



COP - R C O R P

Communities of Practice for Rural Communities Opioid Response Program

Core Activity 3: Strategic Plan

Ashtabula County, Ohio

Ashtabula County Substance Abuse Leadership Team

Ashtabula County Mental Health and Recovery Services Board

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Acknowledgements

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The Ashtabula County Substance Abuse Leadership Team (SALT) acknowledges the time and efforts that consortium members and other local stakeholders contributed to this strategic plan.

Ohio University's Voinovich School of Leadership and Public Affairs (OHIO) and the Pacific Institute for Research and Evaluation (PIRE), 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 Ashtabula's SALT (local consortium), the Ashtabula County Mental Health and Recovery Services Board (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)

Ashtabula County Substance Abuse Leadership Team

Ashtabula County Mental Health and Recovery Services Board

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

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

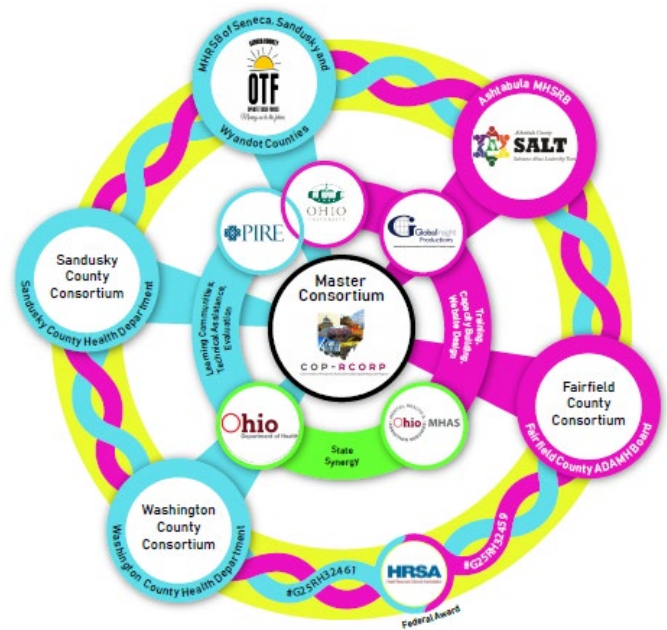


Figure 1. CoP-RCORP Organizational Chart.

COP-RCORP Strategic Planning Approach

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

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

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

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

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

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

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

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

Ashtabula County Substance Abuse Leadership Team Strategic Plan to Address Opioid Use Disorder

The Ashtabula County Substance Abuse Leadership Team’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 implement distribution of drug disposal bags, then we can expect adults to dispose of unused prescription medications.
- If adults dispose of unused prescription medications, then we can expect reduced access to the misuse of prescription medications.
- If we reduce access to the misuse of prescription medications, then we can expect a reduction in overdose deaths.

Prevention – Demand Reduction

Goal:

- This plan proposes an environmental strategy to provide education and information to change attitudes around the perception of harm as it relates to misuse of prescription medication in order to reduce demand.

Theory of Change:

- If we educate youth and parents in the dangers of misusing prescription medications, then we can expect increased perception of risk/harm related to the misuse of prescription opiates.
- If we increase perception of risk/harm related to the misuse of prescription opiates, then we can expect fewer persons misusing prescription opioids or a reduction in demand.
- If we have fewer persons misusing prescription opioids, then we can expect a reduction in overdose 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 the number of distribution events and partners distributing Naloxone, then we can expect an increase in Ashtabula County residents accessing Naloxone.
- If Ashtabula County residents access Naloxone, then there should be a reduction in overdose deaths.

Treatment

Goal:

- This plan proposes a strategy to expand access to residential treatment for Ashtabula County residents with opiate use disorder to help start and stay in treatment.

Theory of Change:

- If we increase the number of treatment providers offering residential treatment bed days in Ashtabula County, then we can expect an increase in the number of bed days.
- If we have an increase in the number of bed days, then we can expect a reduced waiting list for residential treatment.
- If we reduce the number of persons on the wait list, then we can expect persons are able to access the appropriate level of care.

Recovery

Goal:

- This plan proposes a strategy to expand peer recovery services in order to help persons with OUD start and sustain recovery.

Theory of Change:

- If we implement effective peer support training, then we can expect an increased number of certified peer supporters.
- If we have more certified peer supporters, more persons with OUD will receive peer support services to help them start and sustain their recovery.

**Ashtabula County Substance Abuse Leadership Team
RCORP-P Strategic Plan Map: *Prevention - Supply Reduction***

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

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

Reducing access to prescription drugs of abuse will reduce the occurrence of opioid use disorders among new and at-risk users.

Population of Focus:

Ashtabula County residents at risk for storing and keeping unused prescription medications of abuse.

Theory of Community Change:

If we implement distribution of drug disposal bags, then we can expect adults to dispose of unused prescription medications.
If adults dispose of unused prescription medications, then we can expect reduced access to the misuse of prescription medications.
If we reduce access to the misuse of prescription medications, then we can expect a reduction in overdose deaths

