



RCORP-P Core Activity 5: Sustainability Plan

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|--|---|---------------------------------|
| Grantee Organization | Purchase District Health Department | |
| Grant Number | G25RH32994 | |
| Address | 916 Kentucky Ave, Paducah Kentucky 42003 | |
| Service Area | Purchase Area: Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall, and McCracken | |
| Project Director | Name: | Kaitlyn Krolikowski, MPH |
| | Title: | Health Educator III |
| | Phone number: | 270-444-9625 |
| | Email address: | kkrolikowski@purchasehealth.org |
| Contributing Consortium Members and Stakeholders | <p>Aledade</p> <p>Baptist Health</p> <p>Benton Police</p> <p>Calloway County Health Department</p> <p>Carlisle County Schools</p> <p>DOC Division of Reentry</p> <p>EKCEP</p> <p>Fulton Independent Schools</p> <p>Hickman County Extension</p> <p>Kentucky Cancer Society</p> <p>Kentucky Chamber</p> <p>Kentucky Legal Aide</p> <p>KentuckyCare</p> <p>LT Govenors Office</p> <p>Mayfield Police</p> <p>McCracken County Drug Court</p> <p>McCracken County Schools</p> <p>Murray State University</p> <p>Paducah Fire</p> <p>Paducah Independent Schools</p> <p>Paducah Police</p> <p>PAHEC</p> <p>Passport Health Plan</p> <p>Purchase District Health Department</p> | |

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|--|--------------------------------|
| | Regional Prevention Center |
| | Sullivan University |
| | UK Extension- Marshall |
| | UK Extension- McCracken |
| | United Way |
| | West Kentucky Rural Electric |
| | West Kentucky Work Force Board |

Introduction

RCORP-Planning

The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative funded by the Health and Resources and Services Administration (HRSA), which operates under the U.S. Department of Health and Human Services. Funded RCORP consortia receive technical assistance from JBS International. The overall goal of the planning grant activities is to increase community capacity to respond to substance use disorder (SUD), including opioid use disorder (OUD), and its associated harms. This report details the consortium's sustainability plan for the planning activities.

Purchase Area Health Connections Opioid Task Force

Purchase Area Health Connections (PAHC) is a regional health consortium serving the eight counties of the Purchase Area in Western Kentucky. PAHC's Opioid Task Force (herein referred to as the task force) was created to better address OUD in the region. The task force draws support from the larger consortium, which consists of community stakeholders from the public, for-profit, and non-profit sectors. As part of RCORP planning grant initiative, the Purchase District Health Department serves as the prime organization for the task force and receives technical assistance from the Pacific Institute for Research and Evaluation (PIRE) Louisville Center. To date, PAHC has identified several areas of concern in the Purchase Area and developed a strategic plan with National Institute of Health's OUD Cascade of Care Model to systematically address in four areas: prevention, identification, treatment, and recovery. The success of the planned activities heavily relies on the establishment and expansion of interagency, cross-sector partnerships. As such, the sustainability plan developed by PAHC serves to provide a guide for growing the infrastructure and building the capacity needed to continue multi-sectorial efforts beyond the RCORP planning period.

Methods

PAHC collaborated with PIRE to evaluate the strength and function of the task force in sustaining RCORP activities. An online social network analysis tool called PARTNER (**P**rogram to **A**nalyze, **R**ecord, and **T**rack **N**etworks to **E**nhance **R**elationships) was used. PARTNER includes a range of validated survey questions to assess collaboration and shared activities among individual organizations comprising a task force, consortium, or workgroup. During a three-week span in April 2020, task force members (N=81) were invited to participate in a web survey on the frequency and quality of their contacts. PAHC assessed the sustainability of the task force in two major areas: network strength and shared activities. Available and potential funding sources were also inventoried to identify funding gaps and opportunities.

The following evaluation questions (EQs) were addressed to inform the sustainability plan:

EQ1. What organizations are part of the PAHC Opioid Task Force and what is the quality of their partnerships?

