Strategic Plan 2020-2023

OpioidTaskforce

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	
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Contributing Consortium Members and Stakeholders	Baptist Health DOC Reentry EKCEP Four Rivers Behavioral Health GC ASAP Graves County Health Department Kentucky Care Lotus Marshall County Health Department Marshall-ASAP Mercy Health Murray Calloway Hospital Paducah Fire Paducah Independent Schools Purchase AHEC Purchase District Health Department West KY Workforce Board	

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.

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 the OUD cascade of care. This report contains the local consortia's comprehensive strategic plan for the planning phase.

Purchase Area Health Connections (PAHC)

Purchase Area Health Connections (PAHC) is a regional health coalition that serves the 8 counties of the Purchase Area. It was created in 2015 and comprises of many different community stakeholders and local health coalitions. PAHC comprises four interrelated consortia and workgroups: the Transitional Care Team, the Western Kentucky Mental Health Workgroup, the Childhood Obesity Prevention Action Team, and now the Opioid Taskforce. The purpose of the Opioid Taskforce is to 1) understand the community needs through a needs assessment; 2) develop a strategic plan to address the information gathered, and to create a workforce plan specific to the Purchase Area to fill access to care gaps including a portion specific to addressing OUD/SUD persons not in the workforce back into the workforce through a career path or a higher education path to recovery.

The Opioid Taskforce is a group of community stakeholders that came together to address the rising prevalence of OUD, comorbidities, and adverse health outcomes in the Purchase Area district. PAHC's network of partners includes Baptist Health Paducah, Mercy Lourdes Hospital, Purchase District Health Department, Four Rivers Behavioral Health, Purchase Area Health Education Center, Kentucky Care (FQHC),United Way of Paducah, Purchase Area Development District, Murray-Calloway County Hospital, West Kentucky Community and Technical College Division of Nursing, and Murray State University. Partners in our consortium expansion include) representatives from new sectors as follows: Clinton City Police, Paducah Police, Carlisle 911, Paducah Fire Department, (justice/first responders); Kentucky Department for Community Based Services, Kentucky Family Resource and Youth Services Centers (part of the Kentucky Cabinet for Health and Family Services); Kentucky Office of Rural Health, Kentucky Agency for Substance Abuse Policy –ASAP Local Boards(health); and Fulton-Hickman Economic

Development Partnership, West Kentucky Workforce Board, West Kentucky Community & Technical College, and Murray State University (existing partner).

PAHC Strategic Planning Approach

The strategic planning process utilized for PAHC was designed to fulfill core planning objectives directly related to the RCORP planning grant program and provide insights that PAHC may leverage for future data-driven efforts to address OUD, including the RCORP implementation grant program. The PAHC strategic planning process is data-driven and directly informed by the recently completed community needs assessment that synthesized a wide-range of administrative data. As developing a 3-year strategic plan poses many challenges in addressing OUD across a continuum of care, PAHC adopted the OUD Cascade of Care Model[1] to inform the completion of strategic plan maps and strategy description forms.

The OUD Cascade of Care Model (Figure 1) encompasses four interrelated domains related to people at risk of developing OUD and those with OUD: 1) prevention; 2) identification; 3) treatment; and 4) recovery. This model builds upon a rich history of other cascade of care models developed to address infectious and chronic diseases. PAHC selected the model given its growing use to address OUD as well as its adaptability in addressing other opioid-related comorbidities, including HIV/AIDS and hepatitis C. Each of the four domains provides a heuristic with which to strategically plan evidence-based approaches across the cascade of care. Moreover, using a parts-to-whole format to organize the cascade of care into four domains facilitated the creation of "sub-plans," each with their own goals and planned activities. When combined, the PAHC will have a single comprehensive strategic plan that is actionable and tailored to the eight communities comprising PAHC.

*Figure SEQ Figure * ARABIC 1. OUD Cascade of Care*

National Institute on Drug Abuse, January 2019.

