeleigh Sprigg Education subcommittee	Meeting minutes
Develop a strategic plan map and strategic plan	Fall 2019	Spring 2020	Richard Wittberg Shaeleigh Sprigg Subcommittee members	
Program to pilot selected	Fall 2019	2019-2020 school year	Richard Wittberg Shaeleigh Sprigg Community partners	Program selected Meeting minutes
School system selected to pilot the program	Spring 2020	Spring 2020	Shaeleigh Sprigg Richard Wittberg Superintendents	Meeting minutes
School system trained in program	Late summer 2020	Prior to start of 2020-21 school year	Selected school superintendent and Middle School principal	Training sign in sheet
Goal 3: During academic year 2020-21, one of the Washington County school districts will implement a school-based prevention education program for Middle School youth				
Selected program implemented	Fall 2020	Fall 2020	Selected school superintendent and Middle School principal	Program in place
Evaluate pilot program using OHYES and other relevant data	Summer 2021	Summer 2021	Richard Wittberg Shaeleigh Sprigg	evaluation

WASHINGTON COUNTY HEALTH DEPARTMENT

RCORP-P Strategic Plan Map: *Prevention – Harm Reduction*

Statement of how the plan is related to at least one of the HRSA RCORP-Planning Goals:

1. Prevention: reducing the occurrence of opioid use disorder among new and at-risk users, as well as fatal opioid-related overdoses, through activities such as community and provider education, and harm reduction measures including the strategic placement and use of overdose reversing devices, such as naloxone, and syringe services programs;
2. Treatment: implementing or expanding access to evidence-based practices for opioid addiction/opioid use disorder (OUD) treatment, such as medication assisted treatment (MAT), including developing strategies to eliminate or reduce treatment costs to uninsured and underinsured patients; and
3. Recovery: expanding peer recovery and treatment options that help people start and stay in recovery.

Reducing the occurrence of opioid use disorder among new and at-risk users, as well as fatal opioid-related overdoses, through harm reduction measures including the strategic placement and use of overdose reversing devices and syringe services programs.

Population of Focus:
Washington County adults (18 and over), especially intravenous drug users

Theory of Community Change:

If we promote and educate stakeholder on the C-HARM-Ed reduction program, then we can expect to increase acceptance of the C-HARM-Ed reduction program among the IVDU population and among relevant stakeholders.

If we increase acceptance of the C-HARM-Ed reduction program among IVDU population and relevant stakeholders, then we can expect an increase in the utilization of the C-HARM-Ed program as evidenced by WCHD records Program & Nursing Director records.

If we expect to increase the utilization of the C-HARM-Ed program, then we can expect a reduction in hepatitis rates and OUD deaths as evidence by NCHD Regional Epidemiologist WC report/Corner's Report.

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)			Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	**Causal Factor**	**Root Cause**	**Evidence-Informed Strategy(ies)**	**Lead Partner(s) for Strategy & Approximate Budget**	**Key Activities and Time Line**	Outcome for the **Root Causes** (Shorter-term Outcomes)	Outcome for the **Causal Factor** (Mid-term Outcome)	**Opioid Use Disorder** Outcome (Long-term Outcome)
Reduce OUD overdose death high rates of Hepatitis (especially types B & C) and OUD deaths in Washington County.	No participation in the C-HARM-Ed reduction program since initiating the harm reduction program in May 2019	C-HARM-Ed program is not promoted to engage residents with OUD, the IVDU population, and relevant stakeholders (e.g., law enforcement, medical providers, pharmacies, and behavioral health providers)	Promote and educate stakeholders, WC residents, and OUD IVDU to utilize a county HARM reduction program. Further build trust in the OUD community to increase utilization in the program and engage in treatment and recovery services. Increase promotion with provider offices, Emergency care providers, pharmacies, and other area healthcare workers.	Washington County Board of Behavioral Health (funding) Washington County Health Department and Oriana House (facilitation of program, treatment referrals to available services in the county)	Shadow Athens County HARM program for insight on promotion strategies 09/25 Promote program at pharmacies and other healthcare settings Pharmacy promotion--ongoing Schedule to shadow other HARM programs in our region according to Harm Reduction Ohio – Jefferson and Muskingum County 10/2019	Increased acceptance of the harm reduction program among the residents with OUD, the IVDU population and relevant stakeholders.	Increased utilization of the C-HARM-Ed program as measured by the number of intake forms, screenings, and referrals.	Reduction in hepatitis rates (especially type B & C) and OUD deaths in Washington County
Washington County Epidemiology Report Jan 2019-June 2019 HEP C- 59 Cases HEP B- 13 Cases HEP A- 26 Cases	Currently 0 vaccines, referrals, screenings, syringe exchange, intake forms completed for program since implementation MAY 2019	0/12 interviewed pharmacies had knowledge of HARM program. No promotion activities with local health systems or MD/DO offices.				Tracking of active promotion activities including healthcare settings, county fair, recovery day, information shared with partners. Interviews with stakeholders, including providers, law enforcement, and pharmacies	Number of intake forms, number of contaminated syringes collected, and number of referrals made for treatment, number of vaccinations and screenings administered.	Washington County Regional Epi Report for Hepatitis cases Corner's report for OUD deaths

Coalition/Group Name: Washington County Health Department
County: Washington County
Date Submitted: 20190917
Date Reviewed: 20190925

COP-RCORP Strategy Description Form - Harm Reduction

Overview of the Strategy (Please answer each question using 100 words or less for each response.)

Using the results of your needs assessment as a guide, please provide a concise description of your strategy including the following twelve (12) elements:

1. Who is the intended recipient (priority population) of this strategy?

   Adults 18 and over; especially Washington County residents with OUD and those who are intravenous drug users.

2. How will you address the unique needs of the service population?

   Promote and educate stakeholders on the C-Harm-Ed program to increase participation in the program and increase access for Washington County residents with OUD and those who are intravenous drug users.