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)		Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	Causal Factor	Root Cause	Evidence-Informed Strategy(ies)	Lead Partner(s) for Strategy & Approximate Budget	Key Activities and Time Line	Outcome for the Root Cause (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome (Long-term Outcome)
Reduce OUD deaths of Ashtabula County residents.	Prescription opiates for misuse are highly available in Ashtabula County.	Adults keep unused prescriptions in their homes.	Distribute 2000 drug deactivation bags with education about safe medicine, use, storage, and disposal.	The Ashtabula County Substance Abuse Leadership Team (SALT) will be the lead and work with its partners to implement the strategy. The approximate budget is \$10,000.	SALT Chair will recruit volunteers for public events. Prevention Coalition Coordinator will obtain drug deactivation bags and educational materials. Partners will meet and identify distribution plans throughout county. On-site and specialized distribution will occur throughout the year.	More adults report properly and safely disposing of unused prescription medications as measured by the percent of adults who report keeping unused prescription medications in their homes in the 2020 Community Survey.	The availability of prescription opiates for misuse will be decreased as measured by the Substance Abuse Monitoring Report.	OUD deaths of Ashtabula County residents are reduced.
The Ashtabula County Coroner's Office reported 27 OUD drug related deaths in 2018.	2018 Community Survey indicated that 35% of respondents had prescriptions of potential abuse in their homes. 2017 Substance Abuse Monitoring Report stated that participants reported current street availability of prescription opioids as 10-highly available.	2018 Community Survey indicated that 38% of respondents kept unused prescription medications with the potential of abuse in their home.				2020 Community Survey will measure a decrease from 38% of respondents who report keeping used medications in their home.	2020 Community Survey will indicate a decrease from 35% of respondents having prescriptions of potential abuse in their homes. 2020 Substance Abuse Monitoring Report will indicate a reduction in the street availability of prescription opioids.	OUD deaths of Ashtabula County residents are reduced from a baseline of 27 OUD deaths in 2018.

Coalition/Group Name: Substance Abuse Leadership Team
County: Ashtabula County
Date Submitted: August 9, 2019
Date Reviewed: September 19, 2019

**COP-RCORP Strategy Description Form
Supply Reduction**

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

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

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

Ashtabula County residents at-risk for storing and keeping unused prescription medications including: senior citizens, parents, and family/friends of persons with substance use disorders or family members at risk for substance use disorders.

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

In order to reach at risk populations, the Substance Abuse Leadership Team will coordinate outreach to the more than 1000 individuals including those who attend the Remote Area Medical Event, senior citizens, persons served by emergency responders, persons who meet with the Quick Response Team, persons attending the annual PART Conference, and family members identified by the Coroner's office.

3. What is the strategy that will be implemented?

The strategy will be the distribution of 2000 drug deactivation pouches (Detera Bags) and education about safe medicine usage, storage and disposal.

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?)

During Fiscal Year 2019, 2000 Detera Drug Disposal Bags were distributed to 1320 community members and organizations, representing the following: 40 clients and community members attending the March 2019 Recovery Breakfast; 200 community members attending the Remote Area Medical event in April 2019; 500 Senior Centers and Senior Conference; 10 Churches; and 570 first responders.

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

The Ashtabula County Substance Abuse Leadership Team will take the lead and work with its partners to implement the strategy. This strategy addresses the Team's Strategic Plan Goal of reducing access to prescription medications that could be misused, particularly opiates.

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

The strategy will be funded through several sources including the SAFERX Initiative, Drug Free Communities Grant, and the MHRS Board. The anticipated cost is \$10,000 and will cover Detera bags, safeguarding medication messaging on a variety of items magnets or other medium, and giveaways for persons attending the events. Members of the Substance Abuse Leadership Team, its Committees, the Mental Health and Recovery Services Board, and the Ashtabula County Prevention Coalition will provide in-kind support to the strategy via promoting, marketing, and volunteering at the events.

7. Where will it be implemented?

The strategy will be implemented throughout Ashtabula County and include: the Remote Area Medical event located at the Ashtabula Town Center, Senior Centers, homes of persons contacted by the Quick Response Team, sites of service provided by emergency medical personnel, at the annual PART Conference and in the homes of persons who have interacted with the Coroner's office and determined to have prescription medications of potential abuse. Prescription bags that include information about drug drop-box locations in the county and how to properly and safely dispose of medications are provided to pharmacies.

8. When will it be implemented?

February through June 2020.

9. How will it be implemented?

The Substance Abuse Leadership Team and its partners will staff a booth at the Remote Area Medical event and annual PART Conference with information and giveaways that attract Ashtabula County residents to want to visit the booth. Team members will engage community members in a discussion about safe medication usage and the importance of drug disposal. Interested individuals will receive Detera bags for drug disposal. The Prevention Coalition Coordinator and Prevention Specialist will provide education and drug disposal bags during meetings at senior centers. Members of the Quick Response Team will provide education and drug disposal bags to family members/significant others of persons who have overdosed. Emergency medical personnel will provide drug disposal bags to seniors served and their families as needed. The Coroner's office will leave drug disposal bags with families when appropriate.

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

A challenge will be to provide education regarding the importance of drug disposal when many residents live in poverty and view keeping medications no longer needed as prudent.

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

If we are successful in reducing the supply of opioids in the community and educating the community about disposal practices, we will see a decrease in the number of individuals requesting to access treatment services over time, which will improve access for those individuals who need to receive treatment services.

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

Success with the strategy would result in a reduction in the need for treatment services for uninsured or underinsured patients thus eliminating the need for them to incur the costs.

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?

2018 Community Survey indicated that 35% of respondents had prescriptions of potential abuse in their homes and 38% keep their unused prescription medications.

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 implement distribution of drug disposal bags, then we can expect adults to dispose of unused prescription medications.
- If adults dispose of unused prescription medications, then we can expect reduced access to the misuse of prescription medications.
- If we reduce access to the misuse of prescription medications, then we can expect a reduction in overdose 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?

Results of needs assessments indicate that Ashtabula County residents have prescriptions that can be misused in their homes and could benefit from safe medication usage, storage, and disposal education. In addition, providing a mechanism for residents to easily and safely dispose of their medications will reduce access to prescription medications that can be misused. Implementing a strategy that brings drug disposal to residents where they live and interact is more effective than asking them to come to a particular event or location. The Substance Abuse Leadership Team and Ashtabula County Prevention Coalition will bring representatives from all community sectors to assist in providing outreach and education.

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 Substance Abuse Leadership Team’s opioid ecosystem includes Training and Communication Committees that will assist in planning content and promoting the events. The Substance Abuse Leadership Team will sustain this initiative in collaboration with the Ashtabula County Prevention Coalition and Mental Health and Recovery Services Board. All have been active in promoting the county’s drug drop off sites and distributing drug disposal bags.

