



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	Baptist Health Department of Reentry Services EKCEP Four Rivers Behavioral Health Kentucky Care Kentucky Career Center Kentucky Chamber Kentucky Courts Lifeline Recovery McCracken County Sheriff Mercy Health Murray State University Paducah Fire Purchase Area Health Education Center	

ASSESSMENT SUMMARY

The Workforce Development Plan (RCORP-P Core Activity 4) provided Purchase Area Health Connections an opportunity to better understand its current workforce, including its areas of strengths and weaknesses. The Purchase Area consortium will continue to develop and strengthen its SUD/ODU workforce throughout the RCORP-Implementation project.

The Workforce Development Plan that follows below assesses SUD/ODU workforce needs and gaps, and articulates goals and activities designed to facilitate progress toward improving recruitment, training, and retention of the Purchase Area SUD/ODU workforce. The plan also identifies opportunities at the federal, state, and local levels that will contribute to further development of the Purchase Area SUD/ODU workforce. A subcommittee of the local consortium will take up the work on achieving the goals of the plan.

Methods

The workforce assessment comprised of the Opioid Taskforce Needs Assessment, additional data collection from relevant partners, an additional environmental scan, and surveys of providers. The provider surveys were electronic surveys that were sent out to primary care and behavioral health providers in the 8 counties of the purchase area. Data collected from the provider survey identified gaps in the workforce and capacity for integration. The environmental scan collected data from different business and workforce providers including barriers of those in recovery in being selected for gainful employment and barriers to hiring those in recovery from an employer standpoint.

Existing Workforce

Prevention

There are seven Agency for Substance Abuse Prevention and Policy (ASAP) coalitions in the region. All operate with the goals of preventing future substance use, supporting access to treatment and recovery, and supporting local law enforcement. Individual schools independently teach substance abuse prevention curricula and are represented on the ASAP governing boards. Paducah Independent schools, our largest school district, has agreed to provide fentanyl testing strips and information about SUD/ODU.

Graves County, centrally located in the region, hosts a syringe exchange service staffed by the Graves County Health Department. In the state of Kentucky only a health department can house a syringe exchange service which must be approved by the local board of health, as well as the city and county in which it resides. The Graves County syringe exchange is open one day a week from noon to 2p. The syringe exchange has a Peer Support Specialist on site for its hours of operation to connect with those that utilize the services and to assist in finding treatment as needed. The syringe exchange provides new syringes, a disposal canister, HIV and Hepatitis screening, and fentanyl test strips.

While Badges of Hope primarily provides transportation to treatment services, there is a harm reduction component to this program. Officers will distribute kits with Narcan, fentanyl test strips, and resources to families and friends of those that they pick up for treatment. The same kits will be given to justice-

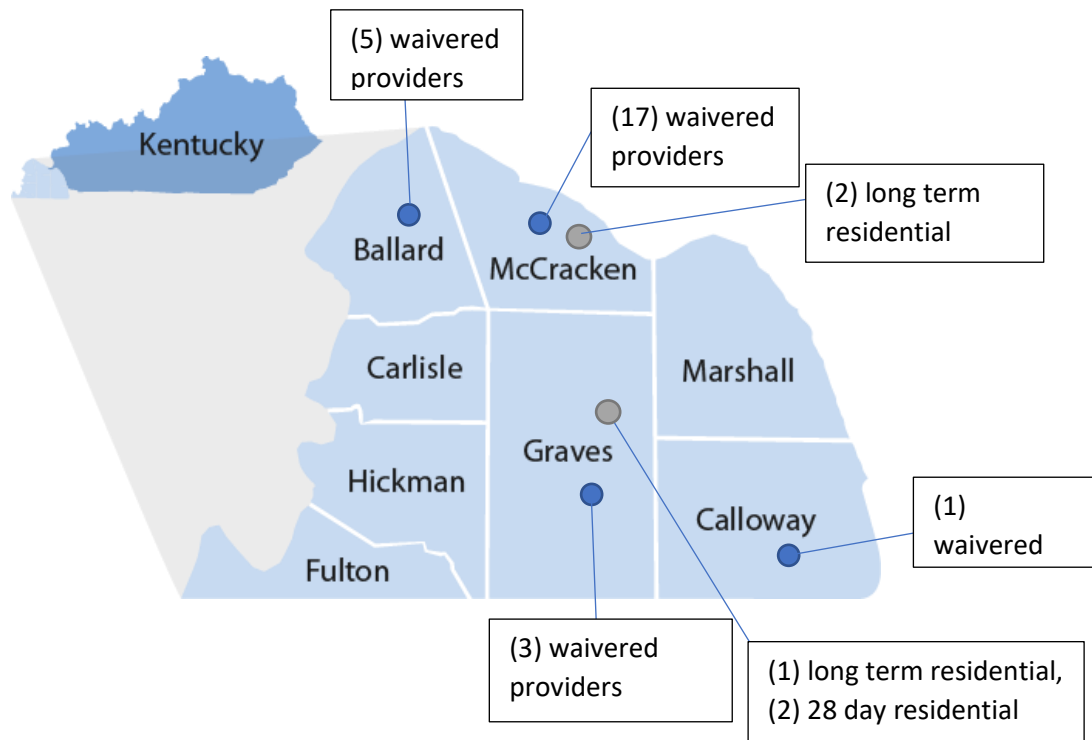
involved individuals, at overdoses, and available at select agencies. The SUD providers and peer support specialists will refer to the health department for STD/STI testing, family planning, resources, and needed vaccinations.

