C O P - R C O R P

Communities of Practice for Rural Communities Opioid Response Program

Core Activity 3: Strategic Plan

Fairfield County, Ohio

Fairfield County Opiate Task Force

Fairfield County Alcohol, Drug Addiction and Mental Health (ADAMH) Board

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Strategic Plan

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

Fairfield County Opiate Task Force

Fairfield County Alcohol, Drug Addiction and Mental Health (ADAMH) Board

September 29, 2019

Grantee Organization	Ohio University Voinovich School of Leadership and Public Affairs
Grant Number	G25RH32459-01-02
Address	Building 21, The Ridges, Room 204, 1 Ohio University, Athens OH 45701-2979
Service Area	Fairfield County, OH in HRSA-designated rural census tracts (39045030900, 39045031000, 39045031100, 39045031200, 39045031300, 39045031400, 39045031500, 39045031600, 39045031700, 39045032000, 39045032100, 39045032200, 39045032300, 39045032500)

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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 Ohio University's Voinovich School of Leadership and Public Affairs (OHIO) and the Pacific Institute for Research and Evaluation (PIRE) braided together funding from two separate awards (grants G25RH32459-01-02 and G25RH32461-01-06, respectively). OHIO and PIRE 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/
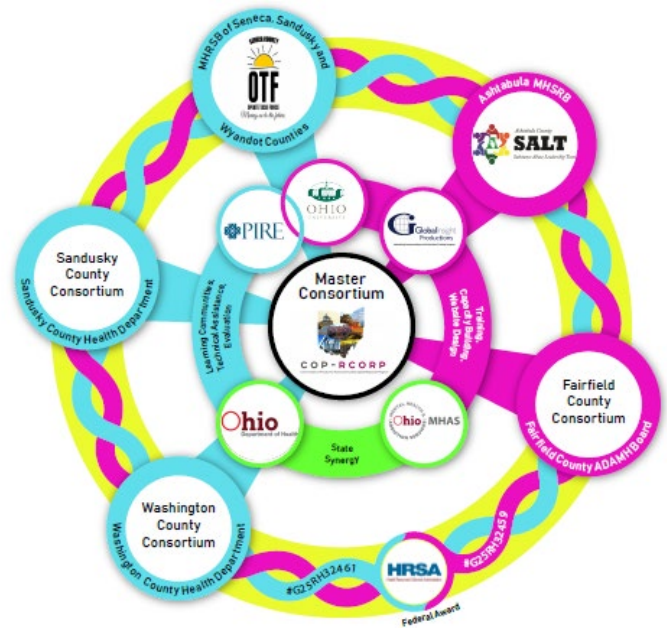

Figure 1. CoP-RCORP Organizational Chart.

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.

Fairfield County Opiate Task Force Strategic Plan to Address Opioid Use Disorder

The Fairfield County Opiate Task Force's Strategic Plan consists of five strategic plans encompassing prevention (supply reduction, demand reduction, and harm reduction), treatment, and recovery. 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 educate adults about how to properly dispose of prescription drugs in order to reduce youth access to prescription opioids and reduce OUD deaths.

Theory of Change:
- If we educate the community including parents and grandparents how to dispose of prescription opioid medications, then we can expect that youth will have less access to prescription opioid medications.
- If we reduce access to prescription opioid medications that aren't prescribed for them then we can expect a reduction in youth consumption of opioid medications.
- If we decrease youth consumption of opioid medications that aren't prescribed for them, we will reduce opioid use disorder deaths.

Prevention – Demand Reduction
Goal:
- This plan proposes a strategy to implement evidence-based school prevention programs in school districts in order to increase perception of risk and decrease use/misuse of prescription drugs among youth.

Theory of Change:
- If evidence-based prevention programs are implemented for youth in Fairfield County, then youth will maintain and or increase their knowledge of risks related to the use and or misuse of prescription medications.
- If youth know the risks of using prescription drugs, we can expect a reduction in the use of prescription drugs.

- If we reduce the use of prescription drugs by youth, then we can expect a reduction in opioid use disorder deaths as evidenced by the Fairfield Department of Health.

Prevention – Harm Reduction

Goal:
- This plan proposes a strategy to increase access to and distribution of Narcan in rural areas of Fairfield County to contribute to the reduction of fatal opioid-related overdoses.

Theory of Change:
- If the ADAMH Board and Project FORT host townhall meetings in each of the designated rural areas to distribute Narcan, then there will be an increase in the number of community events in designated rural areas where Narcan is handed out.
- If there is an increase in the number of community events in designated rural where Narcan is handed out, then there will be an increase in access to Narcan in designated rural areas.
If there is an increase in access to Narcan in designated rural areas, then there will be a reduction of fatal opioid-related overdoses (OUD deaths).

Treatment

Goal:
- This plan proposes a strategy to incorporate more complementary evidence-based practices by MAT providers in order to improve treatment outcomes and expand access to evidence-based practices for OUD treatment.

Theory of Change:
- If we educate/train ADAMH Network of Care providers in the most effective evidence-based practices available in the treatment of persons with substance use disorders (including opiate use disorders), then we will have positive treatment outcomes.
- If we have positive treatment outcomes, then Fairfield County will experience fewer OUD deaths.

Recovery

Goal:
- This plan proposes a strategy to increase awareness of Peer Support and the number of Certified Peer Supporters in order to expand recovery services to Fairfield County's rural areas.

Theory of Change:
- If we implemented a strategic advertising campaign for information on Peer Support and Peer Support Training, then there will be an increase in advertising of Peer Support and Peer Support Trainings in Fairfield County.
- If there is an increase in advertising of Peer Support and Peer Support Training, then there will be an increase in the number of Peer Supporters certified in Fairfield County.
- If there is an increase in the number of Peer Supporters certified in Fairfield County, then we can expect a reduction in opiate use disorder deaths.

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 reducing the supply of opiates in Fairfield County in an effort to reduce opioid use disorder deaths.

Population of Focus:
The population of focus will be adults in Fairfield County in zip codes 43107- Bremen, 43112 – Carroll, 43130 – Lancaster, 43148 – Pleasantville, 43150 – Rushville and 43155 – Sugar Grove

Theory of Community Change:
If we educate the community including parents and grandparents how to dispose of prescription opioid medications, then we can expect that youth will have less access to prescription opioid medications.
If we reduce access to prescription opioid medications that aren't prescribed for them then we can expect a reduction in youth consumption of opioid medications.
If we decrease youth consumption of opioid medications that aren't prescribed for them, we will reduce opioid use disorder deaths.

