COP-RCORP

Communities of Practice for Rural Communities Opioid Response Program

Core Activity 3: Strategic Plan

Sandusky County, Ohio

Health Partners of Sandusky County

Sandusky County Public Health

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Acknowledgements

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

Sandusky County Public Health
Sandusky County Health Partners
September 29, 2019

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Introduction

RCORP-Planning

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

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

COP-RCORP Consortium

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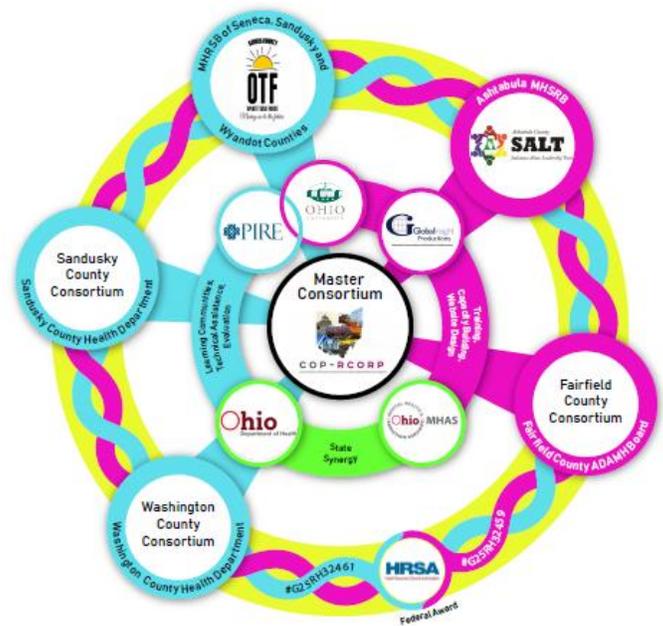

Figure 1. CoP-RCORP Organizational Chart.

COP-RCORP Strategic Planning Approach

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

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

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

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

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

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

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

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

Sandusky County Health Partners Strategic Plan
to Address Opioid Use Disorder

Sandusky County Health Partners' 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 an infrastructure development strategy to reduce access to prescription drugs of abuse in order to reduce the occurrence of opioid use disorders among new and at-risk users.

Theory of Change:
- If we increase the knowledge of how to safely dispose of prescription medication, then there will be an increase in proper disposal methods as evidenced by the Sandusky County Community Health Assessment.
- If we increase in proper disposal methods, then there will be decrease in prescription drug misuse as evidenced by the Sandusky County Community Health Assessment.
- If we reduce prescription drug misuse, then there will be a reduction in Opioid Use Disorder deaths as evidenced by Sandusky County Coroner's report on unintentional opioid overdose death rates

Prevention – Demand Reduction
Goal:
- This plan proposes an active youth-led media campaign targeting youth in grades 6 -12 aimed at increasing knowledge of harmful effects and perceptions of harm of prescription drug misuse.

Theory of Change:
- If we increase youth knowledge of the harmful effects of misusing prescription drugs, then youth will report an increase in perceived risk of harm of prescription drug misuse as evidenced by the Sandusky County Community Health Assessment.

- If youth report an increase in perceived risk of harm of prescription drug misuse, then youth perceptions of peer disapproval will increase as measured by the Sandusky County Community Health Assessment.
- If there is an increase perception of peer disapproval, then we will reduce drug misuse among Sandusky County youth in grades 6-12 as measured by the Sandusky County Community Health Assessment

Prevention – Harm Reduction

Goal:
- This plan proposes a strategy to distribute Project Dawn kits at local events and trainings. In addition, Sandusky County residents will be trained in how to use the Project Dawn kits and will be educated on how to identify the signs and symptoms of an opioid overdose.

Theory of Change:
- If there is an increase in the number of available Project Dawn Kits, then there will be an increase in the naloxone distribution as evidenced by number of kits distributed.
- If distribution of naloxone increases, then friends and family who obtain will be able to provide immediate medical intervention when witnessing an opioid overdose as evidenced by the number of Project Dawn kits used.
- If there is an increase in the number of friends and family providing immediate medical intervention, then there will be a reduction in Opioid Use Disorder deaths as evidenced by the Ohio Department of Health, Sandusky County unintentional opioid overdose death rates.

Treatment

Goal:
- This plan proposes a strategy to educate OBGYN physicians' offices on the benefits of the electronic PRAF. Public health nurses will plan and hold an introduction training to the use of the electronic Pregnancy Risk Assessment Form (PRAF) and the importance of identifying at risk pregnant moms. They will then follow up with individual offices to setup the electronic PRAF system and will train staff and healthcare providers on how to use the electronic PRAF system.

Theory of Change:
- If we increase physician's knowledge on the use and benefits of the electronic PRAF system, then we will increase the number PRAFs submitted as evidenced by number of OBGYN offices reporting number of PRAFs submitted.
- If we increase the number of PRAFs submitted, then we will increase the number of pregnant women referred for high risk behaviors as evidence by the number of OBGYN offices reporting pregnant women identified for high-risk behavior.
- If we increase the number of pregnant women referred for high risk behaviors, then we will increase the number of women who receive treatment and support services during pregnancy as evidenced by number of positive drug screens.

Recovery

Goal:
- This plan proposes a workforce development strategy and will provide local trainings to increase the number of certified SUD peer coaches; Activities under this strategy also include recruitment of a peer support trainer to increase and maintain local capacity.

Theory of Change:

- If we provide local trainings for certified substance use disorder (SUD) peer coaches and peer support trainers, then there will be an increase in accessibility to peer support training.
- If we increase accessibility to peer support trainings, then there will be an increase the number of certified SUD peer coaches in Sandusky County.
- If we increase the number of certified SUD peer supports in Sandusky County, then there will be a reduction in opioid use disorder (OUD) deaths.

Sandusky County, Ohio

RCORP-P Strategic Plan Map: *Supply Reduction*

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

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

Reducing access to prescription drugs of abuse will reduce the number of Sandusky County residents who misuse prescription medications. In turn, this will reduce occurrence of opioid use disorders among Sandusky County residents.

Population of Focus:
The priority population is Sandusky County residents who have unused, unwanted or expired prescription drug medication.

Theory of Community Change:
If we increase the knowledge of how to safely dispose of prescription medication, then there will be an increase in proper disposal methods as evidenced by the Sandusky County Community Health Assessment.
If we increase in proper disposal methods, then there will be decrease in prescription drug misuse as evidenced by the Sandusky County Community Health Assessment.
If we reduce prescription drug misuse, then there will be a reduction in Opioid Use Disorder deaths as evidenced by Sandusky County Coroner's report on unintentional opioid overdose death rates.

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)		Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	**Causal Factor**	**Root Cause**	**Evidence-Informed Strategy(ies)**	**Lead Partner(s) for Strategy & Approximate Budget**	**Key Activities and Time Line**	Outcome for the **Root Causes** (Shorter-term Outcomes)	Outcome for the **Causal Factor** (Mid-term Outcome)	**Opioid Use Disorder** Outcome (Long-term Outcome)
Reduce Opioid Use Disorder (OUD) deaths among Sandusky County residents	Adults in Sandusky County are misusing prescription medication.	Sandusky County residents lack knowledge of proper disposal methods for prescription medications.	Infrastructure Development Strategy- Promote the proper disposal of prescription medication. This will include the promotion of use of local medication takeback boxes and the purchase and distribution of Deterra disposal bags.	**Personnel/Fringe** (10% FTE) $5,000 **Advertising** (billboards, Radio, Paid/Social Media) $2,000 **Printing** (flyers, cards, etc.) $750 **Supplies** Deterra Bags $500 **Travel** $750 **Total** **$9,000**	Engage key stakeholders and SCCC members 11/2019 – Ongoing Develop a marketing campaign to increase knowledge on proper disposal methods 1/2020 - 4/2020 Implement strategy 4/2020 – ongoing Distribute Deterra bags 4/2020 – ongoing Collect data 4/2020 - ongoing	Sandusky County residents are disposing of medication in a safe and proper manner as evidenced by reporting proper disposal methods.	A decrease in prescription drug misuse as evidence by number of adults who report using 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	Decrease in Opioid Use Disorder (OUD) Deaths
There have been 96 total unintentional drug overdose death in Sandusky County from 2009-2018 (Sandusky County Coroner, 2018).	10% 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. (2016-2017 Sandusky County CHA)	Adults indicated they did the following with their unused prescription medication: • 13 % kept them • 13% threw them in the trash • 10% flushed them down the toilet • 2% kept them in a locked cabinet (2016-2017 Sandusky County CHA)				2019-2020 Sandusky County Community Health Assessment will show an increase in the number of Sandusky County residents who dispose of prescription medication using proper disposal methods. Data will be collected every three years from the Sandusky County Community Health Assessment	2019-2020 Sandusky County Community Health Assessment will show a reduction in the percentage of Sandusky County residents who report using 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 Data will be collected every three years from the Sandusky County Community Health Assessment	Reduction in the number of unintentional drug overdose deaths. Data will be collected annually from the Sandusky County Coroner's office.