3. What is the strategy that will be implemented?

   The existing County Harm Reduction Education program including syringe exchange, referral information, Narcan training and Narcan distribution, and Hepatitis screenings and vaccinations. However, there has been no utilization of the program. The strategy will increase awareness of the program and utilization of it. We will promote and educate stakeholders, WC residents, and OUD IVDU on the County HARM reduction program. We will work to build trust in the OUD community to increase utilization in the program and to engage in treatment and recovery services. A key component of the strategy involves increasing promotion with Provider offices, Emergency care providers, pharmacies, etc.

4. What is the history of this strategy in the community? (i.e., Has this strategy been implemented before in the community? Is it a continuation of an existing strategy? Is it an expansion of an existing strategy? Is it a brand new strategy?)

   Although Washington County currently has a Harm reduction program, it is a new strategy for the county that has only been implemented since May of 2019. Further, there has been zero participation thus far with the program.

5. What agency/organization will implement the strategy? Why is this agency/organization taking the lead on this strategy?

   The Washington County Behavioral Health Board funds the C-Harm-Ed program; Washington County Health Department Clinical Division manages the program. In addition, a treatment provider from Oriana House is available every week to discuss available treatment services.

6. How will this strategy be funded and what is the anticipated cost associated with the strategy? (Please specify source of funds – grant, general revenue, in-kind support, etc.; funding agency/organization if applicable; etc.).

   The Washington County Behavioral Health Board will fund this strategy using mental health levy funds; however, the budget is still being determined and will be finalized in October 2019 after staff shadow a similar effort in Athens County.

7. Where will it be implemented?

Currently the program provides services out of the First Congregational Church on Front Street in Marietta, every Thursday, from 2-4pm. Because there has been no utilization of the program, we will implement the strategy across Washington County with area healthcare providers and directly with residents affected by OUD and who engage in IVDU.

8. When will it be implemented?

Although the program technically is in operation already, promotion efforts will begin in October 2019 after we begin work on RCORP-Implementation.

9. How will it be implemented?

The director of nursing from the health department will be available at the church for Narcan training and distribution, screenings, vaccines, and syringe exchanges. The treatment provider from Oriana house is available to discuss treatment and referral options. Staff will outreach to provider offices and other community resources to promote the program.

10. What challenges and/or barriers do you expect to encounter when implementing the strategy?

Breaking down stigma with relevant stakeholders (primarily provider offices and law enforcement), educating the conservative Washington County community of the benefits of the program, building trust with the IVDU population to utilize the program and engage in recovery services.

11. How does the proposed strategy impact affordability and/or accessibility of services delivered to the priority population?

This strategy seeks to increase access to and utilization of prevention harm reduction services in Washington County. As such we expect that it also will help ensure that residents in need of treatment for OUD are connected to treatment resources, thereby increasing access to and utilization of treatment.

12. How does the proposed strategy contribute to eliminating or reducing cost of treatment for uninsured or underinsured patients?

The program will eliminate the cost for clean syringes, vaccinations, screenings, and referral services. In addition, prevention components related to IVDU will reduce or eliminates the cost of medical treatment for residents who may contract hepatitis from a contaminated syringe.

Demonstrate a Conceptual Fit with the Community's Opioid-Related Priorities (250 words or less)

How is the strategy relevant to the data from your needs assessment?

Our needs assessment demonstrates the need for treatment and recovery services; the harm reduction program currently will assist in referrals to treatment services. The needs assessment also notes our lack of parks and outdoor recreational activities for youth, however, it has been noted recently that drug paraphernalia are being found at parks in Washington County.

Demonstrate a Practical Fit: Theoretical "if-then" Proposition

Please include the "if-then" proposition for this strategy from your coalition/group's strategic plan map.

If we promote and educate stakeholder on the C-HARM-Ed reduction program, then we can expect to increase acceptance of the C-HARM-Ed reduction program among the IVDU population and among relevant stakeholders.

If we increase acceptance of the C-HARM-Ed reduction program among IVDU population and relevant stakeholders, then we can expect an increase in the utilization of the C-HARM-Ed program as evidenced by WCHD records Program & Nursing Director records.

If we expect to increase the utilization of the C-HARM-Ed program, then we can expect a reduction in hepatitis rates and OUD deaths as evidence by NCHD Regional Epidemiologist WC report/Corner's Report.

Demonstrate a Cultural Fit (250 words or less)

Based on the results of your needs assessment, how does this strategy align with the needs of the population? Think about the following:
- Why are you choosing this specific strategy for this specific population?
- How does your workforce/partnerships/collaborations for this project reflect the needs of the population?

We chose to focus on promoting this program because of the lack of utilization of the program and the growing numbers of drug paraphernalia found in public places of the community. We currently have the program implemented without engagement with the community; however, we have stakeholders invested in this program. The local church allows us to use their space for the program, the board of behavioral health funds the program, and Washington County Health Department and Oriana house facilitates the program. Law enforcement has an understanding of the program objectives even though we currently do not have their support. The program is an opportunity to educate the community and impact residents with OUD (and those who engage in IVDU) and to reduce stigma around treatment and recovery services

Demonstrate a High Likelihood of Sustainability within the Community (250 words or less)

How will the opioid ecosystem sustain this strategy in the community? Please consider the following resources: time, money, human resources, political support, etc.

The Board of Behavioral Health feels strongly about continuing to fund the program if we can increase engagement with the community.

Demonstrate Effectiveness (What is the evidence that the strategy will work?)

A. If you are implementing a **workforce development or infrastructure development strategy**, please place an "X" next to the description that best fits the strategy:

☐   This is not a workforce development of infrastructure development strategy.
☐   Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.
☐   Improve education in treatment of opioid use disorder for health care providers.
☐   Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting
☐   Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms
☐   Improve access, availability, and distribution of overdose-reversing drugs
☐   **Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.**

- ☐ Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.
- ☐ Increase access, availability, and provision of supportive housing for individuals in recovery
- ☐ Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)
- ☐ Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.

Evaluation

1. Please describe your intervening variable and your outcome variable and how you will track outcomes and demonstrate success. Please indicate any quantitative or qualitative measures you will be tracking.

   Intervening Variable – Number of IVDU residents utilizing HARM program

   Outcome Variable – Hepatitis rates and OUD death rates

   Data sources:

   DON/Program intake forms and reports

   Corner's Fatality Report

   Regional Epidemiologist report for Hepatitis cases

2. Who will collect and analyze data?

   Program staff from the Washington County Health Department and the Washington County Board of Behavioral Health will analyze the data.