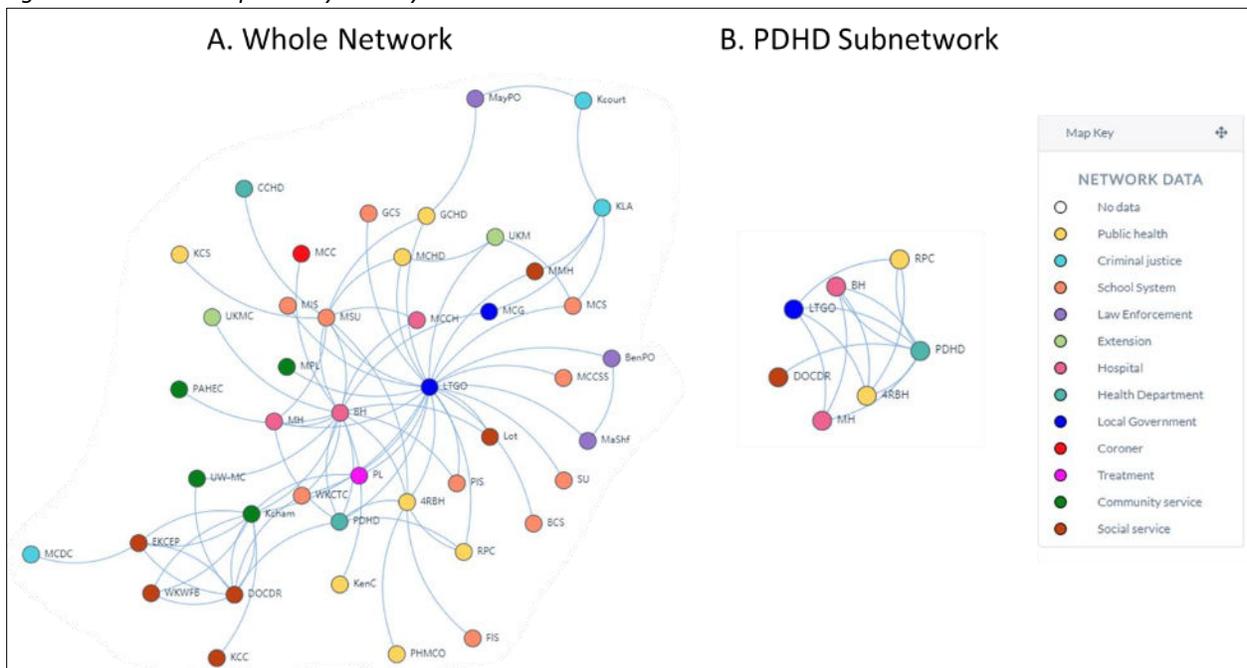
EQ2. How frequently do members of the PAHC Opioid Task Force interact?

EQ3. What resources are exchanged and leveraged across members of the PAHC Opioid Task Force?

EQ4. What outcomes have been achieved among the PAHC Opioid Task Force?

subnetwork for PDHD, the RCORP awardee. Based upon results from the whole network, the task force has strong connections across multiple sectors (e.g., public health, school systems, social services, local government) in terms of weekly interactions. The representative from the Lieutenant Governor’s Office (LTGO) is the most centralized representative of the task force, providing important connections across sectors. For the PDHD subnetwork, weekly activities are primarily in conjunction with two key public health entities, Four Rivers Behavioral Health (4RBH) and its embedded Regional Prevention Center (RPC), and two regional hospital systems, Baptist Health (BH) and Mercy Health (MH). Additional connections include the Department of Corrections Division of Reentry (DOCDR) and LTGO. Connections with these six entities indicate that PDHD has been strategic with regard to engaging with organizations covering the four Cascade of Care domains during the RCORP planning initiative. That is, frequent engagement with many organizations would be indicative of potential redundancy and overstretching resources in a non-targeted fashion.

Figure 2. Networks Depicted by Weekly Interactions



EQ3. The PARTNER tool also assesses the types of activities that task force members engage in together. The most common activities reported were attending conferences (41%), educational programs (29%), intellectual exchange (23%), and providing trainings (23%). Other notable activities included advocacy (19%), technical assistance (17%), client referrals (17%), and service delivery (11%). The activities with the lowest reported number of connections were new technology (0.5%), funding research (1%), and policy/law changes.

