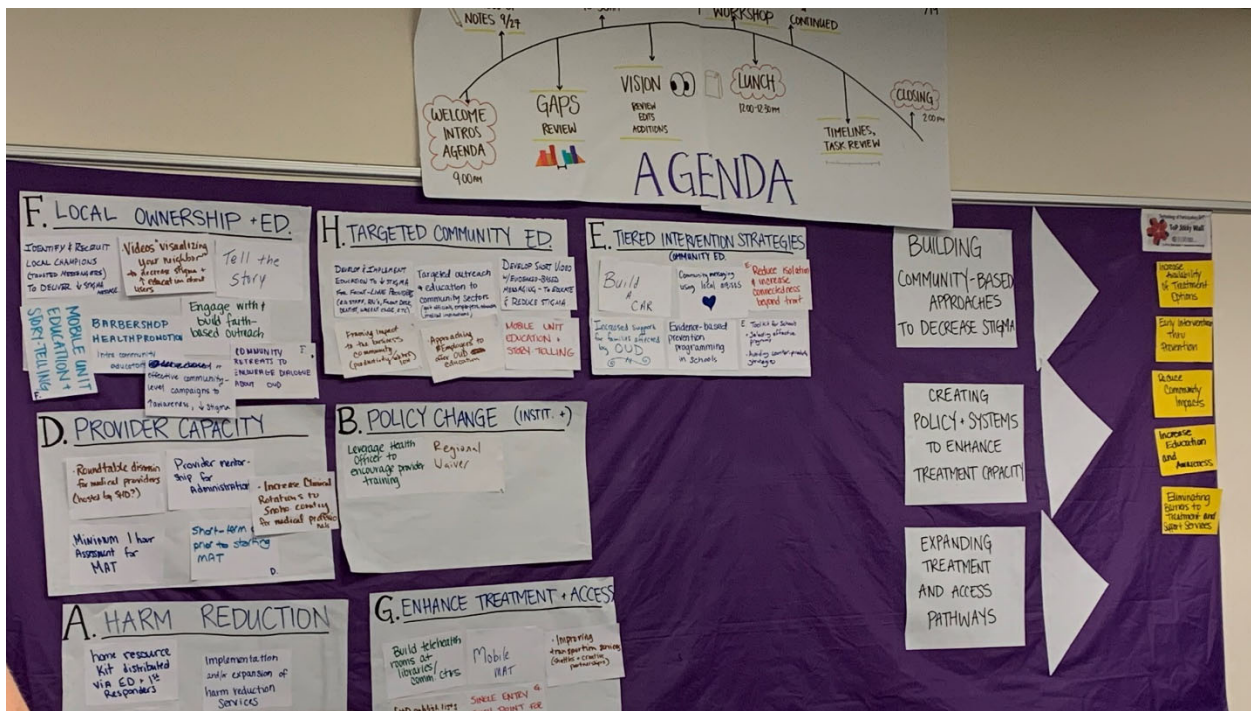


Strategic Plan
Snohomish County Rural Opioid Response Project Consortium
Everett, WA
January 2019

Grantee Organization	Snohomish Health District	
Grant Number	G25RH33000	
Address	3020 Rucker Ave, Everett WA 98201	
Service Area	Snohomish County Census Tracts 537 and 538.01	
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Contributing Consortium Members and Stakeholders	AIDS Outreach Project/Snohomish County Syringe Exchange	Providence Medical Group
	Community Health Centers of Snohomish County	Sea Mar Community Health Center – Monroe Behavioral Health Clinic
	Town of Darrington	Snohomish County Department of Emergency Management
	Darrington Prevention and Intervention Community Coalition	Snohomish County Sheriff's Office
	Darrington School District	Snohomish Health District
	EvergreenHealth Monroe Recovery Center	Sno-Isle Libraries
	Ideal Option	City of Sultan
	Monroe Community Coalition	Sultan School District

