



RCORP-P Core Activity 5: Sustainability Plan

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>	

	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?

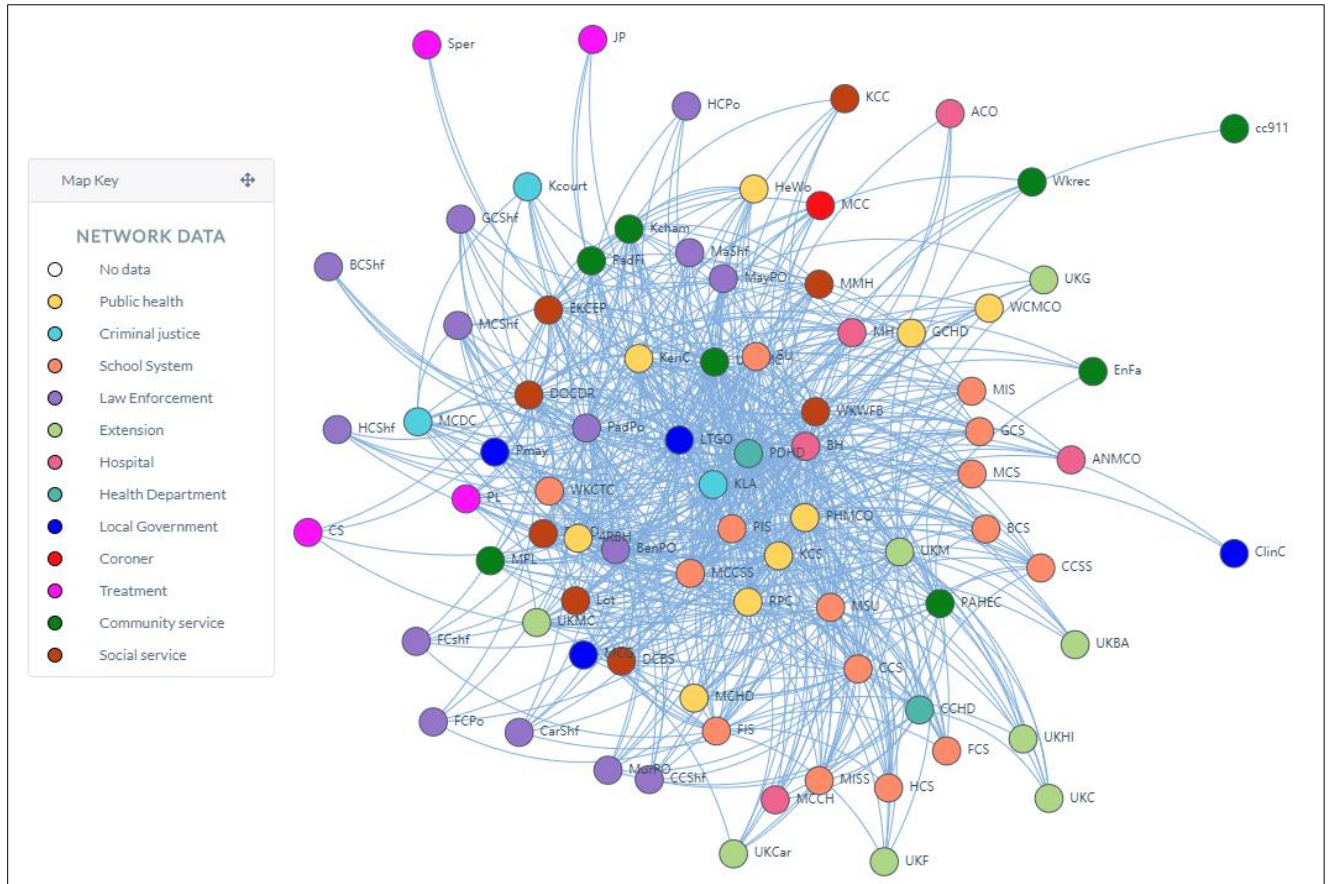
EQ4. What outcomes have been achieved among the PAHC Opioid Task Force?

