



# COP - R C O R P

Communities of Practice for Rural Communities Opioid Response Program

## ***Core Activity 3: Strategic Plan***

**Seneca County, OH**

**Seneca County Opiate Task Force**

**Mental Health and Recovery Services  
Board of Seneca, Sandusky and Wyandot Counties**

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### **Acknowledgements**

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

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## Strategic Plan

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

#### Seneca County Opiate Task Force

#### Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties

**September 29, 2019**

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# Introduction

## RCORP-Planning

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

The overall goal of the planning phase of the RCORP initiative is to reduce the morbidity and mortality associated with opioid overdoses in high-risk rural communities by strengthening the organizational and infrastructural capacity of multi-sector consortiums to address prevention, treatment, and recovery. Under the one-year planning initiative, grantees are required to complete five core activities. The third core activity is to complete a comprehensive strategic plan that addresses gaps in OUD prevention, treatment, and recovery. This report contains the local consortia’s comprehensive strategic plan from the planning phase.

## COP-RCORP Consortium

The Communities of Practice for Rural Communities Opioid Response Program (COP-RCORP) Consortium was created in 2018 when the Pacific Institute for Research and Evaluation (PIRE) and Ohio University’s Voinovich School of Leadership and Public Affairs (OHIO) and braided together funding from two separate awards (grants G25RH32461-01-06 and G25RH32459-01-02 respectively). PIRE and OHIO then offered equitable access to five backbone organizations in the rural communities of: Ashtabula, Fairfield, Sandusky, Seneca, and Washington Counties. An organizational chart of the braided COP is presented in Figure 1 for quick reference. More information about the organizational structure, co-developmental process, and shared economy may be found on the project website:

<https://www.communitiesofpractice-rcorp.com/>

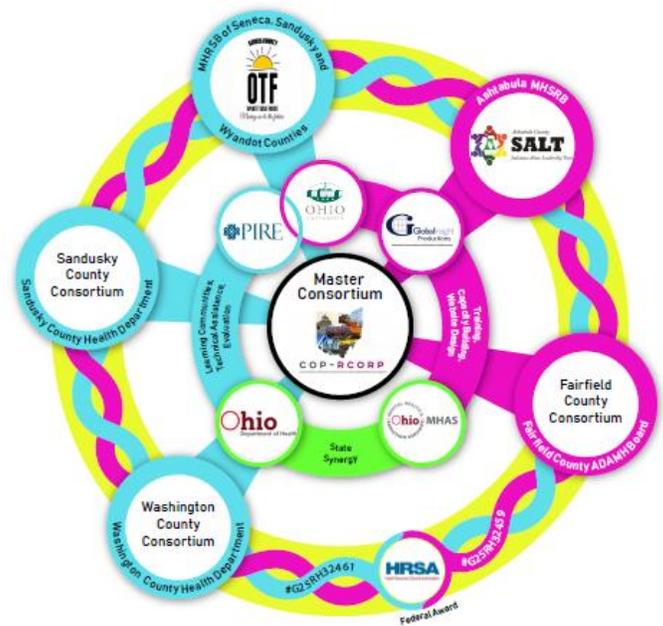


Figure 1. CoP-RCORP Organizational Chart.

## **COP-RCORP Strategic Planning Approach**

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

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

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

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

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

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

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

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

## **Seneca County Opiate Task Force Strategic Plan to Address Opioid Use Disorder**

The Seneca 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 reduce access to prescription drugs of abuse in order to reduce the occurrence of opioid use disorders among new and at-risk users.

#### Theory of Change:

- If we increase community members’ knowledge of how and where to dispose of prescription medications in Seneca County, then adults in Seneca County will dispose of their unused prescription medications more frequently.
- If adults in Seneca County properly dispose of their unused medications more frequently, then there should be a reduction in access to prescription medication.
- If there is a reduction in access to prescription medication, then we should reduce Opioid Use Disorder related deaths.

### **Prevention – Demand Reduction**

#### Goal:

- This plan proposes a prevention education strategy that involves implementing EVERFI’s/Prescription Drug Safety Network’s Prescription Drug Abuse Prevention Course.

#### Theory of Change:

- If we increase knowledge and awareness of risks related to the misuse of prescription opiates among Seneca County youth, then youth in Seneca County will increase their perceptions of risk related to the misuse of prescription medication.
- If we increase perceptions of risks of misusing prescription medication among Seneca County youth, then we can expect decrease of misuse of opiates.

- If we reduce the misuse of opiates by Seneca County youth, then we should see a reduction in opiate use disorder deaths.

### **Prevention – Harm Reduction**

#### Goal:

- This plan proposes a strategy to (1) reduce fatal opioid-related overdoses by ensuring that family members, friends and concerned citizens have access to Naloxone, and (2) decrease and reduce harm to the individual struggling with an opioid addiction until the individual is ready for treatment and/or achieves long-term recovery.

#### Theory of Change:

- If we increase community members' knowledge regarding Naloxone, then more community members will understand how to obtain and use it to reverse overdoses.
- If more community members understand how to obtain and use Naloxone, then more community members will utilize it.
- If more community members utilize Naloxone, then we should see a reduce in Opiate Use Disorder deaths.

### **Treatment**

#### Goal:

- This plan proposes outreach to the Seneca County residents in order to provide information on treatment resources and services to increase resident knowledge of, connection to, and utilization of available services.

#### Theory of Change:

- If we increase access to treatment for adults with OUD, then an increased number of Seneca County adults will access and receive treatment for OUDs.
- If more adults receive treatment for OUDs then there will be a decrease in the number of OUD deaths in Seneca County.

### **Recovery**

#### Goal:

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

#### Theory of Change:

- If we increase the number of Certified Peer Supporters in Seneca County, then adults in Seneca County who have an opioid use disorder will have more peer recovery supports.
- If adults in Seneca County with an opioid use disorder have access to peer recovery supports, then there should be an improvement in sustained treatment outcomes.
- If there is an improvement in treatment outcomes then we should reduce Opioid Use Disorder related deaths.

**CARSA Seneca County  
Strategic Plan Map: Supply Reduction**

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

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

If we increase use of prescription take back boxes by Seneca County residents, there will be less access to prescription medications which should will reduce OUD deaths.

**Population of Focus:**

Adults in Seneca County at risk for storing and keeping unused prescription medications of abuse.