Treatment

Over 89% of people do not receive treatment at a specialty facility in the state of Kentucky. The Purchase Area is no different. The region has limited treatment options available and even fewer specialty facilities. Many people receive treatment from their Primary Care Providers. Most available treatment (specialty or PCP) is located in our largest and most populated counties, requiring long commutes for those in remote areas. The lack of adequate public transportation and the inability for many residents to afford transportation is a barrier in accessing treatment. There are 26 buprenorphine waived providers in the Purchase area, centralized in McCracken County. It is not confirmed that all 26 are currently providing full-time MAT services. Almost all available providers whether DATA waived or not are located in McCracken, Graves, and Calloway County.

	Mental Health Provider Ratio	HPSA	Physicians Available	Specialty Treatment Agencies
Ballard	8040:1	Low-income 17	1	
Calloway	1440:1	Low-income 14	67	2
Carlisle	unavailable	10	1	
Fulton	unavailable	13	1	
Graves	1330:1	9	40	2
Hickman	unavailable	17	5	
Marshall	4480:1	8	18	
McCracken	640:1	Paducah Service Area 12	240	8
Specialty Treatment Agencies: Substance Use Disorder treatment providers including outpatient and residential; with or without DATA waivers. Findhelpnowky.org. HPSA: Health Provider Shortage Area score 0-26. The higher the score the greater the priority. HRSA. Unavailable: No Provider				

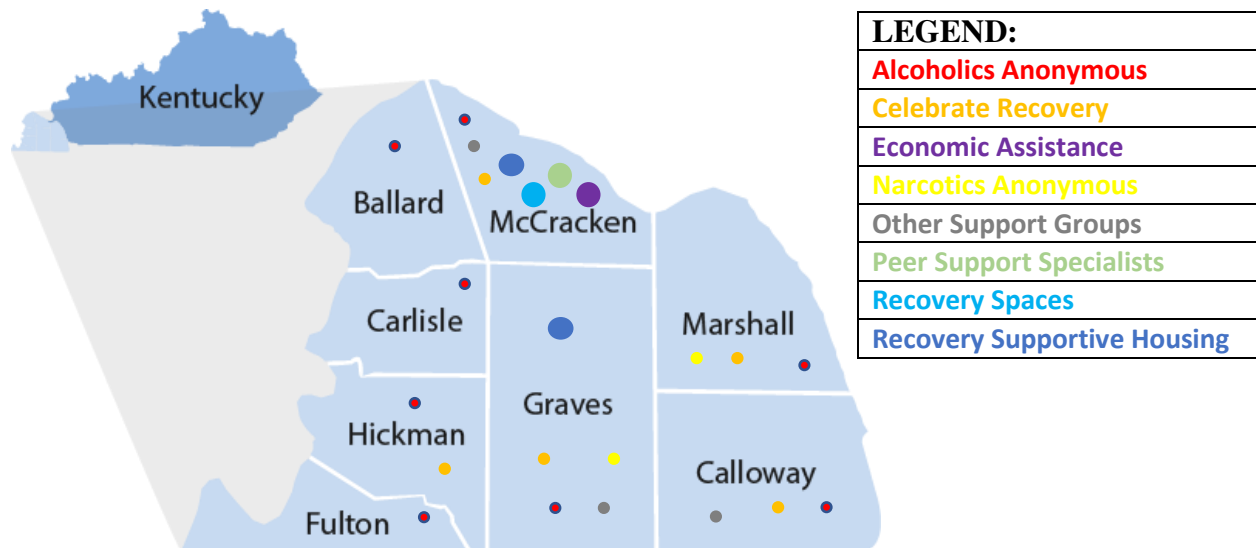
Map of Treatment Providers:



Recovery

Although limited, options for peer support groups do exist. The type and availability differ by county, illustrated in the map below. Many of our counties are without peer support specialists (PSS) and we know of no certified recovery coaches employed in the Purchase Area. Peer support specialists are available in two counties, McCracken and Graves. In McCracken County, Four Rivers Behavioral Health employs peer support specialists, and a newly opened recovery space, Turning Point, offers access to peer support specialists, as well as multiple peer support groups. A peer support specialist is available at the syringe exchange in Graves County. However, persons in recovery are unlikely to utilize peer support services at that site due to its harm reduction focus.