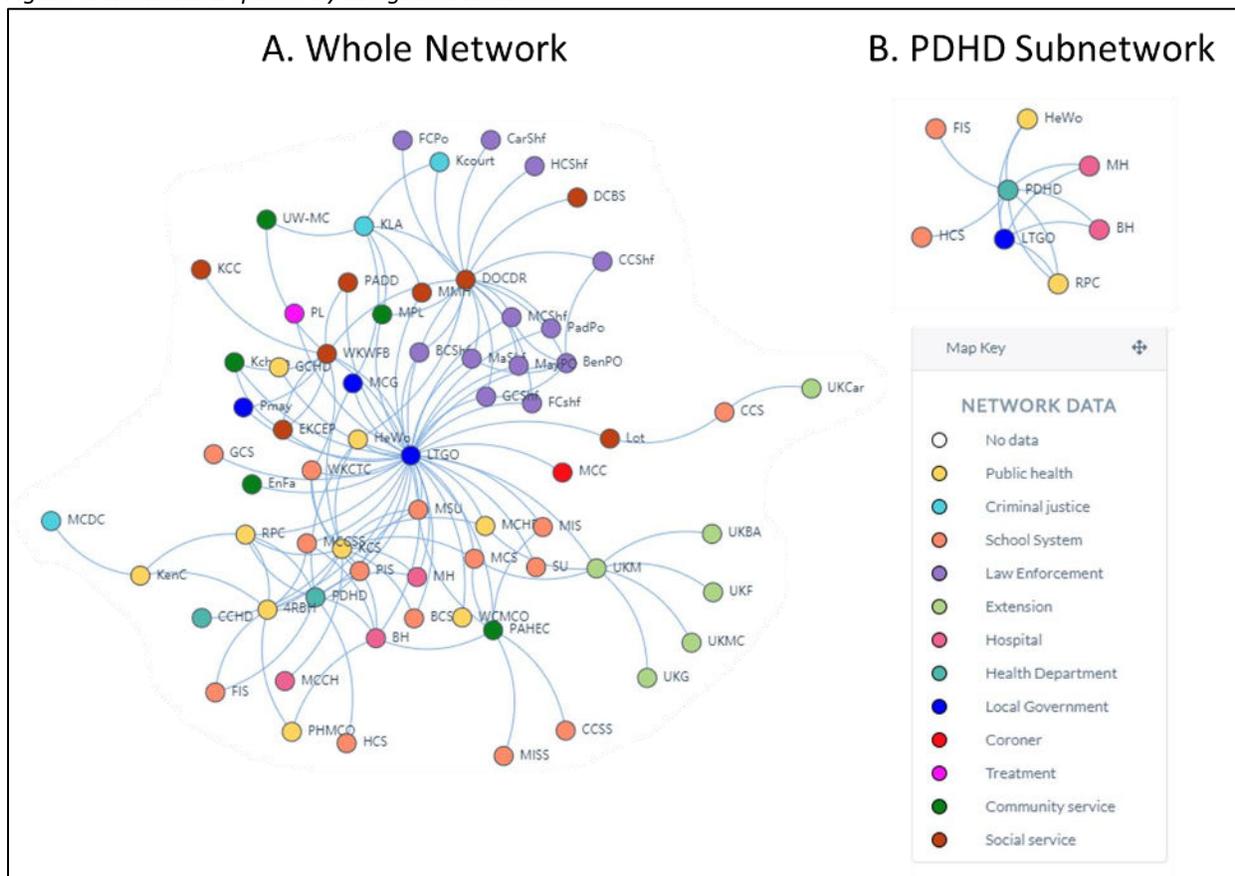
Three levels of activity intensity were measured:

1. Cooperative Activities: involves exchanging information, attending meetings together, and offering resources to partners. Examples include attending task force meetings together.
2. Coordinated Activities: Include cooperative activities in addition to intentional efforts to enhance each other’s capacity for the mutual benefit of programs. Examples include sharing administrative and programmatic processes.

- Integrated activities: include cooperative and coordinated activities to create commonalities to create a unified center of knowledge and programming that supports work in related content areas. Examples include obtaining and pooling resources to facilitate interoperability across programs and sectors.

To facilitate an understanding of the task force’s activity intensity, networks were again depicted at the level of the whole task force and at the level of PDHD. In the figures below, the networks are specified based upon integrated activities. Several key entities emerged as centralized network members across subnetworks (Figure 3A). In the lower left of the whole network, PDHD has integrated activities with public health organizations, health departments, hospitals, and school systems (further illustrated in Figure 3B). In the lower right quadrant of the whole network, the Purchase Area Health Education Center (PAHEC), an organization focused on developing the regional healthcare workforce, has integrated activities several public health organizations, school systems, and extension offices. Similarly, the Western Kentucky Workforce Board (WKWFB) has integrated activities across social service, public health, treatment, local government, and community service organizations (upper left quadrant). DOCDR, a key justice-related social service, shows integrated activities across numerous law enforcement and criminal justice organizations. Lastly, the LTGO again represents the most centralized and densely connected organization in the network.