Coalition/Group Name: Health Partners of Sandusky County
County: Sandusky County, Ohio
Date Submitted: August 9, 2019
Date Reviewed: September 22, 2019

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COP-RCORP Strategy Description Form: Supply Reduction

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

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

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

    The priority population intended to be targeted by this strategy Sandusky County residents that have unused, unwanted or expired prescription drug medication.

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

    According to the 2016 Sandusky County community Health Assessment, adults indicated they did the following with their unused prescription medication: 13 % kept them; 13% threw them in the trash; 10% flushed them down the toilet; and 2% kept them in a locked cabinet.

    Sandusky County's senior population are many times unable to leave their homes due to illness, lack of transportation and are unable to visit a drop-off site immediately or those uncomfortable holding on to their medication until a drug take-back event; therefore, an at home solution is needed. Deterra disposal bags allow individuals to safely dispose of their prescription medication by placing them in the bag, adding water, and then sealing it to be thrown in the garbage. Sandusky County Combined Coalition (SCCC) will also build partnerships with local physicians, dentists, pharmacies and assisted living homes to increase access to proper drug disposal methods, including those using Deterra bags.

3. What is the strategy that will be implemented?

    The Coalition will develop a plan to promote the proper disposal of prescription medication. This will include the promotion of use of local medication takeback boxes and the purchase and distribution of Deterra disposal bags.

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?)

    Sandusky County has had take-back boxes in place for 8 years and has been educating community members on the seriousness of prescription medication misuse. As the opiate epidemic has evolved, the SCCC has realized that current strategies focusing on supply reduction need to be expanded and current efforts need to be enhanced with the addition of Deterra bags to increase proper disposal options.

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

    Sandusky County Public Health is the coordinating agency of the SCCC and will take the lead due to existing drug disposal efforts. The supply reduction strategy will be implemented in partnership with Sandusky County Combined Coalition member agencies. Sandusky County Combined Coalition, a local collaborative made up of prevention, treatment and recovery support agencies, will address the need to properly dispose of prescription opioids that are no longer needed or are expired.

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.).

    Sandusky County Public Health is the fiscal and coordinating agent for R-CORP. SCHP will partner and contact with local agencies to plan and provide strategy implementation and evaluation. Other anticipated costs include:

    Budget Summary:

Cost	R-CORP	In-kind	Total
Personnel/Fringe (SCPH 10% FTE)	$5,000	$0	$0
Travel	$750	$0	$0
Equipment	$0	$0	$0
Supplies (Deterra bags)	$500	$0	$0
Contractual	$0	$0	$0
Other (advertising, printing)	$2,750	$0	$0
Total	**$9,000**	**$0**	**$0**

7. Where will it be implemented?

    This strategy will be implemented throughout Sandusky County.

8. When will it be implemented?

    Implementation will begin in the fall/winter of 2020, with full implementation of the planned strategies taking place after the development of the campaign.

9. How will it be implemented?

    SCCC partners will create a marketing plan to promote proper disposal of unused, unwanted and expired prescription medication. This will include permanent medication take back boxes located in local law enforcement agencies, the purchase and distribution of Deterra bags. A campaign will be developed and implemented throughout the community by SCCC partners. SCCC members will assist with promotion of materials. These potential partners include senior centers, hospitals, primary care physicians, dentists, pharmacies, and other interested agencies to share with their consumers who could benefit from having drug deactivation systems in their homes.

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

    Nothing expected at this time.

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

    This strategy addresses accessibility and affordability by increasing the accessibility of low to no-cost disposal options for Sandusky County residents that have unused, unwanted or expired prescription drug medication.

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

    This strategy contributes to eliminating or reducing costs of treatment for uninsured or underinsured patients by providing proper disposal options for unused, unwanted or expired prescription drug medication. Because less

prescription medication will be available for misuse in Sandusky County, this will reduce the need for OUD/SUD treatment and also and will contribute to reducing future treatment needs and 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?

Sandusky County's needs assessment highlights that there is a lack of use of proper disposal methods by Sandusky County residents. According to the 2016 Sandusky County Community Health Assessment, Adults indicated they did the following with their unused prescription medication: 13 % kept them; 13% threw them in the trash; 10% flushed them down the toilet; 2% kept them in a locked cabinet. In addition, 10% 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 increase the knowledge of how to safely dispose of prescription medication, then there will be an increase in proper disposal methods as evidenced by the Sandusky County Community Health Assessment.

If we increase in proper disposal methods, then there will be decrease in prescription drug misuse as evidenced by the Sandusky County Community Health Assessment.

If we reduce prescription drug misuse, then there will be a reduction in Opioid Use Disorder deaths as evidenced by Sandusky County Coroner's report on unintentional opioid overdose death rates.

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?

This strategy complements and expands upon other drug disposal efforts that are already in place in Sandusky County. These efforts have fit the needs and culture of our community—but additional efforts are now needed. Our proposed strategy makes it more convenient for Sandusky County residents to dispose of their unwanted medications. According to 2015 census data, 15% of county residents are age sixty-five and older. Older adults are more likely to be prescribed medication and may be less likely to have means to dispose of them properly. Therefore, SCCC will be forming partnerships with agencies and doctors that serve these individuals.

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

SCCC recognizes that transportation in rural areas can often be an issue. The goal is to make Deterra accessible in places individuals normally visit. Doctors' offices, pharmacies, and community events will be the main place Deterra will be made available to the public.

There are six existing locations county residents can drop off their unwanted medication. The police departments in Bellevue, Clyde, Fremont, Gibsonburg, and Woodville all have take-back boxes along with the Sandusky County Sheriff's Office.

The take-back boxes have been utilized but more education and awareness can be done in regard to drug disposal. By educating the public, this issue will result in increased usage of the drug disposal programs offered in Sandusky County.

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

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

SCCC has over 65 members and is comprised of local doctors, hospitals, law enforcement, faith-based leaders, social services, school administration, and government officials. This strategy can be successful if each one of our existing partners play an active role in implementation. These strengths and the cross-sector participation of our members will be a major contributor in the sustainability of proper drug disposal in our community.

Sustainability is feasible (operationally and administratively) because a "new" service is not being created, but rather we are expanding on existing services and programs to increase the availability of those services to Sandusky County residents. Staff of existing prevention efforts will be asked to participate when appropriate based on their service, knowledge and skills.

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

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

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

Evaluation

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

    a. Intervening variables: (Qualitative)

        i. How closely did the implementation match the plan?

        ii. What types of changes were made to the originally proposed plan?

        iii. What led to the changes in the original plan?

        iv. What effect did the changes have on the planned intervention?

    b. Outcome variables: (Quantitative)

  i. Number of adults reporting use of proper medication disposal methods.

  ii. Number of adults who report decrease prescription drug misuse.

  iii. Number of unintentional drug overdose deaths.

c. Outcome monitoring and demonstrate success:

  i. Analysis and comparison of baseline data and outcome data.

  ii. Year-to-year time period analysis and comparison outcome data.

  iii. Monitor Process indicators

2. Who will collect and analyze data?

Sandusky County Public Health is the coordinating agency of the SCCC and will collect and track data. The Hospital Council of Northwest Ohio will collect the Community Health Assessment and the Sandusky County Coroner's Office will share data on unintentional drug overdose deaths.