**Theory of Community Change:**

If we increase community members' knowledge of how and where to dispose of prescription medications in Seneca County, then adults in Seneca County will dispose of their unused prescription medications more frequently. If adults in Seneca County properly dispose of their unused medications more frequently, then there should be a reduction in access to prescription medication. If there is a reduction in access to prescription medication, then we should reduce Opioid Use Disorder related 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)
Decreasing OUD Deaths in Seneca County.	Prescription medications, including opiates, are often available for misuse in Seneca County.	Adults often do not dispose of unused medications with one of the appropriate methods.	Improve access to Seneca County's comprehensive and sustainable (i.e., beyond one day events) drug take-back programs. Seneca County's drug take back programs educate adults on the dangers of misuse and also educate adults on how and where to dispose of the medications safely.	The CARSA Coalition will lead this strategy as they have been involved with the marketing and distribution of recent drug disposal information/ campaigns and have the capacity to increase these efforts by updating disposal location information, developing and sharing marketing materials and distributing drug deactivation/ disposal pouches.  This strategy will be funded by in-kind support through the OSS who provides materials free of charge (postcards/posters/billboards/press releases/bookmarks and our community partners who will distribute through their contacts and at local agencies/events. The Ohio's SAFERx Collaborative Grant offers free pouches to local groups valued at \$5.00 per pouch. We will distribute 500 at an approximate materials cost of \$2,500.00	We began to plan for this strategy in Summer 2019 by outreaching to our local law enforcement, area hospitals, pharmacies and physicians as well as the OSS to discuss updating our marketing materials. We plan to receive our updated materials in the Fall of 2019 and prepare for distribution in December 2019 through January of 2020.	Adults in Seneca County will dispose of unused prescription medications with one of the appropriate disposal methods as measured by data from the Seneca County Health Assessment.	There will be a reduction in availability of prescription drugs for misuse.	Reduction in Opioid Use Disorder (OUD) deaths in Seneca County.
The Ohio Department of Health there were 18 Overdose deaths in Seneca County in 2017.	The 2016 Seneca County Health Assessment indicated that 8% of Seneca County adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 16% for residents with incomes less than \$25,000. According to a focus group conducted in December 2018 with Seneca County Adults, prescription medications were readily available in their homes.	The 2016 Seneca County Health assessment indicated that 16% of Seneca County Adults kept their prescription medications. Community feedback includes adults in Seneca County who are not sure of the importance of disposing unused prescription medications and how to properly dispose of unused prescription medications including opiates.				Data source: Seneca Count Health Assessment	Data source: Seneca Count Health Assessment; community focus groups	Data source: Seneca County overdose death data from Seneca County Health Department and the Ohio Department of Health.

**Coalition/Group Name:** CARSA Seneca County  
**County:** Seneca County  
**Date Submitted:** August 9, 2019  
**Date Reviewed:** September 22, 2019

## **COP-RCORP Strategy Description Form**

### **Prevention: Supply Reduction**

<b>Overview of the Strategy (Please answer each question using 100 words or less for each response.)</b>
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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?

Our priority population is adults in Seneca County.

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

We will address the unique needs of our service population by increasing marketing of Drug Take back boxes by providing information on locations and including the importance of medication disposal programs. We will also identify gaps in our more rural areas that may not have access to take back boxes or know of existing locations.

3. What is the strategy that will be implemented?

Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.

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?)

Seneca County has participated in Medication Take Back Days for a number of years and also has partnered with OSS (Solid Waste District) to market our local drug take back boxes that has increased from 1 to 5 in the County. Working with the RSVP (Retired Seniors Volunteer Program) our local coalition has offered drug disposal pouches during our Hidden in Plain Sight exhibit. We intend to expand our marketing to include our newest location as well as partner with Ohio's SafeRx Collaborative to receive pouches and increase the number of partners and outlets for distribution.

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

The CARSA Coalition will lead this strategy, (with the assistance of the opiate task force) as it has been involved with the marketing and distribution of drug disposal information/campaigns and they have the capacity to increase these efforts by updating our location information/marketing materials as well as including the disposal pouches.

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 in-kind support through the OSS who provides materials free of charge (postcards/posters/billboards/press releases/bookmarks) and our community partners who will distribute through their contacts and at local agencies/events. The Ohio's SAFERX Collaborative Grant offers free pouches to local groups valued at 5.00 per pouch x 500=2500.00.

7. Where will it be implemented?

We will implement it throughout all of Seneca County, including two of our largest towns and smaller rural communities.

8. When will it be implemented?

We will begin to plan for this fall of 2019 by outreaching to our local law enforcement, area hospitals, pharmacies and physicians as well as the OSS to discuss updating our marketing materials. We plan to receive our updated materials in the Fall of 2019 and prepare for distribution in December 2019 through January of 2020.

9. How will it be implemented?

It will be implemented by connecting with the local law enforcement agencies and the two hospitals that currently have the drug disposal boxes and working with the OSS to update our materials to include the new location as well as completing a grant request for the disposal pouches. We intend to build on existing partners such as local pharmacies and the Retired Senior Volunteer Program. We also intend to seek new partnerships with agencies who can assist us with distributing the pouches such as the Seneca County Commission on Aging as well as SCAT (Seneca, Crawford Agency Transportation).

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

One barrier may be our inability to reach our rural areas and getting the disposal bags into the hands of persons who may not have access to the take back boxes or know they are available.

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

By increasing the access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs, we will be positively impacting people's access to the means of disposing of medications properly.

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

We do not believe there is a direct correlation between this strategy and reducing the cost of treatment.

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

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

Our 2016 Seneca County Health Assessment data indicates that 16% of adults surveyed said they kept their unused medications with 13% of adults disposing of it in the trash while another 9% disposed of it in the toilet.

**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 there is an increase in use of appropriate disposal methods to dispose of unused medications by adults in Seneca County, then there will be a reduction in the availability of prescription drugs in the home for misuse.

If there is a reduction in the availability of prescription drugs in the home for misuse, then we should see a reduction in Opioid Use Disorder related 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 are choosing this strategy as we believe that by increasing the number of persons aware of alternative disposal methods we will be able to decrease the number of medications left in homes and disposed of improperly. Seneca County has a lengthy history of working collaboratively together and currently there are five groups working to address opiate use in Seneca County. Our intent is to pull these groups together to circulate this information and supply of disposal bags. Also, we have the benefit of two local hospitals who manage and promote their take back boxes so we can include them in the plan to increase the awareness of locations. We will also pull in new partners for this effort, such as the Commission on Aging, local pharmacies and doctors' offices, especially with the disposal pouches.