Figure 3. Networks Depicted by Integrated Activities



EQ4. The vast majority of the task force reported that that outcomes are being achieved with regard to addressing SUD and OUD in the region. Among the 19 organizations reporting on evidence-based

practices (EBP), 79% agreed or strongly agreed that the task force is benefiting the region. Approximately 90% agreed or strongly agreed that EBPs and strategic planning are straightforward to implement, while 90% also agreed or strongly agreed that the task force has leaders who use their influence to advocate for implementation of EBPs.

A total of 28 respondents reported on the aspects of collaboration that contribute to reducing adverse outcomes to opioid use. The most common aspects were exchanging information and knowledge (86%), bringing together diverse stakeholders (82%), sharing resources (82%), and having a shared mission (79%). Additional aspects reported were creating informal relationships (68%), collective decision-making, and meeting regularly (46%).

EQ5. Three additional questions were added at the end of the network survey to explore the impacts of the COVID-19 pandemic. Over half of responding organizations (55%) interacted with patients, clients, or members of the general public daily before the COVID 19 pandemic was declared. Nine out of ten responding organizations (89%) feel that the COVID 19 pandemic has a large or extremely large impact on their organization’s daily practices. Regarding specific impacts, a third of responding organizations have been inundated with calls and over a quarter have seen a reduced number of administrative staff.

Conclusions and Next Steps

The network survey found that the task force felt they could contribute leadership, expertise, and data resources to the opioid use disorder response efforts. However, the large size and geographic dispersion of the task force poses several challenges. Sustaining the task force beyond the RCORP planning period will require targeted efforts with specific organizations that focus on and connect sectors together (e.g., public health, criminal justice, school system). This will ensure that the proper stakeholders are identified for each of the four components of the OUD Cascade of Care outlined in the task force’s strategic plan. This is in contrast to “one size fits all” and all-inclusive approaches that can cause inefficiencies and redundancies despite being well-intentioned. Similarly, targeting organizations will be contingent upon whether certain plans are short-term (e.g., implementing overdose education and naloxone distribution programs) or long-term (e.g., increasing the number of prescribers with a DATA 2000 waiver). Based upon the results from the network survey, several activities have been drafted to sustain the task force and track progress beyond the planning period (Table 2).

The consortium will work to address the following goals and objectives to sustain the opioid response activities. Table 2 lists specific activities for the goals and objectives.

Goal Statement: The consortium will create opportunities for leadership development, sharing of expertise, and sharing of resources to strengthen local and regional capacity to respond to opioid use disorder.

Key Objectives:

1. Use a workgroup approach to engage partners in operationalizing the activities proposed in the strategic plan and workforce development plan and to encourage leadership among local stakeholders.
2. Build data sharing capacity through website development.
3. Create learning opportunities for consortium members and community partners to share experience, expertise, and best practices.

Long-term outcomes and indicators

Below are the long-term change outcomes and indicators to define how change will be demonstrated.

Long-term Outcome: Increased capacity for data and resource sharing

Utilization of shared and common metrics across the region

- Long-term Indicators:
1. New and updated MOUs with community partners by 2021
 2. The creation of a data dashboard or some other data-sharing platform by 2022
 3. Updated inventory of consortium-wide resource needs and opportunities yearly

Table 2. Specific Activities for sustaining the consortium

| Activity | Start Date | End Date | Responsible Party | Resources | Process Indicators |
|--|------------|--|--|-------------------------------------|--|
| Continue to hold regular taskforce meetings to discuss progress on activities | 10/1/2020 | Ongoing | Opioid taskforce | In-kind | Meeting minutes and attendance |
| Review network survey results and identify gaps in engagement based on county and sector | 03/1/2021 | Ongoing annual | Opioid Taskforce, PIRE | Network Survey | Survey results |
| Form a workgroup to expand data- and resource-sharing capacity | 01/1/2021 | Ongoing, quarterly updates as determined | PAHC, Opioid Taskforce | In-kind data contributions | Website development |
| Establish regular learning opportunities for consortium members share expertise and experience. | 01/01/2021 | Ongoing | Opioid Taskforce, PD | JBS | Quarterly webinar attendance, link clicks, survey |
| Build from learning opportunities to identify consortium members with knowledge and skills to form implementation workgroups | 03/01/2021 | On going | Opioid Taskforce, PD | November Summit, Quarterly Webinars | # of members identified, training/ knowledge facilitator survey and environmental scan |
| Determine ongoing resource needs | 07/01/2021 | Ongoing | Opioid Taskforce, PD, Data Coordinator, PIRE | RCORP-P Needs Assessment | List of gaps and needs |

Strengthening the consortium will allow for greater resource sharing and collaboration to sustain the activities detailed in the strategic plan as organizations pivot responsibilities and priorities in response to

the COVID-19 pandemic. Relationship-building through learning opportunities and taskforce meetings will facilitate the workgroup approach the consortium plans to take to operationalize the activities proposed in the strategic plan and workforce development plan, as listed in Table 3 below.