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.
- X Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.
<https://www.drugrehab.com/2017/07/26/deterra-bags-offer-safe-home-disposal-of-opioids/>
<https://www.ncbi.nlm.nih.gov/pubmed/26264512>
<https://www.youtube.com/watch?v=jHJhHxt96HY&feature=youtube>
- 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 is persons keeping unused medications in their homes and the outcome variable is persons will use Deterra bags to dispose of their unused prescription medications.

2. Who will collect and analyze data?

The Ashtabula County Mental Health and Recovery Board will collect and analyze all data.

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

A written report of findings will be shared with: Ashtabula County Mental Health and Recovery Services Board, Substance Abuse Leadership Team, and Ashtabula County Prevention Coalition. Results will be utilized to evaluate and plan for future events.

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 Mental Health and Recovery Services Board will assume all costs associated with the evaluation of this strategy. Counters were purchased for the 2018 Remote Area Medical event that will be used in 2020 to count the number of persons who were engaged by volunteers at the event. The Board employs a contract evaluator to assist the Substance

Abuse Leadership Team and Prevention Coalition and the evaluation of this strategy would be conducted as part of the Team's 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		
Recruit volunteers for RAM and PART	July 1, 2019	June 30, 2020	SALT Chair and Training Committee Chair	Number of volunteers obtained
Develop or obtain drug disposal educational materials.	September 1, 2019	June 30, 2020	Prevention Coalition Coordinator	Materials obtained
Order drug disposal bags	September 1, 2019	June 30, 2020	Prevention Coalition Coordinator	Drug Disposal bags obtained
Meet with EMS, Quick Response Team, and Coroner’s office personnel to review educational materials and drug disposal bags including plan for distribution and evaluation of strategy	September 1, 2019	June 30, 2020	Prevention Coalition Coordinator, SALT Chair	# Meetings held
Provide volunteers with orientation regarding educational materials and drug disposal bags for distribution at RAM and PART	September 1, 2019	June 30, 2020	Prevention Coalition Coordinator	Orientation conducted and number of volunteers trained
Provide on-site distribution at RAM and PART	October 18, 2019	June 30, 2020	Prevention Coalition Coordinator	# bags distributed
Evaluator collect data from all volunteers and personnel	October 18, 2019	June 30, 2020	Evaluator	Data obtained
Evaluator report findings to SALT, MHRS Board, and Prevention Coalition	November 20, 2019	June 30, 2020	Evaluator	Written report

**Ashtabula County Substance Abuse Leadership Team
RCORP-P Strategic Plan Map: *Prevention - 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 proposes an environmental strategy to provide education and information to change attitudes around the perception of harm as it relates to misuse of prescription medication in order to reduce demand.

Population of Focus:
Residents of Ashtabula County

Theory of Community Change:
If we educate youth and parents in the dangers of misusing prescription medications, then we can expect increased perception of risk/harm related to the misuse of prescription opiates.
If we increase perception of risk/harm related to the misuse of prescription opiates, then we can expect fewer persons misusing prescription opioids or a reduction in demand.
If we have fewer persons misusing prescription opioids, then we can expect a reduction in overdose deaths.

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)		Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	Causal Factor	Root Cause	Evidence-Informed Strategy(ies)	Lead Partner(s) for Strategy & Approximate Budget	Key Activities and Time Line	Outcome for the Root Cause (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome (Long-term Outcome)
Reduction of OUD deaths in Ashtabula County across all population groups.	The misuse of prescription pain medications.	Ashtabula County youth and adults have a low perception of risk/harm related to the misuse of prescription opiates.	An environmental strategy will be implemented to disseminate as much information as possible about the dangers of prescription drug abuse and its link to heroin abuse. We will use several methods to educate youth, parents and community members including implementing a social media campaign on the MHRS Board website and Facebook page, Prevention Coalition Facebook page, and Substance Abuse Leadership Team Facebook page. We will also use Youth Coalition members in various high schools to identify a school champion and disseminate information to other youth as well as parents as well as using billboards and signage on community buses. Information will be disseminated at numerous community events such as the Remote Medical, health fairs, PART Conference, etc.	Lead Partner: The Ashtabula County Prevention Coalition will take the lead in implementing the strategy. The Prevention Coalition is taking the lead on this strategy because eliminating prescription drug misuse by youth is one of its main priorities. Approximate Budget: The budget is \$8000. The MHRS Board and the Substance Abuse Leadership Team will support the efforts with additional funding as needed.	1. Prevention Coordinator obtains and develops materials for community education. 2. Information is placed on MHRS Board website and Facebook Page, Coalition Facebook page, SALT Facebook page, and social media sites of community partners. 3. Youth identify a school champion and are provided education and assist in material distribution. 4. Community Survey conducted to determine outcomes. It will be implemented between October 1, 2019 and September 30, 2020.	Increase youth perception of risk/harm in using prescription drugs not prescribed to them. Increase adult perception of risk/harm in using prescription drugs not prescribed to them	Decrease the percentage of youth misusing prescription drugs not prescribed for them. Decrease the percentage of adults misusing prescription drugs not prescribed for them.	The number of overdose deaths in Ashtabula County will decrease.
The Ashtabula County Coroner's Office reported a total of 41 OUD deaths in 2017 and a total of 27 OUD deaths in 2018.	2.7% of 2,365 youth reported misusing prescription drugs not prescribed for them in the past 30 days. <i>Source:</i> Ashtabula County Youth Survey (2017) 3% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months. <i>Source:</i> Community Survey (2019)	17% of 2,365 7, 9, & 10 graders did not perceive moderate or high risk with using Rx medications not prescribed for them. <i>Source:</i> Ashtabula County Youth Survey (2017) Youth do not believe using Rx medications not prescribed for them is dangerous. <i>Source:</i> Youth Focus Groups (2019) 7% of adults believed there not was much risk in using medications not prescribed for them; 8% believed there was not much harm in sharing unused Rx medications with family or friends. <i>Source:</i> Community Survey (2019)				<u>Ashtabula County Youth Survey:</u> % of youth who perceive moderate to high risk with using prescription medication not prescribed for them. <u>2020 Community Survey:</u> % of adults who perceive risk in using medications not prescribed for them and % of adults who perceive risk in sharing their unused prescription medications with family or friends.	<u>Ashtabula County Youth Survey:</u> % of youth who report misuse of prescription drugs within the past 30 days. <u>2020 Community Survey:</u> % of adults who report the misuse of prescription drugs within the past six months.	OUD deaths will decrease by 10% from the baseline of 27 deaths in 2018 as reported by the Ashtabula County Coroner's Office.