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 Cause (Shorter-term Outcomes)**	**Outcome for the Causal Factor (Mid-term Outcome)**	**Opioid Use Disorder Outcome (Long-term Outcome)**
A. Reduce opioid consumption among Fairfield County Youth B Opioid Use Disorder deaths have been rising in recent years.	Fairfield County youth report easy access to prescription drugs.	Lack of proper prescription medication disposal by adults in Fairfield County.	This strategy is a community-based prevention to teach adults in the rural zip code areas 43107- Bremen, 43112 – Carroll, 43130 – Lancaster, 43148 – Pleasantville, 43150 – Rushville and 43155 – Sugar Grove about how to Secure, Monitor and Dispose of Prescription Drugs. This will be done by having community townhall meetings in each of the villages. Informational rack cards will be distributed along with Deterra Bags and Lock Box door prize giveaway.	The lead partner in this strategy is the Fairfield County Opiate Task Force, Prevention/Education Subcommittee 2000 Rack Cards -$750 Lock Boxes to give out as door prizes – 100 at $50.00 each = $5000.00 Dettera Bags – in kind by Interact for Change	Planning the Townhall Meetings with Opiate Task Force members will start October 2019. Meeting and discussion with Village towns people or township trustees to schedule – November 2019 Townhall meetings will take place in the zip code areas January 2020 – June 2020.	Increase community education on proper disposal of prescription medications.	Reduce the percentage of youth reporting that they know how to access prescriptions drugs	A. Reduced opioid consumption among Fairfield County Youth B. Reduced Opioid Use Disorder deaths as measured by the Fairfield County Department of Health.
A. Fairfield County youth past 30 days misuse of prescription drugs. 12th graders	As reported in the 2018 Fairfield County Youth Behavior Survey, 35.1% of Fairfield County High School Seniors and 37% of Fairfield County High School Sophomores know how to obtain prescription drugs.	2016 Community Health Status Assessment, Fairfield County Adults reported they did the following with their prescription medications:				Data Source – The Fairfield County Community Health Status Assessment.	Data Source – The Fairfield County Youth Behavior Survey	A. Data Source – The Fairfield County Youth Behavior Survey

A. Fairfield County youth past 30 days misuse of prescription drugs. 12th graders
2018 – 0.8%
2016 – 1.0%
2014 - 0.4%
2012 – 2.4%
2010 – 5.7%

Data Source – The Fairfield County Youth Behavior Survey

B. Number of OUD deaths in the rural zip codes of 43107, 43112, 43130, 43148, 43150, and 43155 combined.
2017 – 17
2016 – 13
2015 – 6
2014 – 5
2013 – 7
2012 – 10
2011 – 7
2010 – 11

Data Source – Fairfield County Department of Health

As reported in the 2018 Fairfield County Youth Behavior Survey, 35.1% of Fairfield County High School Seniors and 37% of Fairfield County High School Sophomores know how to obtain prescription drugs.

Data Source – Fairfield County Youth Behavior Survey

2016 Community Health Status Assessment, Fairfield County Adults reported they did the following with their prescription medications:
19% threw in the trash
18% took as prescribed
16% flushed down the toilet
14% kept it
8% took to a medication collection program
4% took to Take Back Days
3% took to Sherriff's office
2% kept in a locked cabinet
1% sold it

Data Source – 2016 Community Health Status Assessment

B. Data Source – Fairfield County Department of Health.

Coalition/Group Name: Fairfield County Opiate Task Force/Fairfield County ADAMH
County: Fairfield County
Date Submitted: August 8, 2019
Date Reviewed: September 18, 2019

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COP-RCORP Strategy Description Form
Prevention - Supply Reduction

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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?

   Adults who do not know how or have means to dispose of prescription drugs safely and properly.

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

   We will go to the villages to present information on how to properly secure, monitor and dispose of prescription drugs.

3. What is the strategy that will be implemented?

   The Opiate Task Force members will share if they have a relationship with any residents in the rural zip codes we are working with. Through those relationships we will schedule a townhall meeting. If Task Force members do not know anyone in those communities the Mayor or Township Trustees will be contacted to schedule a meeting.
   We are designing a rack card which explains safe disposal options for prescription medications as well as for sharps. We will distribute Deterra bags both in medium and large sizes. We will purchase lock boxes to give away as a door prize so that people can store opiates and other prescriptions in a secure manner.

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?)

   The Opiate Task Force has done four Community meetings in the past two years. The meetings have been done in different locations. All four meetings have been well attended and successful in getting information out to community members.

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

   The Fairfield County Opiate Task Force will take the lead on this strategy along with the Fairfield County ADAMH Board staff.

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 strategy may be funded through the Fairfield County ADAMH Board and other organizations. A request can be made through the Fairfield County Foundation to fund some of the items. The cost includes the rack cards - 2000 rack cards at $750.00, 100 Lock Boxes - $50.00/box = $5000, and Deterra Bags at no cost through Interact for Change.

7. Where will it be implemented?

   In Fairfield County in zip codes 43107- Bremen, 43112 – Carroll, 43130 – Lancaster, 43148 – Pleasantville, 43150 – Rushville and 43155 – Sugar Grove

8. When will it be implemented?

   Planning the Townhall Meetings with Opiate Task Force members will start October 2019.
   Meeting and discussion with Village towns people or township trustees to schedule – November 2019
   Townhall meetings will take place in the zip code areas January 2020 – June 2020.

9. How will it be implemented?

   The Opiate Task Force members will share if they have a relationship with any residents in the rural zip codes we are working with. Through those relationships we will schedule a townhall meeting. If Task Force members do not know anyone in those communities the Mayor or Township Trustees will be contacted to schedule a meeting.

   We are designing a rack card which explains safe disposal options for prescription medications as well as for sharps. We will distribute Deterra bags both in medium and large sizes. We will purchase lock boxes to give away as a door prize so that people can store opiates and other prescriptions in a secure manner.

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

    One challenge will be to locate funding for this strategy. We have a number of volunteers to be a part of the townhall meetings and provide resources, but it is difficult to find funding.

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

    The proposed strategy will take place in the communities of the targeted zip code areas. The Opiate Task Force will take the information to them and distribute Deterra bags at no cost to participants, so the affordability and accessibility will be much easier for the community members.

12. How does the proposed strategy contribute to eliminating or reducing cost of treatment for uninsured or underinsured patients?
    Each year drug abuse and addiction costs our country nearly $193 billion in preventable health care, law enforcement, crime and other costs. Every dollar invested in research-based drug use/abuse prevention programs, strategies and activities has the potential to create savings in the economy. Evidence-based primary prevention, to stop substance use before its starts, is cost-effective, with research showing that, for each dollar invested in prevention, between $2 and $20 in treatment and other health costs can be saved. (Swisher, J.D., Scherer and Yin, K. The Journal of Primary Prevention. "Cost-Benefit Estimates in Prevention Research." 25:2, October 2004)

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?

We are lacking data from these specific zip code areas. Most of our data is county wide data.

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 the community including parents and grandparents how to dispose of prescription opioid medications, then we can expect that youth will have less access to prescription opioid medications.
- If we reduce access to prescription opioid medications that aren't prescribed for them then we can expect a reduction in youth consumption of opioid medications.
- If we decrease youth consumption of opioid medications that aren't prescribed for them, we will reduce opioid use disorder deaths.

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 has not been done in the targeted zip codes for this grant. The events that have been done in the past have been successful in education community embers regarding the correct way to secure, monitor and dispose of prescription drugs so that prescription drugs are not sitting in medicine cabinets making easy access foe youth to use or misuse prescription drugs.

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..

By implementing the local townhall meetings we will start to build relationships with the residents of the targeted zip code communities. The Opiate Task Force can continue to provide them with information and resources.

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

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.
- ☐ X 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.