**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 utilizing our collective impact groups working on the common goal of reducing OUD disorders/deaths we believe that our community has the infrastructure to maintain this strategy. By building on these existing relationships, such as local law enforcement and hospitals (current take back box locations) we do not anticipate expending many resources on time as these locations are already functioning without our efforts. We will though, rely on our partners to step up and promote these boxes in the community (events, health fairs) and on our social media platforms. We receive assistance with our current marketing materials free of charge from our local Solid Waste District. They provide print materials, press releases and billboards on an annual basis which highlights our take back boxes and the importance of proper disposal. We also plan to use the Ohio SafeRx Collaborative Grant to receive free disposal bags to distribute in our community and we think that our partners and community would embrace this effort and step up to assist with distribution.

**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 or infrastructure development strategy.
- Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.
- Improve education in treatment of opioid use disorder for health care providers.
- Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting
- Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms
- Improve access, availability, and distribution of overdose-reversing drugs
- Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.
- Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.**
- Increase access, availability, and provision of supportive housing for individuals in recovery
- Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)
- Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.

## Evaluation

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

Our intervening variable is accessibility of prescription opiates in Seneca County and our outcome is to reduce access to prescription medications that may be misused. We will track this using our Seneca County Health Assessment as a tracking tool for how many persons report keeping their prescription medications and how many report taking to a drop location. We will also track through the Sheriff's Department how many pounds 5 are collected annually as well as how much is collected through Mercy Health Tiffin and Fostoria ProMedica. For the disposal pouches, we will track the number of pouches distributed throughout the county.

2. Who will collect and analyze data?

Local law enforcement (Seneca County Sheriff's Office) is responsible for the collection of the medications from the take back boxes located before they are destroyed, and our two hospitals are responsible for the medication they collect. The data related to the use of the take back boxes will be collected through our Seneca County Health Assessment and analyzed by our Seneca County Health Alliance and shared at our meetings. CARSA will be responsible for keeping track of this information and also the number of disposal pouches distributed.

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

This information will be shared at our CARSA meetings, Opiate Task force meetings and Seneca County Health Alliance meetings. We will also share this information with the community through press releases.

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.

The Seneca County Health Assessment survey already tracks the question about what people do with their unused medication so that will continue to be asked throughout the upcoming assessments. There is no additional cost to have it tracked. As far as how much is collected throughout the year, the Sheriff tracks that when it is collected. There is probably an expense for staffing, but that would not be an additional expense if we were to increase the amount collected through our targeted efforts. To request our partners keep track of the number of pouches distributed may take some staff time, but we would absorb that through our local funds/partnerships.

**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		
Secure drug disposal bags/systems to distribute in the community.	October 2019	November 2019	MHR SB SSW	1000 drug disposal bags/systems will be secured for distribution
Order educational, printed material on safe drug disposal.	October 2019	November 2019	MHR SB SSW	Printed material will be available to distribute in the county.
Contact SCAT, senior citizen programs, food pantries, EMS, volunteer programs to make arrangements for distribution.	September 2019	October 2019	CARSA	A minimum of ten distribution locations/events will be secured.
Distribute 1000 bags, systems in Seneca County.	October 2019	December 2019	CARSA	1000 bags/systems and educational material will be distributed.

**CARSA Demand Reduction  
Strategic Plan Map: Demand Reduction**

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

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

This plan addresses demand reduction of prescription medications in Seneca County and in doing so addresses Opioid Use Disorder (OUD) related deaths. If we are able to address a key root cause of demand reduction by making youth in Seneca County more aware of the risks related to misusing prescription opiates, fewer Seneca County residents will misuse their prescription medications which should in turn reduce OUD deaths.

**Population of Focus:**

Our priority population is school-age youth in grades 9-12 in Seneca County.

**Theory of Community Change:**

If we increase knowledge and awareness of risks related to the misuse of prescription opiates among Seneca County youth, then youth in Seneca County will increase their perceptions of risk related to the misuse of prescription medication. If we increase perceptions of risks of misusing prescription medication among Seneca County youth, then we can expect decrease of misuse of opiates. If we reduce the misuse of opiates by Seneca County youth, then we should see 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)
Decreasing OUD Deaths in Seneca County.	Seneca County youth are misusing or abusing prescription medications (including opiates).	Seneca County youth are unaware of the risks related to misuse of prescription opiates.	We will implement the Prescription Drug Safety Network, EVERFI'S Prescription Drug Abuse Prevention Course. The course will be offered to Tiffin City Schools, Hopewell Loudon, Bridges Academy, North Central Academy and Seneca East schools.	In order to implement the EVERFI program the Mental Health and Recovery Services Board will work with local schools to incorporate this program into their course schedule.  The EVERFI Program is a free, therefore our anticipated cost is low. Since the program will be provided in the schools, it may require school staff time so that could be considered in kind support.	Contact with the schools will be made in the fall of 2019 to discuss the program with plans to get started in the Winter of 2020.	Increase the perception of risk related to the misuse of prescription opiates as measured by the OHYES!	Reduce prescription medication (including opiate) misuse/abuse with youth and adults in Seneca County.	Reduce Opioid Use Disorders (OUD) Deaths in Seneca County.
According to the 2017 Ohio Department of Health there were 18 Overdose deaths in Seneca County.	In the 2016 Seneca County Health Assessment it was reported that 6% of Seneca County youth in grades 9 <sup>th</sup> - 12 <sup>th</sup> used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives.  2.6% of Seneca County youth in grades 9-12 reported misusing prescription drugs not prescribed for them in the past 30 days, according to the 2017 OHYES!	According to the 2018 OHYES! Data, 82.4% of Seneca County Youth reported moderate or great risk in regard to using prescription drugs that are not prescribed to them.				<u>Data Source:</u> OHYES! Survey	<u>Data Source:</u> OHYES! Survey	<u>Data Source:</u> Seneca County Health Department and the Ohio Department of Health.

**Coalition/Group Name:** CARSA Seneca County  
**County:** Seneca County  
**Date Submitted:** August 9, 2019  
**Date Reviewed:** September 22, 2019

**COP-RCORP Strategy Description Form  
Prevention: Demand Reduction**

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

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

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

Seneca County youth in grades 9-12.

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

We will address the needs of youth in grades 9-12 by providing the strategy in their school setting utilizing a digital program that youth in grades 9-12 will be comfortable with. Schools are a natural place for health education to occur, and since our local data indicates low communication about ATOD by parents we can fill the gap with this program for our youth.

3. What is the strategy that will be implemented?

We are going to implement the Prescription Drug Safety Network EVERFI Prescription Drug Abuse Prevention Course.