Table 3. Operationalizing the Strategic Plan and Workforce Development Plan

| Goal 1. Sustain the efforts of the Purchase Area Health Connections (PAHC) Opioid Task Force to reduce OUD/SUD and its related impacts among youth and adults | | | | | |
|--|---------------|------------------|------------------------------|----------------|---|
| Objective 1. Maintain 80% of the PAHC Opioid Task Force after a year of the planning grant | | | | | |
| Strategy 1. Examine the composition and structure of the task force | | | | | |
| Activities | Timeline | | Who Is Responsible? | Resources | Outcomes |
| | Start | End | | | |
| Characterize the types and quality of interactions among the task force | April 1, 2020 | November 1, 2020 | PDHD, PIRE | Network survey | By November 1, 2021, members of the PAHC Opioid Task Force will have signed an updated MOU. |
| Identify gaps in engagement among task force members | April 1, 2020 | November 1, 2020 | PDHD, PIRE | Network survey | |
| Determine the resources that are leveraged across the task force | April 1, 2020 | November 1, 2020 | PDHD, PIRE | Network survey | |
| Strategy 2. Operationalize the activities proposed in the strategic plan and workforce development plan | | | | | |
| Activities | Timeline | | Who Is Responsible? | Resources | Outcomes |
| | Start | End | | | |
| Identify key stakeholders across sectors (e.g., public health, criminal justice, school, medical) | 10/02/2020 | Ongoing | Opioid Taskforce | Network survey | By October 01, 2021, a mutually agreed upon summary of each leaders' roles and responsibilities will have been developed. |
| Identify the task force members that are committed to the success of the strategic plan activities | 10/02/2020 | Ongoing | Opioid Taskforce, PDHD, PIRE | Strategic plan | By October 01, 2022, a mutually agreed upon summary of each leaders' roles and responsibilities will be updated. |
| Define the roles and responsibilities of each task force member through updated MOUs | 10/02/2020 | 10/01/2021 | PD, PIRE, Opioid Taskforce | In-kind | By October 01, 2023, a mutually agreed upon summary of each leaders' roles and responsibilities will be updated. |
| Identify the task force members that are critical to the success of the workplace plan | 10/02/2020 | Ongoing | Opioid Taskforce, PD, PIRE | Workforce plan | By October 01, 2023, a mutually agreed upon summary of each leaders' roles and responsibilities will be updated. |

| Goal 2. Establish a streamlined surveillance system for monitoring progress, demonstrating results of the strategic plan, and ensuring data-driven decision making. | | | | | |
|--|------------|------------|------------------------------|------------------|--|
| Objective 1. Improve utilization of regional data sources | | | | | |
| Strategy 1. Build data sharing capacity through website development or a data dashboard | | | | | |
| Activities | Timeline | | Who Is Responsible? | Resources | Outcomes |
| | Start | End | | | |
| Develop data collection strategies and sharing agreements to measure OUD in PAHC | 10/2/2020 | Ongoing | Opioid Taskforce, PDHD, PIRE | In-kind | By October 30, 2021, a mutually agreed upon data collection and sharing document will be developed outlining responsibilities for key task force members. |
| Assess medical data sources | 10/2/2020 | Ongoing | Opioid Taskforce, PDHD, PIRE | In-kind | |
| Improve data collection efforts of overdoses and SUD encounters among law enforcement | 10/2/2020 | Ongoing | Opioid Taskforce, PDHD, PIRE | In-kind, ODMAPS | |
| Strategy 2. Enhance established data measures to identify trends. | | | | | |
| Activities | Timeline | | Who Is Responsible? | Resources | Outcomes |
| | Start | End | | | |
| Identify and minimize barriers | 11/30/2020 | 11/30/2021 | PIRE, PD, Opioid Taskforce | RCORP-I, in-kind | By November 30, 2021, a semi-annual review of data needs and data barriers will be established that will continue until 9/30/2023. In 2023, review will become annually. Barriers will be addressed immediately following each review. |
| Obtain administrative data from alternative sources in KY to track changes in OUD/SUD trends | 1/01/2021 | 12/31/2021 | Opioid Taskforce, PIRE, PD | RCORP-I, in-kind | By 12/31/2020, administrative data sources will be identified, data request protocol documented, data will be requested and then utilized in trend documents |