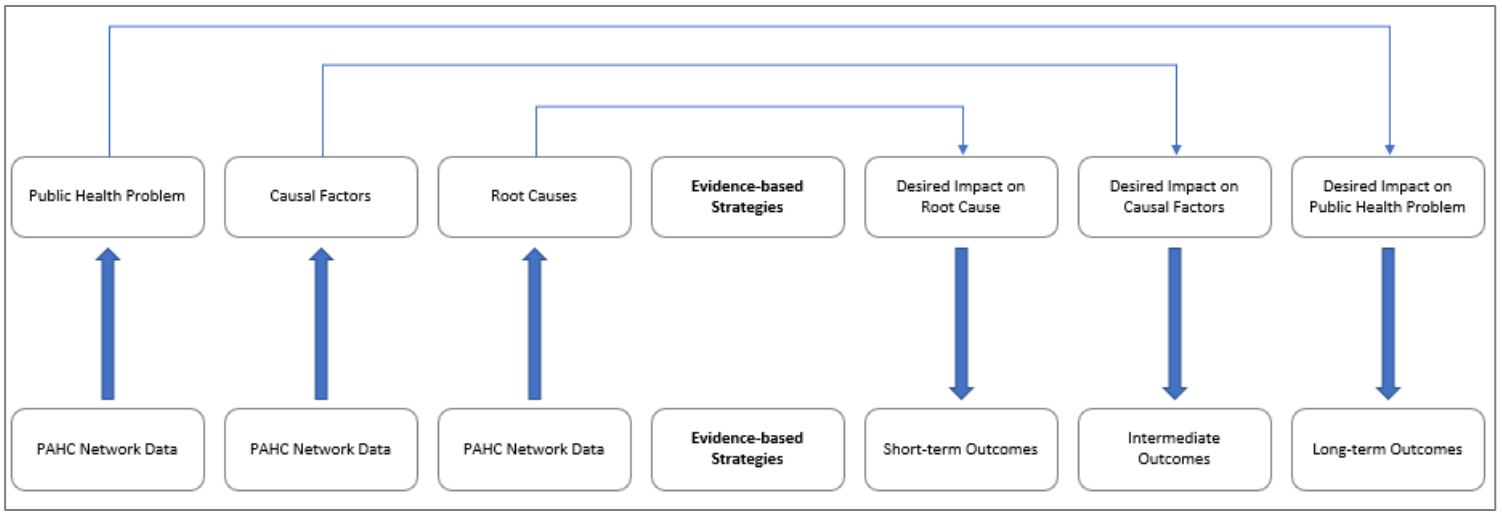
PAHC's approach to strategic planning incorporates both a theory of change and a theory of action. The theory of change, better known as a logic model, was chosen for the strategic planning process to ensure that PAHC would immediately understand how strategies chosen for implementation relate to community needs and gaps, its chosen problems of practice, and desired outcomes. The theory of change is an established approach for creating logic models that will provide PAHC with a blueprint to accomplish their short, intermediate, and long-term goals through careful selection of evidence-based strategies to address OUD and related outcomes.

Our primary approach to the PAHC strategic planning will be driven by logic models that encompasses why certain strategies were selected and the specific goals associated with each strategy. Logic models with clear goals are also inherently data-driven, which directly ties evaluation processes into the framework. In addition, the theory change promoted strategic

[1] Williams AR, Nunes EV, Bisaga A, Levin FR, Olfson M. Development of a Cascade of Care for responding to the opioid epidemic. *Am J Drug Alcohol Abuse*. 2019;45(1):1-10.

thinking by encouraging PAHC 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 tailored for the need identified in PAHC. As shown in Figure 2, PAHC created an initial logic model to be adapted for each of the four Cascade of Care domains. This approach encourages strategic thinking about the rationale underlying each strategy and incorporates the most up-to-date body of evidence when choosing certain strategies overall and for each domain (e.g., if PAHC implements evidence-based strategy X, then we expect desired impacts on Y root causes, causal factors, and public health problems).

Figure 2. Initial Logic Model



To facilitate the strategic planning process, PAHC leaders convened an all-day workshop in mid-November 2019 to provide an overview of the OUD Cascade of Care Model and create the first iteration of logic models. Two strategic planning tools were used: 1) strategic plan maps and 2) strategy description forms. The strategic plan map combines the theory of change and theory of action into a single document that can be easily interpreted by PAHC members, thereby streamlining the creation of four sub-plans and operationalization of a comprehensive plan for implementing a cascade of care for OUD. Importantly, the strategic plan maps illustrate the data-driven rationale and activities necessary for implementing a relevant strategy, including the anticipated outcomes. The strategy forms capture additional details about the proposed strategies, including an assessment summary, problem statement, and long-term outcome. The forms include detailed implementation plans to encourage PAHC to critically determine long-term outcome indicators that demonstrate progress toward proposed strategies and if such activities are sustainable.

By completing both strategic plan maps and strategy description forms using the four domains from the OUD Cascade of Care Model, PAHC has completed a comprehensive strategic planning process across a full cascade of care. In addition, PAHC recognizes the iterative nature of the strategic planning process and will continue to append the plans with updated data and new evidence-based strategies over the course of the RCORP planning grant.

PAHC Strategic Plan to Address Opioid Use Disorder

PAHC has utilized the OUD Cascade of Care Model to create four strategic plans encompassing prevention, identification, treatment, and recovery. As summarized below, each plan incorporates specific goals and theories of change through logic chains. Common goals run throughout each plan including the development of an Opioid Taskforce Data Sharing System to better track OUD processes and outcomes, strengthening the connection between primary care and OUD treatment, capacity building, workforce development, and systems-based approaches to addressing stigma.

Prevention – Reduction of youth use

This plan proposes a strategy to increase perceptions of risk related to substance use in order to reduce the prevalence of prescription opioid and heroin use among middle and high school students.