The intervening variable it the lack of proper prescription medication disposal by adults in Fairfield County. The outcome variable is to increase community education on proper disposal of prescription medications as measured by the Fairfield County Community Health Status Assessment. A short survey will be implemented at the end of the townhall meeting to find out if the participants have knowledge about how to properly dispose of prescription medications.

2. Who will collect and analyze data?

Opiate Task Force members will collect the post program survey and ADAMH Board staff will analyze the data.

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

The data from the post program survey will be shared with all committees of the Opiate Task Force.

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 will be associated with the post program survey evaluation. The ADAMH Board will provide the analyzing of the data as an in-kind service.

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		
Planning the townhall meetings in the targeted zip code areas	September 1, 2019	October 31, 2019	Opiate Task Force members	Meeting dates will be set for the six targeted zip code areas
Meeting with village townspeople or township trustees to schedule the townhall meeting	October 1, 2019	November 29, 2019	Opiate Task Force members and people from the targeted zip code areas	Meeting dates and places will be scheduled
Six Townhall meetings will take place in the zip code areas	January 2020	June 2020	Opiate Task Force Members	Townhall meetings will be completed

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 will focus on the root cause and casual factors that make youth use opioids. If we can address the root cause of demand for the drug, then we can ultimately reduce the number of people using opioids and dying from opiate use disorder deaths

Population of Focus:
The population of focus will be school age youth in Fairfield County in zip codes 43107- Bremen, 43112 – Carroll, 43130 – Lancaster, 43148 – Pleasantville, 43150 – Rushville and 43155 – Sugar Grove

Theory of Community Change:
If evidence-based prevention programs are implemented for youth in Fairfield County, then youth will maintain and or increase their knowledge of risks related to the use and or misuse of prescription medications.
If youth know the risks of using prescription drugs, we can expect a reduction in the use of prescription drugs.
If we reduce the use of prescription drugs by youth, then we can expect a reduction in opioid use disorder deaths as evidenced by the Fairfield Department of Health.

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 Cause** (Shorter-term Outcomes)	Outcome for the **Causal Factor** (Mid-term Outcome)	**Opioid Use Disorder** Outcome (Long-term Outcome)
Opioid Use Disorder deaths have been rising in recent years.	Fairfield County youth past 30-day use of prescription drugs	Youth are using prescription drugs because their perception of risk associated with prescription drug use is decreasing.	Implement evidence-based school prevention programs in the school districts in the rural areas of zip codes 43107- Bremen, 43112 – Carroll, 43130 – Lancaster, 43148 – Pleasantville, 43150 – Rushville and 43155 – Sugar Grove. The specific program/s will be decided in collaboration with The Recovery Center Prevention Staff.	The lead partners will be the ADAMH Board Prevention Coordinator, the Recovery Center Prevention Staff and the targeted schools. Approximated budget - $55,000	September 2019 – December 2019 – cultivate relationships with the lead partners and decide on specific EBP. January 2020 – May 2020 Implement EBP June 2020 – Evaluate EBP	Maintain and Increase youth knowledge regarding the risks associated with the use and or misuse of prescription drugs as measured by the Fairfield County Youth Behavior Survey.	Reduction in the use of prescription drugs by youth as measured by the Fairfield County Youth Behavior Survey	Reduce Opioid Use Disorder deaths
Number of Opioid Use Disorder deaths in the rural zip codes of 43107, 43112, 43130, 43148, 43150, and 43155 combined. 2017 – 17 2016 – 13 2015 – 6 2014 – 5 2013 – 7 2012 – 10 2011 – 7 2010 – 11 Data Source – Fairfield Department of Health	Fairfield County youth past 30 days use of prescription drugs. 12th graders 2018 – 0.8% 2016 – 1.0% 2014 - .4% 2012 – 2.4% 2010 – 5.7% Data Source – Fairfield County Youth Behavior Survey	Fairfield County youth perception of risk of prescription drugs is decreasing. 12th graders Prescription Drugs combining no risk and slight risk 2018 – 13.9% 2016 – 11.2% 2014 – 10.9% Data Source – Fairfield County Youth Behavior Survey				Data Source – Fairfield County Youth Behavior Survey	Data Source – Fairfield County Youth Behavior Survey	Data Source – Fairfield Department of Health

Coalition/Group Name: Fairfield County Opiate Task Force/Fairfield County ADAMH
County: Fairfield County
Date Submitted: August 8, 2019
Date Reviewed: September 18, 2019

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COP-RCORP Strategy Description Form
Prevention - Demand Reduction

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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?

   The intended recipients are school age youth in Fairfield County zip codes 43107- Bremen, 43112 – Carroll, 43130 – Lancaster, 43148 – Pleasantville, 43150 – Rushville and 43155 – Sugar Grove

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

   The unique needs of school age youth will be met by using age appropriate evidence-based prevention curriculums.

3. What is the strategy that will be implemented?

   Implement evidence-based school prevention programs in the school districts in the rural areas of zip codes 43107- Bremen, 43112 – Carroll, 43130 – Lancaster, 43148 – Pleasantville, 43150 – Rushville and 43155 – Sugar Grove.

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?)

   Some school-based programs have been implemented in the school districts in the targeted zip code areas. This grant will allow an expansion of the school-based programs being offered.

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

   The Recovery Center will implement this strategy. They currently provide evidence-based prevention programs in school districts throughout Fairfield County.

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.).

   At this point in time it is unknown how this program will be funded. The Fairfield County ADAMH Board already funds the Recovery Center to provide school-based prevention services in Fairfield County. The ADAMH Board will discuss with the Recovery Center how prevention services can be matched to the targeted zip code areas and how much funding will be needed.

7. Where will it be implemented?

   The evidence-based school prevention programs will be implemented in the school districts in the rural areas of zip codes 43107- Bremen, 43112 – Carroll, 43130 – Lancaster, 43148 – Pleasantville, 43150 – Rushville and 43155 – Sugar Grove.

8. When will it be implemented?

   During the 2019-2020 school year.

9. How will it be implemented?

   The school grades, buildings and districts in each of the targeted zip codes will be organized as to the most appropriate school-based programs to implement. The ADAMH Board staff will meet with the Prevention Staff at The Recovery Center to come up with a plan to match the EBP with the grade levels and schools.

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

    The challenge will be having the funding to increase school-based programing in the targeted zip code areas. Another challenge will be to have the schools accept the in-school programing. Many times, schools do not want to take away from classroom teaching to have special programs in the schools.

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

    The strategy will be delivered to the schools in the targeted zip code areas at no cost to the schools.

12. How does the proposed strategy contribute to eliminating or reducing cost of treatment for uninsured or underinsured patients?
    These cost-benefit estimates show that effective school-based programs could save $18 for every $1 spent on these programs. (Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis, Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention, DHHS Publication No. (SMA) 07-4298 Printed 2008)

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?

The strategy to implement prevention education programs is connected to the Fairfield County Opiate Task Force goal to reduce opioid use disorder deaths and the data from our need's assessment which includes Fairfield County high school seniors perception of risk associated with the use of prescription drugs and past 30 day use of prescription drugs.

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 evidence-based prevention programs are implemented for youth in Fairfield County, then youth will maintain and or increase their knowledge of risks related to the use and or misuse of prescription medications.
- If youth know the risks of using prescription drugs, we can expect a reduction in the use of prescription drugs.
- If we reduce the use of prescription drugs by youth, then we can expect a reduction in opioid use disorder deaths as evidenced by the Fairfield Department of Health.