Coalition/Group Name: Substance Abuse Leadership Team
County: Ashtabula County
Date Submitted: August 9, 2019
Date Reviewed: September 19, 2019

**COP-RCORP Strategy Description Form
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:

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

Residents of Ashtabula County.

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

We will use several methods to bring information to youth, parents and community members in an accessible and understandable way.

12. What is the strategy that will be implemented?

An environmental strategy will be implemented to disseminate as much information as possible about the dangers of prescription drug abuse and its link to heroin abuse. We will use several methods to educate youth, parents, and community members including implementing a social media campaign on the MHRS Board website and Facebook page, Prevention Coalition Facebook page, and Substance Abuse Leadership Team Facebook page. We will also use Youth Coalition members in various high schools to identify a school staff member who will assist in championing reducing substance misuse, disseminate information within their schools, and to parents as well as using billboards and signage on community buses. Information will be disseminated at numerous community events such as the Remote Medical, health fairs, PART Conference, etc.

13. 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 has been partially implemented for other campaigns such as Why 21, but will utilize a more comprehensive approach.

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

The Ashtabula County Prevention Coalition will take the lead in implementing the strategy. The Prevention Coalition is taking the lead on this strategy because eliminating prescription drug misuse by youth is one of its main priorities.

15. 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 anticipated cost is \$8000.00 for one year and will be funded through Drug Free Communities grant funding and the Mental Health and Recovery Services Board.

16. Where will it be implemented?

The strategies will be implemented throughout Ashtabula County.

17. When will it be implemented?

It will be implemented between October 1, 2019 and September 30, 2020.

18. How will it be implemented?

The Prevention Coordinator will obtain and develop materials regarding the dangers of misusing prescription medications and the link to heroin abuse. She will meet with youth coalition members to engage them in the education and dissemination of youth, parents and community members. Information will be posted on relevant social media sites, placed in community buses, and strategically located on specific billboards.

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

Efforts will be made to have youth distribute materials at various school sporting and other events and some schools may be resistant to the idea.

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

If we are successful in disseminating our message to the community and reducing demand, we will see a decrease in the number of individuals needing to request access treatment services, which will improve access for those individuals who need to receive treatment services.

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

Success with the strategy would result in a reduction in the need for treatment services for uninsured or underinsured patients thus eliminating the need for them to incur the costs.

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

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

In 2017 Youth Survey, 17% of 2,365 7, 9, & 10 graders did not perceive moderate or high risk with using prescription medications not prescribed for them. Youth focus group participants in 2019 indicated that youth do not believe using prescription medications not prescribed for them are dangerous; instead they view it as fun and a way to be happy. A 2018 Community Survey indicated that 7% of adult respondents did not believe there was much risk in using medications not prescribed for them and 8% believed there was not much harm in sharing their unused prescription medications with family or friends.

2.7% of 2,365 youth surveyed in 2017 reported misusing prescription drugs not prescribed for them in the past 30 days. The 2019 Community Health Assessment indicated that 3% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Demonstrate a Practical Fit: Theoretical “if-then” Proposition

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

- If we educate youth and parents in the dangers of misusing prescription medications, then we can expect increased perception of risk/harm related to the misuse of prescription opiates.
- If we increase perception of risk/harm related to the misuse of prescription opiates, then we can expect fewer persons misusing prescription opioids or a reduction in demand.
- If we have fewer persons misusing prescription opioids, then we can expect a reduction in overdose 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 chose the strategy because the lack of education about the dangers of prescription drug misuse increases the risk of addiction. The three partnerships for this strategy are the Prevention Coalition, Prevention Specialist, and schools. Youth Coalition members will be active in identifying school personnel who are invested in reducing substance use and recruit them to be champions in assisting in implementing the strategies.

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..

All partners in this strategy are represented on the Substance Abuse Leadership Team and will provide the human resources necessary to sustain the strategy.

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

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

1. Is the strategy included in Federal registries of evidence-based interventions?
 - a. **No**
 - b. If yes, please provide supporting 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
 - 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.

Please see section titled “Demonstrate a Practical Fit” in this document and the attached strategic plan map for the theory of change.

- b. Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.

Providing information is one of the CADCA 7 strategies to affect community change.

<https://www.cadca.org/sites/default/files/resource/files/environmentalstrategies.pdf>

- 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.

Wakefield, M. A., Loken, B., Hornick, R. C. (2010). Use of mass media campaigns to change health behavior. *Lancet* 376(9748): 1261-1271. doi:10.1016/S0140-6736(10)60809-4.

- 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.

The intervention has been reviewed by the COP-RCORP Consortium.

Evaluation

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

The intervening variable is the lack of knowledge by youth and adults of the dangers of the misuse of prescription medications and the outcome variable is that using the prevention strategy of information will increase the perception of harm with the misuse of prescription drugs by youth and adults.

6. Who will collect and analyze data?

The Ashtabula County Mental Health and Recovery Services Board will be responsible for data collection and analysis.

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

A written report of findings will be shared with: Ashtabula County Mental Health and Recovery Services Board, Substance Abuse Leadership Team, schools, and the Ashtabula County Prevention Coalition.