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

Data will be shared with key stakeholders, partner agencies and to the general public through print and online reports distributed via email, websites, social media, coalition meetings and community 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.

Evaluation costs associated with the Sandusky County Community Health Assessment are covered by Sandusky County Health Partners. Data from the Coroner's Office is readily available at no cost. Evaluation information will be compiled by the Project Director, project staff, and partners. Time and salary support for the Project Director and other project staff are covered by the proposed budget for this strategy.

Action Planning: Theory of Action

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

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
Engage key stakeholders and SCCC members	11/2019	Ongoing	Thomas Miller (SCPH)	Sign-in Sheet, Meeting Notes
Develop a marketing campaign to increase knowledge on proper disposal methods	1/2020	4/2020	Thomas Miller (SCPH) and SCCC Members	Marketing Plan
Implement strategy	4/2020	ongoing	Thomas Miller (SCPH) and SCCC Members	Spreadsheet of distribution methods and quantity
Distribute Deterra bags	4/2020	ongoing	Thomas Miller (SCPH) and SCCC Members	Spreadsheet of distribution methods and quantity
Collect data	4/2020	ongoing	Thomas Miller, Stacey Gibson and Marsha Overmyer (SCPH)	Bi-annual data collection report

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

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

This plan is related to the RCORP-Planning goal of reducing the occurrence of opioid use disorder among new and at-risk users through prevention activities such as community and provider education.
Youth in Sandusky County report prescription drug misuse, our county will implement a youth-led media campaign in order to educate youth on the harmful effects of prescription drug misuse

Population of Focus:
Sandusky County youth in grades 6-12

Theory of Community Change:

IF we increase youth knowledge of the harmful effects of misusing prescription drugs, then youth will report an increase in perceived risk of harm of prescription drug misuse as evidenced by the Sandusky County Community Health Assessment.

IF youth report an increase in perceived risk of harm of prescription drug misuse, then youth perceptions of peer disapproval will increase as measured by the Sandusky County Community Health Assessment.

IF there is an increase perception of peer disapproval, then we will reduce drug misuse among Sandusky County youth in grades 6-12 as measured by the Sandusky County Community Health Assessment.

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)			Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	Causal Factor	Root Cause	Evidence-Informed Strategy(ies)	Lead Partner(s) for Strategy & Approximate Budget	Key Activities and Time Line	Outcome for the Root Causes (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome (Long-term Outcome)
Reduce prescription drug misuse among Sandusky County youth in grades 6-12.	Sandusky County youth do not perceive that peers disapprove of prescription drug misuse	Sandusky County youth do not perceive that prescription drug misuse is harmful	Environmental Strategy Active youth-led media campaign targeting youth in grades 6th -12th aimed at increasing knowledge of harmful effects and perceptions of harm of prescription drug misuse.	The lead partner will be Community Youth Coalition in collaboration with Prevention Partnership Coalition.

Community Youth Coalition (Contract) $6,000
Media campaign Design Advertising (Pandora, Spotify, Snapchat, Instagram, etc.)
Printing (flyers, cards, etc.)
Food for youth-led meetings | Review strategy and project goals with youth (Community Youth Coalition)

11/2019 - 1/2020

Brainstorm media campaign ideas
1/2020 - 3/2020

Select media campaign
3/2020 -3/2020

Create, film, record campaign | Increase number of Sandusky youth who report risk of harming themselves if they misuse prescription drugs | Increase the number of youth reported their peers would disapprove of them misusing prescription drugs | Reduce presciption drug misuse among Sandusky County youth by 1% as evidenced by the Sandusky County Community Health Assessment. |
| 6% of youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives. (SCCHA 2016) | Only 73% of youth reported their peers would disapprove of them misusing prescription drugs. (SCCHA 2016) | Only 53% youth report "great risk" of harming themselves if they use prescription drugs; of these, 17% of youth report No Risk or Slight Risk (SCCHA 2016) | | **Travel** $200

Personnel (10% FTE, SCPH)

$5,000

Total $10,200 | 4/2020 - 8/2020

Meet with media companies, sign contracts.
4/2020- 8/2020
Campaign Kick (implementation)
9/2020 -Ongoing

Collect and data
9/2020 - Ongoing | Data collected on the Sandusky County Community Health Assessment on the number of youth who report risk of harming themselves if they use prescription drugs | Data collection on the Sandusky County Community Health Assessment on the number of youth reported their peers would disapprove of them misusing prescription drugs | Data collected on the Sandusky County Community Health Assessment on the number of youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives. |

Coalition/Group Name: Health Partners of Sandusky County
County: Sandusky County, Ohio
Date Submitted: August 9, 2019
Date Reviewed: September 22, 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:

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

   The priority population intended to be targeted by this strategy is Sandusky County youth in grades 6th -12th.

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

   The unique needs of the service population will be addressed creating and implementing an active social media campaign. This will use youth-led social media and music streaming ads. The youth-led media campaign will be implemented using contract media personnel and leveraging relationships with coalition members to drive the campaign. Youth value the opinion of their peers, which play a role in their decision making. By creating a youth led campaign, we will strengthen peer-peer influence and help to increase perception of risk of harm for prescription drug misuse.

3. What is the strategy that will be implemented?

   The strategy that will be implemented is an active youth-led media campaign in order to educate youth on the harmful effects of prescription drug misuse.

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

   The Prevention Partnership Coalition (PPC) has a history of successful media campaign implementation with tobacco and alcohol education/prevention. This expands on our current strategies to include education on reducing youth prescription drug use in Sandusky County.

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

   The Community Youth Coalition (CYC) led by Cassandra Tucker will take the lead on this strategy; Cassandra Tucker is also an active member of the Prevention Partnership Coalition (PPC). CYC is an organized group of young people who are motivated to improve the health of their peers. Thomas Miller from Sandusky County Public Health (SCPH) and other PPC members will assist in the coordination of contracts with various media companies.

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.).

   Sandusky County Public Health is the fiscal and coordinating agent for R-CORP. SCHP will partner and contact with local agencies to plan and provide strategy implementation and evaluation. Other anticipated costs include:

   Budget Summary:

Cost	R-CORP	In-kind	Total
Personnel/Fringe (10% FTE)	$5,000	$0	$0
Travel	$200	$0	$0
Equipment	$0	$0	$0
Supplies	$	$0	$0
Contractual (Community Youth Coalition)	$6,000	$0	$0
Other	$0	$0	$0
Total	**$11,000**	**$0**	**$0**

Community Youth Coalition: Contract to include: Media campaign Design; Advertising (Pandora, Spotify, Snapchat, Instagram, and similar social media sources); Printing (flyers, cards, etc.); Food for youth-led meetings.

7. Where will it be implemented?

    This strategy will be implemented on Sandusky County Public Health social media pages and music streaming apps (and other forms depending on discussions with youth).

8. When will it be implemented?

    Planning of the media campaign will begin in November 2019, with the goal of implementation beginning in the fall of 2020.

9. How will it be implemented?

    The Community Youth Coalition will work with a local media consultant to create and implement media messages. Initial meetings with youth will include a review of the strategy and project goals and a brainstorm of ideas. The youth-led media campaign will be implemented using contract media personnel and leveraging relationships with coalition members to drive the campaign. The youth will select media campaign, then create, film, and record campaign ideas. CYC will host a campaign Kick-off and PPC members will help to disseminate campaign materials.

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

    None at this time

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

    This strategy does not directly impact affordability off services delivered to priority population of Sandusky County youth in grades 6 -12. However, it is designed to improve accessibility to prevention services. In addition, because the strategy is designed to increase knowledge on the harmful effects of prescription drug misuse and perceptions of harm, the strategy is designed to prevent the onset of OUD/SUD in Sandusky County youth. In doing so, this strategy indirectly impacts accessibility of early intervention and treatment services for the priority population.

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

Because this strategy is focused on prevention for school-age youth in Sandusky County, it does not directly contribute to reducing the cost of treatment for uninsured or underinsured patients. However, this prevention strategy will create a media campaign on the harmful effects of prescription drug misuse which will reduce youth misuse of prescription drugs and in doing so will contribute to reduced future treatment needs and 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?