Map of Recovery Service Providers:



Relevant Needs and Gaps

Prevention (Secondary and Tertiary/Harm Reduction):

Secondary Prevention includes early intervention and identification of those most at risk. These types of prevention strategies focus on selected and indicated populations in order to intervene before severe disease onset. In our strategic plan, we address efforts to reach youth who use through school-based programming. However, service providers also play a role in secondary prevention. SBIRT (Screening, Brief Intervention and Referral to Treatment) is an important part of secondary prevention for both adults and adolescents, especially when applied to those with known risk factors. Currently the ratio of patients referred to treatment by a provider is lower than any other mechanism. We believe this is due to lack of training and knowledge surrounding SBIRT in our area.

Key Gaps in Prevention Services:

Lack of availability of harm reduction services (partially addressed in strategic plan)

Limited Screening (addressed in the strategic plan)

Stigma (partially addressed in the strategic plan but additional work needed)

Harm Reduction, or tertiary prevention, reduces the negative consequences and impacts of Substance Use Disorder, such as overdose and the spread of infectious disease. Overdose rates can be impacted through multiple approaches, including Narcan distribution and education and educating people who use on safer practices, such as utilizing fentanyl test strips and test shots. Infectious disease transmission can be reduced by only using new and unshared supplies. STI/STD and bloodborne infectious disease testing and treatment also plays an important role in preventing the spread of these illnesses. As previously mentioned, there is only one syringe exchange in our region, but there has been an increase of Narcan events and fentanyl strip interest. In our Community Attitudes Survey 49% of respondees did not believe that Narcan should be used on a person as many times as is needed. Stigma is also associated with syringe exchanges and the use of needles in general. This can impact those willing to seek services.

Treatment.

Lack of transportation is a major barrier to treatment. Medicaid transportation may only be accessed by patients with Medicaid who do not own a car. When people are seeking treatment, it is critical to connect them with a provider as soon as possible, but Medicaid transportation services require 48-hour notice, creating delays in accessing care. Public transportation is also lacking across the area, resulting in long and expensive trips.

Provider stigma represents an additional barrier. Providers may have stigma related to treating people with substance use disorder, causing them to not treat, treat differently, or create an environment where people with substance use disorder forgo medical and behavioral health treatment.

Many people also do not have adequate medical insurance to pay for treatment. We have limited detox and residential treatment availability. The current Substance Use Disorder and Mental Health workforce is undersized. Three of our counties, Carlisle, Fulton, and Hickman, do not have a mental health provider within their borders and all of the remaining counties but one have a population to provider ratio over 1000:1. Four of our counties do not have a DATA waived provider within their county. One of these counties, Marshall County, has over 30000 people and some of the highest rates in our area of substance use disorder. Much of the workforce in Marshall County is in accident prone employment. The other three counties are river counties, they are small, stricken with poverty, and lack nearly all resources.

Key Gaps in Treatment Services:

Lack of Substance Use Disorder, Opioid Use Disorder, and Mental Health providers

Lack of DATA Waivered Providers

Transportation. Existing providers are located in McCracken, Graves, and Calloway County, requiring long commutes to anyone in need of services outside of those counties. Patients can only utilize Medicaid transportation if they have Medicaid and have no car in their name. Medicaid transportation must be scheduled 48 hours in advance.

Provider Education

Stigma

There are many gaps in services available and in access to care. Every county is in full or in part a Health Provider Shortage Area for primary care, the majority are for dental health provider shortage areas, and every county is a shortage area for mental health. Every county but one county is in full or in part a Medically Underserved Area. In the barrier survey, providers cited a lack of providers as a barrier to co-location and integration as well as for referrals., A lack of space and resources was also reported as a barrier. Additionally, overwhelmingly personal referral is the source of referral in the Purchase Area, with Criminal Justice referral coming in as a close second. Provider referral is the lowest referral point for our population and providers refer to treatment less in the Purchase Area than in the State as a whole. This leads us to believe that providers are not screening, do not have the training to screen, or are unaware of the reimbursement model for utilizing a screening tool such as SBIRT.

Recovery.