Assessment Summary

There are seven Agency for Substance Abuse Prevention and Policy (ASAP) coalitions in the region. All operate with the goal of preventing future substance use, support access to treatment and recovery, and to support local law enforcement. Individual schools independently teach substance use prevention curricula and are represented on the ASAP governing boards, however, schools remain slow to implement evidence-based prevention programs including those with a focus on prescription drugs. In addition, schools tend to implement current prevention programs with limited fidelity.

Problem Statement

Regional results from the 2016-2018 Kentucky Incentives for Prevention Survey (KIP) showed that 6.3% of youth surveyed reported using an opioid (e.g., prescription opioid, heroin) on at least one occasion in the past 12 months, compared with 4.9% at the state level. Among the youth who used an opioid (YWUO), 46.7% reported accessing opioids from multiple sources. The percentage of YWUO reporting a low perception of risk of using prescription drugs (i.e., a little bit/not wrong at all) was 35.3% compared to 32.4% at the state level.

<u>Theory of Change:</u>

- If PAHC implements a universal prevention program to prevent any substance use, then we can expect an increase in the prevalence of youth perceiving prescription drugs to be harmful.
- If more youth perceive prescription drugs to be harmful, then we can expect a reduced prevalence of youth obtaining prescription drugs from multiple diversion sources.
- If we reduce the prevalence of youth obtaining prescription drugs from multiple diversion sources, then we can expect a reduction in the prevalence of opioid use among youth.

Target Population

The direct population of focus for this strategic plan is youth overall and YWUO in grades 6th through 12th as well as their parents and guardians. The indirect population of focus include schools, ASAP coalitions, and additional youth and family based partners.

Goal

The goal of this strategy is to implement a Universal Prevention Strategy to impact youth perception of all substance use while including a focus on prescription drug use and multiple sources of prescription drug diversion. Activities will include expanding school-based evidence prevention curricula, such as LifeSkills. The taskforce will explore ways to implement targeted prevention programs for youth who are already using opioids. The taskforce will also develop data sharing agreements to compile data to estimate opioid use prevalence by age/grade and develop process indicators to monitor progress on overcoming challenges and barriers, such as partners not implementing with fidelity or implementing home-grown strategies that could be harmful.

Long-Term Outcomes

- Increase the percentage of students who perceive prescription drugs to be harmful from 35.3% to 40% by August 2023.
- Reduce the percentage of youth accessing prescription drugs from multiple sources from 46.7% to 40% by August 2023.
- Reduce the prevalence of opioid use among all middle and high school students from 6.3% to 5% by August 2023.

Long-Term Outcome Indicators

We will continue to use data from the KIP Kentucky Incentives for Prevention Survey for measuring incremental progress in opioid use:

- By August 2021, reduce the prevalence of opioid use to 5.9%.
- By August 2022, reduce the prevalence of opioid use to 5.4%.
- By August 2023, reduce the prevalence of opioid use to 5.0%.

Purchase Area Health Connections Network
RCORP-P **Strategic Plan** Map: *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.

Increasing perceptions of risks related to prescription drug use will reduce the prevalence of prescription opioid and heroin use among middle and high school students.

Population of Focus:

The direct population of focus for this strategic plan is youth overall and YWUO in grades 6th through 12th as well as their parents and guardians. The indirect population of focus include schools, ASAP coalitions, and additional youth and family based partners.

Theory of Community Change:

If PAHC implements a universal prevention program for all substance use, then we can expect an increase in the prevalence of youth perceiving prescription drugs to cause adverse health outcomes.
If youth perceive drugs to be harmful, then we can expect a reduced prevalence of youth obtaining prescription drugs from multiple diversion sources.
If we reduce the prevalence of youth obtaining prescription drugs from multiple diversion sources, then we can expect a reduction in the prevalence of opioid use among youth.

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)
Opioid use among 6th through 12th grade students	**Accessing prescription drugs from multiple sources**	**Low perception of risk of prescription opioids among youth**	PAHC will build on existing prevention efforts to develop a comprehensive Universal prevention approach that includes both school-based, such as LifeSkills and Pax, and community-based strategies, such as Parent Cafés and THRIVE. PAHC will create a Data Sharing System to monitor trends in OUD screening and treatment among youth and young adults in the region.	PAHC will work with the seven ASAP coalitions, school districts, and county-level prevention coalitions who are already implementing prevention strategies.	The PAHC will begin developing a Data Sharing System early 2020. In the spring, key stakeholders will form a workgroup to write a budget for the Prevention plan. The workgroup will also work with school districts not currently implementing a prevention curriculum to begin implementing Life Skills. The workgroup will engage coalitions implementing Parent Cafes and THRIVE to begin conversations about including OUD prevention in their programming. These would begin in 2020.	Increased perception of prescription drug use as harmful among youth in grades 6-12.	Fewer youth reporting accessing prescription drugs from multiple sources.	Fewer youth in grades 6-12 using opioids.
Data to Support **Public Health Problem** 6.33% of youth reported using an opioid on at least one occasion. (KIP 2016-2018)	Data to Support **Causal Factor** 46.37% of youth who use opioids reported accessing prescription drugs from multiple sources. (KIP 2016-2018)	Data to Support **Root Cause** 35.3% of youth who use opioids reported perceiving prescription drugs as a little bit/not wrong at all. (KIP 2016-2018)				Indicator to Assess **Root Cause** More youth endorsing prescription drugs as a harmful behavior, as reported on KIP	Indicator to Assess **Causal Factor** Fewer youth reporting multiple sources of diversion on KIP.	Indicator to Assess **Public Health Outcome** Fewer youth reporting opioid use on KIP.