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.

The MHRS Board's contract evaluator collects data regarding the outcomes of prevention initiatives on an ongoing basis and therefore there will be no additional costs for the evaluation.

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		
Prevention Coordinator obtains and develops materials for community education	Fall 2019	January 1, 2020	Prevention Coordinator	Materials obtained for social media, billboards, buses, and community events
Information is placed on MHRS Board website and Facebook Page, Coalition Facebook page, SALT Facebook page, and social media sites of community partners	January 1, 2020	September 30, 2020	Prevention Coordinator Sector representatives MHRS Board	Number of social media sites with information posted
Youth identify a staff member who will act as a champion in promoting the reduction of substance misuse and abuse. Youth are provided education and assist in material distribution within their schools to youth and parents.	January 1, 2020	June 2020	Prevention Specialist and Youth	Number of events and number of items distributed
Community Survey conducted to determine outcomes	Fall 2020	Fall 2020	Contract Evaluator	Perception of Harm/Risk is increased from baseline.

**Ashtabula County Substance Abuse Leadership Team
RCORP-P Strategic Plan Map: *Prevention - Harm Reduction***

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

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

Reduce fatal opioid-related overdoses by ensuring that family members, friends and concerned citizens have access to naloxone.
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.

Population of Focus:

Residents of Ashtabula County who are struggling with an opioid addiction or have contact with or may have contact with someone in an opioid overdose situation that could benefit from the administration of naloxone.

Theory of Community Change:

If we increase the number of distribution events and partners distributing Naloxone then we can expect an increase in Ashtabula County residents accessing Naloxone.
If Ashtabula County residents access Naloxone then there should be a reduction in overdose deaths.

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)		Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	Causal Factor	Root Cause	Evidence-Informed Strategy(ies)	Lead Partner(s) for Strategy & Approximate Budget	Key Activities and Time Line	Outcome for the Root Cause (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome (Long-term Outcome)
Reduction of OUD deaths of Ashtabula County residents	Ashtabula County residents are not accessing Naloxone	Ashtabula County lacks a consistent manner to distribute Naloxone in a manner meets the needs of the community.	The Ashtabula County Substance Abuse Leadership Team will collaborate with the Ashtabula County Health Department to develop and implement a distribution plan to reach individuals and families/significant others throughout the county. The Health Department streamlined paperwork requirements for the QRT enabling the Team to distribute efficiently and this will continue.	The Substance Abuse Leadership Team is taking the lead to ensure the distribution of Naloxone through collaboration with community partners. The Ohio Department of Health is providing the Naloxone kits to the County Health Department at no cost so the budget is 0.	The Quick Response Team is implementing the strategy on every home visit (currently and ongoing through 2019/2020), it will be available throughout the county on an ongoing basis at a variety of community events already organized by other community partners and at the annual conference in October 2019.	Increased distribution effectiveness and efficiency of free Naloxone kits to community members and increased accessibility to Naloxone kits by the QRT.	Ashtabula County residents access Naloxone at a higher rate in FY 2020 than in FY 19.	The number of overdose deaths in Ashtabula County will decrease.
The Ashtabula County Coroner's Office reported 27 drug related deaths in Fiscal Year 2018.	The Ashtabula Health Department reports that 107 Naloxone kits were available in Fiscal Year 2018 but only 42 were distributed and the Naloxone kits were not accessible to the Quick Response Team in Fiscal Year 2018 due to the excessive paperwork required for distribution to an individual.	During state Fiscal Year 2018, the Ashtabula County Health Department held three events and only distributed 42 Naloxone kits. Quick Response Team did not access any Naloxone kits for distribution to individuals in Fiscal Year 2018.				During Fiscal Year 2020 there will be an increase in the number of events where Naloxone kits are distributed and the number of partners distributing Naloxone when compared to Fiscal Year 2018.	Outcome measured by an increase in the number of Naloxone kits distributed to Ashtabula County residents Fiscal Year 2020 when compared to Fiscal Year 2019 as reported by the Ashtabula County Health Department	The number of overdose deaths will decrease as from its 2018 baseline of 27 as reported by the Ashtabula County Coroner's Office.

Coalition/Group Name: Substance Abuse Leadership Team
County: Ashtabula County
Date Submitted: August 9, 2019
Date Reviewed: September 19, 2019

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

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

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

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

Ashtabula County residents at risk of an opiate overdose and their family members/significant others.

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

The Ashtabula County Mental Health and Recovery Services Board and its partners will make Naloxone available and accessible to residents by distributing it at various locations and venues.

22. What is the strategy that will be implemented?

The Board has partnered with the County Health Department to distribute Naloxone at events like the Remote Area Medical event and annual PART Conference. The County Health Department is making Naloxone available to the Quick Response Team which is distributing it to individuals who have overdosed and their families/significant others. Naloxone is also being distributed at scattered sites throughout the county to ensure it is available in various regions of the county. The Substance Abuse Leadership Team will be charged with developing a distribution plan and ensuring its implementation.

23. 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?)

We previously distributed Naloxone at the RAM and PART and we could have used additional kits to meet the demand. The Naloxone kits were not accessible to the Quick Response Team in Fiscal Year 2018 due to the excessive paperwork required for distribution to an individual. This has since been streamlined and is working effectively and the QRT will increase its distribution efforts in Fiscal Year 2020. We learned that taking Naloxone to the community where they are versus asking them to come to an agency is more effective in ensuring its distribution.

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

The Ashtabula County Mental Health and Recovery Board is taking the lead to ensure distribution of Naloxone. The Board is coordinating the strategy through collaborations with the County Health Department, Quick Response Team, Community Counseling Center, the Ashtabula County Substance Abuse Leadership Team, and the Ashtabula County Prevention Coalition.