INTRODUCTION

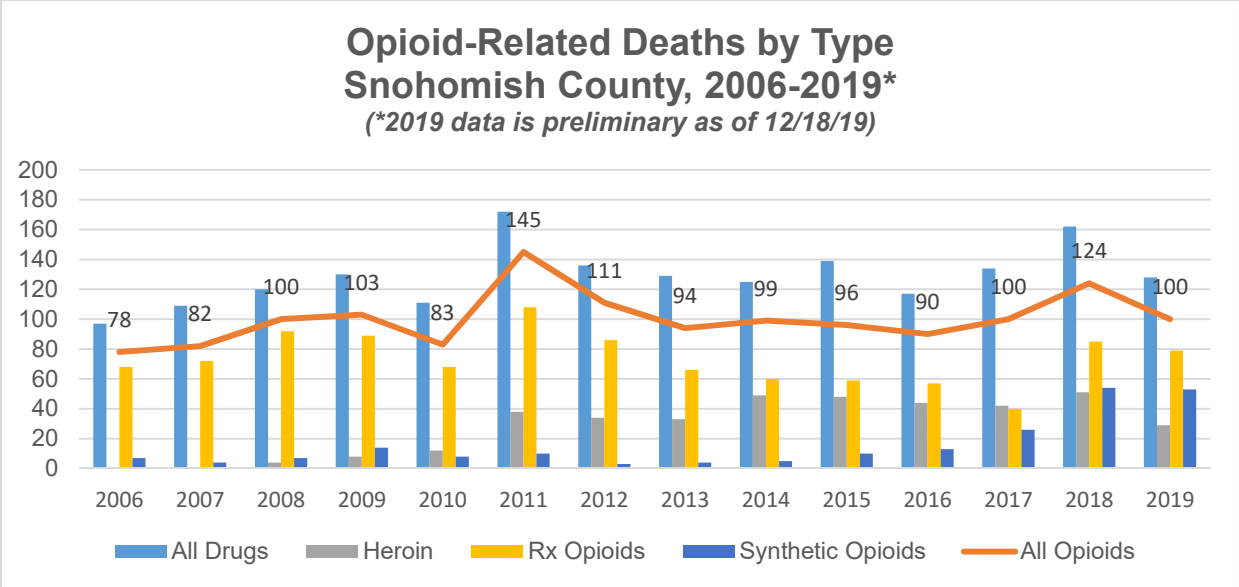
The Snohomish County Rural Opioid Response (SCROR) Project Consortium met for a Strategic Planning meeting in November of 2019. During this meeting, the consortium did a strategic direction activity guided by our facilitator, helping us to arrive at three areas of focus for our work going forward. These three areas are: building community-based approaches to decrease stigma; creating policy and systems change to enhance treatment capacity; and expanding treatment access and pathways. In order to align these strategic directions with the Strategic Plan requirements and our consortium's Gaps Analysis findings, this plan is organized into four strategic focus areas.



Overdose Prevention

Assessment Summary

The Gaps Analysis indicated that our communities of focus have been impacted by fatal and non-fatal opioid overdose over the past four years. Both communities have experienced opioid-related deaths, and first responders have responded to opioid-related incidents in both communities, some involving the administration of naloxone. Based on Snohomish County overdose death data, we know that the opioid epidemic in the county is still driven primarily by deaths due to prescription opioids, including synthetic opioids like fentanyl.



Source: Washington State Department of Health

Problem Statement

Both the Sky Valley area and Darrington have experienced fatal and non-fatal overdoses over the past four years. The majority of the fatal overdoses have involved prescription opioids (semi-synthetic and synthetic), while only two involved heroin. There were also 30 naloxone saves in 2017, 49 in 2018 and 57 in 2019 reported to the county’s syringe exchange program, using naloxone distributed to clients from the program.

Target Population

- Direct Target: People who use opioids and the people who are close to them
- Indirect Target(s): Community members at large, pharmacists, law enforcement, first responders, medical and dental providers

Goals

Decrease death and disease due to opioid use for individuals in the service areas

Objectives

Objective 1 – Decrease the occurrence of fatal and non-fatal opioid overdoses

- Strategy 1 – Implement a community-driven overdose prevention education campaign informed by people who use drugs
 - o Activities:
 - Research effective community-built overdose prevention campaigns – *By end of Q3 2020*
 - Identify consortium members to participate in overdose prevention campaign workgroup – *By end of Q3 2020*
 - Work with SEP to identify clients who would be willing to participate in advisory group to provide input on overdose prevention campaign content, focus, distribution methods – *By end of Q4 2020*