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?

The strategy to implement an EBP in the targeted zip code areas in order to maintain and increase knowledge related to the risks of use and or misuse of prescription drugs among youth. Fairfield County youth perception of risk of prescription drugs is decreasing as reported in the Fairfield County Youth Behavior Survey - 12th graders

Prescription Drugs combining no risk and slight risk
2018 – 13.9%, 2016 – 11.2%, 2014 – 10.9%

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.

There are two components that are vital to sustain evidence-based programs in the schools, funding and positive outcomes. The Fairfield County ADAMH Board must be able to demonstrate measurable positive beneficial outcomes in order to support the requests for future funding.

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

Please describe the evidence or support for documented effectiveness to select the intervention and include it in the HRSA strategic plan. And complete the supplemental document.
1. Is the strategy included in Federal registries of evidence-based interventions?
   a. Yes
   b. Prevention education programs are evidence-based interventions. Please see Studying Implementation Quality of a School-Based Prevention Curriculum in Frontier Alaska: Application of Video-Recorded Observations and Expert Panel Judgement. https://www.ncbi.nlm.nih.gov/pubmed/20358287
2. Has the strategy been reported (with positive effects on the priority targeted outcome) in peer reviewed journals?
   a. Yes, participating youth were less likely to use prescription drugs. Please see Studying Implementation Quality of a School-Based Prevention Curriculum in Frontier Alaska: Application of Video-Recorded Observations and Expert Panel Judgement. https://www.ncbi.nlm.nih.gov/pubmed/20358287

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.
      Please refer to Studying Implementation Quality of a School-Based Prevention Curriculum in Frontier Alaska: Application of Video-Recorded Observations and Expert Panel Judgement. https://www.ncbi.nlm.nih.gov/pubmed/20358287; which indicates the curriculum constitutes a modified form of the Personal Intervention Curriculum, a research-based drug prevention curriculum.

   b. Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
      Please refer to Studying Implementation Quality of a School-Based Prevention Curriculum in Frontier Alaska: Application of Video-Recorded Observations and Expert Panel Judgement. https://www.ncbi.nlm.nih.gov/pubmed/20358287 Yes, there are now several federal registries that identify prevention programs that have been evaluated with methodological rigor and have yielded positive behavioral effects.

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.

> Please refer to Studying Implementation Quality of a School-Based Prevention Curriculum in Frontier Alaska: Application of Video-Recorded Observations and Expert Panel Judgement. https://www.ncbi.nlm.nih.gov/pubmed/20358287. The intervention is supported by documentation that it has been effectively implemented and yielded positive behavioral effects.

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.

> Please refer to the following website (pg. 20); in which it is a recommended strategy by the Substance Abuse and Mental health Services Administration (SAMHSA) https://www.edc.org/sites/default/files/uploads/preventing-prescription-drug-misuse-strategies

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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.

Interventing variables:

- How closely did the implementation match the plan?
- What types of changes were made to the original proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention?

Outcome variables:

- To what extent did this strategy increase awareness related to risk associated with the use of prescription drugs?

Outcome monitoring and demonstrate success:

- Analysis and comparison of RCORP baseline data and outcome data
- Year-to-year period analysis and comparison of outcome date

Quantitative measures:

- Total number of youth served via prevention education programs
- Youth perception of risks associated with the use of prescription drugs
- Youth past 30 day us of prescription drugs

2. Who will collect and analyze data?

The Fairfield County ADAMH Board will collect the data and analyze the data.

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

The data will be shared with the Fairfield County ADAMH Board, Opiate Task Force members and the community.

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 no cost for the data collection and analysis. The ADAMH Board will provide that service in-kind.

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		
The lead partners, the ADAMH Board, Opiate Task Force, The Recovery Center Prevention Staff and led school administrators will decide on the prevention programs to be implemented in the grade levels and what school districts	September 2019	December 2019	T. Ashton Prevention Coordinator, Fairfield County ADAMH Board	The prevention programs matched with the schools and grade levels will be completed
Implement the EBP in the schools	January 2020	May 2020	The Recovery Center Prevention Staff	Programs to be implemented and pre and posttests to be implemented
Evaluation of the EBP	May 2020	June 2020	T. Ashton, Prevention Coordinator, Fairfield County ADAMH Board	Evaluation results to be collected and reviewed

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 the distribution of Narcan in rural areas of Fairfield County to contribute to the reduction of fatal opioid-related overdoses.

Population of Focus:
Community members of Fairfield County's designated rural areas

Theory of Community Change:
If the ADAMH Board and Project FORT host townhall meetings in each of the designated rural areas to distribute Narcan, then there will be an increase in the number of community events in designated rural areas where Narcan is handed out. If there is an increase in the number of community events in designated rural where Narcan is handed out, then there will be an increase in access to Narcan in designated rural areas. If there is an increase in access to Narcan in designated rural areas, then there will be a reduction of fatal opioid-related overdoses (OUD deaths).

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)**
Reducing OUD deaths	There is low access to Narcan in designated rural areas	There have been few events in designated rural areas where Narcan was handed out	ADAMH Board and Project FORT will host townhall meetings in each of the designated rural area communities including Lancaster for a total of 6 meetings. Each attendee will be given Narcan by Project FORT and trained on how to use it.	Lead Partners: • Project FORT • Fairfield County ADAMH Board Approximate Budget: • Narcan – Total: $15,750 ~$75 per kit	1. (October 2019) Set up 6 Narcan trainings for SFY 2019 in each of the Fairfield County designated communities during their townhall meetings 2. Host 6 community events at townhall meetings by the end of SFY 2019 to conduct trainings 3. Project FORT will handout Narcan to each person who attends	Increase number of townhall meetings attended in designated rural areas to provide education, conduct Narcan trainings and hand out free Narcan.	Increase access to Narcan in designated rural areas	Decrease OUD deaths
Number of Opioid Use Disorder deaths in the rural zip codes of 43107,43112,43130,43148,43150, and 43155 combined. 2017-17 2016-13 2015-6 2014-5 2013-7 2012-10 2011-7 2010-11 Source: Fairfield County Department of Health	70 Narcan kits were handed out at 2 community events for SFY 2018. One in Lancaster and one in Bloom Carroll 74 doses were administered in SFY 2019 Source: Fairfield County ADAMH Board Lancaster Fire Department	2 community events where Narcan was handed out were held in SFY 2018 in Lancaster and Bloom Carroll Source: Fairfield County ADAMH Board				Number of community events where Narcan is handed out per year and the number of people attending the events. Source: Fairfield County ADAMH Board	Number of Narcan kits handed out to people per year and the number of people attending the events. Source: Fairfield County ADAMH Board Lancaster Fire Department	Number of OUD deaths per year Source: Fairfield County Department of Health

Coalition/Group Name: Fairfield County Opiate Task Force/Fairfield County ADAMH
County: Fairfield County
Date Submitted: August 9, 2019
Date Reviewed: September 18, 2019

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COP-RCORP Strategy Description Form
Prevention – Harm Reduction

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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?