3. How the data will be shared and with whom?

   Data will be shared at monthly Washington County HUB meetings

4. What costs are associated with the evaluation and how will the evaluation be funded? If there are no costs, please explain why there are no costs.

   Costs for data collection and evaluation will be in-kind from provider and stakeholder staff.

Action Planning: Theory of Action

Please detail the action steps necessary to implement this strategy. Please be as specific as you can! This section will provide a roadmap for your implementation team to ensure high-quality implementation of the selected strategy. Please add rows as necessary by right-clicking on the last row and selecting "Insert" then "Insert Rows Below". For additional technical assistance on how to insert rows in Microsoft Word, please see the following video: https://support.office.com/en-us/article/video-add-and-delete-table-rows-and-columns-490e418e-cb57-40da-8d5b-b722a5da891f

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
Distribute program information and educate pharmacies on HARM program	October 2019	December 2019	Shaeleigh Sprigg	Program records
Shadow Athens County HARM Program	October 2019	October 2019	Shaeleigh Sprigg Val Betkoski	Visit notes
Shadow Jefferson and Muskingum county HARM programs	October 2019	November 2019	Shaeleigh Sprigg	Visit notes
Educate community and promote HARM program at Recovery date	October 2019	November 2019	Shaeleigh Sprigg	N/A
Meet with Charge Nurse at Marietta Memorial Health System (Marietta and Belpre) in their emergency dept and promote harm program	October 2019	November 2019	Shaeleigh Sprigg	Meeting notes
Ensure continued program promotion through rapid response team	October 2019	August 2022	WCBHB RR Team	Program records

Washington County Health Department
RCORP-P Strategic Plan Map: *Treatment*

Statement of how the plan is related to at least one of the HRSA RCORP-Planning Goals:

1. Prevention: reducing the occurrence of opioid use disorder among new and at-risk users, as well as fatal opioid-related overdoses, through activities such as community and provider education, and harm reduction measures including the strategic placement and use of overdose reversing devices, such as naloxone, and syringe services programs;

2. Treatment: implementing or expanding access to evidence-based practices for opioid addiction/opioid use disorder (OUD) treatment, such as medication assisted treatment (MAT), including developing strategies to eliminate or reduce treatment costs to uninsured and underinsured patients; and

3. Recovery: expanding peer recovery and treatment options that help people start and stay in recovery.

This plan focuses utilizing evidence-based practices for opioid addiction/opioid use disorder treatment and inpatient MAT by implementing residential detox services and MAT in Washington County to expand access to treatment services.

Population of Focus:
Washington County OUD Treatment Population; most commonly residents between ages 18 and 55.

Theory of Community Change:
If we develop a coordinated implementation plan to offer detox and in-patient MAT treatment services utilizing local mental health levy funds, then there will be additional infrastructure developed to support the provision of detox and in-patient MAT services in Washington County. If we develop the infrastructure to support the use of detox and in-patient MAT services in Washington County, then we can expect an increase in utilization of detox and in-patient MAT services by residents of Washington County.
If utilization of detox and in-patient MAT services increases in Washington County, then we can expect a reduction of OUD deaths in Washington County.

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)			Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	Causal Factor	Root Cause	Evidence-Informed Strategy(ies)	Lead Partner(s) for Strategy & Approximate Budget	Key Activities and Time Line		Outcome for the Root Causes (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome (Long-term Outcome)
Washington County has a high number of OUD deaths.	No access to detox treatment and no in-patient MAT in Washington County due to insufficient/zero bed capacity	Although there is funding to support new facilities for detox and inpatient treatment/MAT, there is not a plan to develop and coordinate infrastructure to offer in-county detox and in-patient MAT	Develop coordinated plan by collaborating with BHB and treatment partners to develop and implement infrastructure to provide detox, residential treatment, and MAT services in Washington county, with priority focus on detox.	Oriana House Land of Goshen Washington County Health Department Board of Behavioral Health HUB Partners $7,636.36 estimated direct costs for personnel, benefits, travel, contractual to work on researching and guiding implementation planning and coordinating with the HUB.	Coordinate with BOBH on researching like facilities in other counties before implementing in Washington County. October 2019 Identify key components for implementation planning of Detox services. Next HUB 10/10/2019 Establish an appropriate number of treatment providers for residential treatment/beds. October-November 2019		Develop the necessary infrastructure to support the use of in-county detox and in-patient MAT services in Washington County	Increase in the utilization of detox and in-patient MAT services in Washington County	Reduce the number of opioid use disorder deaths in Washington County
49 TOTAL Opioid Overdose Deaths 2013-2018 per Washington County opioid overdose and suicide study conducted by the Washington County Health Department (WCHD) and the Washington County Board of Behavioral Health (BOBH). *Data may be skewed due to no toxicology report dependent on suicide/manner of death	HUB/BOBH resources note lack of services and resources for detox and residential treatment Number of Detox Services and number of in-patient MAT services; number of beds currently zero.	HUB/BOBH resources note lack of services and resources for detox and residential treatment WC Needs Assessment					Development and utilization of coordinated implementation plan with BOBH and Opiate Hub.	Number of 3.7 services rendered in Washington County as measured by Oriana House program records Number of 3.1 and 3.7 services rendered in Washington County as measured by program records from Oriana House/Brandi's Legacy. Number of beds available in WC as measured by BoBH records.	Number of opioid use disorder deaths in Washington County as measured by data from the Washington County Coroner's Office.

Coalition/Group Name: Washington County Health Department
County: Washington County
Date Submitted: 20190916
Date Reviewed: 20190925

<div align="center">**COP-RCORP Strategy Description Form- Treatment**</div>

Overview of the Strategy (Please answer each question using 100 words or less for each response.)

Using the results of your needs assessment as a guide, please provide a concise description of your strategy including the following twelve (12) elements:

1. Who is the intended recipient (priority population) of this strategy?

   Washington County OUD/SUD residents needing treatment services; most commonly aged 18-55.