- Convene client advisory group and consortium workgroup one to two times to discuss overdose prevention campaign – *By end of Q1 2021*
 - Develop campaign materials and messaging, with input from consortium partners and client advisory group – *By end of Q2 2021*
 - Identify most effective means of campaign dissemination (what websites, apps, locations, etc. does this community engage with/visit most) – *By end of Q2 2021*
 - Disseminate campaign throughout communities – *By end of Q3 2021*
 - Evaluate campaign’s effectiveness at reaching the target population after 60 days – *By end of Q4 2021*
 - Short-term Outcomes:
 - Campaign released in 1 virtual and 1 physical site by September 30, 2021
- Strategy 2 – Increase the number of avenues through which people can access naloxone
 - Activities:
 - Conduct informal survey of pharmacies in the service area to find out if they carry naloxone, what barriers prevent them from doing so if not, and if they see patients being co-prescribed naloxone with opioid prescriptions – *By end of Q2 2020*
 - Work with any pharmacies not carrying naloxone to encourage them to offer it – *By end of Q3 2020*
 - Work with medical providers to explore implementation of co-prescription of naloxone with opioids if/where pharmacy survey indicates this is not happening – *By end of Q3 2020*
 - Conduct survey to assess existing naloxone distribution practices at emergency departments, treatment centers and correctional facilities within and serving the communities of focus – *By end of Q3 2020*
 - Explore potential to expand naloxone distribution for individuals with OUD upon discharge from these facilities – *By end of Q4 2020*
 - Engage with law enforcement and first responders to assess readiness to implement naloxone leave-behind after opioid-related calls – *By end of Q4 2020*
 - Work with SEP to assess their current naloxone distribution levels, and if a scale-up is needed or desired – *By end of Q4 2020*
 - Short-term Outcomes:
 - By December 31, 2020 all pharmacies serving our rural communities will carry naloxone
 - By March 31, 2021 there will be a 20% increase in organizations providing naloxone to clients at discharge
- Strategy 3 – Explore ways to increase likelihood of EMS contact when an overdose happens
 - Activities:
 - Research Washington’s 911 Good Samaritan Law to assess what protections are in place for the caller – *By end of Q3 2020*

- Convene a workgroup comprised of client advisory board members and/or service providers who can act as their champions/advocates to gain insight into this community’s experiences with 911 contact after an overdose, what barriers/concerns they perceive – *By end of Q1 2021*
 - Solicit feedback from law enforcement and EMS personnel advisory group to learn about their experiences responding to overdose calls (expectations, limitations, etc.) – *By end of Q1 2021*
 - Use lessons learned from both groups to determine next steps for this activity – *By end of Q2 2021*
 - Short-term Outcomes:
 - By June 30, 2021, there have been 1 meeting of the client advisory board about 911 contact, and 1 meeting with law enforcement/EMS advisory group about their experience responding to overdose calls
- Intermediate Outcomes:
 - By June 30, 2023 there will be a 25% reduction in overdoses reported to the SEP during point-in-time count
 - By June 30, 2023 there will be a 25% reduction in overdose deaths in the rural communities
- Intermediate Outcome Indicators:
 - Overdoses reported to the SEP by clients during annual point-in-time count
 - Naloxone saves reported to SEP by clients, annually
 - Fatal overdoses that take place in the service areas
 - Law enforcement and EMS calls related to opioid overdose

Objective 2 – Safely reduce the amount of unnecessary prescription opioids available in the community

- Strategy 1 – Enhance medical provider use of prescription drug monitoring program (PDMP) in combination with academic detailing for providers to safely reduce prescribing
 - Activities:
 - Research options for Health Officer to monitor PDMP data for providers in service area – *By end of Q3 2020*
 - Utilize Health Officer to establish baseline for existing prescribing practices in the service area (and for providers at clinics serving those areas) – *By end of Q3 2020*
 - Collect PDMP data on a quarterly basis – *By end of Q4 2020*
 - Assess provider training needs related to opioid prescribing practices, and evidence-based interventions for SUD like SBIRT, motivational interviewing and MAT through surveys, key informant interviews and/or focus groups – *By end of Q1 2021*
 - Engage with providers to provide academic detailing about the current local opioid epidemic, the importance of conducting screening, brief interventions and referral to evidence-based treatment (MAT) and the potential unintended consequences of removing the Rx opioid supply