| | | | | | available to taskforce. |
|---|----------|---------|----------------------------|------------------|--|
| Strategy 3. Effectively communicate and disseminate data among PAHC and Purchase residents | | | | | |
| Activities | Timeline | | Who Is Responsible? | Resources | Outcomes |
| | Start | End | | | |
| Compile data collections on an annual basis to be disseminated within the region | 11/2020 | Ongoing | Opioid Taskforce, PIRE, PD | RCORP-I, in-kind | By 11/2021 and afterward annually, data reports will be collected and dispersed. Initial and foundational data reports will be identified with approximate release dates, these reports will be disseminated as they are released. |
| Update data on PAHC webpage annually | 11/2020 | Ongoing | Opioid Taskforce, PIRE, PD | RCORP-I, in-kind | By 11/2021 PAHC will have a data report warehouse located on their website. This webpage will be updated annually unless otherwise noted. |
| Link task force members' websites and data on PAHC webpage | 11/2021 | 10/2022 | Opioid Taskforce, PIRE, PD | RCORP-I, in-kind | By 11/2022 35% of taskforce members with data will be linked to their data on PAHC website. Each following year will see a growth of 10%. |
| Utilize digital communications platforms to regularly update the community with data-driven findings and progress | 10/2020 | Ongoing | Opioid Taskforce, PIRE, PD | RCORP-I, in-kind | By 11/2021, PAHC will have a social media presence that provides linkage to PAHC's main webpage. These accounts will be updated regularly, and |

| | | | | | user engagement will be tracked. |
|---|----------|--------------------|--|------------------|--|
| Objective 2. Demonstrate the short- and long-term impact of the proposed activities | | | | | |
| Strategy 1. Establish data collection methods that align with the strategic plan activities | | | | | |
| Activities | Timeline | | Who Is Responsible? | Resources | Outcomes |
| | Start | End | | | |
| Review and update the RCORP needs assessment on an annual basis | 10/2020 | Ongoing | PD, PIRE, Opioid Taskforce | RCORP-I, in-kind | By 01/31/2020 Lyon county will be added to the Opioid Taskforce Needs Assessment. Annually hereafter the needs assessment will be updated to include the most up to date data and information. |
| Develop a surveillance system for monitoring SUD/OD cases that are referred to care | 10/2020 | Ongoing | Opioid Taskforce, PD, Data Coordinator, PIRE | RCORP-I, in-kind | By 10/2023, a surveillance system will be developed and established. |
| Strategy 2. Monitor performance for quality improvement | | | | | |
| Activities | Timeline | | Who Is Responsible? | Resources | Outcomes |
| | Start | End | | | |
| Develop a database for process indicators as indicated in the RCORP strategic plan | 10/2020 | Ongoing | PD, Data Coordinator, PIRE | RCORP-I | By 12/2020, a data collection system will be created for the PD and data coordinator to regularly use. |
| Conduct monthly reviews with the consortium on the progress and implementation issues of the proposed activities. | 10/2020 | Ongoing | PD, Data Coordinator, PIRE, Opioid Taskforce | RCORP-I | By 11/2020, a reporting template will be drafted to document ongoing successes and barriers. |
| Complete quarterly quality assurance reviews to evaluate process and outcome indicators | 10/2020 | Ongoing, quarterly | PD, Data Coordinator, PIRE, Opioid Taskforce | RCORP-I | By 3/2021, a QA review will be performed then subsequent reviews will occur quarterly |
| Goal 3. Diversify funding sources to ensure the accessibility and affordability | | | | | |
| Objective 1. Maintain the affordability and accessibility of OUD/SUD services in Purchase | | | | | |