25. 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 Naloxone is being paid for by the Ohio Department of Health and being made available through the Ashtabula County Health Department. The Sheriff's Department, Substance Abuse Leadership Team, Health Department, Prevention Coalition, and Board are providing in-kind support by supplying staff to distribute Naloxone.

26. Where will it be implemented?

The strategy will be implemented at events such as the Remote Area Medical and annual PART conference; at visits to the homes of persons who have overdosed from opiates, and in Geneva, Conneaut, and Ashtabula City locations.

27. When will it be implemented?

The Quick Response Team is implementing the strategy on every home visit, the Remote Area Medical Event date is to be determined, and it will be available throughout the county on an ongoing basis and at the annual conference in October 2019.

28. How will it be implemented?

The Mental Health and Recovery Services Board, Substance Abuse Leadership Team, and Prevention Coalition members will staff a booth with the County Health Department at the Remote Area Medical event and PART Conference. The Quick Response Team will distribute Naloxone on visits to individual's homes.

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

There continues to be stigma regarding the availability and use of Naloxone. By meeting persons where they are we anticipate reducing the stigma of having to go to an agency or pharmacy to obtain Naloxone.

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

Naloxone kits will be offered at no cost to the community. By making the kits available at no cost, we are removing all financial barriers to Naloxone kits.

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

Success with the strategy would result in a reduction in the need for expansion of treatment services for uninsured or underinsured patients thus eliminating the need for them to incur the costs.

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

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

The Ashtabula Health Department reports that 107 Naloxone kits were available in Fiscal Year 2018 but only 42 were distributed. The Naloxone kits were not accessible to the Quick Response Team in Fiscal Year 2018 due to the excessive paperwork required for distribution to an individual.

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 distribution events and partners distributing Naloxone then we can expect an increase in Ashtabula County residents accessing Naloxone.
- If Ashtabula County residents access Naloxone then there should be a reduction in overdose 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 chose this strategy to remove barriers and increase access to Naloxone for residents of the county and those affected by the opiate epidemic. The Quick Response Team interacts regularly with persons who have overdosed and their families/significant others. The County Health Department is partnering to obtain sufficient Naloxone and assist in the training of residents.

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 Substance Abuse Leadership Team’s opioid ecosystem includes representatives from the County Health Department, Quick Response Team, and Prevention Coalition. The Leadership Team will sustain this initiative by utilizing evaluation results of this strategy to identify the most effective sites and mechanisms for Naloxone distribution. All individuals and organizations involved are committed to providing in-kind support to this and future strategies.

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 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

9. 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 is the number of individuals, family members, and significant others who do not access Naloxone because of stigma and the accessibility of the Naloxone kits. The outcome variable is the number of individuals, family members, and significant others who receive a Naloxone kit in Fiscal Year 2020. The outcome to be tracked will be the number of Naloxone kits distributed during Fiscal Year 2020.

10. Who will collect and analyze data?

The Ashtabula County Mental Health and Recovery Services Board will be responsible for data collection and analysis.

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

A written report of findings will be shared with: Ashtabula County Mental Health and Recovery Services Board, Substance Abuse Leadership Team, and Ashtabula County Prevention Coalition.

12. 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 MHRS Board's contract evaluator collects data regarding drug overdoses and Naloxone distribution on an ongoing basis and therefore there will be no additional costs for the evaluation.

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		
Substance Abuse Leadership Team collaborate with the Health Department to develop and implement a distribution plan	July 1, 2019	September 30, 2020	SALT Chair	Number of Naloxone kits distributed during Fiscal Year 2020
Ensure the Quick Response Team has sufficient Naloxone kits to distribute and obtain data from the Team on the number of individuals who receive kits	July 1, 2019	September 30, 2020	County Health Department	Number of Naloxone kits distributed by the Quick Response Team in Fiscal Year 2020
Schedule and provide training and distribution of Naloxone at the PART Conference	October 18, 2019	October 18, 2019	Prevention Coalition Coordinator	Number of Naloxone kits distributed at the PART Conference
Provide training and distribution of Naloxone at the Remote Area Medical event	TBD	TBD	SALT Chair	Number of Naloxone kits distributed at RAM

**Ashtabula County Substance Abuse Leadership Team
RCORP-P Strategic Plan Map: *Treatment***

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

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

This plan proposes a strategy to expand access to residential treatment for Ashtabula County residents with opiate use disorder to help start and stay in treatment.

Population of Focus:

The population of focus is Ashtabula County residents with OUD.

Theory of Community Change:

If we increase the number of treatment providers offering residential treatment bed days in Ashtabula County then we can expect an increase in the number of bed days.

If we have an increase in the number of bed days then we can expect a reduced waiting list for residential treatment

If we reduce the number of persons on the wait list then we can expect persons are able to access the appropriate level of care.

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)		Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	Causal Factor	Root Cause	Evidence-Informed Strategy(ies)	Lead Partner(s) for Strategy & Approximate Budget	Key Activities and Time Line	Outcome for the Root Cause (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome (Long-term Outcome)
Increase the availability of residential treatment for persons with OUD.	There is an insufficient number of residential treatment bed days in Ashtabula County to meet the need of persons with OUDs.	Prior to Fiscal Year 2019, the Board contracted with a single provider of in-county residential treatment.	The Ashtabula Mental Health and Recovery Board will contract with a second provider for an additional 250 residential bed days per year.	The Mental Health and Recovery Services Board will implement the strategy because it has the responsibility for funding services needed by its priority populations. The anticipated budget for this strategy is \$100,000.	The Ashtabula Mental Health and Recovery Board will contract with a provider for an additional 250 residential bed days per year, with organizations and providers educated about additional residential treatment option and referral procedures by September 1, 2019. The strategy will be implemented in Fiscal Year 2020.	The MHRS Board contracts for additional residential treatment beds with a second treatment provider.	There are a sufficient number of residential treatment bed days to meet demand.	The availability of residential treatment for persons with OUD is sufficient to meet demand.
The Mental Health and Recovery Services Board Resource Assessment indicates that during Fiscal Year 2018, approximately 30 persons were on a waiting list for residential treatment at any given point in time. Expanding the number of residential bed days available addresses the identified need.	The current number of bed days available in Ashtabula County is 11,680 which does not meet the demand.	The Board contracts with a single in-county residential treatment provider with a capacity of 11,680 bed days which does not meet the demand.				A contract with a second provider is in place for additional residential treatment bed days.	The number of bed days available in Fiscal Year 2020 will be increased as measured by the availability of 12,005 bed days.	This will be measured by a 50% reduction of a waiting list for residential treatment by Fiscal Year 2020 ending.