from individuals with SUD without these other measures – *By end of Q3 2021*

- Short-term Outcomes:
 - Baseline for prescribing established by September 30, 2020
 - Quarterly PDMP monitoring taking place by December 31, 2020
 - Provided academic detailing to 10 providers or at 3 clinics by September 30, 2021
- Strategy 2 – Continue to promote drug takeback and safe storage, accompanied by targeted overdose prevention and treatment education, throughout service areas
 - Activities:
 - Work with pharmacies to include drug disposal information with all opioid prescriptions – *By end of Q3 2020*
 - Make medication takeback information widely available for community members, and always include messaging about evidence-based treatment options – *By end of Q3 2020*
 - Work with prevention coalitions in both communities to hold two drug take-back events per year; combine events with education and linkages to MAT – *By end of Q4 2020*
 - Work with prevention coalitions to promote safe medication storage and share educational materials about secure drop-off locations for unwanted, expired, or unused prescription medication, along with information about addiction and MAT – *By end of Q4 2020*
 - Short-term Outcomes:
 - Increased collection reported for MED-Project kiosks in service areas
 - Increased community members indicating that they know how to locate MAT services for someone with OUD
- Intermediate Outcomes:
 - By December 31, 2023 there will be a 30% increase in CPWI coalition community survey respondents reporting that they know where to dispose of unwanted medication
 - By December 31, 2023 we will have engaged with 50% of the clinics serving our rural communities to provide academic detailing
- Intermediate Outcome Indicators:
 - Quarterly PDMP monitoring results (changes in data over time)
 - Number of academic detailing sessions provided to clinicians
 - Medication disposal and secure storage education campaign events, with prevention and treatment education, that have reached both communities

Objective 3 – Reduce the prevalence of communicable disease and infectious complications due to OUD

- Strategy 1 – Work with SEP to expand harm reduction, wound care and disease screening services to both rural communities
 - Activities:

- Assess current utilization of wound care and disease screening services provided through SEP at Everett location to establish a baseline – *By end of Q3 2020*
- Create workgroup to research and assess feasibility of expansion of services to rural communities using a mobile SSP model – *By end of Q3 2020*
- Workgroup to determine workforce needed to support expansion of wound care, HCV and HIV screening services and referral to treatment – *By end of Q1 2021*
- Workgroup to determine funding, physical space and community supports needed to implement mobile SEP – *By end of Q1 2021*
- Workgroup to present findings and recommendations for next steps to full consortium – *By end of Q2 2021*
- Short-term Outcomes:
 - Workgroup to explore expansion of SEP services and mobile services has met twice by December 31, 2020
 - Consortium has met to hear recommendations and decide next steps by June 30, 2021
- Intermediate Outcome:
 - By June 30, 2023 there will be a 20% increase in the number of disease screenings completed by harm reduction partners in the rural communities of focus
- Intermediate Outcome Indicators:
 - Steps taken to establish a mobile SEP with travel capability to both communities

Long-term Outcome

- By June 30, 2025 there will be a 50% reduction in overdose deaths that take place in the service areas
- By June 30, 2025 there will be a mobile SEP operating in both communities to provide harm reduction, wound care and disease screening services

Long-term Outcome Indicators

- Number of SEP clients seen for services in the rural communities
- Number of opioid overdose incidents responded to by law enforcement and EMS in the rural communities
- Number of naloxone saves reported to the SEP
- Number of overdoses reported to the SEP

Access to Treatment and Recovery Services

Assessment Summary

Based on the community Gaps Analysis, the consortium identified significant barriers to treatment for individuals from our communities with OUD. A notable gap is that there are not enough providers with a DATA waiver to provide MAT within the service areas, leaving many

patients having to travel to larger urban areas where more providers are available. People in the communities face transportation barriers to accessing the waived providers in larger urban areas, as well as barriers in terms of what kinds of treatment and recovery services are covered by different health insurance providers. Additionally, many in the community report not knowing how to locate OUD treatment resources, or even what treatment options exist, which makes it harder for individuals with OUD and the people close to them to make the connection to treatment.

Problem Statement

Individuals with OUD in the communities of focus face numerous barriers to accessing treatment and recovery services.

Target Population

- Direct Target: people who use opioids, and their friends and families
- Indirect Target(s): the community at large, medical providers, treatment and recovery providers, other social service providers (housing, transportation, etc.)