Identification

This plan proposes a strategy to increase the number of people with OUD who are successfully referred to treatment by improving screening practices among primary care providers through the use of SBIRT.

Assessment Summary

Based on population and statewide rates, PAHC estimates around 11,800 individuals with a substance use disorder are living in the area. From 7/1/17 – 6/30/19, there were a total of 843 SUD treatment admissions. Among these, 465 were for OUD (55.1%), with the majority entering treatment through self-referral. Currently, PAHC has engaged with providers and consortia members, and has reached an initial agreement to obtain data on screening and referrals for OUD/SUD that will be part of the PAHC Opioid Taskforce Data Sharing System.

Problem Statement

Only 7% of OUD patients admitted to treatment in PAHC were referred from another healthcare provider. In conversations with consortium members and community leaders, PAHC noted that primary care providers are not screening for OUD/SUD and that many are not familiar with Medicaid reimbursement for SBIRT.

Theory of Change:

- If PAHC increases education and professional knowledge about reimbursement for OUD/SUD screening, then we can expect a higher number of OUD/SUD treatment referrals made by clinicians and healthcare providers.
- If we can expect a higher number of OUD/SUD treatment referrals made by clinicians and healthcare providers, then we can expect an increased number of people who begin treatment for OUD/SUD.

Target Population

This strategy will focus indirectly on primary care providers, including pediatricians and mental health care providers and directly on individuals with undiagnosed SUD/OUD seen at primary and behavioral health care providers.

Goals

PAHC will increase education and professional knowledge about reimbursement for OUD/SUD screening. This will lead to a higher number of OUD/SUD treatment referrals, and thus an increased number of people who begin treatment for OUD/SUD. Four Rivers Behavioral Health currently provides training for professionals on SBIRT and reimbursement for SBIRT. PAHC will work with Four Rivers to expand this program to other mental healthcare providers, as well as primary care providers and pediatricians. The consortium envisions providing the training via webinar and working with licensing boards to offer continuing education credits. PAHC will work to develop a data sharing agreement to track reimbursement for SBIRT, OUD/SUD treatment referrals, and OUD/SUD treatment admissions.

Long-Term Outcomes

- Increase the percentage of OUD patients admitted to treatment through provider referral from 7% to 12% by August 2023.

Long-Term Outcome Indicators

We will continue to use the Minimum Data Set (Treatment admissions reported to community mental health centers) to measure incremental progress in OUD treatment admissions referred by a provider. We will also incorporate data the Kentucky Treatment Outcome Study (KTOS) to augment our performance measures as needed.

- Increase the percentage of OUD patients admitted to treatment through provider referral to 8.7% by August 2021.
- Increase the percentage of OUD patients admitted to treatment through provider referral to 10.3% by August 2022.
- Increase the percentage of OUD patients admitted to treatment through provider referral to 12% by August 2023.

Purchase Area Health Connections Network
RCORP-P **Strategic Plan** Map: *Identification*

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

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

This plan proposes a strategy to increase the number of people with OUD/SUD who are successfully referred to treatment by healthcare providers. Proper training of using SBIRT and Medicaid and Medicare reimbursement for SBIRT will reduce costs for patients. Medicaid and Medicare reimbursement for SBIRT will prompt providers to screen using this method. This will identify persons with OUD/SUD and allow for them to be referred to treatment to a provider that accepts their insurance.

Population of Focus:

The direct population of focus are undiagnosed OUD/SUD patients being referred to treatment.
The indirect populations of focus are primary care and behavior health providers.

Theory of Community Change:

If PAHC increases education and professional knowledge about reimbursement for OUD/SUD screening, then we can expect a higher number of OUD/SUD treatment referrals made by clinicians and healthcare providers.
If we can expect a higher number of OUD/SUD treatment referrals made by clinicians and healthcare providers, then we can expect an increased number of people who begin treatment for OUD/SUD.