Data from our needs assessment shows that 6% of Sandusky youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives. (SCCHA 2016) In addition, only 73% of youth reported their peers would disapprove of them misusing prescription drugs. It is also reported that 53% youth report "great risk" of harming themselves if they use prescription drugs; of these, 17% of youth report "no risk" or "slight risk" (SCCHA 2016).

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 youth knowledge on the harmful effects of misusing prescription drugs, then youth will report an increase in risk of harm of prescription drug misuse as evidenced by the Sandusky County Community Health Assessment.

IF youth report an increase in risk of harm of prescription drug misuse, then youth perceptions of peer disapproval will increase as evidenced by the Sandusky County Community Health Assessment.

IF there is an increase perception of peer disapproval, then we will reduce drug misuse among Sandusky County youth in grades 6-12 as evidenced by the Sandusky County Community Health Assessment.

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?

Peer-led conversations are an effective strategy to reduce risky behaviors. A media campaign is an effective way to educate a large number of youth about the risks of prescription drug misuse.

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

The Community Youth Coalition and PPC coalition members have a strong working partnership. Media campaigns created by youth to their peers will ensure that youth are hearing and understating the messages created.

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..

Sustainability is feasible (operationally and administratively). This strategy can be successful if each one of our existing partners play an active role in implementation. Successful implementation by the coalition will support continued work to leverage funds from other community resources/grants to continue the media campaign beyond the RCORP-P grant timelines.

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

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

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

B. For **any other strategy**, please describe the evidence or support for documented effectiveness to select the intervention and include it in the CoP-RCORP strategic plan and complete the supplemental document.
1.   Is the strategy included in Federal registries of evidence-based interventions?
     a.   Yes
     b.   If yes, please provide supporting documentation.
          Media campaigns are a CSAP-identified evidence-based environmental strategy. In addition, see

          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.

     c.   If no, please continue to question 2.
2.   Has the strategy been reported (with positive effects on the priority targeted outcome) in peer reviewed journals?
     a.   Yes or No
     b.   If yes, please list supporting documentation.
     c.   If no, please continue to question 3.

3. Does the strategy have documented effectiveness supported by other sources of information and the consensus judgement of informed experts as described in the following set of guidelines, *all of which must be met*:
   a. Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model.
      i. Please provide supporting documentation. Please see the accompanying strategic plan map for articulation of 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.
      i. Please provide supporting documentation. The proposed campaign is similar in nature and structure to what has been successfully implemented in other Ohio communities. It also is similar to SAMHSA's *Talk, They Hear You* campaign.
   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. 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.
      i. The intervention has been reviewed by the COP-RCORP Consortium and the COP-RCORP Leadership Team.

Evaluation

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

   a. Intervening variables: (Qualitative)

      i. How closely did the implementation match the plan?

      ii. What types of changes were made to the originally proposed plan?

      iii. What led to the changes in the original plan?

      iv. What effect did the changes have on the planned intervention?

   b. Outcome variables: (Quantitative)

      i. Number of youth in grades 6th-12th reporting slight, moderate or great risk of harm of prescription drug misuse

      ii. Number of youth in grades 6th-12th reporting peer disapproval of substance use.

      iii. Number of youth in grades 6th – 12th reporting prescription drug misuse

   c. Outcome monitoring and demonstrate success:

      i. Analysis and comparison of baseline data and outcome data.

      ii. Year-to-year time period analysis and comparison outcome data.

      iii. Monitor Process indicators

2. Who will collect and analyze data?

    Sandusky County Public Health is the coordinating agency of the PPC and will collect and track data in partnership with CYC. Hospital Council will collect the Community Health Assessment.

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

    Data will be shared to key stakeholders, partner agencies and to the general public through print and online reports distributed via email, websites, social media, coalition meetings and community 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.

    Evaluation costs associated with the Sandusky County Community Health Assessment covered by Sandusky County Health Partners. Evaluation information will be compiled by the Project Director, project staff, and partners

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		
Review strategy and project goals with youth (Community Youth Coalition)	11/2019	1/2020	Cassandrea Tucker (CYC) and Thomas Miller (SCPH)	Agenda, Meeting Minutes, Sign-in Sheet and Handouts
Brainstorm media campaign ideas	1/2020	3/2020	Cassandrea Tucker (CYC) and Youth	Meeting Minutes
Select media campaign	3/2020	3/2020	Cassandrea Tucker (CYC) and Youth	Meeting Minutes
Create, film, record campaign	4/2020	8/2020	Cassandrea Tucker (CYC) and Youth	Campaign Materials
Meet with media companies, sign contracts.	4/2020	8/2020	Cassandrea Tucker (CYC) and Thomas Miller (SCPH)	Contracts
Campaign Kick (implementation)	9/2020	Ongoing	Cassandrea Tucker (CYC), Youth and PPC Members	Spreadsheet with roll-out dates/plans
Collect and analyze data	9/2020	Ongoing	Thomas Miller and Stacey Gibson (SCPH)	Evaluation Report

Sandusky County, Ohio
RCORP-P Strategic Plan Map: *Overdose Prevention*

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

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

This plan is related to the RCORP-Planning goal of reducing the occurrence of opioid use disorder among new and at-risk users, as well as fatal opioid-related overdoses,
through activities harm reduction measures including the strategic placement and use of overdose reversing devices, such as naloxone, and syringe services programs.
By increasing access to training to identify and respond to overdose, Sandusky County residents will be better equipped to provide life-saving intervention to those experiencing opioid overdose.

Population of Focus:
The priority population are Sandusky County residents who are interested in receiving training on how to administer naloxone to anyone with OUD.

Theory of Community Change:
If there is an increase in the number of available Project Dawn Kits, then there will be an increase in the naloxone distribution as evidenced by number of kits distributed.
If distribution of naloxone increases, then friends and family who obtain will be able to provide immediate medical intervention when witnessing an opioid overdose as evidenced by the number of Project Dawn kits used.
If there is an increase in the number of friends and family providing immediate medical intervention, then there will be a reduction in Opioid Use Disorder deaths as evidenced by the Ohio Department of Health, Sandusky County unintentional opioid overdose death rates.

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)			Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	Causal Factor	Root Cause	Evidence-Informed Strategy(ies)	Lead Partner(s) for Strategy & Approximate Budget	Key Activities and Time Line		Outcome for the Root Causes (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome (Long-term Outcome)
Reduction in the number of opioid use disorder (OUD) deaths in Sandusky County	Sandusky County residents are not able to provide immediate medical intervention when witnessing an opioid overdose.	The are no Project Dawn sites locally, Project Dawn kits are not distributed in Sandusky County.	Infrastructure Development Strategy – Project Dawn kits will be distributed at local events and trainings. Sandusky County residents will be trained in how to use the Project Dawn kits and will be educated on how to identify the signs and symptoms of an opioid overdose.	Sandusky County Public Health (SCPH) will partner with Sandusky County EMS to provide trainings and distribute Project Dawn kits to the residents of Sandusky County. Personnel (5% FTE) $2,500 Travel $200 EMS Personnel (Contract) $2,500	Purchase Narcan 11/2019 Develop Training Material 12/2019 - 1/2020 Plan Dates and Locations of Trainings 2/2020 Promote Trainings and availability per 1:1 consult 2/2020 - Ongoing Host Trainings 2/2020 - Ongoing		Increase distribution of Project Dawn Kits as evidence by number of kits distributed.	Increase in the number of residents carrying and administering Naloxone as evidenced by follow-up phone calls to participants receiving kits	Reduction in opioid use disorder (OUD) deaths as measured by Sandusky County Coroner.
There have been 96 total unintentional drug overdose death in Sandusky County from 2009-2018 (Sandusky County Coroner, 2018).	There has been no/zero reported use of Project Dawn kits in Sandusky County.	No Project Dawn Kits have been distributed in Sandusky County		Project Dawn Kits ($70 per Kit x 50 kits) $3,500 Training Supplies $500 Printing $300 Total Budget: $9,500	Distribute Narcan/Project Dawn Kits 2/2020 - Ongoing Collect and Report Data 8/2020 - Ongoing		Distribution data will be collected at each training and distribution event by Sandusky County Public Health staff.	Data on the number of kits used and replacements needed will be collected via phone by Sandusky County Public Health.	Data will be collected annually from the Sandusky County Coroner's office.