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 EVERFI program has not been implemented in Seneca County, therefore it is a brand-new strategy to our community. It would, however, be combined with another strategy involving a social media campaign that we are implementing around prescription drug misuse for this priority population. We feel that both of the strategies together could be effective in prevention of prescription drug misuse in Seneca County.

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

The Mental Health and Recovery Services Board of SSW will be taking the lead in working with five of our local schools to implement this program. They have a long history and established relationships with the superintendents and other administration.

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 EVERFI Program is a free program, therefore our anticipated cost is low. Since the program will be provided in the schools, it may require school staff's time so that could be considered in kind support.

7. Where will it be implemented?

We will be outreaching to the area schools who have participated with us through the SPF-PFS process to offer the opportunity to implement it in their districts.

8. When will it be implemented?

Contact with the schools will be made in the fall of 2019 to discuss the program with plans to get started in 2020.

9. How will it be implemented?

In order to implement the EVERFI prescription drug safety program the Mental Health and Recovery Services Board will work with five of our local schools to incorporate this program into their curriculum and course schedules. The Board will work with schools to identify interest and if necessary, provide trainings on the EVERFI Program to school staff.

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

Some schools may not be open to or be able to offer the program to their students. We may be vying for other programs for classroom time.

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

Utilizing the EVERFI program will impact the accessibility of this prevention services for youth in Seneca County. Because this program is school-based, it will provide the opportunity for all school-aged youth to access high-quality school-based prevention services.

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

Although this strategy does not directly impact the cost of treatment in Seneca County, the EVERFI program is a free school-based program. This eliminates the need for anyone needing the prevention service to pay, making it available to all school aged youth. By expanding the reach of prevention services in Seneca County, it is expected that fewer residents will need treatment.

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

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

Our data indicated that there were 18 overdose deaths in Seneca County in 2107. Our 2016 Health Assessment reported that 8% of adults had used medications not prescribed for them or took more than was prescribed to feel good or get high (this % had doubled the past two health assessments) as well as 2.6% of youth reported misusing prescription drugs not prescribed for them in the past 30 days according to the 2017 OHYES!. Also, in 2018 OHYES! data showed that, 82.4% of Seneca County youth reported moderate or great risk in regard to using prescription drugs that are not prescribed to them. Therefore, we believe that implementing an evidenced-based educational program in a high school setting will effectively educate them on safe use of prescription medicines, the risks associated with misuse and refusal skills that promotes a healthy drug free lifestyle.

### **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 increase Seneca County youth knowledge and awareness of the risk related to the misuse of prescription opiates, then youth in Seneca County will be aware of the risks related to the misuse of prescription medication.

If we increase the awareness of the risks of misusing prescription medication, then we should have a decrease of misuse of opiates.

If we have a decrease of misuse of opiates, then we should see 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?

High school students are more likely to engage in information sharing and education through an online digital course developed specifically for this target population and created with them in mind. It is a natural fit with today’s youth 3 learning style. Furthermore, this program aims to address peer relationships, communication, self-efficacy, drug resistance skills as well as reinforcing anti-drug attitudes and strengthening youths’ personal commitments against drug abuse. Our partners on this project will be a natural fit as school districts work to meet the state mandates for opiate education and provide a program to do so.

### **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 Mental Health and Recovery Services Board and the CARSA coalition have developed strong partnerships with local schools as a result of our relationship through the SPF-PFS process. As a result, we believe they will see the value for their students to implement and maintain the program. Due to the fact that there is no associated cost we feel that the schools would be willing to implement and support.

### **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:

**X This is not a workforce development or infrastructure development strategy.**

- Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.
- Improve education in treatment of opioid use disorder for health care providers.
- Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting
- Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms
- Improve access, availability, and distribution of overdose-reversing drugs
- Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.
- Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.

- Increase access, availability, and provision of supportive housing for individuals in recovery
- Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)
- Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.

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

1. Is the strategy included in Federal registries of evidence-based interventions?
  - a. **Yes** or No
  - b. If yes, please provide supporting documentation. EVERFI has a report that can be requested to assist with documentation.
  - c. If no, please continue to question 2.
2. Has the strategy been reported (with positive effects on the priority targeted outcome) in peer reviewed journals?
  - a. Yes or No
  - b. If yes, please list supporting documentation.
  - c. If no, please continue to question 3.
3. Does the strategy have documented effectiveness supported by other sources of information and the consensus judgement of informed experts as described in the following set of guidelines, *all of which must be met*:
  - a. Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model.
 

EVERFI uses an evidence-based, Public Health Model approach to learning. It provides an inclusive experience that recognizes the unique needs and experiences of a diverse population of learners. It also incorporates interactive, true-to-life scenarios that reinforce key learning objectives and it utilizes social norms theory to engage the healthy majority and challenge misperceptions.
  - b. Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
 

EVERFI uses an evidence-based, Public Health Model approach to learning. It provides an inclusive experience that recognizes the unique needs and experiences of a diverse population of learners. It also incorporates interactive, true-to-life scenarios that reinforce key learning objectives and it utilizes social norms theory to engage the healthy majority and challenge misperceptions.
  - 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.
 

According to their National Program Reach (2017-2018) 57,519 students in 813 high schools across the country participated in 38,107 hours of learning. In Ohio, nearly 10,000 students across 130 High Schools have been educated through the program.
  - 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.

EVERFI's Prescription Drug Abuse Prevention course was developed in collaboration with leading professionals and researchers in the field of prescription drug abuse. Some of the leading professionals include; BASICS Program Coordinator at the University of Vermont, Professor of Pharmacology and Cancer Biology Professor of Psychiatry and Behavioral Sciences at Duke University School of Medicine, Director of Alcohol and Other Drug Programs, Student Health Services at the University of Central Florida and Research Professor of Prevention Science at the Social Science Research Institute Duke University.

## 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 youth in Seneca County are unaware of the risks related to the misuse of prescription opiates and our outcome is to increase knowledge and awareness related to prescription drug misuse in youth. We will be tracking this through the OHYES! Survey tool. We will also use EVERFI pre and post testing that will allow us to measure how the program impacted the students including identifying signs of misuse, demonstrating refusal skills and the ability to intervene with a friend who may be misusing prescription drugs.

2. Who will collect and analyze data?

The schools will collect the data and the Mental Health and Recovery Services Board, the schools and the CARSA coalition will be responsible for analyzing the data.

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

The data will be shared with our community partners that can include the Opiate Task Force, CARSA, HOPE Coalition, and the Seneca County Health Alliance.

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 direct costs associated with the OHYES! Survey or for the pre/post surveys with the Prescription Drug Safety Course. Staff time for evaluation activities is included in the budget estimates for the strategy.