2. How will you address the unique needs of the service population?

   Washington County residents who need treatment for OUD and SUD have very limited options for in-county treatment. This has been a result of not having a local levy. The County now has a levy and additional resources but does not have a coordinated plan to use those levy dollars to build and sustain additional treatment infrastructure. We will research similar facilities in other Ohio counties for implementation ideas and collaborate with the HUB and the Washington County Behavioral Health Board (BHB) on creating a plan to build infrastructure for residential detox and in-patient MAT services in Washington County. This will ensure that the county is better able to meet the treatment needs of its residents and will support residents engaging in treatment in Washington County.

3. What is the strategy that will be implemented?

   We will develop a coordinated plan by collaborating with BHB and treatment partners to develop and implement infrastructure to provide detox, residential treatment, and MAT services in Washington county, with a priority focus on detox.

4. What is the history of this strategy in the community? (i.e., Has this strategy been implemented before in the community? Is it a continuation of an existing strategy? Is it an expansion of an existing strategy? Is it a brand new strategy?)

   Treatment services in Washington County have historically all been outpatient. Referrals for detox, Residential and in-patient MAT have all been out of county referrals. Creating a plan to coordinate building infrastructure for in-county treatment services will be a new strategy in Washington County.

5. What agency/organization will implement the strategy? Why is this agency/organization taking the lead on this strategy?

   Land of Goshen, Oriana House, the County Behavioral Health Board, HUB partners, Washington County Health Department. Lead partners will include the two treatment agencies and the Washington County Behavioral Health Board as it administers the County mental health levy funding.

6. How will this strategy be funded and what is the anticipated cost associated with the strategy? (Please specify source of funds – grant, general revenue, in-kind support, etc.; funding agency/organization if applicable; etc.).

   Although local levy dollars will be used to create the plan and to build the infrastructure needed to expand treatment access, the resulting facilities will accept Medicaid and we expect that Medicaid will be an important contributor to sustaining treatment availability in Washington County.

7. Where will it be implemented?

   In Marietta, Ohio.

8. When will it be implemented?

   Work on the coordinated plan will begin in October/November 2019.

9. How will it be implemented?

   The plan will be developed in the same way that our RCORP-P plans have been developed—through coming together and working together to achieve a consensus on necessary treatment infrastructure.

10. What challenges and/or barriers do you expect to encounter when implementing the strategy?

    Public perception of people in treatment being a dangerous population and that they lower property values could hold up or stop treatment infrastructure from opening.

11. How does the proposed strategy impact affordability and/or accessibility of services delivered to the priority population?

    Although the plan itself will not impact accessibility or affordability of treatment services in Washington County, we expect that the resulting treatment infrastructure will greatly expand treatment options for Washington County residents.

12. How does the proposed strategy contribute to eliminating or reducing cost of treatment for uninsured or underinsured patients?

    In-county availability will reduce travel expense for treatment; we also expect that having expanded in-county treatment availability will reduce relapse and relapse-related expenses by facilitating patient completion of planned treatment cycles.

Demonstrate a Conceptual Fit with the Community's Opioid-Related Priorities (250 words or less)

How is the strategy relevant to the data from your needs assessment?

There is a direct correspondence between this strategy and the lack of detox and in-patient MAT services available in Washington County. Our needs assessment found that this was a key need for our County.

Demonstrate a Practical Fit: Theoretical "if-then" Proposition

Please include the "if-then" proposition for this strategy from your coalition/group's strategic plan map.

If we develop a coordinated implementation plan to offer detox and in-patient MAT treatment services utilizing local mental health levy funds, then there will be additional infrastructure developed to support the provision of detox and in-patient MAT services in Washington County.

If we develop the infrastructure to support the use of detox and in-patient MAT services in Washington County, then we can expect an increase in utilization of detox and in-patient MAT services by residents of Washington County.

If utilization of detox and in-patient MAT services increases in Washington County, then we can expect a reduction of OUD deaths in Washington County

Demonstrate a Cultural Fit (250 words or less)

Based on the results of your needs assessment, how does this strategy align with the needs of the population? Think about the following:

- Why are you choosing this specific strategy for this specific population?

  Our County partners are highly motivated to use mental health levy funds to build infrastructure for treatment services.

- How does your workforce/partnerships/collaborations for this project reflect the needs of the population?

  HUB partners were highly supportive of our prioritization process as we examined potential strategies related to increasing access to treatment. There was consensus that detox and in-patient MAT were the highest priority need for Washington County.

Demonstrate a High Likelihood of Sustainability within the Community (250 words or less)

How will the opioid ecosystem sustain this strategy in the community? Please consider the following resources: time, money, human resources, political support, etc.

Although local levy dollars will be used to create the plan and to build the infrastructure needed to expand treatment access, the resulting facilities will accept Medicaid and we expect that Medicaid will be an important contributor to sustaining treatment availability in Washington County.

Demonstrate Effectiveness (What is the evidence that the strategy will work?)

A. If you are implementing a **workforce development or infrastructure development strategy**, please place an "X" next to the description that best fits the strategy:

☐ This is not a workforce development of infrastructure development strategy.
☐ **Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.**
☐ Improve education in treatment of opioid use disorder for health care providers.
☐ Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting
☐ Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms
☐ Improve access, availability, and distribution of overdose-reversing drugs

- ☐ Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.
- ☐ Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.
- ☐ Increase access, availability, and provision of supportive housing for individuals in recovery
- ☐ Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)
- ☐ Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.

Evaluation

1. Please describe your intervening variable and your outcome variable and how you will track outcomes and demonstrate success. Please indicate any quantitative or qualitative measures you will be tracking.

   Intervening Variable – number of beds accessible in Washington County, number of services rendered in Washington County including 3.1, 3.5, and 3.7

Outcome Variable – number of OUD deaths

2. Who will collect and analyze data?

   Partner with Land of Goshen and Oriana House for data sharing around services rendered and bed availability. Coroner's office will prepare number of OUD deaths for fatality review.

3. How the data will be shared and with whom?

   Data will be shared at monthly HUB meetings.

4. What costs are associated with the evaluation and how will the evaluation be funded? If there are no costs, please explain why there are no costs.

   $7,636.36 estimated direct costs for personnel, benefits, travel, contractual to work on researching and guiding implementation planning and coordinating with the HUB.