Coalition/Group Name:	Health Partners of Sandusky County
County:	Sandusky County, Ohio
Date Submitted:	August 9, 2019
Date Reviewed:	September 22, 2019

COP-RCORP Strategy Description Form: Overdose Prevention

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

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

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

    The priority population are Sandusky County residents who are interested in receiving training on how to administer naloxone to anyone exhibiting signs of OUD or an opioid overdose.

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

    Sandusky County EMS and Sandusky County Public Health (SCPH) will partner to distribute Project Dawn kits on a regular schedule at various locations across Sandusky County. Training will also be provided at SCPH on a walk-in basis during normal business hours for those needing immediate access.

3. What is the strategy that will be implemented?

    Project Dawn trainings will be offered free of charge to the Sandusky County community focusing on identifying the signs/symptoms of an opioid overdose. This will also include education on how to administer intranasal Naloxone in the case of a suspected opioid overdose. Project Dawn Kits will be distributed.

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?)

    There are no programs within Sandusky County that are providing Narcan to the general public (i.e. friends, family members, and bystanders). In the past, SCPH has received a small amount of funding from OhioMHAS in order to provide Naloxone to law enforcement agencies and first responders. Our local hospital system ProMedica was recently awarded a grant from ODH to start providing Project Dawn upon discharge to anyone presenting to the ER with opiate overdose. In the past, there have been trainings on the proper use of Narcan but participants were required to purchase their own supply of the life-saving medication. This new strategy of Project Dawn distribution will be an expansion of existing efforts within the county.

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

    Sandusky County EMS will take the lead in distributing Naloxone and will lead training efforts due to their extensive knowledge and use of this medication in the past.

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.).

Sandusky County Public Health is the fiscal and coordinating agent for RCORP-Planning. SCPH will partner and contract with local agencies to plan and provide strategy implementation and evaluation. Other anticipated costs include:

Budget Summary:

Cost	R-CORP	In-kind	Total
Personnel/Fringe (SCPH 5% FTE)	$2,500	$0	$0
Travel	$200	$0	$0
Equipment	$0	$0	$0
Supplies (Project Dawn Kits; training supplies	$4,000	$0	$0
Contractual	$2,500	$0	$0
Other (advertising, printing)	$300	$0	$0
Total	**$9,500**	**$0**	**$0**

7. Where will it be implemented?

    Project Dawn distribution will be offered throughout Sandusky County at various locations within our large rural county.

8. When will it be implemented?

    Project Dawn Kits will be purchased in December 2019 with trainings beginning in January and continuing bi-monthly.

9. How will it be implemented?

    SCPH will purchase Project Dawn kits. EMS and SCPH will develop educational materials and a plan for implementation, then work with community partners and organizations to identify locations for trainings. Marketing of the trainings will involve placement of flyers throughout the county as well as advertisements on websites, county and area coalition Facebook sites, and other social media outlets. Outreach will be provided to get the kits in the hands of friends, family member and those who are in active addiction. Partners will assist in project outreach. Project Dawn trainings will be scheduled on a regular basis at various locations in Sandusky County. Training will also be provided at SCPH on a walk-in basis during normal business hours for those needing immediate access.

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

    As the number of opiate overdose deaths continue to decrease in our county there could be a decrease for the community seeking out trainings and Naloxone. We will need to provide ongoing support and promotion of trainings in order to motivate participation. Additionally, reducing the stigma and acceptance of carrying Naloxone will be an ongoing challenge.

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

    Currently there are no trainings held in Sandusky County on how to administer naloxone and there are no agencies providing Project Dawn Kits to residents in need. This proposed strategy will fill this gap by increasing access to trainings and help provide naloxone for those unable to purchase the high-cost OTC medication for themselves or a

friend or family member in need. As such, this strategy will increase accessibility of overdose reversal services in Sandusky County.

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

This strategy does not directly eliminate or reduce the cost of treatment. Instead it helps to save the life of individuals experiencing an overdose in order that they may seek future treatment for their OUD.

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?

Currently, there are no local agencies providing Project Dawn kits to individuals or families. Residents in need must go to a neighboring county for this a kit or pay for Narcan though local pharmacies.

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

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

If there is an increase in Project Dawn Kits available, then there will be an increase in the naloxone distribution as evidenced by number of kits distributed.

If distribution of naloxone increases, then friends and family who obtain will be able to provide immediate medical intervention when witnessing an opioid overdose as evidenced by number of Project Dawn kits used.

If there is an increase friends and family providing immediate medical intervention, then there will be a reduction in Opioid Use Disorder deaths as evidenced by the Ohio Department of Health, Sandusky County unintentional opioid overdose death rates.

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?

    SCPH has selected this strategy because it increases access to Naloxone by those who have a relationship with (or encounter with) someone with OUD. Since this strategy trains these individuals to identify and respond to a potential overdose, it aligns with the needs of the population and contributes to Sandusky County's efforts to reduce OUD deaths.

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

    All local law enforcement in the county along with EMS have received this life-saving medication. Nurses from SCPH have provided in-person training to these first responders to ensure proper administration. The community trainings will be provided free of charge by EMS and SCPH thereby reducing barriers to access for many.

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.

EMS and SCPH will provide staff to complete the trainings for the community. Successful implementation of this strategy and a reduction in OUD deaths will build buy-in from community leaders and the public, which will support sustainability and ensure that Naloxone can be purchased with other grant ort local dollars in the future.

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

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

☐   This is not a workforce development of infrastructure development strategy.

☐   Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.

☐   Improve education in treatment of opioid use disorder for health care providers.

☐   Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting

☐   Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms

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

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

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

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

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

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

☐   Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.

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

☐   Increase access, availability, and provision of supportive housing for individuals in recovery

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

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

Evaluation

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.

   a. Intervening variables: (Qualitative)

      i.   How closely did the implementation match the plan?

      ii.   What types of changes were made to the originally proposed plan?

      iii. What led to the changes in the original plan?

iv.   What effect did the changes have on the planned intervention?

    b. Outcome variables: (Quantitative)

        i. Total number of Project Dawn Kits distributed.

        ii. Total number of Project Dawn Kits reported used.

        iii. Total number of unintentional overdose deaths reported

  c. Outcome monitoring and demonstrate success:

        i.   Analysis and comparison of baseline data and outcome data.

        ii.   Year-to-year time period analysis and comparison outcome data.

        iii.   Monitor Process indicators

2. Who will collect and analyze data?

Sandusky County Public Health is the coordinating agency of the SCCC and will collect and track data. The Sandusky County Coroner will share data on unintentional drug overdose deaths. Data regarding participation in training and doses of Naloxone given out will be collected and analyzed by SCPH and EMS.

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

Data will be shared to key stakeholders, partner agencies and to the general public through print and online reports distributed via email, websites, social media, coalition meetings, and community 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.

Data from the Sandusky County Coroner's Office is readily available at no cost. Evaluation information will be compiled by the Project Director and project staff, and partners. This evaluation will consist of monitoring and recording participation in the trainings. The cost associated with tracking participation is included in the budget for staff time providing the trainings.

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		
Purchase Narcan	11/2019	11/2019	Bethany (SCPH)	Packing Slip
Develop Training Material	12/2019	1/2020	Jeff (EMS) & Thomas (SCPH)	Outline of Training Plan
Plan Dates and Locations of Trainings	2/2020	2/2020	Jeff (EMS) & Thomas (SCPH)	Outline of Training Plan
Promote Trainings and availability per 1:1 consult	2/2020	Ongoing	Sandusky County Combined Coalition Members	Flyer
Host Trainings	2/2020	Ongoing	Jeff (EMS) & Thomas (SCPH)	Sign-in Sheet, training evaluation
Distribute Narcan	2/2020	Ongoing	Thomas or Stacey (SCPH)	Spreadsheet of doses distributed
Collect and Report Data	8/2020	Ongoing	Jeff (EMS), Thomas, Stacey, Marsha (SCPH)	End of Year data collection report

Sandusky County, Ohio

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 is related to the RCORP-Planning goal of 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. Our County is experiencing a high volume of opioid related overdoses while having limited identification of pregnant women with high-risk behaviors. Utilization of the electronic Pregnancy Risk Assessment Form (PRAF) by physicians' offices will increase the number of uninsured and underinsured pregnant women who will be linked to treatment and other support services for related high risk behaviors.