| Strategy 1. Identify additional funding streams for the long-term sustainability of the proposed activities | | | | | |
|--|----------|----------------------------|--|------------------|---|
| Activities | Timeline | | Who Is Responsible? | Resources | Outcomes |
| | Start | End | | | |
| Educate providers about their ability to administer MAT and which positions are reimbursable | 02/2020 | 09/30/2023 | Opioid Taskforce, PD, Data Coordinator | RCORP-I, In-kind | By September 30, 2023, there will be at least 3 new MAT providers in the Service Area. |
| Identify potential NHSC sites and provide education on applying | 4/2020 | 09/30/2023 | Opioid Taskforce, PD, Data Coordinator | RCORP-I, In-kind | By September 30, 2023 have at least one new NHSC site. |
| Survey to see how many providers have applied for funding to create or expand recovery services | 10/2020 | 10/2021 then annually | Opioid Taskforce, PD, PIRE, Data Coordinator | RCORP-I, In-kind | By 1/2021, a data collection instrument will have been created and fielded. Data collection will proceed annually thereafter. |
| Strategy 2. Apply for external funding opportunities to provide full support for proposed initiatives | | | | | |
| Activities | Timeline | | Who Is Responsible? | Resources | Outcomes |
| | Start | End | | | |
| Investigate and pursue State, Federal, and foundational funding opportunities to sustain full-time staff | 10/2020 | 10/2021 and then quarterly | PD, PIRE | RCORP-I, In-kind | By 10/2020, an initial list of relevant FOAs will be drafted. Moving forward, submit two applications on an annual basis to sustain activities beyond 2023. |
| Leverage local, state, federal and/or foundation funding resources to compensate staff time in assisting individuals to obtain SUD/ODU treatment | 10/2020 | 10/2021 then quarterly | PD, Opioid Task Force | RCORP-I, In-kind | |
| Pursue State, Federal, and/or foundation funding opportunities to build recovery organizations | 10/2020 | 10/2021 then annually | PD, PIRE, Opioid Task Force | RCORP-I, In-kind | |
| Objective 2. Identify activities and initiatives that can be sustained through the support and existing resources of task force members | | | | | |
| Strategy 1. Promote and coordinate with other funded initiatives and program opportunities through task force members and community stakeholders | | | | | |
| Activities | Timeline | | Who Is Responsible? | Resources | Outcomes |
| | Start | End | | | |

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|---|---------|---------|--|---|---|
| Coordinate with other RCORP-I grantees in the region | 10/2020 | Ongoing | PD, Data Coordinator, Opioid Taskforce | HRSA, JBS | By January 2021, setup regular calls and establish an agreement for collaboration |
| Endorse and collaborate with neighboring syringe services programs | 10/2020 | Ongoing | PD, Data Coordinator, Opioid Taskforce, Health Departments | State of Kentucky, Local Health Departments | |
| Strengthen partnership with MSU to continue increasing flow of data waived health providers | 10/2020 | Ongoing | PD, MSU partners, Data Coordinator, Opioid Taskforce, Health Departments | Data Waiver Program | By October 2021, create and distribute a fact sheet on DATA 2000 and employment opportunities in the region |
| Link with FRBH to continue increasing SUD/OD providers and certified peer support specialists | 06/2021 | Ongoing | PD, FRBH, data coordinator, Opioid Taskforce | RCORP-I, in-kind | By October 2021, create and distribute a fact sheet on peer recovery and employment opportunities in the region |

PAHC also reviewed their current and potential fiscal resources. PAHC is engaged in multiple efforts to secure funding for project activities through federal grants and other avenues, including applying for the RCORP-Implementation Grant. Table 4 lists these potential funding sources, as well as the activities they could support.

Table 4. Pending and established funding sources

| Mechanism | Funder | Funding period | Amount | Activities funded |
|--|-------------------|-----------------------|--|---|
| COSSAP* | BJA | 10/2020 – 9/2023 | \$900,000 | Pending |
| RCORP-I | HRSA | 10/2020 – 9/2023 | \$1,000,000 | WFD, increase recovery support access |
| Drugfree Communities (consortium member ASAPs) | SAMHSA | 07/2021-07/2026 | \$125,000/year for 5 years, for up to 10 years | Universal Prevention Strategy |
| Billable activities (ie SBIRT, MAT, etc) | Service Providers | Ongoing | Varies | WFD; Increase access to screening and treatment |
| <p>*Designates funding is pending COSSAP, Comprehensive Opioid, Stimulant, and Substance Abuse Program; RCORP-I, Rural Communities Opioid Response Program – Implementation SAMHSA, Substance Abuse and Mental Health Services Administration; BJA, Bureau of Justice Assistance; HRSA; Health Resources and Services Administration</p> | | | | |

Conclusion

The PAHC Opioid Taskforce will be mindful of issues of equity throughout the implementation process, as they consider strategies to improve the affordability and accessibility of OUD prevention, treatment, and recovery services for individuals in the Purchase Area. Strengthening the consortium by increasing leadership capacity and resource sharing is an intentional step to ensure that all members of the consortium are engaged and benefiting from the implementation activities.