Action Planning: Theory of Action

Please detail the action steps necessary to implement this strategy. Please be as specific as you can! This section will provide a roadmap for your implementation team to ensure high-quality implementation of the selected strategy. Please add rows as necessary by right-clicking on the last row and selecting "Insert" then "Insert Rows Below". For additional technical assistance on how to insert rows in Microsoft Word, please see the following video: https://support.office.com/en-us/article/video-add-and-delete-table-rows-and-columns-490e418e-cb57-40da-8d5b-b722a5da891f

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
Discuss needs with Land of Goshen	October 2019	November 2019	Shaeleigh Sprigg	Meeting notes and presentation to HUB
Discuss needs with Oriana House	October 2019	November 2019	Shaeleigh Sprigg	Meeting notes and presentation to HUB
Research and shadow similar facilities in other counties	October 2019	June 2020	Hilles Hughes (Huntington) Shaeleigh Sprigg Richard Wittberg	Meeting notes and presentation to HUB
Develop implementation plan with the HUB and identify key activities for detox services and in-patient MAT	October 2019	August 2020	HUB partners Shaeleigh Sprigg Richard Wittberg	Meeting notes and presentation to HUB
Establish appropriate number of treatment providers	October-November 2019	August 2022	Treatment facilities BHB/WCHD/HUB partners	Meeting notes and presentation to HUB
Develop agreement with two facilities around data sharing	October-November 2019	August 2022	Richard Wittberg/Shaeleigh Sprigg	Meeting notes and presentation to HUB

WASHINGTON COUNTY HEALTH DEPARTMENT

RCORP-P Strategic Plan Map: *Recovery*

Statement of how the plan is related to at least one of the HRSA RCORP-Planning Goals:

1. Prevention: reducing the occurrence of opioid use disorder among new and at-risk users, as well as fatal opioid-related overdoses, through activities such as community and provider education, and harm reduction measures including the strategic placement and use of overdose reversing devices, such as naloxone, and syringe services programs;
2. Treatment: implementing or expanding access to evidence-based practices for opioid addiction/opioid use disorder (OUD) treatment, such as medication assisted treatment (MAT), including developing strategies to eliminate or reduce treatment costs to uninsured and underinsured patients; and
3. Recovery: expanding peer recovery and treatment options that help people start and stay in recovery.

This plan focuses on expanding peer recovery services in to help Washington County residents start and stay in recovery.

Population of Focus:
Washington County residents in recovery; most commonly aged 18-55.

Theory of Community Change:
If we develop a national service model through AmeriCorps for peer recovery support services, then we can expect to develop the workforce infrastructure necessary for peer recovery support services.
If we develop the workforce infrastructure for peer recovery support services, then we can increase the number of peer recovery services offered in Washington County as evidenced by HUB Partnership data.
If we increase the number of peer recovery services offered in Washington County, then we can expect a reduction in relapse and OUD deaths as evidenced by data from the Coroner's Office

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)			Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	**Causal Factor**	**Root Cause**	**Evidence-Informed Strategy(ies)**	**Lead Partner(s) for Strategy & Approximate Budget**	**Key Activities and Time Line**		Outcome for the **Root Causes** (Shorter-term Outcomes)	Outcome for the **Causal Factor** (Mid-term Outcome)	**Opioid Use Disorder** Outcome (Long-term Outcome)
Relapse is common after treatment for addiction and OUD deaths are high.	Lack of access to peer recovery services for Washington County residents.	Lack of workforce development infrastructure to support workforce development.	Implement and expand access to evidence-based recovery services including peer recovery support in Washington County using AmeriCorps members and the County Board of Behavioral Health	**Washington County Health Department** – will take the lead in developing a PRS model utilizing AmeriCorps and will assist with placing these members at venues so that sites can become familiar to working with PRS at low cost. **AmeriCorps-** train and sustain 2 new peer recovery supporters from our community health worker group, match = $15,000 **Board of Behavioral Health- (BOBH)** Will conduct training in October 2019 to train recruited peer recovery supporters. In-kind contribution	Recruit sober eligible peer recovery support candidates in time for them to complete online portion of October training from BOBH. October – start utilizing new AmeriCorps PRS. Work with BH providers to identify patients with Molina, THP or UHC insurance and begin developing an effective peer support model. Share clinical and cost outcomes with insurance companies throughout the implementation of PRS.		Development of workforce infrastructure to support and expand peer recovery support services.	Increase access to PRS for Washington County residents in recovery	Decrease relapse and ultimately OUD/SUD deaths in Washington County.
Data from insurers – (Molina, Health Plan, United Healthcare) indicate that 3 out of 4 individuals who have been through treatment are high risk for relapse. Washington County opioid deaths by opioid overdose and suicide study – WCHD and BOBH 49 total Opioid Overdose Deaths 2013-2018	HUB/BHB resources and records note lack of services and resources for recovery services in Washington County; currently the county has only 3 peer recovery support roles in the County. Collectively, the 3 PRS in Washington County serve 90 residents in recovery.	WCHD Community Needs Assessment shows a lack of access to ongoing training for peer recovery support services Interviews with current PRS indicate a lack familiarity with how best to use PRS. There are no PRS at two of the three BH providers, at drug court, at health care providers, and these sites need to be able to explore the use of this workforce.					HUB/BOBH records on the number of venues in which AmeriCorps members are placed as peer recovery supporters. The baseline is currently 2.	HUB/BOBH/Provider records on the number of peer recovery support services rendered in Washington County	Reduction in relapse and opioid fatality rates in Washington County as measured by data from the Washington County Coroner's Office and the BOBH.

Coalition/Group Name: Washington County Health Department
County: Washington County
Date Submitted: 20190917
Date Reviewed: 20190925

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COP-RCORP Strategy Description Form- Recovery

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Overview of the Strategy (Please answer each question using 100 words or less for each response.)

Using the results of your needs assessment as a guide, please provide a concise description of your strategy including the following twelve (12) elements:

1. Who is the intended recipient (priority population) of this strategy?

    Washington County residents in recovery; most commonly aged 18-55.