Community Logic Model (Theory of Change)				**Action Plan (Theory of Action)**		**Measurable Outcomes (Theory of Change)**		
Public Health Problem	**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)	Outcome for the **Public Health Outcome** (Long-term)
Patients with OUD are not being referred for treatment.	Primary care providers do not screen for OUD/SUD.	Doctors, physician assistants, and nurse practitioners are not knowledgeable about reimbursement for screening.	PAHC will develop a data sharing system to better track screening, reimbursement, referrals to treatment, and admissions. The consortium will expand an existing training program at Four Rivers Behavioral Health to train primary care and mental health providers throughout the region on SBIRT and reimbursement. Trainings will take place via webinars and CEUs will be offered.	PAHC will work with Four Rivers Behavioral Health, as well as local hospitals, primary care providers, and mental health providers to offer a webinar on SBIRT and reimbursing for SBIRT. PAHC will work with licensing boards to offer CEUs.	PAHC will begin developing a data sharing system in early 2020. Key stakeholders will form a workgroup to alter the Four Rivers training webinar for widespread use and get CEU credits approved from licensing boards. The workgroup will reach out to primary care providers and mental health groups to offer the training in late 2020.	Increase in the number of primary care providers trained in SBIRT and reimbursement.	Increase in the number of screenings, and practices that participate in screenings.	More referrals to treatment from health care providers.
Only 7% of patients in treatment were referred from a primary care provider.	Medicaid and Medicare reimbursement data are available and the consortium will work to establish use agreements to acquire this data. Consortium members have reported that primary care providers, including pediatricians, are not screening for OUD/SUD.	No quantitative data exists, but conversations with consortium leaders have indicated that this is a problem.				This will be measured through webinar attendance.	Measures will include SBIRT reimbursement data, as well as provider surveys.	Minimum data set change for referral to treatment.

Treatment

This plan proposes a strategy to increase access to medication assisted treatments (MAT) for people with OUD by strengthening the link between primary care and MAT.

Assessment Summary

In a survey with providers, two-thirds of primary care providers reported not being able to access appropriate mental health care for their patients. Approximately 80% of persons with a mental health disorder will visit a primary care provider at least once a year, but 67% of those patients do not get behavioral health treatment. Shortages of mental health care providers, health plan barriers, and lack of coverage or in-adequate coverage were all cited by primary care providers as critical barriers to mental healthcare access. The SUD/OUD and behavioral health workforce is sparse. Three counties in the region do not have a mental health provider within their borders and all of the remaining counties except one have a population to provider ratio over 1000:1.

Problem Statement

Doses of buprenorphine per 100,000 population distributed in the eight counties in the Purchase Area range from 1,181.6 per 100,000 to 3,285 per 100,000; compared to 3,971.4 per 100,000 Kentucky as a whole, indicating that there is an unmet need for MAT in the region. There are 24 providers in the Purchase Area Health District with a waiver to prescribe buprenorphine. Sixteen of these providers are located in McCracken, 4 in Ballard, 3 in Graves, and 1 in Calloway. The remaining four counties have no MAT providers. There are nine NHSC sites in the Purchase Area Health District. There are no NHSC sites in Fulton or Hickman counties. (NHSC Website)

<u>Theory of Change:</u>

- If PAHC increases the number of NHSC approved sites, then we can expect a higher number of qualified providers (e.g., MD/DO, NP, PA, CNM) that are eligible for a free training to obtain a DATA 200 Waiver.

- If there are more qualified providers (e.g., MD/DO, NP, PA, CNM) eligible for a free training to obtain a DATA 200 Waiver, then we can expect more providers in PAHC to obtain a DATA 2000 waiver.

- If there are more qualified providers in PAHC that obtain a DATA 2000 Waiver, then then more people with OUD will have access to MAT (as measured by buprenorphine prescribing rates).

Target Population

The direct population includes people meeting diagnostic criteria for SUD/OUD. Primary care and behavioral health providers in underserved counties are the indirect population.

Goals

The PAHC will increase the number of MAT providers across the region to ensure an adequate number of providers exist across all of the counties we serve. There are two main components to this strategy. PAHC will research and identify mental healthcare providers and

primary care providers who may be eligible to both provide MAT and become a National Health Service Corps (NHSC) site. PAHC will engage these providers to provide support and guidance in applying for NHSC status. NHSC sites are eligible to offer incentives to professionals, including loan repayment programs. PAHC will also engage individual clinicians at these sites to provide education on the effectiveness of MAT, and support in meeting the eligibility requirements for obtaining a DATA 2000 Waiver.

Long-Term Outcomes

- There will be an increase in the number of NHSC sites to a total of 11 by August 2023.
- There will be an increase in the number of prescribers with a DATA 2000 Waiver to 35 by August 2023.
- For each of the eight counties in PAHC, there will be a 6% increase in the buprenorphine prescribing rate by August 2023.

Long-Term Outcome Indicators

We will continue to use KASPER to measure incremental progress in MAT prescribing. Data from the NHSC directory of sites and SAMHSA Buprenorphine Practitioner Locator will also be utilized.