**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		
Contact Tiffin City Schools, Seneca East, Bridges Academy, NCA, Hopewell Loudon School to explain resource and arrange for implementation in the schools.	September 2019	November 2019	CARSA/MHR SB SSW	Schools will adjust classroom schedules/agendas to allow for programming.
Order program curriculum, on-line material and data documentation.	September 2019	December 2019	MHR SB SSW	Material will be ordered to adequately supply/equip each school who chooses to implement the program. MOUs will be created and signed between the schools and the MHR SB SSW.
Support schools with TA/support during the implementation period.	January 2020	June 2020	CARSA	Schools will receive at least one phone call per month.
Local stakeholders will review the program pre and posttest data.	July 2020	August 2020	CARSA/Local Stakeholders	Pre and post test data will be collected, compiled and analyzed by CARSA and MHR SB SSW. Trends will be noted and discussed during stakeholder meetings.

**CARSA Seneca County  
Strategic Plan Map: Harm Reduction**

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

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

This plan addresses harm reduction from opioid use disorder by increasing education regarding Naloxone in Seneca County. If we increase knowledge about Naloxone and how to administer it among residents of Seneca County, there will be more residents who are able to use Naloxone to prevent overdoses. This in turn should in turn reduce OUD deaths in Seneca County.

**Population of Focus:**

Our priority population is adults in Seneca County

**Theory of Community Change:**

If we increase community members' knowledge regarding Naloxone, then more community members will understand how to obtain and use it to reverse overdoses. If more community members understand how to obtain and use Naloxone, then more community members will utilize it. If more community members utilize Naloxone, then we should see a reduce 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)
Decreasing OUD Deaths in Seneca County	Naloxone is not being administered by community members in Seneca County	Seneca County residents do not know how to obtain and administer Naloxone.	Our strategy will improve access, availability of overdose reversing drugs. We will provide additional Naloxone trainings (Project DAWN) in Seneca County. The trainings will be offered to (1) professionals who work directly with persons who have an OUD, (2) family and friends of persons with an OUD, (3) peers of persons with an OUD and (4) interested residents of Seneca County.	Hancock County Health Department (Project DAWN provider) and the FACTOR support Group.  The Seneca County Health Department will serve as a co-lead partner through a Integrated Naloxone Access and Infrastructure Grant.  The strategy above provided in kind by FACTOR and resources needed for the trainings are provide at no cost by Project DAWN.	We will outreach to FACTOR to plan the schedule and content for these Project Dawn trainings. Our objective is to complete two additional Project Dawn trainings in Seneca County by the end of 2019.	Increase knowledge of Naloxone and appropriate uses of Naloxone as measured by training data.	Community members who have been trained in how to use Naloxone will increase appropriate use of Naloxone.	Reduction in Opioid Use Disorder (OUD) deaths in Seneca County.
According to the 2017 Ohio Department of Health there were 18 Overdose deaths in Seneca County.	Data from Seneca County EMS indicated 15 doses of Naloxone were administered by Seneca County EMS in 2018.	Training records from the MHRSB of Seneca, Sandusky, and Wyandot Counties indicate that in 2018 there were only two trainings in the county regarding Naloxone usage. These were attended only by family and friends of persons who have an OUD.				Outcomes for the root cause will be measured through training records and through training participant surveys.	Increase usage of Naloxone as evidenced by data by the Seneca County Health Department's Integrated Naloxone Access and Infrastructure Grant, and FACTOR Naloxone training data. These data will include the number of kits distributed as well as data on kit utilization	Outcomes will be measured using Seneca County overdose death data from Seneca County Health Department and the Ohio Department of Health.

Coalition/Group Name: CARSA Seneca County  
County: Seneca County  
Date Submitted: August 9, 2019  
Date Reviewed: September 22, 2019

**COP-RCORP Strategy Description Form**  
**Prevention: Harm Reduction**

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

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

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

Our priority population is adults in Seneca County.

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

Some family and friends may feel stigma attached to seeking information on the education and use of Naloxone, so our plan is to partner with an established group (FACTOR) whose role and purpose is to provide education and support for those in recovery and their friends and family. Also, our community does not have a Project Dawn, meaning that Naloxone and information on its use is not readily accessible by our community members.

3. What is the strategy that will be implemented?

Improving access and availability of overdose reversing drugs through increasing the number of trainings (Project Dawn) in Seneca County.

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?)

Improving access and availability of overdose reversing drugs through increasing the number of trainings (Project Dawn) in Seneca County.

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

The lead will be an organization called FACTOR whose role is to bring together persons in recovery and their families for support and education. They have a connection to Project Dawn in Hancock County, and they are willing to work to increase the number of trainings available for our community until the Seneca County Health District can offer their infrastructure grant. Our other collective impact partners will work with FACTOR to support and promote the effort.

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 FACTOR organization is currently being funded through the Mental Health and Recovery Services Board of Seneca, Sandusky, and Wyandot Counties and donations. Any volunteer time to coordinate this event would be in-kind and serve as an existing function of this group. They will utilize Hancock County Project Dawn and the Seneca County Health District's Integrated Naloxone Access and Infrastructure Grant program which both would be available free of charge.

7. Where will it be implemented?

The strategy will be implemented at A Little Faith Ministries which is FACTOR's current location as well at three additional locations to be identified as high impacted areas.

8. When will it be implemented?

We will outreach to FACTOR to plan for a training in the Fall of 2019. We will aim to have two additional trainings in Seneca County by the end of 2019.

9. How will it be implemented?

The strategy will be implemented through the partnership of the Hancock County Health Departments Project Dawn, Seneca County Health District and with the local organization FACTOR with a training.

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

We may face stigma related to the use of Naloxone in our community, but this can be an opportunity to increase awareness of its use and addiction in general.

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

Increasing the number of Narcan trainings will help to impact the accessibility to Narcan. We plan to implement Project Dawn trainings. At the conclusion of these trainings, participants receive free Narcan. These trainings will be provided at no cost to participants.

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

We do not believe there is a direct correlation between this strategy and reducing the cost of treatment.

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?

This strategy will work to decrease the number of overdose deaths in Seneca County and to increase the availability of Naloxone. Seneca County had 18 overdose deaths in 2017 and to date, we have only had two Naloxone trainings.

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 increase community members' knowledge regarding Naloxone, then more community members will understand how to obtain and use it to reverse overdoses.

If more community members understand how to obtain and use Naloxone, then more community members will utilize it.

If more community members utilize Naloxone, then we should see a reduce 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?