EQ5. What impact has the COVID-19 pandemic had on the PAHC Opioid Task Force?

Main Findings

EQ1. A total of 31 organizations responded to the invitation to participate in the network survey (38% response rate). The 31 organizations reported they had an average of nine partnerships (mean=9.53) out of a possible 80, yielding a collective total of 762 partnerships (9.53 * 80). PAHC is comprised of diverse partners from a variety of sectors, with about half of organizations (47%) representing public health (11%), law enforcement (17%), and school system (19%). When organizations were asked to identify which counties they work or provide services within, 57% (n=17) reported one county and 43% (n=13) reported multiple counties. Of the responding organizations that identified they work or provide services within multiple counties, 38% (n=5) serve all eight counties and 38% (n=5) serve all eight counties plus selected counties outside of Purchase. Respondents reported a high degree of positive perceptions of trust (78%) and a high value of partnerships (76%). Seventy-nine percent agreed that the task force is benefiting the region. The overall network is depicted in the figure below and a list of organizations may be found in the appendix.

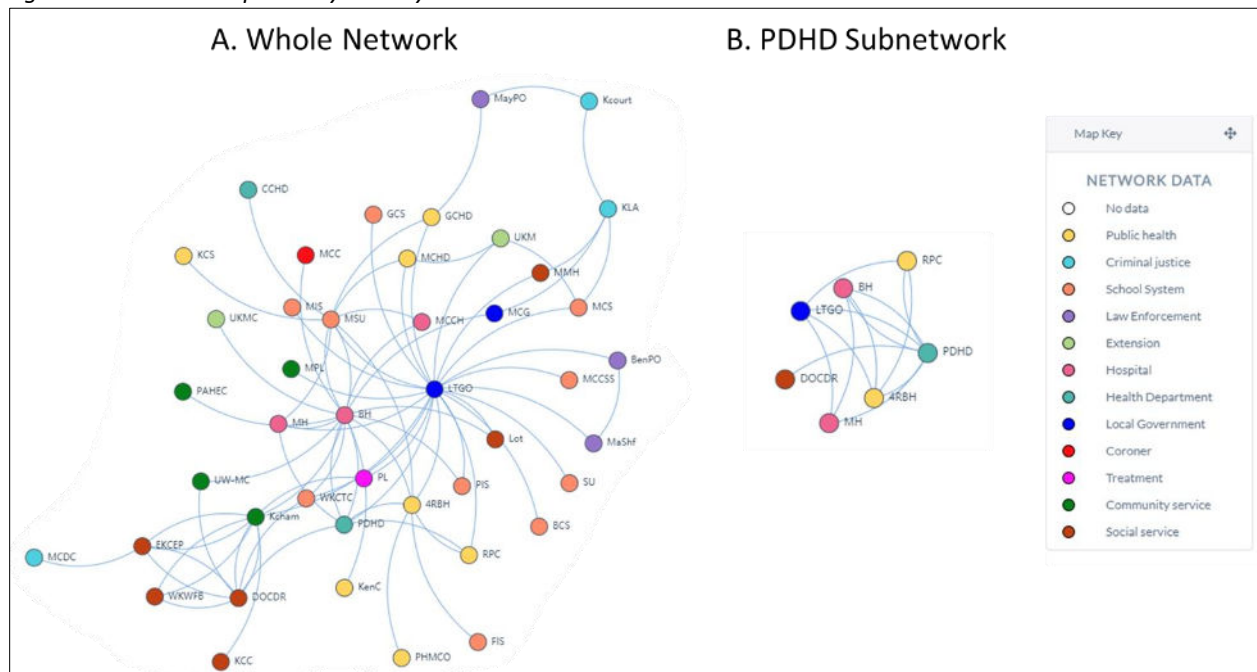
Figure 1. Overall Network of PAHC Opioid Task Force Members



EQ2. Several questions on the PARTNER tool assessed the frequency of interactions amongst the task force members. Over half of the task force indicated they are willing to meet at least quarterly. To provide a more specific examination, networks were depicted at the level of meeting at least weekly. Figures 2A shows the whole network based upon meeting at least weekly and 2B illustrates a

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.