- Increase in county-specific buprenorphine prescribing rates by 2% by August 2021.
- Increase in county-specific buprenorphine prescribing rates by 2% by August 2022.
- Increase in county-specific buprenorphine prescribing rates by 2% by August 2023.

Purchase Area Health Connections Network
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.

Increase patient access to MAT, which is an evidence-based practice, by increasing the number of MAT providers in the area.

Population of Focus:

Direct population: people with OUD.
Indirect population: primary care providers in the Purchase Area.

Theory of Community Change:

If PAHC increases the number of NHSC approved sites, then we can expect a higher number of qualified providers (e.g., MD/DO, NP, PA, CNM) that are eligible for a free training to obtain a DATA 200 Waiver.

If there are more qualified providers (e.g., MD/DO, NP, PA, CNM) eligible for a free training to obtain a DATA 200 Waiver, then we can expect more providers in PAHC to obtain a DATA 2000 waiver.

If there are more qualified providers in PAHC that obtain a DATA 2000 Waiver, then then more people with OUD will have access to MAT (as measured by buprenorphine prescribing rates).

Community Logic Model (Theory of Change)				**Action Plan (Theory of Action)**		**Measurable Outcomes (Theory of Change)**		
Public Health Problem	**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)	Outcome for the **Public Health Outcome** (Long-term)
OUD patients are not receiving MAT.	There are not enough MAT providers practicing in the area.	Primary care providers do not see a need to offer MAT or are reluctant to provide MAT.	-Improved data sharing -Provide training to primary care providers on the value of MAT. -Provide assistance to providers in obtaining a DATA 2000 waiver -Provide assistance to facilities in becoming an NHSC site so that they are better able to retain MAT providers through incentive programs.	PAHC will work closely with Four Rivers Behavioral Health and KentuckyCare. A detailed budget will be developed early 2020.	PAHC will develop a data sharing system to better track and monitor OUD screening, reimbursement, referral, and treatment. Key stakeholders will form a workgroup to develop a provider stigma and education training strategy. The workgroup will develop a resource packet for	Change in attitude toward the value of MAT among providers and greater confidence among providers in their ability to provide MAT.	Increase in the number of providers offering MAT.	Expanded access to MAT within the region.

Data to support the **Public Health Problem**: Doses of buprenorphine per 100,000 population distributed in the eight counties in the Purchase Area range from 1181.6 per 100,000 to 3285 per 100,000; compared to 3971.4 per 100,000 Kentucky as a whole, indicating that there is an unmet need for MAT in the region. (KASPER, KYCFHFS)	Support **Causal Factor** There are 24 providers in the Purchase Area Health District with a waiver to prescribe buprenorphine. Sixteen of these providers are located in McCracken, 4 in Ballard, 3 in Graves, and 1 in Calloway. The remaining four counties have no MAT providers. (SAMSHA provider locator and waiver list)	Support **Root Cause** There are 43patients with OUD accessed care from CMHCs between (Minimum data set, 2017-2019) There are nine NHSC sites in the Purchase Area Health District. There are no NHSC sites in Fulton or Hickman counties. (NHSC Website)			assisting sites in applying for NHSC certification.	Indicator to Assess **Root Cause** Survey results	Indicator to Assess **Causal Factor** Number of prescribers with a waiver to provide MAT.	Indicator to Assess **Public Health Outcome** Prescriber data Admissions data

Recovery
This plan proposes a strategy to increase community support for people in long-term recovery from OUD.

Assessment Summary

In preparing the Needs Assessment, PAHC noted there are no supportive housing providers in the region, and only one county, McCracken, provides peer support specialists, recovery coaches, and employee assistance programs. Widespread stigma is a barrier to establishing community supports. Less than 40 percent those responding to the PAHC Community Attitudes Survey believe that OUD treatment is very effective, and only 65% felt an individual in recovery should have the same right to a job as anyone else.

Problem Statement

There is a shortage of long-term treatment supports such as limited supportive recovery housing services, recovery coaches, peer support specialists, and employee assistance programs in PAHC.

Theory of Change:

- If there is less stigma towards people recovering from OUD, then there will be an increase in the number of supportive housing programs.
- If there are more supportive housing programs, then there will be more peer support specialists and recovery coaches that support people recovering from OUD.
- If there are more peer support specialists and recovery coaches, then there will be a lower rate of readmission into OUD treatment.

Target Population

The direct target population includes healthcare and social service providers. The indirect population includes the general population and policymakers.

Goals

PAHC will develop a resource kit for groups and organizations who are interested in opening long-term recovery supports, including supportive housing locations. The kit will provide information on existing resources and strategies for leveraging them. PAHC has identified partners to engage in this work. PAHC will also develop a media campaign on successful recovery as a way to reduce stigma in communities where residential treatment facilities are needed. PAHC will target messaging to healthcare providers, social service providers, and criminal justice programs.