Recovery services are often lacking in the Purchase Area. We have no supportive housing, no recovery spaces, no technical assistance, and very few other recovery services available in the majority of our counties. As noted previously we have limited MAT providers, which can be an important part of recovery.

Key Gaps in Recovery Supports:

Limited Recovery supports across all counties.

Few peer support specialists and recovery coaches available in the area, and those that are are located in our most populous counties.

Stigma

Employment options are limited for those who have a criminal record and/or are in recovery

Many of the individuals in our area that are in treatment have at least a high school degree or its equivalent. While the majority of people in treatment hold a full-time job, the percentage of people in treatment who are not in the workforce is high compared to State-level data. Every one of our eight counties has a lower labor participation rate than the Nation and the State. Employment options for those in recovery, in treatment, those with a criminal record, or those that are justice-involved are limited due to numerous barriers. One of the largest barriers has been identified as stigma. Employers and employees are unwilling to hire or work with those in recovery and often the jobs that are available are not gainful. Economic hardship is a major life stressor for every person and could put those in recovery at risk of a reoccurrence.

Resources and Opportunities

Local partnerships. Purchase Area Health Connections has a robust network of partners including behavioral health service providers, healthcare systems and hospitals, educational institutions, first responders, law enforcement, and other agencies across the public and private sectors. Currently small groups of organizations have been meeting to address workforce needs throughout the area. One such group headed by the Kentucky Chamber is focused on Transformational employers in the commonwealth. A transformational employer is willing to hire someone in recovery. Many of the members of our group share educational resources, ideas, and training opportunities.

State resources. The consortium accesses resources from the Agency for Substance Abuse Policy funding and the Kentucky Office of Rural Health.

Federal resources. We have some consortium members that are NHSC sites. We were recently awarded the HRSA RCORP Implementation grant.

Problem Statement

The identified problem from both the needs assessment and the workforce assessment is an unequal distribution of OUD harm reduction, treatment, and recovery services across the region, and a lack of access to existing services.

Priority Problems

- There is an uneven geographic distribution of treatment providers across the region. The majority of providers are located in McCracken County, while some counties have no providers (Carlisle, Fulton, and Hickman).
- There are not enough DATA waived providers to adequately serve the area.
- Lack of transportation is a barrier to accessing treatment
- Recovery supports are limited. There is only one recovery center in our area and an uneven distribution of peer support specialists.
- Stigma is a barrier across the spectrum of SUD/OD. It inhibits people from seeking care due to not wanting to be stigmatized, it stops providers from seeing patients with SUD/OD and/or

becoming waived providers, it also stops those in recovery from being able to find gainful employment.

Workforce Objectives

Based on the workforce assessment and priority problems, the consortium has identified nine objectives to support the development of the regional SUD/ODU workforce through increased recruitment of professionals and paraprofessionals, integration of primary care and behavioral health services, continuing education and training, retention of the current workforce, and expansion of recovery supports. These objectives are detailed below.

Recruitment and Integration

Purchase Area Health Connections will take a multifaceted approach to recruiting SUD/ODU professionals and paraprofessionals, drawing on established partnerships with local universities, high schools, and community colleges. The consortium will also explore community- and employer-level factors that affect recruitment, including stigma, and will explore best practices to improve integration of primary care and behavioral health treatment that will allow for faster and more frequent referrals to appropriate SUD/ODU treatment. These efforts will prioritize underserved counties in the area over the next three years, with the overall effect of strengthening the SUD/ODU workforce in the Purchase Area as a whole.

1. By May 31, 2023, PAHC will increase the number of peer support specialists and SUD/ODU/Mental Health providers in Ballard, Carlisle, Fulton, and Hickman counties.
2. By May 31, 2023, PAHC will increase the number of certified recovery coaches in the entire Purchase Area.
3. By May 31, 2023, PAHC will increase the number of provider referrals to SUD/ODU treatment.

Continuing education and training

Purchase Area Health Connections will leverage existing partnerships to increase training and re-training of SUD/ODU professionals and paraprofessionals.

4. By May 31, 2023, PAHC will increase in the number of prescribers with a DATA Waiver
5. By May 31, 2023, PAHC will increase in the number of providers who are SBIRT trained.

Retention

Purchase Area Health Connections recognizes that retaining current workforce is essential to the long-term health of the SUD/ODU service ecosystem. Retention strategies will focus on both employer and community factors to achieve the following objectives.

6. By May 31, 2023, PAHC will decrease the amount of stigma related to substance use disorder (SUD as a real disease?) in the Purchase Area.
7. By May 31, 2023, PAHC will increase the number of employers with a promising practice or evidence-based self-care policy.