We are choosing this specific strategy because we believe that if more persons are aware of how to access and administer Naloxone, we can decrease the number of overdose deaths in Seneca County. We have identified through assessment that this is a gap in our community. The organization that will oversee this strategy has a commitment to ensuring education and support throughout the recovery community making them the ideal group to implement.

**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.

Our opioid ecosystem has identified many partners that can come together to support the strategy of increasing access and availability of Naloxone. The funding available from the Board will cover any possible costs incurred such as promotion of the trainings and related costs. The numerous partners represented to support harm reduction have the potential to provide any other needed human resources for staff or volunteer time.

**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 or 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
  - Clark, A. K., Wilder, C. M., & Winstanley, E. L. (2014). A Systematic Review of Community Opioid Overdose Prevention and Naloxone Improve access, availability, and 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
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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 lack of education on how to obtain and use Naloxone and our outcome is to increase education of Naloxone. We plan to track the number of trainings held, persons in attendance and the number of Naloxone kits distributed. We will also be monitoring the Ohio Health Department and Seneca County Health District data on overdose deaths.

2. Who will collect and analyze data?

FACTOR will be responsible for collecting numbers in attendance, number of trainings, number of kits distributed. The Mental Health and Recovery Services Board will track the Opiate Deaths in Seneca County.

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

The data will be shared with the community through our Mental Health and Recovery Services Board and our task forces/ coalitions in our ecosystem.

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.

We do not anticipate any cost to track this data as it will be a part of the registration/sign in process.

**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		
Coordinate two Naloxone trainings in Seneca County.	September 2019	November 2019	FACTOR	Two Naloxone trainings will be scheduled in Seneca County by the end of 2019.
Promote the trainings on social media, radio, print advertisements, websites.	October 2019	December 2019	FACTOR	Registration for trainings will be at a minimum of 15 per session.
Collect data regarding attendance, number of trainings, and number of Naloxone kits distributed.	October 2019	December 2019	FACTOR	Data on attendance, number of trainings, and number of Naloxone kits distributed during the trainings will be compiled and given to the MHR SB.
The data will be reviewed and shared with the opiate task forces/coalitions in our ecosystem.	December 2019	February 2020	MHR SB SSW	Number of task force and coalition meetings were data is shared and discussed.
Coordinate two Naloxone trainings in Seneca County.	September 2019	November 2019	FACTOR	Two Naloxone trainings will be scheduled in Seneca County by the end of 2019.

**CARSA Seneca County  
Strategic Plan Map: Treatment Services**

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

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

This plan is connected to HRSA's RCORP-P Goals in that the treatment will expand access to and engagement in available treatment services by adults with OUDs in Seneca County.

**Population of Focus:**

The priority population is Seneca County residents with an Opioid Use Disorder (OUD)

**Theory of Community Change:**

If we increase access to treatment for adults with OUD, then an increased number of Seneca County adults will access and receive treatment for OUDs. If more adults receive treatment for OUDs then there will be a decrease in the number of OUD deaths in Seneca County.

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)		Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	Causal Factor	Root Cause	Evidence-Informed Strategy(ies)	Lead Partner(s) for Strategy & Approximate Budget	Key Activities and Time Line	Outcome for the Root Causes (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome (Long-term Outcome)
Increase in access to treatment services for OUDs.	Adults in Seneca County with OUDs do not have knowledge of the treatment services that are available in Seneca County.	Information on treatment service options for OUDs is not readily available Seneca County residents.	Outreach to the Seneca County residents in order to provide information on treatment resources and services to increase resident knowledge of, connection to, and utilization of available services.	The Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties will increase staffing to assist with educating the community on treatment resources for adults with an OUD in Seneca County. The Board will utilize a VISTA worker through AmeriCorps/Ohio Association of County Behavioral Health Authorities at no direct cost to the Board. The Board will budget \$5,000 for expenses related to supplies and advertisement educate the Seneca County residents on the treatment service options.	Implementation of this strategy will begin in September 2019.	Increase in information delivered about available treatment services.	Increase in knowledge by adults with OUDs of the treatment services that are available.	Increased level of utilization of available treatment services by adults with OUDs.
Increasing OUD deaths in Seneca County:  According to the Ohio Department of Health data the following are the OD death trends in Seneca County: 2015 there were 6 2016 there were 9 2017 there were 18  This shows a 300% increase over time in Seneca County.	Increasing number of inbound calls to the Board office from residents seeking information on area treatment options.	The Board's recent strategic planning process found that there were not systematic or accessible efforts to share information about treatment resources with residents of Seneca County				<u>Data Source:</u> Board reports and tracking data on information sharing efforts and initiatives in Seneca County.	<u>Data source:</u> The number of persons who report an awareness of treatment options during local Recovery Oriented Care surveys and who report being aware of available treatment options through the Seneca County Community Health Assessment.	<u>Data sources:</u> (1) treatment agency reports to the MHRSB regarding utilization of treatment services; (2) OUD death rate data from the Ohio Department of Health and the Seneca County Coroner's Office.

**Coalition/Group Name:** CARSA Seneca County  
**County:** Seneca County  
**Date Submitted:** August 9, 2019  
**Date Reviewed:** September 22, 2019

## **COP-RCORP Strategy Description Form Treatment Services**

<b>Overview of the Strategy (Please answer each question using 100 words or less for each response.)</b>
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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?

Adult residents of Seneca County.

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

Increase utilization of available treatment services for OUDs.

3. What is the strategy that will be implemented?

Outreach to the Seneca County residents in order to provide information on available treatment resources and recovery support services to increase access to treatment by increasing the number of Seneca County residents who seek out treatment services and resources in Seneca County.

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

This is a new strategy and prior to this effort there has not been an organized or continuing effort to share information on treatment resources and recovery support services available in Seneca County.

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

The Mental Health and Recovery Services Board of Seneca, Sandusky, and Wyandot Counties will implement the strategy. The Board is taking the lead as they are interested in and supportive of all of the treatment resources and recovery support services being provided in their catchment area.

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 Board is planning on utilizing a VISTA worker through AmeriCorps/Ohio Association of County Behavioral Health Authorities at no direct cost to the Board. Board will budget \$5,000 for expenses related to supplies and advertisement costs.

7. Where will it be implemented?

Throughout Seneca County

8. When will it be implemented?

Work on this strategy will begin in September of 2019.

9. How will it be implemented?

The VISTA worker will share information about available treatment and recovery support services through various means: newspaper, social media posts, billboards etc.