Goals

Increase access to and awareness of community-based treatment and recovery options for OUD

Objectives

Objective 1 – Increase community awareness of existing OUD treatment options and best practices

- Strategy 1 – Implement easily-accessible online resource for people to locate OUD treatment options
 - o Activities:
 - Engage with PWUD client advisory board to learn more about how they are most likely to access information about treatment options and learn about their experiences with accessing treatment providers in the community – *By end of Q4 2020*
 - Engage with people in treatment and recovery to learn more about their experiences with locating and getting connected with treatment (barriers, challenges, facilitators, etc.) – *By end of Q4 2020*
 - Engage with friends and family of PWUD, and people in treatment and recovery to gain insight into what kinds of resources would be most useful for them in assisting someone they care about to get connected to OUD treatment – *By end of Q1 2021*
 - Create and maintain a list of providers in the county who are waived to provide MAT, and ensure that at least clinic-level information is publicly-accessible via the Health District or Snohomish Overdose Prevention website– *By end of Q3 2020*

- Make initial contact with providers on list (or clinics) to ensure that they are willing to see patients for MAT, and what their capacity is – *By end of Q4 2020*
 - Update list on a quarterly basis to ensure providers are still with those clinics, and still seeing patients for MAT – *Ongoing*
 - Explore options to build upon and implement the OUD treatment option decision matrix created by the UW MPH graduate student team so that it can help direct people to the appropriate services/resources – *By end of Q3 2020*
 - Short-term Outcomes:
 - Provider list created by September 30, 2020
 - Focus groups (one with each population group) held by March 31, 2021
- Strategy 2 – Develop and implement a social marketing campaign about OUD treatment and recovery targeted to PWUD and their friends and family
 - Activities:
 - Establish, update or add to existing community survey tool to measure community awareness of OUD treatment options (for people identifying as using opioids, or for those who have friends or family who misuse opioids) – *By end of Q3 2020*
 - Administer survey to establish baseline for responses to additional and updated questions – *By end of Q4 2020*
 - Research effective social marketing campaigns about OUD and what treatment and recovery entails – *By end of Q1 2021*
 - Engage with PWUD, people in treatment and recovery, and their friends and family to gain insight into what apps or social media platforms they use most frequently to target campaign messaging – *By end of Q1 2021*
 - Create campaign based on feedback from focus groups and test with advisory groups from target population – *By end of Q2 2021*
 - Implement campaign in community through the identified channels – *By end of Q3 2021*
 - Administer community survey annually to assess changes in community awareness of treatment options
 - Short-term Outcomes:
 - Community survey administered in November 2020
 - Focus groups with people from target populations conducted by March 31, 2021
 - Campaign developed by June 30, 2021
- Intermediate Outcome:
 - By June 30, 2023 30% of respondents to community survey will be aware of OUD treatment options and how to locate them in their community
- Intermediate Outcome Indicators:
 - Number of people accessing online OUD treatment resource portal
 - Integration of treatment options decision matrix
 - Social marketing campaign implemented and updated as needed

Objective 2 – Increase treatment access for individuals with OUD

- Strategy 1 – Increase the number of providers with a DATA waiver to prescribe MAT in or near the service areas
 - o Activities:
 - Conduct assessment of all providers in service area and surrounding communities to establish baseline for % holding a DATA waiver – *By end of Q3 2020*
 - Identify local providers who can act as champions for MAT waiver expansion in the communities – *By end of Q3 2020*
 - Create workgroup to assist clinics in service area to assess readiness for organization-level policy change to encourage/mandate providers to complete training and get waived – *By end of Q3 2020*
 - Hold trainings for providers at Health District for clinicians who express interest in waiver who do not have option for clinic-wide training – *By end of Q2 2021*
 - Continue to follow up with providers who get waived to see if they are actually engaging with patients for MAT; assess why not if applicable – *Ongoing on quarterly basis*
 - Provide ongoing mentorship and training to clinics and providers as needed to address stigma and other concerns around accepting patients for MAT – *By end of Q2 2021*
 - Provide training to billing staff at MAT expansion sites to ensure they maximize reimbursement for treatment services – *By end of Q3 2020*
 - o Short-term Outcomes:
 - By June 30, 2021, there will be a 10% increase in providers serving the communities who have a waiver to prescribe MAT
- Strategy 2 – Assess options to bring more providers to rural service areas
 - o Activities:
 - Create a workgroup that can assess service expansion options, with representatives from both rural communities – *By end of Q3 2020*
 - Workgroup will assess the feasibility of implementing a mobile MAT clinic that could travel to both communities to eliminate the transportation barrier to accessing services – *By end of Q4 2020*
 - Workgroup will explore possibilities for telehealth expansion to Darrington, Index, Gold Bar for OUD services, including mental health services – *By end of Q4 2020*
 - Workgroup will create a proposal to share with consortium regarding best options, costs, workforce needs, etc. – *By end of Q1 2021*
 - Consortium will make a decision about next steps – *By end of Q2 2021*
 - o Short-term Outcomes:
 - Consortium has met to discuss options to bring providers to rural communities and made a decision about how to proceed by June 30, 2021