Community members of Fairfield County's designated rural areas

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

Provide trainings at community meetings and hand out free Narcan to attendees

3. What is the strategy that will be implemented?

ADAMH Board and Project FORT will host townhall meetings in each of the designated rural area communities including Lancaster for a total of 6 meetings. Each attendee will be given Narcan by Project FORT and trained on how to use it.

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 strategy has been done before but only 2 community events were held in SFY 2018 for Lancaster and Bloom Carroll, two of the designated rural communities.

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

The Fairfield County ADAMH Board will implement this strategy. The Board has hosted Narcan trainings before and has worked with other community agencies and organizations to implement them.

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.).

This will either be funded by grant money or ADAMH will fund it

7. Where will it be implemented?

It will be implemented in each of the 6 designated rural communities in Fairfield County

8. When will it be implemented?

Starting October 2019.

9. How will it be implemented?

ADAMH host 6 community events during townhalls in each of the designated rural areas and will have Project FORT implement the training and hand out Narcan

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

Creating contacts with the individual community and scheduling

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

The proposed strategy will take place in the communities of the targeted zip code areas. The Opiate Task Force will take the information to them and each attendee will be provided Narcan at no cost, so the affordability and accessibility will be much easier for the community members.

The US Surgeon General, Dr. Jerome Adams, recently released an advisory on naloxone and opioid overdose. In his advisory, Dr. Adams writes:

"For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, knowing how to use naloxone and keeping it within reach can save a life."

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

This strategy may not reduce or eliminate the cost of treatment but it can assist people with Substance Use Disorder to get the treatment they need.

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?

In 2017, there was an increase in OUD Deaths and overdoses for these 6 designated rural areas combined. Narcan is available through a few avenues but there has not been a large effort made to make Narcan readily available for community members in the designated rural areas besides Lancaster.

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 the ADAMH Board and Project FORT host townhall meetings in each of the designated rural areas to distribute Narcan, then there will be an increase in the number of community events in designated rural areas where Narcan is handed out.
- If there is an increase in the number of community events in designated rural where Narcan is handed out, then there will be an increase in access to Narcan in designated rural areas.
- If there is an increase in access to Narcan in designated rural areas, then there will be a reduction of fatal opioid-related overdoses (OUD deaths).

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?

Increasing access and use among community members will greatly reduce overdose deaths in these communities. We are going to the communities directly rather than having them try to come to us to gain access to this resource.

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 ADAMH Board will utilize community events such as townhalls to conduct trainings. This will increase guarantee that community members will attend.

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

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
X Improve access, availability, and distribution of overdose-reversing drugs

Clark, A. K., Wilder, C. M., & Winstanley, E. L. (2014). A Systematic Review of Community Opioid Overdose Prevention and Naloxone Distribution Programs. *Journal of Addiction Medicine, 8*(3), 153-163. doi:10.1097/adm.0000000000000034

Substance Abuse and Mental Health Services Administration. (2017, May 23). Examples of Community- and State-level Logic Models for Addressing Opioid-related Overdose Deaths. Retrieved August 8, 2019, from https://mnprc.org/wp-content/uploads/2019/01/sample-opioid-logic-models-overdose-death.pdf

Banjo, O., Tzemis, D., Al-Qutub, D., Amlani, A., Kesselring, S., & Buxton, J. A. (2014, July 22). A quantitative and qualitative evaluation of the British Columbia Take Home Naloxone program. Retrieved August 7, 2019, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4183165/

Mcdonald, R., & Strang, J. (2016). Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria. *Addiction, 111*(7), 1177-1187. doi:10.1111/add.13326

Walsh, L. (2019, April 11). Naloxone. Retrieved August 8, 2019, from https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone

☐ 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.

Our intervening variable is "There is low use/access of Narcan in designated rural areas." We will be tracking if there is an increase use/access of Narcan in designated rural areas by tracking the number of Narcan kits handed out to people per year and the number of Narcan doses administered per year in Fairfield County.

2. Who will collect and analyze data?

The Fairfield County ADAMH Board and the Lancaster Fire Department

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

The data will be shared via Opiate Task Force meetings to members

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 no cost because data will be collected by the ADAMH Board itself since it is administering the program and the Lancaster Fire Department does not charge.

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		
1. Set up 6 Narcan trainings for SFY 2019 in each of the Fairfield County designated communities during their townhall meetings	October 2019		Fairfield County ADAMH Board	Scheduling documents
2. Host 6 townhall meetings by the end of SFY 2019 to conduct trainings	Ongoing, as scheduled by community leaders		Fairfield County ADAMH Board	Meeting logistics, Event completion log
3. Project FORT will handout Narcan to each person who attends training/townhall meeting	Will occur on dates scheduled by community leaders		Project FORT	Event completion log
4. Record number of Narcan kits handed out	Will occur at each event		Fairfield County ADAMH Board/Project FORT	Event completion log

Fairfield County ADAMH Board/Opiate Task Force
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.   Fairfield County ADAMH Network of Care has significantly increased the number of MAT providers from one to three agencies. We need to increase the number of Evidence Based practices that compliment and support MAT so that the clinical work being done is fully Evidence Based. This project will expand access to evidence-based practices for opioid addiction/opiate use disorder treatment.

Population of Focus:
This population of focus will be adults from age 18 and over in Fairfield County in zip codes 43107-Bremen, 43112-Carrol, 43130-Lancaster, 43148-Pleasantville, 43150-Rushville and 43155 Sugar Grove

Theory of Community Change:
If we educate/train ADAMH Network of Care providers in the most effective Evidence Based practices available in the treatment of persons with substance use disorders (including opiate use disorders), then we will have positive treatment outcomes.   If we have positive treatment outcomes then Fairfield County will experience fewer OUD deaths.