Coalition/Group Name: Substance Abuse Leadership Team
County: Ashtabula County
Date Submitted: August 9, 2019
Date Reviewed: September 19, 2019

**COP-RCORP Strategy Description Form
Treatment**

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:

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

Persons with opiate use disorder who are in need of a residential treatment level of care.

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

The unique needs of this service population will be addressed by assuring the appropriate level of care is available to meet treatment needs.

32. What is the strategy that will be implemented?

The Ashtabula Mental Health and Recovery Board will contract with a provider for an additional 325 residential bed days per year.

33. 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 Board began its expansion of residential treatment beds in Fiscal Year 2019 and the allocation was exceeded demonstrating the ongoing need.

34. 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 will implement the strategy because it has the responsibility for funding services needed by its priority populations.

35. 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 Mental Health and Recovery Services Board will provide the funding of \$100,000.

36. Where will it be implemented?

The strategy will be implemented at Glenbeigh Inpatient Treatment at Rock Creek.

37. When will it be implemented?

The strategy will be implemented in Fiscal Year 2020.

38. How will it be implemented?

The Mental Health and Recovery Services Board will contract with Glenbeigh to provide 325 residential treatment bed days.

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

A challenge in implementing this strategy will be to ensure that all organizations that interact with persons who have an opiate use disorder are aware of the Board using a new site for residential treatment.

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

If we are successful in adding additional residential treatment beds at a level that addresses the current need, we will see an increase in the number of individuals maintaining long-term recovery, which will improve access for those individuals who need to receive treatment services.

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

Success with the strategy would result in a reduction in the need for treatment services for uninsured or underinsured patients thus eliminating the need for them to incur the costs and open up the resource that assist uninsured and underinsured individuals to those that still need interventions.

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

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

The strategy will provide sufficient capacity to meet the demand for in-county residential treatment.

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 treatment providers offering residential treatment bed days in Ashtabula County then we can expect an increase in the number of bed days.
- If we have an increase in the number of bed days then we can expect a reduced waiting list for residential treatment
- If we reduce the number of persons on the wait list then we can expect persons are able to access the appropriate level of care.

Demonstrate a Cultural Fit with the Community’s Opioid-Related Priorities (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?

During Fiscal Year 2018, approximately 30 persons were on a waiting list for residential treatment at any given point in time. Expanding the number of residential bed days available addresses the identified need. Collaborations for this project include treatment providers, the county jail, Quick Response Team, and members of the Substance Abuse Leadership Team who interact and address treatment needs of persons with opiate use disorder.

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 ecosystem includes members of law enforcement, providers, and organizations that provide information and services to persons with opiate use disorder and their families/significant others. These individuals and organizations will be provided with information regarding this additional resource and referral procedures. They will assist in sustaining the strategy by informing individuals in need of services, their families/significant others, and community members of the availability of additional residential treatment.

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

13. 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 is access to the needed level of care and the outcome variable is the number of additional residential treatment bed days provided in Fiscal Year 2020. Outcomes will be tracked via service utilization reports and feedback from referral sources regarding residential treatment availability.

14. Who will collect and analyze data?

The Ashtabula County Mental Health and Recovery Services Board will be responsible for data collection and analysis.

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

A written report of findings will be shared with the Ashtabula County Mental Health and Recovery Services Board and Substance Abuse Leadership Team.

16. 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 MHRS Board’s contract evaluator collects data regarding service utilization and therefore there will be no additional costs for the evaluation.

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		
MHRS Board contract for additional 325 residential treatment bed days	July 1, 2019	June 30, 2020	MHRS Board Exec. Dir.	# additional bed days obtained
Organizations and providers educated about additional residential treatment option and referral procedures	July 1, 2019	September 1, 2019	MHRS Board Exec. Dir.	# who receive information
Persons with OUD receive residential treatment	July 1, 2019	June 30, 2020	Treatment providers	# additional bed days used

**Ashtabula County Substance Abuse Leadership Team
RCORP-P Strategic Plan Map: Recovery Supports**

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 help persons with OUD start and stay in treatment

Population of Focus:

Adult residents of Ashtabula County who have an opioid use disorder

Theory of Community Change:

If we implement effective peer support training, then we can expect an increased number of certified peer supporters.
If we have more certified peer supporters more persons with OUDs will receive peer support services to help them start and sustain their recovery.