Population of Focus:
The priority population intended to be targeted by this strategy is uninsured and underinsured pregnant women in Sandusky County

Theory of Community Change:
If we increase physician's knowledge on the use and benefits of the electronic PRAF system, then we will increase the number PRAFs submitted as evidenced by number of OBGYN offices reporting number of PRAFs submitted.
If we increase the number of PRAFs submitted, then we will increase the number of pregnant women referred for high risk behaviors as evidence by the number of OBGYN offices reporting pregnant women identified for high-risk behavior.
If we increase the number of pregnant women referred for high risk behaviors, then we will increase the number of women who receive treatment and support services during pregnancy as evidenced by number of positive drug screens.

Community Logic Model (Theory of Change)				Action Plan (Theory of Action)			Measurable Outcomes (Theory of Change)		
Opioid Use Disorder Outcome	Causal Factor	Root Cause	Evidence-Informed Strategy(ies)	Lead Partner(s) for Strategy & Approximate Budget	Key Activities and Time Line		Outcome for the Root Causes (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome (Long-term Outcome)
Pregnant Sandusky County Residents who exhibit high risk behaviors are not receiving OUD treatment and support services.	Pregnant Sandusky County residents exhibiting high-risk behavior such as OUD use are not being referred for treatment and other supports.	Physicians in Sandusky County lack knowledge of how to use PRAFs and of benefits of submitting electronic PRAFs (referral) for pregnant women who screen positive for drugs.	Infrastructure Development Strategy - Educate OBGYN physicians' offices on the benefits of the electronic PRAF. Public health nurses will plan and hold an introduction training to the use of the electronic PRAF and the importance of identifying at risk pregnant moms. They will then follow up with individual offices to setup the electronic PRAF system and will train staff and healthcare providers on how to use the electronic PRAF system.	The lead partner will be Sandusky County Maternal Health and Infant Mortality Coalition and OBGYN physician offices. **Budget** Staff Time: 15% FTE of Sandusky County Public Health Nurse $12,000 Travel: $500 Promotional Materials: $300	**Plan Kick-Off Training** • 11/2019 **Promote Kick-Off** • 11/2019-2/2020 **Host Kick-Off** • 2/2020 **Schedule office visits** • 2/2020 -3/2020 **Meet with office staff to setup electronic PRAF system and data collection procedures.** • 2/2020 -5/2020		Increase the number of PRAFs being submitted by the offices as evidenced by the number submitted reported on quarterly survey of offices.	Increase the number of pregnant women identified as high risk as evidenced by number identified reported on quarterly survey of offices.	Increase in the number of pregnant women in Sandusky County who receive treatment and other supportive services for high risk behaviors as evidenced by a reduction in positive drug screens on delivery.
There have been 10 cases in which moms and baby tested positive at time of delivery without the agency (CS) having any knowledge of the substance activity during pregnancy. (Sandusky County Children Services)	Discussions with Managed Care Systems show that they are not receiving referral for treatment and related services for high risk pregnant women from Sandusky County OBGYN offices	Discussion with local area health care providers show that they are not using the electronic system.		Training $400 Kick-off Training 12-15 people: $300 Printing $300 **Total Budget: $13,500**	**Schedule follow-up office visits.** • 5/2020 – ongoing **Collect and report data** • Annually 2/2020 - ongoing		Quarterly survey of local OBGYN Offices on number of PRAF's submitted	Quarterly survey of local OBGYN Offices on number of pregnant women referred for OUD treatment services and other services based on identification of high risk behaviors during pregnancy	Data on positive drug screens upon delivery in Sandusky County in which Children's Services has no existing/open case. (Sandusky County Public Children Services)

Coalition/Group Name: Health Partners of Sandusky County
County: Sandusky County, Ohio
Date Submitted: August 9, 2019
Date Reviewed: September 22, 2019

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COP-RCORP Strategy Description Form: Treatment

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

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

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

    The priority population intended to be targeted by this strategy is uninsured and underinsured pregnant women in Sandusky County.

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

    Access to care issues among women who are uninsured and underinsured has resulted in decreased resource availability for this population, despite significant needs. Utilization of PRAF (Pregnancy Risk Assessment Form) by area healthcare providers will identify uninsured/underinsured pregnant women and help to link them to insurance coverage and other needed services. PRAF will also decrease barriers to access to care for those underinsured and need assistance. PRAF allows physicians to link women who receive insurance with a managed care plan, with supportive services to help build a trusting patient-physician relationship that will improve birth outcomes.

3. What is the strategy that will be implemented?

    The strategy that will be implemented is to increase the number of OBGYN physicians' offices who are properly utilizing PRAF to refer pregnant women who screen positive for drugs to treatment and related supportive services.

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

    This strategy is new to Sandusky County however, Sandusky County Public Health has a strong existing working relationship with area physicians and healthcare providers.

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

    Sandusky County's Maternal Health and Infant Mortality Coalition (MHIMC) will lead this strategy. The MHIMC is a local collaborative made up of partners including: Sandusky County Public Health, ProMedica Memorial Hospital, The Bellevue Hospital, Great Lakes Community Action, managed care case managers and local physicians. This group works to ensure that pregnant women and women of child-bearing age have access to resources to improve pregnancy and birth outcomes. MHIMC has an ongoing relationship with OBGYN offices and serves as the lead on the on Maternal and Infant Health CHIP Priority.

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.).

Sandusky County Public Health (SCPH) is the fiscal and coordinating agent for RCORP-Planning efforts in Sandusky County. SCPH will partner and contact with local agencies to plan and provide strategy implementation and evaluation. Other anticipated costs include:

Budget Summary:

Cost	R-CORP	In-kind	Total
Personnel/Fringe (SCPH 15% FTE)	$12,000	$0	$0
Travel	$500	$0	$0
Equipment	$0	$0	$0
Supplies (Promotional items, Kick off and Training)	$700	$0	$0
Contractual	$0	$0	$0
Other (printing)	$300	$0	$0
Total	**$13,500**	**$0**	**$0**

7. Where will it be implemented?

This strategy will be implemented in Sandusky County OBGYN offices

8. When will it be implemented?

Physician education on PRAF will begin in the winter of 2020 with implementation of PRAF occurring beginning during the winter of 2020 and continuing thereafter on an ongoing basis.

9. How will it be implemented?

Sandusky County Public Health nurses will plan and hold an introduction training to the use of the electronic PRAF and the importance of identifying at risk pregnant moms. They will then follow up with individual offices to setup the electronic PRAF system and data collection procedures. Follow-up visits will be completed to evaluate use of the system and collect data. Offices will also be educated on available recovery services for pregnant women in Sandusky County and surrounding areas.

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

The challenges and barriers that we expect to encounter include: (1) resistance from OBGYNs and other area healthcare providers to use the PRAF system due to time constraints and physician-patient trust; and (2) Insufficient reporting of high-risk behavior and need for services by pregnant women during prenatal care. In order to reach pregnant women who do not see an OBGYN during pregnancy the MHIMC will also work with Sandusky County Public Health to have the Reproductive Health and Wellness Clinic and the WIC cCinic submit PRAFs on pregnant women who are seen in their clinics.

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

> This strategy is designed to increase access to care and service availability for high risk pregnant women in Sandusky County.

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

> This strategy contributes to eliminating or reducing costs of treatment for uninsured or underinsured patients by providing assessments and referrals to high risk pregnant women. Through early intervention we hope to reduce and eliminate any need for future treatment and associated costs. It is designed as well to link these women to managed care and other available healthcare plans.

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 Sandusky County Community Health Improvement Plan (CHIP) included focusing on reducing deaths due to overdose. Sandusky County Public Health, coordinating agency of the MHIMC, continues to expand its facilitative role to bring together key stakeholders to address the overdose issues. As noted in our needs assessment there is insufficient data on the number of drug-addicted pregnant moms. There is also no current centralized coordination of services for drug-addicted pregnant women in Sandusky County.

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

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

If we increase physician's knowledge on the use and benefits of the electronic PRAF system, then we will increase the number PRAFs submitted as evidenced by number of OBGYN offices reporting number of PRAFs submitted.