Community Logic Model – Theory of Change			Theory of Action			Measurable Outcomes		
Opioid Use Disorder Outcome	**Causal Factor**	**Root Cause**	**Evidence-Informed Strategy(ies)**	**Lead Partner for Strategy & Approximate Budget**	**Time Line**	Outcome for the **Root Cause** (Shorter-term Outcomes)	Outcome for the **Causal Factor** (Mid-term Outcome)	**Opioid Use Disorder (Long Term Outcome)**
Opiate Use disorder deaths have been rising in recent years.	Poor treatment outcomes such as relapse contribute to OUD deaths.	Lack of training in comprehensive treatment approaches for OUD (including cognitive behavioral therapy, motivational interviewing, etc.) among MAT providers contributes to poor treatment outcomes such as relapse.	Educate and train clinicians at each of our ADAMH Network of Care MAT providers so that they will begin utilizing complimentary counseling services to support the MAT program.	Patricia Waits, Program Coordinator for ADAMH Treatment Providers: The Recovery Center, OhioGuidestone, New Horizons Budget: TBD based upon EBPs selected	8/19 – 9/19: Select EB Strategies 1/20 – 3/20 Train in EB Strategies 3/20 – 5/20 Fidelity Checks as needed for EB Strategies 5/20 Full implementation with data collection for evaluation	Clinicians will be trained in evidence-based complimentary counseling services to support the MAT program.	Improved treatment outcomes.	Reduce Opioid Use Disorder deaths as measured by the Fairfield County Department of Health.
Number of Opioid Use Disorder deaths in the rural zip codes of 43107,43112,43130,43148,43150, and 43155 combined. 2017-17 2016-13 2015-6 2014-5 2013-7 2012-10 2011-7 2010-11 Data Source - Fairfield County Department of Health	Data Source – Qualitative feedback from Fairfield County prescribers from ADAMH providers and the substance abuse treatment programming attached to the MAT providers. Year Two of the MAT/PDOA grant projects.	The Recovery Center provided 522 persons MAT services in SFY 2019 In SFY 2018 they provided 197 persons. They served 1,556 men in Intensive Outpatient Services and 1,519 women along with serving 1,354 persons with SUD assessments and facilitating additional groups for1,086 persons in outpatient counseling, aftercare, and peer support services. They currently only offer MAT as an Evidence Based Practice. Source: Recovery Center SFY 2019 Fourth Quarter report to the ADAMH Board. OhioGuidestone is in the final 2 months of the Year Two implementation of MAT services. They will continue these services in Year Three through the MAT/PDOA dollars. To date they have enrolled 71 persons in MAT services. In the Lancaster office, which is where the persons in the zip codes listed would be served, they only offer MAT as an Evidenced Based practice. They do, however, offer Outpatient services, aftercare, and peer support. Source: OhioGuidestone GPRA's completed through Wright State University as a requirement for the MAT/PDOA dollars. New Horizons is in the final 2 months of the Year Two Implementation of MAT services through the MAT/PDOA grant dollars and they have treated 18 to date. They offer outpatient services and peer support. They offer an Evidenced Based Employment program for persons experiencing or having a severe MH issue, and some of these persons do have a dual diagnosis of Opiate Use Disorder. However, for the treatment that accompanies the MAT services they use no specific evidence-based approach. Source: New Horizons				An increase in Evidence Based practices supporting the MAT prescribers in Fairfield County as measured by the number of Evidenced Based Practices in the Fairfield County ADAMH Network of Care.	Data Source – Number of individuals experiencing poor treatment outcomes such as relapse Specific measure TBD based upon EBPs selected.	Data Source – Fairfield Department of Health

Coalition/Group Name: Fairfield County Opiate Task Force/Fairfield County ADAMH
County: Fairfield County
Date Submitted: August 8, 2019
Date Reviewed: September 18, 2019

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COP-RCORP Strategy Description Form
Treatment

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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?

Adults in Fairfield County who are experiencing opiate addiction or opiate use disorder.

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

This population is being served through a combination of services with three substance abuse service providers- The Recovery Center, OhioGuidestone, and New Horizons. They are the Medication Assisted Treatment Providers in the ADAMH Network of Care.

3.   What is the strategy that will be implemented?

Our strategy is to provide training in additional Evidence Based Practices which will complement and support the MAT services. The providers are considering which Evidence Practice they would like to train in and implement. For example, The Recovery Center works very closely with the Fairfield County Municipal Court and is interested in the "Matrix Intensive Outpatient Treatment". New Horizons in looking into an Evidence Based practice to equal or complement the Supportive Employment program that they are currently using with persons having severe and persistent mental illness. OhioGuidestone works a great deal with persons who have experienced trauma and is considering and researching a couple of programs that are Evidenced Based.

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?)

Fairfield County has been successful in increasing the number of MAT providers and services in the county. We do offer services of Intensive Outpatient, Outpatient, Aftercare, Peer Support. However, we are interested in expanding the available Evidenced Based services that will most compliment the MAT programs and expand our overall services to persons experiencing opiate addiction and opiate use disorders.

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

The Fairfield County Opiate Task Force and the Fairfield County ADAMH Board

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 costs for this strategy have not been determined yet because the providers still need to send us the number of staff they want to have trained and the specific programs they are choosing to be trained in and to implement. This information will be forthcoming. Fairfield County ADAMH Board levy funds can also be used to supplement the costs of this strategy.

7. Where will it be implemented?

The Recovery Center, New Horizons, and OhioGuidestone are all located in Lancaster- the 43130-zip code. Persons of focus from the zip codes will have direct access to these services.

8. When will it be implemented?

1) The providers and currently researching the potential Evidence Based programs they are interested in. 2) This information, along with the costs and number of staff, and a dateline of training and implementation will be sent to the ADAMH Board 3) The ADAMH Board will send this information to the HRSA R-CORP grant staff 4) Once the plan and the funds have been approved the training will be facilitated and implemented. 5) The providers will keep records of the trainings attended, steps in the implementation of the program, completion of these steps, etc. so that by the end of the federal grant year everyone has been trained and ready to implement the new program.

9. How will it be implemented?

See above response

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

Some Evidence Based programming is more costly than others. Most require a series of steps in order to achieve and maintain fidelity to the model. This will require extra staff time and supervision for the providers, and hence potential additional dollars from the ADAMH Board in order to complete successfully. We do anticipate that the Fairfield County Opiate Task Force will be 100% in favor of the projects, but since ADAMH Board levy dollars may be needed, it will require getting the ADAMH Board members to agree to supplement some of the costs.

The providers will need to monitor closely to ensure that they are willing to follow through with each step of creating a program that is respectful of the fidelity of the model. Sometimes non-profit community providers may, in order to "cut costs" reduce the number of staff required, or the supervision hours required, etc. We want this Evidence Based Programming to have all elements of an effective program.

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

We know that currently the only Evidence Based Practice for SUD/OUD in our county at this time is the actual MAT services themselves. The Intensive Outpatient, Outpatient, and other accompanying services need correspond and be the most effective approaches available. In implementing the strategy of increasing Evidence Based Practices among our SUD/OUD providers, we are ensuring that the services are easily accessible to persons with opiate use disorder. It is also worth noting that Evidence Based Practices produce outcomes which are clear and easily identifiable both for the provider and for the client. Thus, continuing unnecessary treatment services will no longer be a common practice. This will save costs for providers and for clients.

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

Programs that adopt EBTs improve revenue flows by attracting new clients and by drawing referrals and funding from sources that require the use of interventions with proven efficacy. The Fairfield County ADAMH Board provides funding to assist persons with SUD/OUD who are uninsured or underinsured. However, it is necessary locally, statewide, and federally to be able to demonstrate effective outcomes. EBT's are able to do this. An EBT-related outlay that is paid from a program's operating surplus represents an opportunity cost, since the program has the option to use that money to pursue its aims in any way it chooses—such as to expand its present services or lower patient fees.

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?

The first step for our Fairfield County Opiate Task Force in the area of treatment was to increase the number of providers who offer MAT in the county. That has successfully happened. Now we want to expand the approach to include Evidence Based Practices which complement and support the MAT services. This will allow us to offer a full continuum of care for persons with opiate addiction or opiate use disorder. It will continue to expand our partnerships with the Municipal, Family, and Common Pleas Drug Courts, as well as ensure that persons leaving the Fairfield County Jail who are receiving Peer Support to guide them to SUD providers, have a wider range of services to led people to. We know that not every size fit all when it comes to substance abuse treatment, and there is a high rate of "failing" or "dropping out" of particular programs if there is not a unified approach. Our system will allow for a much wider range of choices for consumers.

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/train ADAMH Network of Care providers in the most effective Evidence Based practices available in the treatment of persons with substance use disorders (including opiate use disorders), then we will have positive treatment outcomes.
- If we have positive treatment outcomes then Fairfield County will experience fewer OUD deaths.