- Strategy 3 – Assess most feasible way to implement a community navigator and/or community resource center for OUD treatment
 - o Activities:
 - Create a workgroup to focus on this strategy – *By end of Q1 2021*
 - Determine necessary workforce, program, funding and physical space needs for community resource center focused on treatment and recovery related to OUD and SUD – *By end of Q1 2021*
 - Assess organizational and community readiness for creation of community resource center – *By end of Q2 2021*
 - Contact existing community-based organizations that could house a resource center in their current site; assess interest and concerns – *By end of Q2 2021*
 - Explore options for a mobile resource center that could serve both communities on different days of the week – *By end of Q2 2021*
 - Assess the need for a treatment/recovery services navigator who could be located at a fixed or mobile site to assist with engagement with services – *By end of Q2 2021*
 - o Short-term Outcomes:
 - Findings and recommendations for fixed or mobile resource center presented to consortium by June 30, 2021
- Strategy 4 – Explore system and policy change options that could better support OUD treatment
 - o Activities:
 - Assess existing policy and procedure limitations to data sharing between health systems – *By end of Q4 2020*
 - Research possible policy and/or procedure changes that could allow for coordinated, holistic tracking of patient data across providers, health systems, etc. in a way that would still protect clients – *By end of Q4 2020*
 - Create workgroup to assess feasibility of implementing these policy/procedure changes and the inherent risks and concerns; ensure PWUD, or people in treatment and recovery are represented in this group (themselves or advocates) – *By end of Q1 2021*
 - Create proposal on how improved patient tracking systems could be implemented and share recommendations for next steps with consortium – *By end of Q2 2021*
 - Assess current health system policies around SUD/OUD screening and treatment referral in organizations serving our rural communities – *By end of Q4 2020*
 - Research policy changes to address gaps identified in screening and referral – *By end of Q4 2020*
 - Assess biggest gaps in reimbursement for treatment services, including detox, for OUD – *By end of Q4 2020*
 - Research policy or system change measures that could address gaps in reimbursement – *By end of Q4 2020*

- Research novel payment models that could fill the gaps in reimbursement for these services – *By end of Q4 2020*
 - Short-term Outcomes:
 - By December 31, 2020 findings on ways to address gaps in reimbursement and screening and referral processes presented to consortium to decide next steps
 - By June 30, 2021, consortium has decided how to proceed with improving patient tracking across systems
- Intermediate Outcomes:
 - By June 30, 2023 both Sky Valley and Darrington will have a 10% increase in provider capacity for MAT
 - By June 30, 2023 there will be improvements in reimbursements for treatment services in the organizations serving these communities
- Intermediate Outcome Indicators:
 - Steps taken to establish a mobile MAT clinic
 - Steps taken to implement a mobile resource for SUD/ODU treatment and recovery resources
 - Steps taken to improve reimbursement for treatment services, to make these services more affordable and accessible to target population

Objective 3 – Increase community-based recovery supports

- Strategy 1 – Increase the number of certified peer counselors (CPC) serving the community through behavioral health organizations
 - Activities:
 - Identify organizations currently utilizing CPCs as part of recovery services – *By end of Q2 2021*
 - Identify organization interested in utilizing CPCs as part of recovery services offered – *By end of Q2 2021*
 - Locate a local champion to encourage organizations serving the community to create roles for CPCs – *By end of Q2 2021*
 - Work with Operationalizing Peer Support (OPS) to offer training for organizations interested in integrating CPCs in SUD services – *By end of Q2 2021*
 - Support organizations in CPC integration with ongoing training – *By end of Q3 2021*
 - Research non-Medicaid reimbursement policies for CPC services and work with MCO's to make these services reimbursable to the fullest extent possible – *By end of Q4 2021*
 - Evaluate progress and encourage expansion to other organizations as interest allows– *By end of Q4 2021*
 - Short-term Outcomes:
 - By December 31 2021 engage with three service providers in the service areas around integration of CPCs into their practice