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

There is still some stigma in the community regarding addiction and offering treatment resources for persons with an Opioid Use Disorder. We may face public comments at Board and community meetings when we promote the resources available to persons with an Opioid Use Disorder.

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

By outreaching to Seneca County residents in order to provide information on treatment resources and recovery support services, we will be increasing knowledge of these resources. This should impact accessibility of treatment services in Seneca County. Through the process, individuals will be educated on the sliding fee scale, which impacts the affordability of treatment.

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

Through education on the sliding fee scale, residents can then link with agencies offering the sliding fee scale. This strategy will therefore help reduce the cost of treatment for uninsured/underinsured patients.

**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?

It was noted on our COP-RCORP Needs Assessment that people of Seneca County do not know what treatment and recovery support services are available.

**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 increase access to treatment for adults with OUD, then an increased number of Seneca County adults will access and receive treatment for OUDs. If more adults receive treatment for OUDs then there will be a decrease in the number of OUD deaths in Seneca County.

**Demonstrate a Cultural Fit (250 words or less)**

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

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

People often do not pay attention to information about Opioid Use Disorders and the available treatment and recovery support services until there becomes a need for such in their lives. At that time, it is important to reduce any confusion or misinformation regarding the existence of available resources in the area and to ensure that residents know that this treatment is available regardless of one's ability to pay or regardless of someone's health

insurance coverage or lack thereof. The Opiate Task Force of made up of leaders who are passionate about seeing that the needs of Seneca County residents with OUDs are being addressed.

### 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..

When positive outcomes are realized and we see an uptick in resident engagement with treatment resources, stakeholders and project partners will be motivated to continue this type of marketing. We anticipate this engagement will be accompanied by additional human and fiscal capital resources.

### 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 or infrastructure development strategy.
- Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.
- Improve education in treatment of opioid use disorder for health care providers.
- Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting**
- Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms
- Improve access, availability, and distribution of overdose-reversing drugs
- Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.
- Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.
- Increase access, availability, and provision of supportive housing for individuals in recovery
- Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)
- Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.

### Evaluation

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

Quarterly reports by local treatment agencies who contract with the Board will report the number of persons who are receiving services, local Recovery Oriented Care Surveys and the Seneca County Health Assessment will track the number of persons who report awareness of available treatment options, and data from the Seneca County Health Department and the Ohio Department of Health will be used to track changes in OUD deaths in Seneca County.

2. Who will collect and analyze data?

The Mental Health and Recovery Services Board of Seneca, Sandusky, and Wyandot Counties.

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

The data will be shared with the Opiate Task Force. Success data will be shared with Seneca County residents.

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 costs associated with the evaluation other than the staff time associated with putting the data together which will be done in kind by the local treatment agencies. The other data points are already available to the Board. The VISTA worker will put a summary of the data together in one document.

**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 VISTA worker will compile a list of the various treatment and recovery support services within Seneca County	September 2019	October 2019	VISTA worker	A complete list of all service providers will be presented
The Opiate Task Force will come forth with a list of possible advertising methods that they feel would be effective	September 2019	October 2019	Opiate Task Force	A complete list of all possible advertising methods will be presented
The VISTA worker will compile a list of the costs associated with the advertising methods identified by the Opiate Task Force	October 2019	November 2019	VISTA worker	A complete list of costs related to the various advertising methods
The Opiate Task Force will choose what advertising methods they believe will be most effective staying within the budgeted amount of \$5000 the MH&RS BD is offering.	November 2019	December 2019	Opiate Task Force	A budget will be presented regarding the advertising choices and related costs
VISTA worker will create the ad that will be used throughout the various methods of advertising that was chosen. Ad will be presented to the Opiate Task Force for approval	December 2019	January 2020	VISTA Worker, Opiate Task Force	Ad will be presented
VISTA worker will submit the ad to the various advertising entities that were chosen by the Opiate Task Force	January 2020	February 2020	VISTA worker	Advertisements will be brought forth to the community

**CARSA Seneca County  
Strategic Plan Map: Recovery Support Services**

**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.

Expanding peer recovery services will increase access to recovery supports and help persons with an OUD stay in recovery.

**Population of Focus:**

Adult residents of Seneca County who have an opioid use disorder

**Theory of Community Change:**

If we increase the number of Certified Peer Supporters in Seneca County, then adults in Seneca County who have an opioid use disorder will have more peer recovery supports. If adults in Seneca County with an opioid use disorder have access to peer recovery supports, then there should be an improvement in sustained treatment outcomes. If there is an improvement in treatment outcomes then we should reduce Opioid Use Disorder related 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)
Decreasing OUD Deaths	There are too few Certified Peer Recovery Supporters in Seneca County.	There are insufficient numbers of Peer Recovery Supporter trainings and certifications (certification has not been offered in Seneca County in CY2018 and CY2019).	FACTOR will host Ohio MHAS Peer Supporter training at least two times in CY2020. The MHRSB of Seneca, Sandusky and Wyandot Counties will assist with advertising and recruiting peers in recovery in becoming certified peer supporters through the offered trainings. The MHRSB will sustain funding to support at least one training per year after CY 2020.	The MHRS Board will take the lead on this strategy. The Board will enter into contracts to promote, offer and/or host the trainings.  Training and advertisement expenses are estimated to cost \$7,000 for this strategy	This strategy will be implemented in CY2020. Two trainings will be coordinated, promoted and offered by June 2020. Additional trainings may be offered as deemed necessary.	There will be an increase in the number of Peer Recovery Supporter trainings and certifications.	There will be an increased number of Certified Peer recovery Supporters who are actively providing supports in Seneca County.	Reduction in Opioid Use Disorder (OUD) deaths in Seneca County.
According to the 2017 Ohio Department of Health there were 18 Overdose deaths in Seneca County.	Per the Ohio Peers.Org Ohio Certified Peer Recovery Supporter data there is one person certified in Seneca County.	Zero peer supporter recovery trainings and certifications have been offered in Seneca County since CY 2017 per an assessment conducted by the FACTOR Peer Support group.				Data source: training records and MHRSB data.	Data source: Provider agency reports to the MHRSB.	Data source: Opioid related death data shared by the Seneca County Health Department and the Ohio Department of Health for Seneca County.

**Coalition/Group Name:** CARSA Seneca County  
**County:** Seneca County  
**Date Submitted:** August 9, 2019  
**Date Reviewed:** September 22, 2019

**COP-RCORP Strategy Description Form  
Recovery Supports**

**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?

Our priority population is adults in Seneca County.

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

We will address the unique needs of our service population by providing Peer Supporter trainings in Seneca County. We will ensure that these trainings are well advertised and marketed. This will help to increase the number of peer supporters in our community.