2. How will you address the unique needs of the service population?

    Washington County currently has very limited capacity to provide peer recovery support services to County residents who are in recovery. There are limited recovery support options available for Washington County residents. The proposed strategy will address the unique needs of the service population by implementing and expanding access to evidence-based recovery services including peer recovery support in Washington County.

3. What is the strategy that will be implemented?

    Develop workforce infrastructure for peer recovery services—this will allow expanded access to evidence-based recovery services including peer recovery support in Washington County using AmeriCorps members through the County Board of Behavioral Health

4. What is the history of this strategy in the community? (i.e., Has this strategy been implemented before in the community? Is it a continuation of an existing strategy? Is it an expansion of an existing strategy? Is it a brand new strategy?)

    This is a new initiative for Washington County. The idea of peer support is a new concept both to clinicians in Washington County and insurers who cover Washington County residents. Until the recent passage of the mental health levy, there has not been funding for sustainable peer recovery services. Currently there are 3 peer recovery support specialists (PRS) in Washington County and those individuals have been working in the County for less than one year. Two of the three PRS are located at the municipal court and one is located at Life and Purpose Behavioral Health Services.

5. What agency/organization will implement the strategy? Why is this agency/organization taking the lead on this strategy?

    Washington County Behavioral Health Board, Washington County Health Department, AmeriCorps/VISTA.

6. How will this strategy be funded and what is the anticipated cost associated with the strategy? (Please specify source of funds – grant, general revenue, in-kind support, etc.; funding agency/organization if applicable; etc.).

    AmeriCorps- train and sustain 2 peer recovery supporters from our community health worker group, match and travel = $15,000 through HRSA implementation funding. In-kind support from the Board of Behavioral Health will support training of recruited peer supporters.

7. Where will it be implemented?

Currently anticipating Oriana House and Drug Court as sites to implement peer recovery services (pent up demand with these two specific partners and others asking for access to low cost peer recovery services to pilot in their agency).

8. When will it be implemented?

October 2019- Begin recruiting peer recovery support candidates
October/November 2019-Training for peer recovery supporters will begin.
November/December 2019- Peer recovery support services will begin to be piloted.

9. How will it be implemented?

Washington County Health Department– will take the lead in developing the PRS model utilizing AmeriCorps and will assist with placing these members at venues so that sites can become familiar to working with PRS at low cost.

10. What challenges and/or barriers do you expect to encounter when implementing the strategy?

Relapse is common and behavioral change in a population that may be resistant to maintaining recovery is challenging.

11. How does the proposed strategy impact affordability and/or accessibility of services delivered to the priority population?

Allows clinicians low cost support for expanded peer recovery services, increases access for Washington County recovery residents a wider range of recovery support services in the County.

12. How does the proposed strategy contribute to eliminating or reducing cost of treatment for uninsured or underinsured patients?

If this is effective, it has the potential to reduce treatment relapse rates, thereby reducing the cost of treatment services to Washington County residents. It may also eliminate economic and social costs of relapse with sustained recovery.

Demonstrate a Conceptual Fit with the Community's Opioid-Related Priorities (250 words or less)

How is the strategy relevant to the data from your needs assessment?

Directly noted in our Community Health Assessment under "what's not going so well in Washington County" is our County's limited to nonexistent addiction recovery services. Partners express pent up demand for access to pilot peer recovery supports with low cost to amplify clinical and cost outcomes and support treatment and recovery services to our OUD/SUD residents in Washington County.

Demonstrate a Practical Fit: Theoretical "if-then" Proposition

Please include the "if-then" proposition for this strategy from your coalition/group's strategic plan map.

If we develop a national service model through AmeriCorps for peer recovery support services, then we can expect to develop the workforce infrastructure necessary for peer recovery support services.

If we develop the workforce infrastructure for peer recovery support services, then we can increase the number of peer recovery services offered in Washington County as evidenced by HUB Partnership data.

If we increase the number of peer recovery services offered in Washington County, then we can expect a reduction in relapse and OUD deaths as evidenced by data from the Coroner's Office

Demonstrate a Cultural Fit (250 words or less)

Based on the results of your needs assessment, how does this strategy align with the needs of the population? Think about the following:

- Why are you choosing this specific strategy for this specific population?
- How does your workforce/partnerships/collaborations for this project reflect the needs of the population?

We have demonstrated remarkable success using Community Health Workers with diabetes. The most effective CHWs are ones who come from the community they serve, and the power is not in education, but in the relationship that is built between the patient and the CHW. The same model may work very well for individuals in recovery. We want to train AmeriCorps members (in recovery for at least 18 months) to be Peer Recovery Supporters and to work with a Behavioral Health Provider to help support individuals in recovery. PRSs come from the community they will be serving, have shared experience, and can provide hope for recovery.

Demonstrate a High Likelihood of Sustainability within the Community (250 words or less)

How will the opioid ecosystem sustain this strategy in the community? Please consider the following resources: time, money, human resources, political support, etc.

We would like to utilize our willing insurance partners to demonstrate clinical and cost outcomes to drive future reimbursement for sustainability of services. Demonstrating success at new venues on how to effectively utilize PRS would lead to sustained positions in behavioral health, primary care, and drug court agencies. Access to AmeriCorps members makes implementation, piloting, and sustainability more viable at low cost.

Demonstrate Effectiveness (What is the evidence that the strategy will work?)

A. If you are implementing a **workforce development or infrastructure development strategy**, please place an "X" next to the description that best fits the strategy:

- ☐ This is not a workforce development of infrastructure development strategy.
- ☐ Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.
- ☐ Improve education in treatment of opioid use disorder for health care providers.
- ☐ Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting
- ☐ Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms
- ☐ Improve access, availability, and distribution of overdose-reversing drugs
- ☐ Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.
- ☐ Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.
- ☐ Increase access, availability, and provision of supportive housing for individuals in recovery
- ☐ Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)
- ☐ **Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.**

Evaluation

1. Please describe your intervening variable and your outcome variable and how you will track outcomes and demonstrate success. Please indicate any quantitative or qualitative measures you will be tracking.

Intervening Variable – number of venues offering peer recovery services utilizing AmeriCorps, number of recovery services rendered in Washington County

Outcome Variable – percentage of insured population at high risk for relapse and OUD deaths.