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 know that we have a demonstrated need for MAT services in the county and for the Intensive Outpatient, Outpatient, Aftercare, and Peer Support Services that support MAT. We also know that persons with opiate addiction and opiate use disorder tend to need more than one attempt at treatment before they are successful. We believe that in offering more Evidence Based practices within the county our SUD programming will be more effective in helping consumers. Our partnerships with the Courts, the Jail, the various providers involved, and others on our Opiate Task Force, allow for a more comprehensive amount of feedback and collaboration then if only the ADAMH Board alone attempts to make an impact on the opiate problem. The three treatment providers we have identified as a part of this strategy have been working successfully on increasing MAT services in Fairfield County. They have a history of wanting to improve their services at any given opportunity.

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.

Once the providers have clinicians trained, they will need to anticipate that some of these clinicians will move on. Part of the sustainability needs to include a way for them to continue to have staff trained and experienced in whatever Evidence Based Practice they decide to implement. This will require some support by the ADAMH Board and willingness to use levy funds where best leveraged with other grant monies. It will require that the courts, jails, and other partners on the Fairfield County Opiate Task Force all agree that this is a priority. Since it is much easier to produce successful outcomes with implantation of an Evidence Based practice, there will be data to support the effectiveness and helpfulness of these programs. This is consistent with the direction that the ADAMH Board is headed. Our Prevention Programming is all Evidenced Based. Our desire is to have all our treatment programming be Evidenced Based as well. This project is a start in that direction.

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

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.

☐   **X** 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.

The outcomes will be tracked through the providers first choosing a specific program that staff will be trained in and then consequently implement. 2) There are various steps in fidelity to the models that each provider will need to meet and report to the Opiate Task Force 3) Once the program is implemented- the outcomes will be reported to the ADAMH Board.

2. Who will collect and analyze data?

The Fairfield County ADAMH Board staff will collect and analyze the data and report out to the Fairfield County Opiate Task Force.

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

The Fairfield County Opiate Task Force will do a report out to the community- including the specific communities of Rushville, Sugar Grove, Carroll, Bremen, and Lancaster.

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 should not be any additional evaluation costs as these would be included in the process of implementing an Evidence Based practice that reflect fidelity to a specific model of treatment.

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		
1) Providers need to research and decide upon which Evidence Based Practice they want to train in and implement.	August 7, 2019	September 15,2019	Patricia Waits, Program Coordinator for ADAMH has sent out requests to the three providers and their clinical directors.	Providers will respond at the latest by Sept. 15, allow time for the Coordinator and rest of R-CORP staff to review and consider.
2) Providers need to notify Fairfield County Opiate Task Force of the EBP they have decided upon, including information about the costs, number of persons to be trained, etc. This will include information regarding partners to be involved such as Municipal, Family, Common Pleas Drug Courts, Fairfield County Jail, other providers, etc.		September 15,2019	The Recovery Center, OhioGuidestone, New Horizons	Providers will have sent the information to R-CORP staff in a timely manner.
3) R-Corp Staff will decide if the requests are compatible with strategy, if funding seems reasonable and obtainable, staff will either notify provider that this strategy will be pursued or advise them to choose another program.	September 15,2019	September 30,2019	R-CORP staff and additional ADAMH staff.	Decision point.
4) Once Training has been identified, and a funding source for the costs has been obtained, provider will reach out to the EBP trainers and make arrangements for the training	January 2020	March 2020	TRC, OG, and NH	Providers will notify R-CORP staff when they need assistance and when this training is planned.
5) Since many EBP's require additional steps before Fidelity to the model is met, those will be shared once they have been identified.	March 2020	March 2020	TRC, OG, and NH	Providers will notify R-CORP staff when they need assistance and when this training is planned.

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
6) Providers will notify R-CORP staff and Fairfield County Opiate Task Force when programs will be up and running so that promotional materials can be developed and sent out to the various zip codes.	May 2020	June 2020	TRC, OG, and NH	Notification process.
7) Fairfield County Opiate Task Force will discuss how to promote the new programming within the county, specifically in the smaller communities. A plan for promotion will be implemented	May 2020	June 2020	Fairfield County Opiate Task Force, ADAMH Board Public Relations Coordinator, R-CORP staff	R-CORP staff will collect data regarding work around this promotion
8) Each provider involved will report outcomes to the Fairfield County ADAMH Board on a quarterly basis	As soon as program is implemented		R-CORP staff will be collected and analyzed by ADAMH Board Program Coordinator and shared with the Fairfield County Opiate Task Force on an annual basis	

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 the increase of Certified Peer Supporters in order to expand recovery services to Fairfield County's rural areas.

Population of Focus:
Individuals who have lived experience of OUD and are in recovery and are interested or could become interested in becoming Certified Peer Supporters in Fairfield County

Theory of Community Change:
If we implemented a strategic advertising campaign for information on Peer Support and Peer Support Training, then there will be an increase in advertising of Peer Support and Peer Support Trainings in Fairfield County.
If there is an increase in advertising of Peer Support and Peer Support Training, then there will be an increase in the number of Peer Supporters certified in Fairfield County.
If there is an increase in the number of Peer Supporters certified in Fairfield County, then we can expect a reduction in opiate use disorder deaths.

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)
Opioid Use Disorder deaths have been rising in recent years.	There is a Low number of Peer Supporters certified in Fairfield County	There is not enough advertising on what Peer Support is or how to become a Peer Supporter	Update Peer Support Training Pamphlet and create flyers. Create and conduct a social media campaign. Directly advertise to people who have lived experience of OUD and are in recovery at the Fairfield Mental Health Consumer Group, Ohio University-Lancaster, and any other agency or organization that have people in recovery.	Lead Partners: • Fairfield County Opiate Task Force • Fairfield Mental Health Consumer Group	• (September 30, 2019) Update Brochure • (September 30, 2019) Create flyers and other advertising	Increase advertising for Peer Support and Peer Support Training	Increase in number of Peer Supporters certified in Fairfield County	Reduce Opioid Use Disorder deaths
Number of Opioid Use Disorder deaths in the rural zip codes of 43107, 43112, 43130, 43148, 43150, and 43155 combined. 2017 – 17 2016 – 13 2015 – 6 2014 – 5 2013 – 7 2012 – 10 2011 – 7 2010 – 11	Number of Certified Peer Supporters in Fairfield County: 23 as of July 2019 Number of people who attended Peer Support training in Fairfield County March, 2019: 14 people	There is only one Fairfield County Peer Support Training Brochure and it is outdated. There has been minimal social media advertising and no flyers have been created or utilized.		Approximate Budget: • Brochures- $500 • Training- $3000 • Food for Training- $1500	• (October 18, 2019 & dates for any upcoming events) Handout information at events and organizations • (October 18, 2019) Post advertising in agency buildings • (October 31, 2019) Create a social media campaign • Training will be held March 9-13, 2020	Number of advertising at organizations, events, and online Data Source – Fairfield County ADAMH Board	Number of Peer Supporters certified in Fairfield County per year Number of people that attend Peer Support training Data Source – Ohio Mental Health & Addiction Services, Peer Support Certification Database. Collected July 2019 Fairfield County ADAMH Board	Number of OUD deaths per year Data Source – Fairfield County Department of Health
Data Source – Fairfield Department of Health	Data Source – Ohio Mental Health & Addiction Services, Peer Support Certification Database. Collected July 2019 Fairfield County ADAMH Board	Data Source – Fairfield County ADAMH Board						

Coalition/Group Name: Fairfield County Opiate Task Force/Fairfield County ADAMH
County: Fairfield County
Date Submitted: August 8, 2019
Date Reviewed: September 18, 2019

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COP-RCORP Strategy Description Form
Recovery Supports

</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?