If we increase the number of PRAFs submitted, then we will increase the number of pregnant women referred for high risk behaviors as evidence by the number of OBGYN offices reporting pregnant women identified for high-risk behavior.

If we increase the number of pregnant women referred for high risk behaviors, then we will increase the number of women who receive treatment and support services during pregnancy as evidence by number of positive drug screens.

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?

We chose to focus on the lack of access to treatment and support services for pregnant women with high-risk behaviors because there was a significant gap in service for this high-risk population based on our needs assessment. This is also an identified Community Health Improvement Plan priority for Sandusky County.

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

The project partners have a strong understand the needs of this population and also understand the service ssten and gaps within Sandusky County. Ongoing collaboration and communication with OBGYN offices and support service agencies through our Maternal Health and Infant Mortality Coalition will ensure that the proposed work meets the needs of the priority population.

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

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

There is a high likelihood of sustainability because once the physicians' offices are educated on the use of the electronic system, begin using it, and integrate the PRAF into their workflows, there is limited need for further intervention. This program will be sustained by the continued use of the system by physicians which is likely due to the increase in positive outcomes for their patients.

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

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

☐ This is not a workforce development of infrastructure development strategy.

☐ Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.

☐ Improve education in treatment of opioid use disorder for health care providers.

X **Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting**

☐ Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms

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

☐ Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.

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

☐ Increase access, availability, and provision of supportive housing for individuals in recovery

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

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

Evaluation

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

   a. Intervening variables: (Qualitative)

      i.   How closely did the implementation match the plan?

      ii. What types of changes were made to the originally proposed plan?

      iii. What led to the changes in the original plan?

      iv. What effect did the changes have on the planned intervention?

   b. Outcome variables: (Quantitative)

      i. Total number of PRAFs submitted

      ii. Total number of pregnant women identified with high risk behavior

      iii. Total number of pregnant women with positive drug screens at delivery.

    c. Outcome monitoring and demonstrate success:

        i.   Analysis and comparison of baseline data and outcome data.

        ii.   Year-to-year time period analysis and comparison outcome data.

        iii.   Monitor Process indicators

2. Who will collect and analyze data?

Data will be collected by OBGYN offices, the Sandusky County Maternal Heath and Infant Mortality Coalition, Department of Jobs and Family Services and Managed Care Providers. Each office will self- report data and send it to Sandusky County Public Health who will compile County Data and report to the Maternal Health and Infant Mortality Coalition.

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

Data will be shared to key stakeholders, partner agencies and to the general public through print and online reports distributed via email, websites, social media, coalition meetings and community 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.

Evaluation costs will be included within personnel cost for the RCORP-Planning project and no additional costs are expected.

Action Planning: Theory of Action

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

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
1. Plan Kick-Off Training	10/2019	11/2019	Maternal Health and Infant Mortality Coalition (MHIMC)	Outline of Training Plan
2. Promote Kick-Off	11/2019	2/2020	MHIMC	Flyer
3. Host Kick-Off	2/2020	2/2020	MHIMC	Sign-in Sheet, training evaluation
4. Schedule office visits	2/2020	3/2020	MHIMC	Spreadsheet of date and time of office visits
5. Meet with office staff to setup electronic PRAF system and data collection procedures	2/2020	5/2020	MHIMC	Meeting notes
6. Schedule follow-up office visits.	5/2020	On-going	MHIMC	Spreadsheet of date and time of office visits
7. Collect and report data	Baseline 2/2020 bi-annually (Feb and Aug)	On-going	MHIMC and SCPH	Bi-annual data collection report

Sandusky County, Ohio
RCORP-P Strategic Plan Map: *Recovery Support*

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

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

This plan is related to the RCORP-Planning goal of expanding peer recovery and treatment options that help people start and stay in recovery.
Our County is experiencing a high volume of opioid related overdoses, while having a limited number of peer support trainers and certified substance use disorder (SUD) peer coaches.

Population of Focus:
The priority population intended to be targeted by this strategy is Sandusky County residents currently in recovery.

Theory of Community Change:
If we provide local trainings for certified substance use disorder (SUD) peer coaches and peer support trainers, then there will be an increase in accessibility to peer support training.
If we increase accessibility to peer support trainings, then there will be an increase the number of certified SUD peer coaches in Sandusky County.
If we increase the number of certified SUD peer supports in Sandusky County, then there will be a reduction in opioid use disorder (OUD) deaths.

Community Logic Model – Theory of Change				Theory of Action		Measurable Outcomes		
Opioid Use Disorder Outcome	**Causal Factor**	**Root Cause<u>s</u>**	**Evidence-Informed Strategy(ies)**	**Lead Partner for Strategy & Approximate Budget**	**Key Activities and Time Line**	**Outcome for the Root Causes (Shorter-term Outcomes)**	**Outcome for the Causal Factor (Mid-term Outcome)**	**Opioid Use Disorder Outcome**
Reduction in opioid use disorder (OUD) deaths in Sandusky County	Sandusky County has a limited number of certified peer to peer recovery supports available in Sandusky County.	Lack of peer support/coaches' trainings held locally or in adjacent counties.	Workforce Development Strategy – Provide local trainings to increase the number of certified SUD peer coaches; recruit a peer support trainer to increase and maintain local capacity	**Lead Partner: BRASS** **Peer Support Trainer** Funding for training local peer support trainer(s) $1,500 **Peer Supports/Coaches** Background Check $500 **Marketing/Outreach** $500 **Peer Support Trainings** Trainers: In-Kind (OhioMHAS) Space: In-Kind (SCPH) Food for peer support training $500 Supplies $300 **Office Supplies** $200 **Evaluation** BRASS Coordinator **($50/hr x 10 hours)** $500 **Total $4,000**	**Peer Supports** Identify and recruit Peer Support candidates 3/2020-ongoing Ensure readiness of candidates Fall-ongoing **Peer Support Trainer** Identify, recruit, vet 3/2020 Meet Requirements 10/2020 **Provide Trainings** OhioMHAS Training 5/2020 Sandusky County Peer Support Trainer Sept 2020, 2021, 2022 May 2021, 2022 **Promote Recovery Supports** 11/2019-ongoing **Evaluation** August 2020 (annually)	Increase the availability of local peer support trainings as measured by # of trainings held.	Increase the number of certified peer-to-peer supports in Sandusky County as measured by OhioMHAS reported Sandusky County certified SUD peer coaches	Reduction in opioid use disorder (OUD) deaths as measured by the Sandusky County Coroner.
There have been 96 total unintentional drug overdose death in Sandusky County from 2009-2018 (Sandusky County Coroner, 2018).	Sandusky County only has 6 certified SUD peer coaches (OhioMHAS)	There have been no peer support/coaches' trainings held locally or in adjacent counties.				Data on the number of peer supporter trainings will be collected annually from BRASS.	Data on the number of certified peer-to-peer supports will be collected annually from the OhioMHAS peer recovery supporter certification list	Data on OUD deaths will be collected annually from the Sandusky County Coroner's office.

Coalition/Group Name: Sandusky County Health Partners
County: Sandusky County
Date Submitted: August 9, 2019
Date Reviewed: September 22, 2019

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COP-RCORP Strategy Description Form
Recovery Supports

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

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

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

   The priority population intended to be targeted by this strategy is Sandusky County residents currently in recovery.

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

   People in recovery for SUD have reported that they are more successful and have lower chances of relapse when connected with peer support services in their community. BRASS (Bellevue Recovery and Support Services) has experience with the recruitment and utilization of SUD peer coaches. The needs of Sandusky County residents that are seeking recovery will be addressed by increasing peer coach availability.

3. What is the strategy that will be implemented?

   This strategy is intended to increase the number of local trainings held and increase capacity of certified SUD peer coaches and peer support trainers. This will enhance and expand current initiatives and implement future programs.

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

   Sandusky County has a limited history of this utilizing peer support to combat addiction, especially related to the opioid crisis. Utilization of utilization of peer supporters by the MHRSB of SSW counties has yielded success, even though there is a limited capacity. There are no trainers available in Sandusky County.

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

   BRASS will implement and lead this strategy. This aligns with their ability to utilize their personal/organization and community networks as resources to identify appropriate candidates and the alignment of the goal to increase peer support capacity in Sandusky County.