2. Who will collect and analyze data?

    BHB/AmeriCorps program to collect number of services; insurer partners to track high risk relapse rates; Corner's office to track OUD deaths and fatality report.

3. How the data will be shared and with whom?

    Data will be shared at monthly HUB meetings.

4. What costs are associated with the evaluation and how will the evaluation be funded? If there are no costs, please explain why there are no costs.

    There will be costs to evaluate, but they should be minimal. Most of the work collecting data will be done by our insurance partners. There will be costs locally to coordinate the work of the payers and to supply them with participating member information. Those will be estimated as the project develops further.

Action Planning: Theory of Action

Please detail the action steps necessary to implement this strategy. Please be as specific as you can! This section will provide a roadmap for your implementation team to ensure high-quality implementation of the selected strategy. Please add rows as necessary by right-clicking on the last row and selecting "Insert" then "Insert Rows Below". For additional technical assistance on how to insert rows in Microsoft Word, please see the following video: https://support.office.com/en-us/article/video-add-and-delete-table-rows-and-columns-490e418e-cb57-40da-8d5b-b722a5da891f

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
BHB to offer training for PRS	October 2019	October 2019	Hilles Hughes/Miriam Keith	Training records
AmeriCorps members come on board	September 2019	November 2019	Richard Wittberg	Project/WCHD records
AmeriCorps placement at selected agencies	November 2019	December 2019	Richard Wittberg	Project/WCHD records
WCHD to develop National Service Model	September 2019	July 2020	Shaeleigh Sprigg Richard Wittberg	Documentation of model
Monitoring of NSM	November 2019	July 2022	Richard Wittberg Drug Court Life and Purpose	Project/WCHD records
Establish effective oversight for AmeriCorps PRS	November 2019	Ongoing	Richard Wittberg	Project/WCHD records

Conclusion

COP-RCORP is focused on selecting evidenced-based strategies that are culturally competent and sustainable at a community level. The COP-RCORP initiative used a strategic planning process grounded in a theory of change (logic model) and a systematic strategic planning framework to guide this process. Using such a process results in each consortium having a high propensity for successfully reaching outcomes by ensuring that strategy selection is tied to data at a local level. Each local consortium developed five strategic plan maps to connect the information from their needs assessment to the strategies that make the most sense for their community related to prevention (supply reduction, demand reduction, and harm reduction), treatment, and recovery. In developing these plans, local consortia determined the root causes of opiate use-related issues in each of these five areas and were able to identify evidence-based solutions that were linked directly to community-specific and culturally relevant contexts.

APPENDIX

Crosswalk of COP-RCORP Strategic Plan Documents and HRSA NOFO Requirements

RCORP-P **Strategic Plan** Map: *Insert Content Area Here*

Statement of how the plan is related to at least one of the HRSA RCORP-Planning Goals:

1. Prevention: reducing the occurrence of opioid use disorder among new and at-risk users, as well as fatal opioid-related overdoses, through activities such as community and provider education, and harm reduction measures including the strategic placement and use of overdose reversing devices, such as naloxone, and syringe services programs;

2. Treatment: implementing or expanding access to evidence-based practices for opioid addiction/opioid use disorder (OUD) treatment, such as medication assisted treatment (MAT), including developing strategies to eliminate or reduce treatment costs to uninsured and underinsured patients; and

3. Recovery: expanding peer recovery and treatment options that help people start and stay in recovery.

Write 1-3 sentences here to support how this plan is connected to HRSA's RCORP-P Goals.

Population of Focus:
Briefly describe the demographics of the population of focus for this strategic plan.

HRSA NOFO Bullet 1:
Gaps in the OUD prevention, treatment (including MAT), and/or recovery services and access to care identified in the analysis.
For more detail on the gap and a full gap analysis, please see the Needs Assessment.

Theory of Community Change to Meet a Gap in [Prevention, Treatment, or Recovery Supports]:
This box will summarize your theory of change and your outcomes in words using "if …. then" statements.

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)		Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome (There may be ONLY one OUD outcome listed!)	**Causal Factor** (There may be ONLY one causal factor listed!)	**Root Cause** (There may be ONLY one root cause listed!)	**Evidence-Informed Strategy(ies)**	**Lead Partner(s) for Strategy & Approximate Budget**	**Key Activities and Time Line**	Outcome for the **Root Cause** (Shorter-term Outcomes)	Outcome for the **Causal Factor** (Mid-term Outcome)	**Opioid Use Disorder** Outcome (Long-term Outcome)
Description of **Opioid Use Disorder Outcome** (In Words)	Description of **Causal Factor** (In Words)	Description of **Root Cause** (In Words) The **root cause** must be directly related to the **causal factor**.	Insert the evidence-informed strategy(ies) the team has selected to address **Root Cause**. There should be 1:1 correspondence between **Root Cause** and strategy. A brief description of each strategy should be provided (100 words or less). This will support external partners in understanding the strategy. Consider writing an abstract based upon the response to question #3 on the Strategy Description form.	Identify the lead partner for executing the strategy and the approximate budget for implementing the strategy to address the **Root Cause**. Don't forget to include any partners who are supporting the strategy with in-kind or alternatively funded activities. This box should give the overall cost of the strategy, not just what is proposed with HRSA funding.	Identify the key activities for external stakeholders to know the general gist of the implementation process and approximate timeline for the strategy to be implemented. Remember, the full implementation details, including process indicators will be provided in the Strategy Description Form.	This box should detail the desired outcome the <u>strategy</u> selected will have on the root cause. Remember that the *outcome associated with the root cause should directly impact the causal factor*.	This box should detail the desired outcome that addressing the root cause will have on the causal factor. Remember that the *outcome associated with the causal factor should directly impact the OUD outcome*.	This box should focus on one of the three **OUD Outcomes** goals put forth by HRSA RCORP-P Initiative. These goals are detailed in the top box of this template.
Data to Support **Opioid Use Disorder Outcome** Please include the source of the data and the year(s) the data was collected.	Data to Support **Causal Factor** Please include the source of the data and the year(s) the data was collected.	Data to Support **Root Cause** Please include the source of the data and the year(s) the data was collected.	**HRSA NOFO Bullet 2**: Evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with opioid overdose in rural communities *For more details on the evidence supporting the strategy/approach, please see the Strategy Description Form that accompanies this document.*			Indicator to Assess **Root Cause** This box should detail how the shorter-term outcome will be measured. If the shorter-term outcome is not or cannot be measured quantitatively, that's ok. Please clearly describe the connection between the strategy and the root cause.	Indicator to Assess **Causal Factor** This box should detail how the mid-term outcome will be measured. It is essential that the causal factor is measured quantitatively.	Indicator to Assess **Opioid Use Disorder Outcome** This box should detail how the long-term outcome will be measured. It is essential that the opioid use disorder outcome is measured quantitatively.