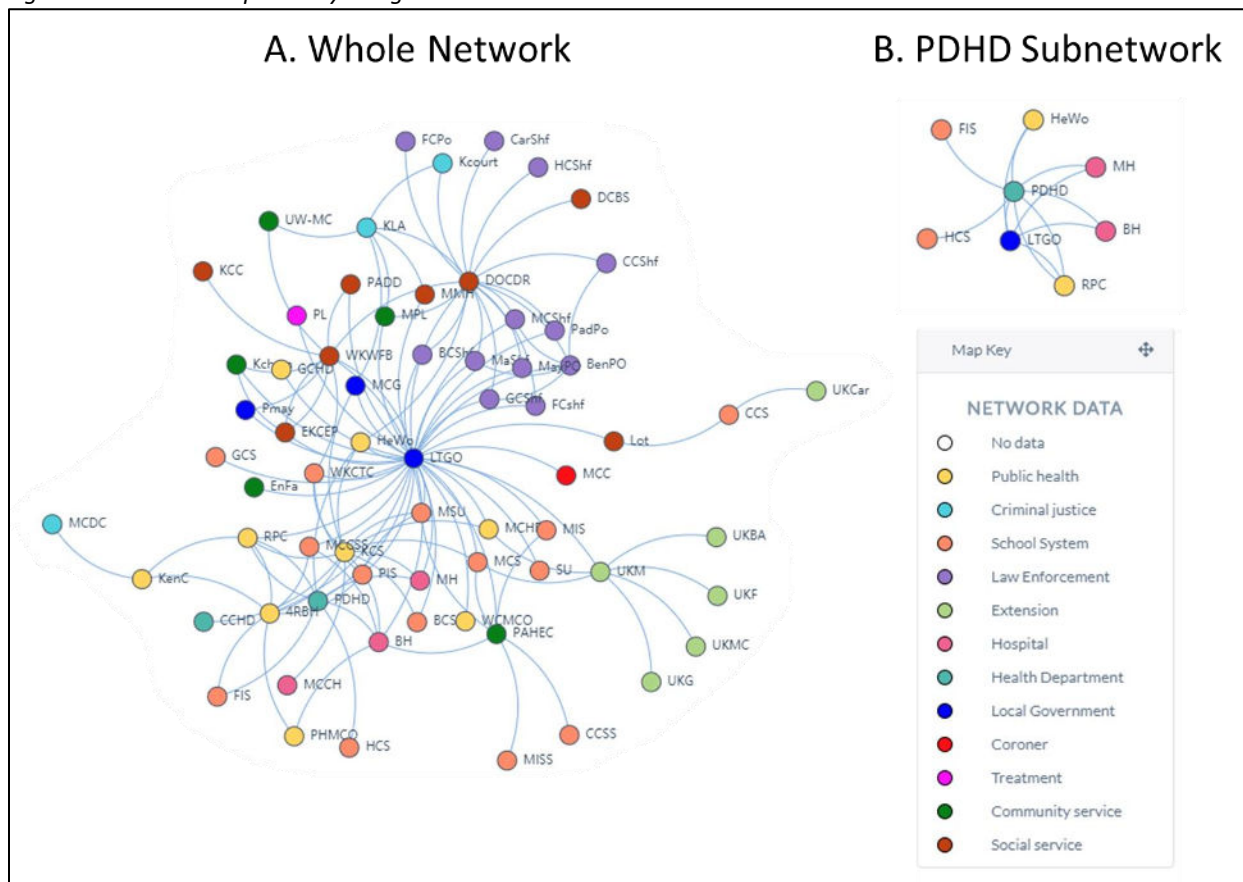
Three levels of activity intensity were measured:

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			

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

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