Long-Term Outcomes

- There will be an increase in the percentage of people believing that OUD treatment is effective to 50% by August 2023.
- There will be an increase in the number of supportive housing providers to 2 by August 2023.
- There will be an increase in the number of counties providing peer support specialists, recovery coaches, and employee assistance programs to 4 by August 2023.

- Additional data from the Minimum Data Set and Kentucky Treatment Outcomes Study are needed to determine long-term goals for the rate of OUD readmission by August 2023.

Long-Term Outcome Indicators

Additional data from the Minimum Data Set and Kentucky Treatment Outcomes Study are needed to determine incremental progress. We will also conduct follow-ups to the PAHC Community Attitudes Survey to gauge levels of stigma in the community.

Purchase Area Health Connections Network

RCORP-P **Strategic Plan** Map: *Recovery*

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

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

This plan proposes a strategy to increase community support for people in OUD Recovery.

Population of Focus:

The direct target population includes healthcare and social service providers. The indirect population includes the general population and policymakers.

Theory of Community Change:

If PAHC increases the number of supportive housing providers, then there will be an increase in peer support specialists and recovery coaches.
If there are more peer support specialists and recovery coaches that support people recovering from OUD, then there will be less stigma towards people recovering from OUD.
If there is less stigma towards people recovering from OUD, then there will be a lower rate of readmission into OUD treatment.

Community Logic Model (Theory of Change)				**Action Plan (Theory of Action)**		**Measurable Outcomes (Theory of Change)**		
Public Health Problem	**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)	Outcome for the **Public Health Outcome** (Long-term)
OUD patients experiencing relapse after primary treatment	Lack of recovery supports, including residential recovery facilities	Widespread stigma resulting in a lack of community support for recovery services	**-Improve data sharing to better track and monitor relapse** **-Develop a resource toolkit to support groups and organizations in leveraging funding to expand existing recovery services or create new ones.** **-Implement a media campaign to change attitudes related to the value of recovery supports in communities where recovery supports are lacking** **-Targeted messaging toward care providers, social service providers, and criminal justice programs to address stigma**	PAHC will work with health departments, DOC, ASAP coalitions, Recovery Advocates, care providers, and local media. A detailed budget will be developed early 2020.	PAHC will develop a data sharing system to better track and monitor relapse indicators. This will begin early 2020. Key stakeholders will form a workgroup to develop a resource toolkit for recovery support providers who are interested in developing new services or expanding existing services. This will be completed in 2021. A workgroup will convene to develop a media campaign for the general population, as well as a more targeted campaign focused on healthcare providers, social services, and criminal justice programs. These campaigns will champion recovery supports and push back against stigma.	Change in attitudes toward recovery support among professionals and in the general population.	Increase in the number of new and expanded recovery programs and supports.	Decrease in the number of patients experiencing relapse
Overdose in EMS encounters have steadily risen in Graves, Marshall, and McCracken Counties from 2016 to 2018, though fatal overdoses have decreased in part due to successful harm reduction strategies. Focus groups with patients in recovery found that “gap days” between exiting treatment and accessing recovery services led to overdose and relapse.	Environmental scan shows that no residential treatment facilities exist in the Purchase Area. Barriers, such as transportation, prevent patients from accessing existing services, as reported in focus groups with patients in recovery.	Less than 40 percent those responding to the PAHC Community Attitudes Survey believe that OUD treatment is very effective, and only 65% felt an individual in recovery should have the same right to a job as anyone else.				Indicated by the PAHC Community Attitudes Survey	Indicated by the number of new facilities, peer recovery specialists, and other personnel. To be collected through the PAHC provider survey.	Indicators will be derived from the Minimum Data Set, KTOS, and Vital Statistics (e.g., treatment re-entry and overdose.