Coalition/Group Name: Insert Here
County: Insert Here
Date Submitted: Insert Here
Date Reviewed: Insert Here

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COP-RCORP Strategy Description Form

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Overview of the Strategy (Please answer each question using 100 words or less for each response.)

Using the results of your needs assessment as a guide, please provide a concise description of your strategy including the following twelve (12) elements:

1. Who is the intended recipient (priority population) of this strategy?

Please type your response here.

2. How will you address the unique needs of the service population?

Please type your response here.

3. What is the strategy that will be implemented?

Please type your response here.

> **HRSA NOFO Bullet 2:**
> Evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with opioid overdose in rural communities

4. What is the history of this strategy in the community? (i.e., Has this strategy been implemented before in the community? Is it a continuation of an existing strategy? Is it an expansion of an existing strategy? Is it a brand new strategy?)

Please type your response here.

5. What agency/organization will implement the strategy? Why is this agency/organization taking the lead on this strategy?

Please type your response here.

6. How will this strategy be funded and what is the anticipated cost associated with the strategy? (Please specify source of funds – grant, general revenue, in-kind support, etc.; funding agency/organization if applicable; etc.).

Please type your response here.

> **HRSA NOFO Bullet 5:**
> Plans to leverage existing federal, state, and local OUD resources and to secure community support

7. Where will it be implemented?

Please type your response here.

8. When will it be implemented?

Please type your response here.

9. How will it be implemented?

Please type your response here.

10. What challenges and/or barriers do you expect to encounter when implementing the strategy?

Please type your response here.

11. How does the proposed strategy impact affordability and/or accessibility of services delivered to the priority population?

Please type your response here.

12. How does the proposed strategy contribute to eliminating or reducing cost of treatment for uninsured or underinsured patients?

Please type your response here.

Demonstrate a Conceptual Fit with the Community's Opioid-Related Priorities (250 words or less)

How is the strategy relevant to the data from your needs assessment?

Please type your response here.

Demonstrate a Practical Fit: Theoretical "if-then" Proposition

Please include the "if-then" proposition for this strategy from your coalition/group's strategic plan map.

Please type your response here.

Demonstrate a Cultural Fit (250 words or less)

Based on the results of your needs assessment, how does this strategy align with the needs of the population? Think about the following:

- Why are you choosing this specific strategy for this specific population?
- How does your workforce/partnerships/collaborations for this project reflect the needs of the population?

Please type your response here.

Demonstrate a High Likelihood of Sustainability within the Community (250 words or less)

How will the opioid ecosystem sustain this strategy in the community? Please consider the following resources: time, money, human resources, political support, etc..

Please type your response here.

Demonstrate Effectiveness (What is the evidence that the strategy will work?)

A. If you are implementing a **workforce development or infrastructure development strategy**, please place an "X" next to the description that best fits the strategy:

☐ This is not a workforce development of infrastructure development strategy.
☐ Expand evidence-based treatment for opioid use disorder, including MAT and
☐ Improve education in treatment of opioid use disorder for health care providers.
☐ Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting
☐ Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms
☐ Improve access, availability, and distribution of overdose-reversing drugs
☐ Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.
☐ Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.
☐ Increase access, availability, and provision of supportive housing for individuals in recovery

☐ Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)

☐ Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.

B. For **any other strategy**, please describe the evidence or support for documented effectiveness to select the intervention and include it in the COP-RCORP strategic plan. And complete the supplemental document.

1. Is the strategy included in Federal registries of evidence-based interventions?
    a. Yes or No
    b. If yes, please provide supporting documentation. Please type your response here or you may attach any additional information.
    c. If no, please continue to question 2.
2. Has the strategy been reported (with positive effects on the priority targeted outcome) in peer reviewed journals?
    a. Yes or No
    b. If yes, please list supporting documentation. Please type your response here or you may attach any additional information.
    c. If no, please continue to question 3.
3. Does the strategy have documented effectiveness supported by other sources of information and the consensus judgement of informed experts as described in the following set of guidelines, *all of which must be met*:
    a. Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model.
        i. Please provide supporting documentation. Please type your response here or you may attach any additional information.
    b. Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
        i. Please provide supporting documentation. Please type your response here or you may attach any additional information.
    c. Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects.
        i. Please provide supporting documentation. Please type your response here or you may attach any additional information.
    d. Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.
        i. Please provide supporting documentation. Please type your response here or you may attach any additional information.

Evaluation

5. Please describe your intervening variable and your outcome variable and how you will track outcomes and demonstrate success. Please indicate any quantitative or qualitative measures you will be tracking.

Please type your response here.

6. Who will collect and analyze data?

Please type your response here.

7. How the data will be shared and with whom?

Please type your response here.

8. What costs are associated with the evaluation and how will the evaluation be funded? If there are no costs, please explain why there are no costs.

Please type your response here.

Action Planning: Theory of Action

Please detail the action steps necessary to implement this strategy. Please be as specific as you can! This section will provide a roadmap for your implementation team to ensure high-quality implementation of the selected strategy. Please add rows as necessary by right-clicking on the last row and selecting "Insert" then "Insert Rows Below". For additional technical assistance on how to insert rows in Microsoft Word, please see the following video:
https://support.office.com/en-us/article/video-add-and-delete-table-rows-and-columns-490e418e-cb57-40da-8d5b-b722a5da891f

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		

HRSA NOFO Bullet 6:
Concrete strategies for implementing the identified evidence-based, promising, and innovative practices after the project year ends.