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

Sandusky County Public Health (SCHP) is the fiscal and coordinating agent for county-level RCORP-P efforts. SCHP will partner and contact with local agencies to plan and provide strategy implementation and evaluation. Other anticipated costs include:

Budget Summary:

Cost	R-CORP	In-kind	Total
Personnel/Fringe (SCPH 15% FTE)	$0	$0	$0
Travel	$0	$0	$0
Equipment	$0	$0	$0
Supplies	$0	$0	$0
Contractual (BRASS)	$5,000	$0	$0
Other (printing)	$	$0	$0
Total	**$5,000**	**$0**	**$5,000**

The contract with BRASS will include: Funding for coordination, Trainings, Background Check; Marketing/Outreach; Food, Training and Office Supplies

7. Where will it be implemented?

This strategy, to increase the capacity of peer support implemented throughout Sandusky County and will utilize lead partners' personal and community networks. These networks will serve as the resource to identify appropriate candidates for certified peer support trainers and SUD peer coaches. Training for Peer Coaches will take place at Sandusky County Public Health's training room.

8. When will it be implemented?

Training will begin in the Spring/Summer of 2020 and will occur as needed corresponding to peer recruitment.

9. How will it be implemented?

BRASS will actively identify and recruit appropriate candidates to become certified SUD peer coaches via personal/internal and community networks and will active seek out interest in a local peer support trainer. The MHRSB/SSW and BRASS will provide wraparound support to candidates to ensure readiness to be trained as peer supporters (e.g. application submission, references and e-based training modules)

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

The challenges and/or barriers that we expect to encounter when implementing the strategy includes: (1) identifying appropriate candidates for training; and (2) candidates' readiness to be trained (e.g. the completion of application submission, references, and e-based training modules).

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

This strategy facilitates the proceed for Sandusky County residents become peer recovery coaches and increases the access and availability of recovery supports for persons needing recovery support to access support coaches at no-cost.

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

This strategy contributes to eliminating or reducing costs of treatment for uninsured or underinsured patients by increasing peer coaching and relapse supportive services for residents currently in recovery. In doing so, residents will be more likely to remain in recovery, thus reducing demand for OUD/SUD treatment services.

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

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

This strategy to increase peer support capacity in order to support, enhance, and expand current programs that utilize certified substance use disorder peer coaches is directly related to our needs assessment, which demonstrates an insufficient number of local peer support trainers and certified SUD peer recovery supporters in Sandusky County.

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

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

- If we provide local trainings for certified substance use disorder (SUD) peer coaches and peer support trainers, then there will be an increase in accessibility to peer support training.
- If we increase accessibility to peer support trainings, then there will be an increase the number of certified SUD peer coaches in Sandusky County.
- If we increase the number of certified SUD peer supports in Sandusky County, then there will be a reduction in opioid use disorder (OUD) deaths.

Demonstrate a Cultural Fit (250 words or less)

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

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

The strategy to implement an enhanced recruiting process to certified SUD peer coaches and peer support trainers to increase the peer support capacity in Sandusky County aligns with our identified priority populations and our partner organizations/agencies.

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

According to OhioMHAS, there are 0 peer support trainers and only 6 certified SUD peer coaches located in Sandusky County. This demonstrates that lacking capacity of peer coaches in located in Sandusky County to support, enhance and expand current programs that utilize certified substance use disorder (SUD) peer coaches and implement future programs.

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 key to sustain this strategy relies on human resources; lead agencies/organizations must continue to build their networks and successfully identify appropriate candidates to be trained.   By training a local individual to provide peer support training and guidance we increase our local capacity to continue to build peer coaches and provide recovery support services to Sandusky County residents in recovery. As these services expand, we will monitor successes and utilize those successes to leverage human and financial resources to continue the services as well as to maintain political support and buy-in for the strategy.

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

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

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

Evaluation

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

    a. Intervening variables: (Qualitative)

        i.   How closely did the implementation match the plan?
        ii.   What types of changes were made to the originally proposed plan?
        iii. What led to the changes in the original plan?
        iv.   What effect did the changes have on the planned intervention?

    b. Outcome variables: (Quantitative)

        i.   Total number of certified SUD peer support trainings held
        ii.   Total number of attendees
        iii. Total number of certified SUD peer supporters
        iv.   Total number of certified peer supporters employed
        v.   Total number of accidental drug overdose deaths

c. Outcome monitoring and demonstrate success:

    i.   Analysis and comparison of baseline data and outcome data.

    ii.   Year-to-year time period analysis and comparison outcome data.

    iii.   Monitor Process indicators

2. Who will collect and analyze data?

   Sandusky County Public Health and BRASS and will collect and track data. The Sandusky County Coroner will share data on unintentional drug overdose deaths. BRASS will be responsible for data collection; data collected includes candidates identified, candidates willing to become peer coaches and/or peer support trainers, candidates that completed all requirements, candidate that attended training and became certified.

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

   Data will be shared with key stakeholders, partner agencies and to the general public through print and online reports distributed via email, websites, social media, coalition meetings, and community 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.

   Data from the Sandusky County Coroner's Office is readily available at no cost. Evaluation information will be compiled by the Project Director and project staff, and partners. Staff time costs for the Project Director and staff are included in the strategy budget. We project that $7,000 will be needed to provide the training and advertisement.   There will be no costs associated with the evaluation other than the staff time associated with putting the data together which will be done in kind by the Board and FACTOR.

Action Planning: Theory of Action

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

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
Recruit, vet and train peer supports	11/2019	On-going	Lavin Schwan (BRASS)	Outline of marketing and outreach plan
Provide trainings	5/2020	Bi-annually	Lavin Schwan (BRASS) and OhioMHAS	Sign-in Sheet, training evaluation
Promote availability of peer supports	3/2020	On-going	Lavin Schwan (BRASS) and SCCC Members	Spreadsheet of eligible peer supports
Recruit local trainer	3/2020	On-going	Lavin Schwan (BRASS)	Certificate of completion
Collect and Analyze Data	8/2020	Annually	Stacey Gibson (SCPH) Lavin Schwan (BRASS)	End of Year data collection report

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

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

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

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

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

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

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

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

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

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

HRSA NOFO Bullet 2:
Evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with opioid overdose in rural communities
For more details on the evidence supporting the strategy/approach, please see the Strategy Description Form that accompanies this document.

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

<div align="center">

COP-RCORP Strategy Description Form

</div>

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

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

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

Please type your response here.

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

Please type your response here.

13. What is the strategy that will be implemented?

Please type your response here.

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

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

Please type your response here.

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

Please type your response here.

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

Please type your response here.

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

17. Where will it be implemented?

Please type your response here.

18. When will it be implemented?

Please type your response here.

19. How will it be implemented?

Please type your response here.

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

Please type your response here.

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

Please type your response here.

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

Please type your response here.

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

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

Please type your response here.

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

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

Please type your response here.

Demonstrate a Cultural Fit (250 words or less)

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

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

Please type your response here.

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

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

Please type your response here.

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

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

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

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

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

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

4. Is the strategy included in Federal registries of evidence-based interventions?
    a. Yes or No
    b. If yes, please provide supporting documentation. Please type your response here or you may attach any additional information.
    c. If no, please continue to question 2.

5. Has the strategy been reported (with positive effects on the priority targeted outcome) in peer reviewed journals?
    a. Yes or No
    b. If yes, please list supporting documentation. Please type your response here or you may attach any additional information.
    c. If no, please continue to question 3.

6. Does the strategy have documented effectiveness supported by other sources of information and the consensus judgement of informed experts as described in the following set of guidelines, *all of which must be met*:
    a. Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model.
        i. Please provide supporting documentation. Please type your response here or you may attach any additional information.
    b. Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
        i. Please provide supporting documentation. Please type your response here or you may attach any additional information.
    c. Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects.
        i. Please provide supporting documentation. Please type your response here or you may attach any additional information.
    d. Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.
        i. Please provide supporting documentation. Please type your response here or you may attach any additional information.

Evaluation

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

Please type your response here.

6. Who will collect and analyze data?

Please type your response here.

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

Please type your response here.

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

Please type your response here.

Action Planning: Theory of Action

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

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

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