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)		Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	Causal Factor	Root Cause	Evidence-Informed Strategy(ies)	Lead Partner(s) for Strategy & Approximate Budget	Key Activities and Time Line	Outcome for the Root Cause (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome (Long-term Outcome)
Increase the number of peer supporters providing services in Ashtabula County for persons with an OUD.	There are not enough certified peer supporters qualified for hire by providers in Ashtabula County.	There is a need for more frequent and more effective peer support training in the community.	Schedule Peer Support training with OhioMHAS and post training date on OhioMHAS Peer Support Training site.	The MHRS Board will be the lead partner to execute the strategy with an approximate budget of \$3500.	The MHRS Board will schedule Peer Support training and work with relevant organizations to recruit persons for the training. At least one training will occur in FY 20. The Board will follow-up with persons who complete the Peer Supporter training to address needs and barriers related to achieving certification.	Increase the availability of peer support training and certification opportunities	Two newly trained Peer Supporters will be certified and qualified for hire in FY 20	Increase the number of Peer Supporters providing services in Fiscal Year 2020 when compared to FY 2019.
Three peer supporters are providing services to persons with OUD in Ashtabula County in Fiscal Year 2020 - one at each treatment agency.	Currently, there are only 8 certified peer supports in Ashtabula County. <u>Data Source</u> – OhioMHAS Peer Certification and Supervisory Database (9/2019)	Peer Support training was offered once in 2016 for five consecutive days and once in 2019 on five consecutive Saturdays.	Recruitment of persons who may be interested in becoming peer supporters via providers and organizations that interact with current and former clients. Provide peer supporter training on 5 consecutive Saturdays. Follow-up with persons who attended the training to determine any assistance needed in becoming certified. Work with providers to hire peer supporters.			<u>Data Source</u> – MHRS Board Records	<u>Data Source</u> – MHRS Board Records	<u>Data Source</u> – MHRS Board Records

Coalition/Group Name: Substance Abuse Leadership Team
County: Ashtabula County
Date Submitted: August 9, 2019
Date Reviewed: September 19, 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:

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

Adults with opiate use disorder who would benefit from a peer supporter to maintain and sustain their recovery.

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

Ensure the provision of three peer supporters providing services to persons with OUD in Ashtabula County in Fiscal Year 2020.

42. What is the strategy that will be implemented?

The Board will advertise and recruit individuals interested in becoming certified peer supporters. The MHRS Board will provide OHIOMHAS Peer Supporter training on five consecutive Saturdays to make it amenable to more individuals who may be interested in becoming peer supporters. The Board will follow-up with persons who complete the Peer Supporter training to address needs and barriers related to achieving certification.

43. 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 Board previously provided the training for five consecutive days which resulted in poor interest and attendance. During Fiscal Year 2019, the Board provided on five Saturdays and had consistent attendance by 10 persons. However, not all of those who attended chose to become certified.

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

The MHRS Board will implement this strategy and is taking the lead because they are in the best position to advertise to all providers and organizations and is the funder of the training.

45. 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 MHRS Board will provide the \$3500 needed to implement the training. The Board Executive Director or designee will provide on-site support each Saturday by being available to answer questions persons attending the training may have regarding the Ashtabula County service delivery system.

46. Where will it be implemented?

Juvenile Court Resource Center because it is open on the weekends and has sufficient space at a central location in the county.

47. When will it be implemented?

Fiscal Year 2020.

48. How will it be implemented?

The Board will schedule the training with OhioMHAS and then collaborate with all contract providers requesting they identify persons who are interested in becoming peer supporters. The training will also be made available to the Board's Hospital Collaborative to make the training available to regional partners. The training will also be posted on the OhioMHAS Peer Support Training site as an upcoming training.

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

Recruitment of enough local persons to attend the training that will continue and become certified.

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

If we are successful in adding additional peer supporters in the community, we will see an increase in the number of individuals maintaining long-term recovery, which will improve access for those individuals who need to receive treatment services.

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

Success with the strategy would result in a reduction in the need for treatment services for uninsured or underinsured patients thus eliminating the need for them to incur the costs and opening up the available resources that support uninsured and underinsured individuals to better meet the presenting needs.

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

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

There are currently three certified peer supporters working in Ashtabula County and a minimum of three additional certified peer supporters are needed.

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 implement effective peer support training, then we can expect an increased number of certified peer supporters.
- If we have more certified peer supporters more persons with OUDs will receive peer support services to help them start and sustain their recovery.

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

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

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

The strategy aligns with the needs of the target population because peer support services are a proven mechanism to assist persons with opiate use disorder in achieving and maintaining recovery. The Board will collaborate with its three behavioral health service providers to recruit persons interested in becoming peer supporters and hire peer support staff to implement the service.

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 opioid ecosystem will assist in sustaining this strategy in the community by continuing to reduce stigma and increase the acceptance of persons who have had a substance use disorder.

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

17. 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 is the number of providers who do not utilize peer supporters due to the lack of trained peer supporters available in Ashtabula County. The outcome variable is the number of trained peer supporters employed at each Board contract service provider. The outcome to be tracked will be the number of peer supporters trained, certified, and hired by providers during Fiscal Year 2020.

18. Who will collect and analyze data?

The Ashtabula County Mental Health and Recovery Services Board will be responsible for data collection and analysis.

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

A written report of findings will be shared with the Ashtabula County Mental Health and Recovery Services Board and Substance Abuse Leadership Team.

20. 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 MHRS Board's contract evaluator collects data regarding recovery support services and therefore there will be no additional costs for the evaluation.

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		
Schedule Peer Support training with OhioMHAS and post training date on OhioMHAS Peer Support Training site	October 1, 2019	June 30, 2020	MHRS Board	Training date set
Recruitment of persons who may be interested in becoming peer supporters via providers and organizations that interact with current and former clients	October 1, 2019	June 30, 2020	MHRS Board	Number of persons enrolled in training
Provide peer supporter training on 5 consecutive Saturdays	January 1, 2020	March 30, 2020	MHRS Board	Number of training days
Follow-up with persons who attended the training to determine any assistance needed in becoming certified	March 30, 2020	June 30, 2020	MHRS Board	Number of attendees who become certified
Work with providers to hire the trained peer supporters	March 30, 2020	June 30, 2020	MHRS Board	Number of peer supporters hired

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

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

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:

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

Please type your response here.

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

Please type your response here.

52. 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

53. 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.

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

Please type your response here.

55. 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

56. Where will it be implemented?

Please type your response here.

57. When will it be implemented?

Please type your response here.

58. How will it be implemented?

Please type your response here.

59. 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 CCIM4C strategic plan. And complete the supplemental document.

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

Evaluation

21. 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.

22. Who will collect and analyze data?

Please type your response here.

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

Please type your response here.

24. 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.			