Expansion of services

8. By May 31, 2023, PAHC will increase the number of recovery-friendly employers in the Purchase Area, including SUD/ODU service providers who employ peer support specialists.
9. By May 31, 2023 decrease the transportation barrier for accessing treatment services.
10. By May 31, 2023, PAHC will increase the availability of telehealth services.

Goal

By May 31, 2023, the Opioid Taskforce will increase the access, availability, and education of the SUD/ODU workforce in the region.

By May 31, 2023, the Opioid Taskforce will expand wrap-around supports in the Purchase Area.

Long Term Outcome

The Purchase Area will have a robust enough skilled workforce to increase access to SUD/ODU services and resources including recovery supports and options to serve our population of need.

Long Term Outcome Indicators

The successful implementation of the workforce development plan will be indicated broadly by the increased number of DATA Waiver providers, an increase in the number of SBIRT-trained providers, an increase in the number of behavioral health/SUD providers in currently underserved counties, the number of anti-stigma trainings provided to potential and current SUD/ODU professionals and paraprofessionals, and an expansion of services to include transportation, telehealth, and recovery-friendly employers.

Data Waivered Providers:

On average 7 nurse practitioners graduate per year from MSU. From 2016-2019 approximately 33% (N=9) of the students stayed in our direct service area and 57% (N=16) stayed in our service area and neighboring counties of West Kentucky. If this stays true we can assume that we would have an increase in 9 providers over the next 3 years. One year of experience is required after school to take the certification test. See below map for counties of relocation after graduation.

1. By May 31, 2021, increase of 6 DATA Waiver trained providers.
2. By May 31, 2022, increase of at least 2 Data Waiver Certified providers.
3. By May 31, 2023, increase of at least 2 Data Waiver Certified providers.

1. By May 31, 2021, presentations on available professions in substance use disorder completed at at least one high school, and one college.
2. By May 31, 2022, presentations on available professions in substance use disorder completed at at least two high schools, and one college.
3. By May 31, 2023, presentations on available professions in substance use disorder completed at at least four high schools, and one college.

Data retrieved from Survey of Employers:

1. By May 31, 2021, increase of at least 1 employer that has a promising practice or evidence based self-care policy.
2. By May 31, 2022, increase of at least 3 employer that has a promising practice or evidence based self-care policy.
3. By May 31, 2023, increase of at least 5 employer that has a promising practice or evidence based self-care policy.

SUD/MH/BH in counties that did not previously have any access:

Data retrieved from Four Rivers Behavioral Health Internal documentation:

1. By May 31, 2021, increase of at least 1 SUD/ODU/MH provider in 2 counties providing services at least 1 day a week.
2. By May 31, 2022, increase of at least 1 SUD/ODU/MH provider in 2 counties providing services at least 1 day a week.
3. By May 31, 2023, increase of at least 1 SUD/ODU/MH provider in 1 additional county providing services at least 1 day a week.

Data retrieved from Four Rivers Behavioral Health Internal documentation:

1. By May 31, 2021, increase of at least 80 served by a SUD/ODU/MH provider combined in the four counties with new services. (A provider can see 8 clients a day, with an average of clients being seen every 2 weeks for a duration of one year.)
2. By May 31, 2022, increase of at least 160 served by a SUD/ODU/MH provider combined in the four counties with new services. (A provider can see 8 clients a day, with an average of clients being seen every 2 weeks for a duration of one year.)
3. By May 31, 2023, increase of at least 240 served by a SUD/ODU/MH provider combined in the four counties with new services. (A provider can see 8 clients a day, with an average of clients being seen every 2 weeks for a duration of one year.)

Recovery workforce:

Data retrieved from Four Rivers Behavioral Health Internal documentation:

1. By May 31, 2021, increase of at least 1 peer support specialist in 2 counties providing services at least 1 day a week.

2. By May 31, 2022, increase of at least 1 peer support specialist in 2 counties providing services at least 1 day a week.
 3. By May 31, 2023, increase of at least 1 peer support specialist in 2 counties providing services at least 1 day a week.
1. By May 31, 2021, increase of at least 40 served by a peer support specialist combined in the four counties with new services.
 2. By May 31, 2022, increase of at least 80 served by a peer support specialist served by a SUD/ODU/MH provider combined in the four counties with new services.
 3. By May 31, 2023, increase of at 80 served by a peer support specialist combined in the four counties with new services.

Data Retrieved from training registrations and sign in sheets.

1. By May 31, 2021, increase of at least 2 Certified Recovery Coaches.
2. By May 31, 2022, increase of at least 2 Certified Recovery Coaches.
3. By May 31, 2023, increase of at least 2 Certified Recovery Coaches.