- Strategy 2 – Explore system and policy change options that could better support recovery for people with OUD
 - o Activities:
 - Create workgroup to assess social barriers to recovery, such as stable housing, employment and transportation – *By end of Q1 2021*
 - Workgroup will research and determine priority sectors for consortium to address – *By end of Q3 2021*
 - Present recommendations to consortium for decisions on where to begin our efforts – *By end of Q4 2021*
 - Research recovery employment models and policies both locally, state-wide and beyond – *By end of Q2 2021*
 - Plan and hold one training for employers in and around communities of focus about workforce reintegration for individuals with OUD – *By end of Q4 2021*
 - o Short-term Outcomes:
 - Workgroup progress to identify priority sectors for action to reduce social barriers to recovery
- Intermediate Outcome:
 - o By June 30, 2023 there will be at least 5 CPCs serving the communities of focus
- Intermediate Outcome Indicators:
 - o Number of organizations interested in using CPCs in their organizations
 - o Consortium identification of priority sectors for action to reduce social barriers to recovery
 - o Number of employers engaged with around hiring people in recovery

Long-term Outcome

- By June 30, 2025 75% of treatment providers serving the communities of focus will have CPCs available to support clients in treatment and recovery
- By June 30, 2025 there will be a 30% increase in the number of waived providers able to provide MAT for people with OUD in the service area

Long-term Outcome Indicators

- Number of CPCs who have been hired to provide recovery support in the service areas
- Number of employers trained on hiring people in recovery from OUD
- Increase in organizations maximizing reimbursement for OUD treatment and recovery services
- Increased community awareness of OUD treatment options

Stigma Reduction

Assessment Summary

Anecdotally, there is widespread stigma towards individuals with OUD (and mental health issues) in our services areas, and Snohomish County as a whole. This stigma has been shared by consortium members, both in terms of what they have experienced and what their clients with OUD report experiencing. Additionally, the responses to the community survey conducted

during the needs assessment period of this project included many mentions of the stigma that exists in the community around OUD and individuals struggling with opioid addiction.

Problem Statement

Community survey indicates that there is stigma towards people with OUD, and a lack of understanding of addiction. Provider survey about MAT also indicates that some providers do not want to get a waiver to provide MAT because of stigma around “that kind” of patient.

Target Population

- Direct Target: Community members, health care and social service providers
- Indirect Target(s): People who use drugs, people in treatment

Goals

Reduce clinical and non-clinical staff, and community stigma towards individuals with OUD and addiction

Objectives

Objective 1 – Increase community members’ understanding of addiction to reduce stigma related to individuals with OUD

- Strategy 1 – Develop and implement social marketing campaign to address misperceptions of addiction and OUD
 - o Activities:
 - Research existing effective social marketing campaigns on this topic, such as the CDC’s Rx Awareness campaign – *By end of Q3 2020*
 - Assess feasibility of contracting with social marketing firm to create this campaign – *By end of Q3 2020*
 - Determine most effective method of distribution for campaign (print, community-based, social media) – *By end of Q4 2020*
 - Identify trusted/credible community messengers to deliver/share campaign – *By end of Q4 2020*
 - Create campaign content with community member input – *By end of Q2 2021*
 - After establishing community-wide campaign, tailor messaging to faith-based community to amplify education message and expand reach – *By end of Q4 2021*
 - Continue to release community survey annually as a way to measure stigma perceived by community members - *Ongoing*
 - o Short-term Outcomes:
 - Campaign developed by June 30, 2021
 - Faith-based messaging for campaign amplification created by December 31, 2021

Objective 2 – Provide training to clinicians, behavioral health and social service providers, and other support staff who interact with patients to reduce stigma towards patients with OUD