Activities and Timeline for PAHC Comprehensive Strategic Plan

Objective 1: Prevention of OUD Among Youth				
Strategy 1: Implement a Universal Prevention Strategy to impact youth perception of risk of opioid use + adult prevention (talk th families Parent Cafe's, THRIVE (youth) + targeted prevention at children already using				
Key Activities	**Timeline**		**Who is Responsible?**	**Process Indicators**
	Start Date	**End Date**		
Form workgroup	06-20	09-20	opioid taskforce, PD	Meeting attendance
Develop data collection strategies and data sharing agreements to measure OUD in the PAHD by age	06-20	07-20	PAHC	Data sharing agreemer
Identify evidence-based strategies for consideration	09-20	12-20	Regional Prevention Center (RPG), Purchase District Health Department (PDHD), Director of Pupil Personnel (DPP), Local Area Agency for Substance Abuse Policy/Prevention (ASAP's)	Resource list of strateg
Identify and engage participating school districts	1-21	6-21	Purchase Area Health Connections (PAHC), RPG, PDHD, DPP, ASAP's	Number of schools implementing identifie strategy, number of students participating
engage *KY strengthening families Parent Cafe's, THRIVE (youth) groups to incorporate opioid use disorder*	7-21	9-21	Purchase Area Health Connections (PAHC), RPG, PDHD, DPP, ASAP's, Lotus	Number of parent cafe talking about opioids
Objective 2: Increase access to OUD treatment by identifying patients with or at risk for OUD				
Strategy 1: Educate service providers on SBIRT implementation and reimbursement				
Key Activities	**Timeline**		**Who is Responsible?**	**Process Indicators**
	Start Date	**End Date**		
Create workgroup	10/20	TBD	opioid taskforce, Project Director (PD)	Meeting attendance
Compile data on providers knowledge of SBIRT and reimbursement	02/21	08/21	Hospitals, ACO's, Opioid taskforce, RPC, PDHD	Development of data collection procedures, and data use agreeme
Create and disperse webinar/continuing education about SBIRT implementation and reimbursement	10/21	05/23	RPC, ACO's, hospitals, PDHD, Opioid TF,	views
Post knowledge test	10/21	5/23	RPC, ACO's, hospitals, PDHD, Opioid TF,	survey
Objective 2: Increase Access to MAT				
Strategy 1: Stigma campaign at community and provider level for MAT				

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
Create workgroup	6/20	8/20	opioid taskforce, PD	Meeting attendance
Identify providers that could potentially administer MAT	8/20	10/20	Four Rivers Behavioral Health, KentuckyCare, PD	list
Investigating education for providers	11/20	2/21	workgroup, PD	having educational materials
Educate providers about their ability to administer MAT and which positions are reimbursable	3/21	3/22	workgroup, PD	number of providers educated
Providers become MAT sites	3/22	9/22	providers, workgroup, PD	increased number of providers
Providers adjust staffing for reimbursement	9/22	6/23	providers, PD	increased access to services

Objective 2: Increase Access to MAT

Strategy 2: Support primary care and mental health providers in applying for NHSC status so that they can offer loan repayment programs for professionals.

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
Create workgroup	6/21	9/21	opioid taskforce	Meeting attendance
identify NHSC sites in the area	9/21	11/21	opioid taskforce	list
survey non sites on barriers to NHSC	12/21	5/22	opioid taskforce, CAH's, ACO's, RPC	survey completed
Provide information/education on becoming NHSC site	6/22	12/22	opioid taskforce, CAH's, ACO's, RPC	Education distributed
Survey previous non sites to see if they have applied	1/23	5/23	opioid taskforce, CAH's, ACO's, RPC	survey completed

Objective 3: Increase the number of long-term recovery facilities

Strategy 1: Provide a resource and support package to providers to access existing and new funding

Key Activities	Timeline		Who is Responsible?	Process Indicators
	Start Date	End Date		
Create workgroup	6/20	9/20	opioid taskforce, PD	Meeting attendance
Identify funding sources	10/20	6/23	DOC, PDHD, Opioid Taskforce, PAHC, RPC, 4RBH	Sources identified
Centralize them through website and newsletter, email	10/20	6/23	Opioid Taskforce, PAHC	On website, email sent newsletter created
Disperse to area	10/20	6/23	DOC, PDHD, Opioid Taskforce, PAHC, RPC, 4RBH, ASAP's	Emails, clicks
Survey to see how many have applied for funding to create or expand recovery	06/23	8/23	DOC, PDHD, Opioid Taskforce, PAHC, RPC, 4RBH, ASAP's	survey

Objective 3: Increase the number of long-term recovery supports				
Strategy 2: Implement a campaign to reduce stigma in communities resisting the establishment of new recovery facilities				
Key Activities	**Timeline**		**Who is Responsible?**	**Process Indicators**
	Start Date	**End Date**		
Create workgroup	6/20	10/20	PAHC, opioid taskforce, PD	Meeting attendance
Gather details about local conditions, choose locations	11/20	3/20	PAHC, PDHD, RPC, DOC, Recovery Advocates, ASAP	Community attitudes survey
Choose evidence-based strategy campaign for social media	4/20-23	6/20-23	PAHC, PDHD, RPC, DOC, Recovery Advocates, ASAP	clicks
Choose campaign for billboard	8/20-23	10/20-23	PAHC, PDHD, RPC, DOC, Recovery Advocates, ASAP	Traffic patterns
Choose campaign for radio	11/20-23	1/21-23	PAHC, PDHD, RPC, DOC, Recovery Advocates, ASAP	Average listeners
Choose campaign for TV	2/21-23	4/21-23	PAHC, PDHD, RPC, DOC, Recovery Advocates, ASAP	Average viewership
Choose targeted stigma campaign for professionals	10/20	6/23	PAHC, PDHD, RPC, DOC, Recovery Advocates, ASAP	Number of contacts
Comparison to Baseline	7/23	8/23	PAHC, PDHD RPC, ASAP	Community attitudes survey