3. What is the strategy that will be implemented?

FACTOR will host Ohio MHAS Peer Supporter training at least two times in CY2020. The MHRSB of Seneca, Sandusky and Wyandot Counties (MHRSB of SSW) will assist with advertising and recruiting persons in recovery to become certified peer supporters through the offered trainings.

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 strategy is new to Seneca County. Several years ago, the MHRS Board hosted peer support training but there has been no recent strategy to increase the number of peer supporters in Seneca County.

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

The MHRSB of SSW and FACTOR will work together to on this strategy. The Board will take the lead as it is the funding source for the training and advertisement expenses and because it is in a position to contract for additional services and expenses related to this strategy.

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 project will be funded through local levy funds through the MHRSB.

7. Where will it be implemented?

Trainings will occur at the Little Faith Ministries location where FACTOR services are provided.

8. When will it be implemented?

Trainings will occur in CY20.

9. How will it be implemented?

The trainings will occur through coordination by the FACTOR support group.

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

A challenge that we know exists is finding peers who are ready in their own recovery to be able to attend the trainings and provide recovery supports without risking their own recovery and without violating any boundary issues.

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

Holding at least two Peer Supporter trainings will increase the number of peer supporters that we have available in our Board area, thereby increasing accessibility of recovery support services. The training will be provided to individuals with local levy dollars which removes the cost barrier for individuals to get trained. Having more peer supporters in the area will give more individuals in recovery the opportunity to get that support. There have been agencies and funds to support hiring peer supporters at times when no certified peer supporters were available to fill those positions. If we had more certified peer supporters, this could help fill the gap.

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

Individuals who are uninsured or underinsured will be able to access these peer supporters at no cost to them.

**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?

MHR SB of SSW agency reports indicate that there are not enough certified peer supports to fill vacant positions. MHR SB of SSW agency reports indicate that no certified peer trainings have been offered in Seneca County since 2015.

**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 increase the number of Peer Supporter trainings and certifications in Seneca County, then there will be an increased number of Certified Peer Recovery Supporters who are actively providing recovery supports in Seneca County. If there is an increased number of Certified Peer Recovery Supporters who are actively providing support in Seneca County, then there should be a reduction in Opioid Use Disorder related 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?

Since peer supporters are individuals who are in recovery from a substance use disorder, they are in a better position to connect with individuals recovering from a substance use disorder. This connection can be in a more meaningful way to support persons in treatment and it has shown to be more successful with helping individuals start and maintain in treatment. The peer supporters are a cultural fit since they understand the 'ins and outs' of the disease and the treatment system, the obstacles that can occur, and can meet the individual 'where they are.'

**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 Mental Health and Recovery Services Board will seek additional funds through federal, state and local grants. They will continue to utilize local partnerships to host trainings and support agencies who provide peer support services. Sustained treatment outcomes through maintaining recovery also help build buy-in and support for continuing these services.

### 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 or infrastructure development strategy.
- Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.
- Improve education in treatment of opioid use disorder for health care providers.
- Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting
- Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms
- Improve access, availability, and distribution of overdose-reversing drugs
- Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.
- Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.
- Increase access, availability, and provision of supportive housing for individuals in recovery
- Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)
- Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.**

### Evaluation

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

The intervening variable will be the number of persons in recovery who attend the Peer Support Certification trainings and the outcome variable will be the number of persons in recovery from opiate use disorders who report receiving peer support services in Seneca County.

2. Who will collect and analyze data?

The Mental Health and Recovery Services Board of SSW will administer the Recovery Oriented Systems of Care survey and they will analyze the data.

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

The data will be shared during task force and coalition meetings within our ecosystem.

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.

We project that \$7,000 will be needed to provide the training and advertisement. There will be no costs associated with the evaluation other than the staff time associated with putting the data together which will be done in kind by the Board and FACTOR.

**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		
FACTOR will coordinate for a minimum of two trainings to be offered during CY20.	October 2019	December 2019	FACTOR	At least two peer certification trainings will be scheduled for CY20 by December 2019.
Advertisement and recruitment of persons in recovery to attend the trainings.	December 2019	April 2020	FACTOR, MHRSB SSW	At least ten persons in recovery will be registered to attend the trainings.

## **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**

Insert COP-RCORP Local Consortium Here

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 <b>Opioid Use Disorder Outcome</b> (In Words)	Description of <b>Causal Factor</b> (In Words)	Description of <b>Root Cause</b> (In Words)  The <b>root cause</b> must be directly related to the <b>causal factor</b> .	Insert the evidence-informed strategy(ies) the team has selected to address <b>Root Cause</b> . There should be 1:1 correspondence between <b>Root Cause</b> 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 <b>Root Cause</b> . 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 <b>strategy</b> selected will have on the <b>root cause</b> . Remember that the <b>outcome associated with the root cause should directly impact the causal factor</b> .	This box should detail the desired outcome that addressing the <b>root cause</b> will have on the <b>causal factor</b> . Remember that the <b>outcome associated with the causal factor should directly impact the OUD outcome</b> .	This box should focus on one of the three <b>OUD Outcomes</b> goals put forth by HRSA RCORP-P Initiative. These goals are detailed in the top box of this template.
Data to Support <b>Opioid Use Disorder Outcome</b>  Please include the source of the data and the year(s) the data was collected.	Data to Support <b>Causal Factor</b>  Please include the source of the data and the year(s) the data was collected.	Data to Support <b>Root Cause</b>  Please include the source of the data and the year(s) the data was collected.	<p><b>HRSA NOFO Bullet 2:</b> 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.</p>			Indicator to Assess <b>Root Cause</b>  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 <b>Causal Factor</b>  This box should detail how the mid-term outcome will be measured. It is essential that the <b>causal factor</b> is measured quantitatively.	Indicator to Assess <b>Opioid Use Disorder Outcome</b>  This box should detail how the long-term outcome will be measured. It is essential that the <b>opioid use disorder outcome</b> is measured quantitatively.

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:

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

Please type your response here.

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

Please type your response here.

13. What is the strategy that will be implemented?

Please type your response here.

**HRSA NOFO Bullet 2:**

Evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with opioid overdose in rural communities

14. 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.

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

Please type your response here.

16. 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

17. Where will it be implemented?

Please type your response here.

18. When will it be implemented?

Please type your response here.

19. How will it be implemented?

Please type your response here.

20. 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

**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:

- This is not a workforce development or 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

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

- Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)
- Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.

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

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.**

<b>Evaluation</b>
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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.			