Appendix 1. Purchase Area Health Connections Opioid Task Force (N=81)

| Organization Name | Network Label | Organization Type |
|-----------------------------------|----------------------|--------------------------|
| Aledade | ACO | Hospital |
| Anthem | ANMCO | Hospital |
| Ballard County Schools | BCS | School System |
| Ballard County Sheriff | BCShf | Law Enforcement |
| Ballard UK Extension | UKBA | Extension |
| Baptist Health | BH | Hospital |
| Benton Police | BenPO | Law Enforcement |
| Calloway County Health Department | CCHD | Health Department |
| Calloway County Schools | CCSS | School System |
| Calloway County Sheriff | CCShf | Law Enforcement |
| Carlisle 911 Center | cc911 | Community service |
| Carlisle County Schools | CCS | School System |
| Carlisle County Sheriff | CarShf | Law Enforcement |
| Centerstone | CS | Treatment |
| Clinton City | ClinC | Local Government |
| DCBS | DCBS | Social service |
| DOC Division of Reentry | DOCDR | Social service |
| EKCEP | EKCEP | Social service |
| Enrich Families | EnFa | Community service |
| Four Rivers Behavioral Health | 4RBH | Public health |
| Fulton City Police | FCPo | Law Enforcement |
| Fulton County Schools | FCS | School System |
| Fulton County Sheriff | FCshf | Law Enforcement |
| Fulton Independent Schools | FIS | School System |
| Graves County Health Department | GCHD | Public health |
| Graves County Schools | GCS | School System |
| Graves County Sheriff | GCShf | Law Enforcement |
| Health Works | HeWo | Public health |
| Hickman City Police | HCPO | Law Enforcement |
| Hickman County Extension | UKHI | Extension |
| Hickman County Schools | HCS | School System |
| Hickman County Sheriff | HCShf | Law Enforcement |
| Journey Pure | JP | Treatment |
| Kentucky Cancer Society | KCS | Public health |
| Kentucky Career Center | KCC | Social service |
| Kentucky Chamber | Kcham | Community service |
| Kentucky Courts | Kcourt | Criminal justice |
| Kentucky Legal Aide | KLA | Criminal justice |
| KentuckyCare | KenC | Public health |
| Lotus | Lot | Social service |
| LT Govenors Office | LTGO | Local Government |

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|-------------------------------------|-------|-------------------|
| Marshall County Health Department | MCHD | Public health |
| Marshall County Schools | MCS | School System |
| Marshall County Sheriff | MaShf | Law Enforcement |
| Mayfield Independent Schools | MIS | School System |
| Mayfield Police | MayPO | Law Enforcement |
| McCracken County | MCG | Local Government |
| McCracken County Coroner | MCC | Coroner |
| McCracken County Drug Court | MCDC | Criminal justice |
| McCracken County Schools | MCCSS | School System |
| McCracken County Sheriff | MCShf | Law Enforcement |
| McCracken Public Library | MPL | Community service |
| Mercy Health | MH | Hospital |
| Merryman House | MMH | Social service |
| Murray Calloway County Hospital | MCCH | Hospital |
| Murray Independent Schools | MISS | School System |
| Murray Police | MurPO | Law Enforcement |
| Murray State University | MSU | School System |
| Paducah Fire | PadFi | Community service |
| Paducah Independent Schools | PIS | School System |
| Paducah Lifeline | PL | Treatment |
| Paducah Mayor | Pmay | Local Government |
| Paducah Police | PadPo | Law Enforcement |
| PAHEC | PAHEC | Community service |
| Passport Health Plan | PHMCO | Public health |
| Purchase Area Development District | PADD | Social service |
| Purchase District Health Department | PDHD | Health Department |
| Regional Prevention Center | RPC | Public health |
| Spero | Sper | Treatment |
| Sullivan University | SU | School System |
| UK Extension- Calloway | UKC | Extension |
| UK Extension- Carlisle | UKCar | Extension |
| UK Extension- Fulton | UKF | Extension |
| UK Extension- Marshall | UKM | Extension |
| UK Extension- McCracken | UKMC | Extension |
| UK Extension-Graves | UKG | Extension |
| United Way | UW-MC | Community service |
| Wellcare | WCMCO | Public health |
| West Kentucky Rural Electric | Wkrec | Community service |
| West Kentucky Work Force Board | WKWFB | Social service |
| WKCTC | WKCTC | School System |