Individuals who have lived experience of OUD and are in recovery and are interested or could become interested in becoming Certified Peer Supporters in Fairfield County

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

Although they are at different points in the process of recovering from a substance use disorder, each is expressing a need for some form of social support to help them through the process. Equally important, each is also a potential source of social support for others. Persons experiencing Opiate Use Disorder benefit from Recovery Supports such as Peer Support because they carry around a great deal of shame and stigma associated with having the problem.

Sharing problems with someone who is in recovery is not as difficult for many people as sharing it with someone who has never had the problem. This is demonstrated through the success of twelve steps programs such as Alcoholics Anonymous and Narcotics Anonymous.

The peer recovery support services help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Because they are designed and delivered by peers who have been successful in the recovery process, they embody a powerful message of hope, as well as a wealth of experiential knowledge. The services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery.

3. What is the strategy that will be implemented?

Update Peer Support Training Pamphlet and create flyers. Create and conduct a social media campaign. Directly advertise to people who have lived experience of OUD and are in recovery at the Fairfield Mental Health Consumer Group, Ohio University-Lancaster, and any other agency or organization that have people in recovery.

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 continuation and expansion of a strategy. Before there was minimal advertising but this strategy will increase that to recruit more people into becoming peer supporters

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

The ADAMH Board

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.).

This strategy will be funded by either grant money or ADAMH funds

7. Where will it be implemented?

Peer support services will be advertised throughout Fairfield County including the targeted zip code areas. If a person in recovery does not have transportation, it will be provided to the candidate.

8. When will it be implemented?

Starting September 2019. The training will take place March 9-13th 2020

9. How will it be implemented?

The Consortium will create a plan to update the advertising and plan the Peer Support Training

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

Reaching people who may not have access to social media

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

Embedded in the shared values of peer recovery support services is a philosophy of self-direction, choice, and empowerment. The many pathways to recovery are acknowledged, the person seeking recovery is assumed to be fully capable of making informed choices, and his or her preferences are respected. Improved outcomes are particularly notable when peer support services are provided to people with chronic conditions that require long-term self-management. Thus, the peer recovery support services stand in a long, well-documented, and copied evidence-based tradition. Peer recovery support services can fill a need long recognized by treatment providers for services to support recovery after an individual leaves a treatment program.

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

These services are proving to be very adaptable, operating within diverse populations, stages of recovery, pathways to recovery, service settings, and organizational contexts. Notably, they build on resources that already exist in the community. They are less expensive and sometimes free to persons in 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?

There is an increasing number of overdose deaths in the designated rural areas. Peer supporters will help people through recovery and reduce the chance of a relapse which can lead to an overdose.

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 implemented a strategic advertising campaign for information on Peer Support and Peer Support Training, then there will be an increase in advertising of Peer Support and Peer Support Trainings in Fairfield County.
- If there is an increase in advertising of Peer Support and Peer Support Training, then there will be an increase in the number of Peer Supporters certified in Fairfield County.
- If there is an increase in the number of Peer Supporters certified in Fairfield County, then we can expect a reduction in opiate use disorder deaths.

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 will create more of an awareness for people in the community that peer support training is available in this community. Otherwise, they might not have known and may have to go out of county which can cost added expenses such as gas. The OTF is aware that peer support is a part of the recovery process and without it persons suffering from OUD have an increased risk of overdosing.

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.

There will always be a need for agencies and persons in recovery for peer support and so there will be people who are qualified and would need training. Because of this there will always be demand for Peer Support Training in Fairfield 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

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

Chinman, M., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Swift, A., & Delphin-Rittmon, M. E. (2014, April 01). Peer support services for individuals with serious mental illnesses: Assessing the evidence. Retrieved August 8, 2019, from https://www.ncbi.nlm.nih.gov/pubmed/24549400

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https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf

Peers for Progress. (n.d.). Global Evidence for Peer Support: Humanizing Health Care. Retrieved August 8, 2019, from http://peersforprogress.org/wp-content/uploads/2014/09/140911-global-evidence-for-peer-support-humanizing-health-care.pdf

Chinman, M., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Swift, A., & Delphin-Rittmon, M. E. (2014, April 01). Peer support services for individuals with serious mental illnesses: Assessing the evidence. Retrieved August 8, 2019, from https://www.ncbi.nlm.nih.gov/pubmed/24549400

Bowles, C. (2019, July 19). Peers. Retrieved August 8, 2019, from https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

☐ 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.

There are a low number of Peer Supporters certified in Fairfield County. This can be tracked through Ohio Mental Health and Addiction Service's certified Peer Supporter Database and the attendance of the Fairfield County Peer Support training.

2. Who will collect and analyze data?

Ohio Mental Health and Addiction Services and the ADAMH Board

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

OhioMHAS makes their database available online.

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 are no costs since certified peer supporters are tracked for free on the OhioMHAS website and it costs the ADAMH board nothing to track training attendance.

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		
Update Brochure	August, 2019	September 30, 2019	ADAMH Board	
Create flyers and other advertising	August, 2019	September 30, 2019	ADAMH Board	
Handout information at events and organizations	October 18, 2019 & dates for any upcoming events	Ongoing	ADAMH Board/FMHCG	
Post advertising in agency buildings	October 18, 2019	Ongoing	ADAMH Board/FMHCG	
Create and implement a social media campaign	October 31, 2019	Ongoing	ADAMH Board	
Conduct Peer Support Training	March 9, 2020	March 13, 2020	ADAMH Board/FMHCG/OhioMHAS	

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 strategy 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.				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.

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.

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

COP-RCORP Strategy Description Form

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:

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

Please type your response here.

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

Please type your response here.

15. What is the strategy that will be implemented?

Please type your response here.

> **HRSA NOFO Bullet 2:**
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16. 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.

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

Please type your response here.

18. 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

19. Where will it be implemented?

Please type your response here.

20. When will it be implemented?

Please type your response here.

21. How will it be implemented?

Please type your response here.

22. 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.

> **HRSA NOFO Bullet 3**:
> Affordability and accessibility of services to the target population

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

Please type your response here.

> **HRSA NOFO Bullet 4**:
> Strategies to eliminate or reduce costs of treatment for uninsured and underinsured patients

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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.

> **HRSA NOFO Bullet 1**:
> Gaps in the OUD prevention, treatment (including MAT), and/or recovery services and access to care identified in the analysis.

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.

> **HRSA NOFO Bullet 1**:
> Gaps in the OUD prevention, treatment (including MAT), and/or recovery services and access to care identified in the analysis.

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.

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

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:

> **HRSA NOFO Bullet 2:**
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☐ 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 CCIM4C strategic plan. And complete the supplemental document.

4. 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.

5. 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.

6. 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.