Recovery Supports and opportunity:

Data retrieved from Community Attitudes Survey, baseline from 2019 Community Attitudes Survey.

1. By May 31, 2021, increase of 5% over baseline from community attitudes survey regarding someone in recovery's right to a job.
2. By May 31, 2022, increase of 10% over baseline from community attitudes survey regarding someone in recovery's right to a job.
3. By May 31, 2023, increase of 15% over baseline from community attitudes survey regarding someone in recovery's right to a job.

Data retrieved from Kentucky Chamber of Commerce and internal data sources.

1. By May 31, 2021, increase of two additional employers willing to hire someone in recovery for gainful employment.
2. By May 31, 2022, increase of two additional employers willing to hire someone in recovery for gainful employment.
3. By May 31, 2023, increase of two additional employers willing to hire someone in recovery for gainful employment.

Data from internal documentation and sign in sheets/registrations

1. By May 31, 2021, increase of at least 15 students, professionals, and community members trained on stigma.
2. By May 31, 2022, increase of at least 15 students, professionals, and community members trained on stigma.
3. By May 31, 2023, increase of at least 15 students, professionals, and community members trained on stigma.

Goal: By May 31, 2023, the Opioid Taskforce will increase the access, availability, and education of the SUD/ODU workforce in the region.

1. **Objective #1** Increase number of SUD/ODU professionals and paraprofessionals through recruitment and integration with primary care

Strategy 1: Embed additional SUD/ODU training and certifications into existing higher education paths.

Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Students in the Murray State University FNP specialty option in the DNP program will complete the 24 hour MAT Waiver Training NUR 929--all student will complete the web-based APNA eLearning Center course: MAT: Medications for Addiction Treatment/Substance Use Disorders 16 hour Waiver Training	Fall 2020	Ongoing	Janice Thurmond, FNP coordinator, designated course faculty	Provider Clinical Support System (PCSS) Opioid Task Force	No Cost	Short term-quiz, minimum score 80% on 16 hours modules. Students will be required to submit evidence of successful completion in order to pass the course.
NUR 929 -- all students will complete the 8 Hour online/synchronous MAT Waiver Training	Fall 2020	Ongoing	Janice Thurmond, FNP coordinator, designated course faculty	Clinical Expert trained as a MAT provider/instruct or to provide content	\$3000/offering	Short term-quiz, minimum score 75% on 8 hour training. Students will be required to submit evidence of successful

				Opioid Task Force		completion in order to pass the course.
Increase awareness and encourage students to complete the SBIRT for Health and Behavior Health Professionals course. Online course registration here . In person availability through Opioid Taskforce.	Fall 2020	Ongoing		Opioid Task Force Resources: Addiction Technology Transfer Center Network	Free	Registration and completion of certifications.
Strategy 2: By May 31, 2023 Increase SUD/ODU/MH treatment providers in Ballard, Carlisle, Fulton, and Hickman.						
Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Identify a source of SU/MH/Co-occurring treatment capable therapist(s) available to travel to rural sites to provide services.	12/31/2020	On going	Four Rivers Behavioral Health		Medicare and Medicaid billing, in-kind.	Providers identified.
Set up offices at each of the rural sites identified. Providers will refer to testing at the health department for STI/STD and vaccination services among any other needed service	1/31/2021	On going	Four Rivers Behavioral Health, Purchase District Health Department, Health Department Clinics in Ballard, Carlisle, Fulton,		Medicare and Medicaid billing, in-kind.	Offices set up, policy determined, increase in referrals to the Health Department Clinics, a case load of at least 15 per clinic within the first 6 months.

			and Hickman Counties.			
Advertise the services by way of Social Media, the FRBH Website and Customer Service Staff at FRBH, and PDHD and PAHC website and Facebooks	2/28/2021	On going	Four Rivers Behavioral Health, Purchase District Health Department, Health Department Clinics in Ballard, Carlisle, Fulton, and Hickman Counties; Opioid Taskforce		In-kind	Insights and views.
Staff will report satisfaction from both the Health Department staff and consumers serviced by way of surveys completed at the 6 month mark.	08/31/2021	On going	Four Rivers Behavioral Health, Purchase District Health Department, Health Department Clinics in Ballard, Carlisle, Fulton, and Hickman Counties; Opioid Taskforce	Evaluator	No cost.	Satisfaction score of at least 75%.
Strategy 3: Increase recruitment of recovery support professionals and paraprofessionals						

Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Increase peer support specialists in Ballard, Carlisle, Fulton, and Hickman through incorporating within health department clinics	12/31/2020	On going	PD, PDHD, Four Rivers Behavioral Health, Turning Point		In kind contributions, business proposals, and grants	# of PSS incorporated into work flow, # of clients served, surveys
Train Probation and Parole, and Reentry Services to be Certified Recovery Coaches.	1/31/2021	On going	PD, DOC, Reentry Services		Initial train the trainer all inclusive is approximately 2500, books for CRC approximately \$40 per person Funding Source= grants, internal budgets, ASAP funding	# of personnel trained as a Certified Recovery Coach, # of clients served
Identify and train additional organizations for Certified Recovery Coaches including drug courts	2/28/2021	On going	Opioid Taskforce		Books for CRC approximately \$40 per person Funding Source= grants, internal budgets, ASAP funding	# of organizations identified, # of organizations willing, # of staff trained, # of clients served
Staff will report satisfaction from both the Health Department staff	08/31/2021	On going	HD, 4RBH, Probation and	Evaluator	In kind, Grant Funds	Surveys

and consumers serviced by way of surveys completed at the 6 month mark. Probation and Parole staff and clients of services will be surveyed on their experience.			Parole, Consumers and Clients			
Objective #2 Provide or provide access to SUD/ODU-related continuing education among existing workforce						
Strategy 1: SBIRT training						
Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Host summit on evidence-based practices for SUD/ODU prevention, treatment, and recovery	10/01/2020	ongoing	Opioid Taskforce	Presenters	In kind, grant funds, sponsorships	# of attendees
Host SBIRT training sessions for existing workforce	10/15/2020	ongoing	Opioid Taskforce	SBIRT Trainers	In kind, grant funds	# of trained
Provide MAT educational resources to existing providers	10/01/2020	ongoing	Opioid Taskforce	SAMHSA, CDC, JBS	In kind, grant funds	# of resources distributed
Objective #3 Implement strategies to retain existing SUD/ODU workforce						
Strategy 1: Target youth and young adults in educational and awareness campaigns, as pertains to SUD/ODU professions						
Activities	Timeline			External Partners		

	Start Date	End Date	Who Is Responsible?		Cost and Possible Funding Source	Track Progress (metrics/ indicators)
<p>Offer a minimum of one workshop/seminar (in-person or web-based) targeting MSU students in careers that interface with individuals with SUD/OD</p> <p>Purpose: to increase awareness/decrease stigma associated with SUD/OD.</p> <p>Identify the target audience</p> <ul style="list-style-type: none"> • SONHP • Social Work • Criminal Justice • Speech/language <p>Identify content</p> <p>Identify expert presenters</p> <p>recruitment plan</p> <p>marketing</p>	08/15/2021	ongoing	Opioid Taskforce, MSU		In-kind, grant funds, sponsorships	# of attendees, survey
Hold high school career and education fairs surrounding employment in SUD/OD fields	10/2021	ongoing	Opioid Taskforce, High schools, PAHEC	Employers and vendors	In kind, grant funds, sponsorships	# of schools, # of attendees, survey
Strategy 2: By May 31, 2023 increase retention in positions often experiencing high turnover, (please view strategic plan for information on retention by utilizing NHCS)						

Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
identify NHSC sites in the area	9/21	11/21	Opioid Taskforce		In-kind, grant funds, money saved from retention increase	# of sites identified, list created
survey non sites on barriers to NHSC	12/21	5/2	Opioid Taskforce, CAH's, ACO's, RPC		In-kind, grant funds	# surveyed, barriers identified
Provide information/education on becoming NHSC site	6/22	12/22	Opioid Taskforce, CAH's, ACO's, RPC		In-kind, grant funds	Educational materials created, # disseminated
Survey previous non sites to see if they have applied	1/23	5/23	Opioid Taskforce, CAH's, ACO's, RPC		In-kind, grant funds, money saved from retention increase	Surveys, # of new sites
Strategy 3: Increase employers with promising practice or evidence-based self-care policies.						
Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				

Research self-care policies.	10/22	01/2023	Opioid Taskforce		In-kind	# of self care policies identified
Survey employers about existing self-care policies.	12/22	01/2023	Opioid Taskforce	Employers	In-kind	# of surveys completed, survey results
Create a toolkit of what is a selfcare policy and how to implement one.	02/23	06/2023	Opioid Taskforce	Employers	In-kind, grant funds	Toolkit created, # of downloads
Create evaluation for facilities that implement; gather results	06/23	08/2023	Opioid Taskforce	Employers	In-kind, grant funds	Gather evaluation survey results and disseminate findings

Goal: By May 31, 2023, the Opioid Taskforce will expand wrap-around supports in the Purchase Area.

Objective #1 Address stigma

Strategy: Community wide stigma campaign.

Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Create and run campaign regarding stigma and SUD/ODU (PSA, billboard, social media)	1/21	On-going	Opioid Taskforce	Media providers	In-kind, Grants, Sponsorships	Insights, views, traffic, surveys, community attitude survey changes

<ul style="list-style-type: none"> • Research evidence based stigma campaigns • Choose campaign • Take structure and make local • Implement on social media • Implement on billboards • Implement at employers <p>Implement on TV and/or radio</p>						
Objective #2: Address transportation barriers						
Strategy: Promote and expand the Badges of Hope treatment transportation program to address barriers and gaps in accessing treatment for SUD/ODU in the Purchase Area.						
Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Increase knowledge and use of the program by population of focus and community through various means including the use of community outreach workers.	10/31/2020	On going	Sheriffs in each county of the Purchase Area; Treatment Centers; Opioid Taskforce; County ASAP's		In kind	# of community outreach workers, identification of recovery champion that used the service; social media insights

Recruit more substance use providers or services to be a part of or support the program.	10/31/2020	On going	Badge of Hope; Opioid Taskforce		In kind/ No cost	# of providers recruited to the program and the Opioid Taskforce
Implement overdose prevention strategies within the Badge of Hope program. Narcan Plus Kits given to family and friends of those seeking treatment.	9/30/2020	On going	Opioid Taskforce, Sheriffs in counties with Badges of Hope		Implementation Grant, Local ASAP's, CBMH provider	# of kits given out

Objective #3 By May 31, 2023, increase recovery friendly employers in the Purchase Area.

Strategy: Targeted education and awareness to employers.

Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Collect recovery and stigma educational materials for employers	09/1/2021	On-going	Opioid Taskforce		In kind, grant funds	# of materials collected and disseminated
Create one sheeter to disseminate across community	9/1/2021	12/31/2021	Opioid Taskforce		In kind, grant funds	# of one sheeters disseminated
Do one on one meetings with employers as necessary	1/15/2022	Ongoing	Opioid Taskforce	Employers	In kind, grant funds	# of meetings, # of employers willing to hire those in recovery and/or with criminal records

Partner to hold educational seminar about SUD/ODD focused on employer	1/15/2022	Ongoing	Opioid Taskforce	Employers	In kind, grant funds, sponsorship	# of attendees, surveys
Research National and Kentucky licensure for both health related and non-health related fields	03/1/2022	Ongoing	Opioid Taskforce	Licensing boards	In kind, grant funds	# of licenses found
Create listing of licensures that allow for recovery and possible criminal records	04/1/2022	Ongoing, (verify any changes semiannually)	Opioid Taskforce	Licensing boards	In kind, grant funds, sponsorship	# of listing disseminated
Disseminate listing electronically and in printed form to DOC, library, Kentucky Career Center, local Chambers of Commerce, universities, community colleges, substance use disorder providers, and additional agencies as identified by group	6/1/2022	Ongoing	Opioid Taskforce	DOC, library, Kentucky Career Center, local Chambers of Commerce, universities, community colleges, substance use disorder providers, and additional agencies as identified by group	In kind, grant funds	# of links clicked

Locate expertise in field to hold training for employers on how to hire	01/15/2022	Ongoing	Opioid Taskforce		In kind, grant funds	Expertise located, # of trainings held, # of attendees
Locate expertise in field to hold training for employees on how to receive licensure	1/15/2022	ongoing	Opioid Taskforce		In kind, grant funds	Expertise located, # of trainings held, # of attendees
Objective #4 By May 31, 2023, increase telehealth access for treatment and recovery in the Purchase Area.						
<i>Strategy: Telehealth integration into existing infrastructure.</i>						
Activities	Timeline		Who Is Responsible?	External Partners	Cost and Possible Funding Source	Track Progress (metrics/ indicators)
	Start Date	End Date				
Identify facilities that are available in each county and have the space available for “community telehealth hubs”	04/01/2021	ongoing	Opioid Taskforce	Organizations to act as community hubs, if applicable	In-kind, grant funds, claims	# of facilities, location of facilities
Train facilities on telehealth, HITECH, and HIPAA policies and procedures as well as telehealth billing	5/1/2021	ongoing	Opioid Taskforce	Organizations to act as community hubs, if applicable	In-kind, grant funds, claims	# of personnel trained
Identify and purchase materials for hubs	5/1/2021	Ongoing	Opioid Taskforce	Organizations to act as community hubs, if applicable	In-kind, grant funds, claims	# of items purchased, # of those trained on items

Create evaluation surveys for patients, providers, and surveys	11/1/2021	On going	Opioid Taskforce	Organizations to act as community hubs, if applicable	In-kind, grant funds, claims	survey data collected monthly first quarter and quarterly after