- Strategy 1 – Offer implicit bias training for clinical and social service organization staff
 - o Activities:
 - Research existing implicit bias training models/curriculum to identify model with sufficient evidence of impact – *By end of Q1 2021*
 - If necessary, develop training that meets community needs or explore possibility of bringing a trainer to the community to deliver training – *By end of Q2 2021*
 - Work with clinics in the community to determine best way to deliver training (on-site, or at an outside organization like SHD) – *By end of Q2 2021*
 - Provide flexible options for staff to receive training
 - Assess impact of training with pre-and post-training surveys – *By end of Q4 2021*
 - o Short-term Outcomes:
 - Deliver training at three sites or to 25 individuals by December 31, 2021
- Strategy 2 – Offer training for providers on topics that will reduce stigma towards people with OUD
 - o Activities:
 - Encourage local providers to attend annual Pregnancy and Beyond conference co-hosted by SHD to address stigma around pregnant and parenting women with and in recovery from OUD – *Annually, in spring*
 - Explore options to provide ongoing trainings throughout the year (bi-annually, quarterly, etc.) on topics related to care for individuals with OUD – *By end of Q3 2020, and ongoing*
 - Recruit a sample of providers who serve the two rural communities to complete a community readiness for change survey based on the CDC’s Evidence-based Strategies for Preventing Overdose as a way to establish a baseline for perceived stigma – *By end of Q1 2021*
 - Conduct the community readiness survey annually to measure change in provider stigma over time – *Ongoing*
 - o Short-term Outcomes:
 - At least two providers who serve the community will attend the Pregnancy and Beyond conference in 2021
 - Community readiness survey distributed and collected by March 31, 2021
- Intermediate Outcomes:
 - o By June 30, 2023 50% of clinics in the communities of focus will have participated in trainings offered to address stigma

Long-term Outcome

- By June 30, 2025 at least 20% of clinicians and non-clinical staff in the service area will have engaged with stigma-reduction trainings offered by the consortium’s work

Long-term Outcome Indicators

- Increased provider willingness to provide MAT to patients with OUD

- Increased provider willingness to engage PPW with OUD for medical, maternity, post-partum care
- Increased community understanding of addiction, OUD and treatment

Youth-focused Prevention Activities

Assessment Summary

Gaps Analysis indicated a lack of prevention activities for youth, both in school curriculum and in terms of available mental health services. Our Gaps Analysis did not include Healthy Youth Survey (HYS) data on mental health indicators, and does not contain a measure for adverse childhood experiences (ACES). However, many of the respondents who self-identified as school personnel on the community survey noted the impacts of trauma and ACES on their students.

Problem Statement

Youth report concerning levels of depression, anxiety and suicidal thoughts on the HYS. These factors can be risk factors for substance use, so effective youth SUD prevention needs to address mental health factors. Additionally, youth who experience ACES are also at a higher risk for SUD.

Target Population

- Direct Target: students in schools in both service areas, teachers and school staff
- Indirect Target(s): parents and families of students

Goal

Decrease the prevalence of youth mental health issues and improve school staff's capacity to meet the needs of youth with traumatic life experiences and ACES to decrease risk for SUD in adolescence and adulthood.

Objectives

Objective 1 – Increase school system's ability to meet the needs of children and youth who have experienced trauma

- Strategy 1 – Implement program to increase communication between law enforcement and schools to identify youth in need of extra support
 - o Activities:
 - Train consortium members on Handle With Care model – *By end of Q3 2020*
 - Assess necessary partners to convene to begin conversations about adoption of Handle With Care model – *By end of Q3 2020*
 - Bring partners together (Law Enforcement, EMS, school administration, school nurses) to assess feasibility of Handle With Care program implementation in both communities of focus – *By end of Q4 2020*
 - Finalize partners and procedures for pilot, and train all partners on Handle with Care model, impacts of trauma and ACES – *By end of Q2 2021*

- Pilot Handle with Care in both communities in school year 2021-2022
 - Short-Term Outcomes:
 - Workgroup convened to assess implementation of Handle With Care model in at least 1 community
- Intermediate-Term Outcomes:
 - Training on ACES and trauma provided to school staff and other partners in the community
 - Handle with Care model being actively utilized in both communities by June 30, 2023

Objective 2 – Increase protective factors for prevention of youth substance use

- Strategy 1 – Implement the Life Skills Training evidence-based prevention curriculum in middle school classes in both communities
 - Activities:
 - Identify a local program champion who can inform schools in both communities about what implementation entails and what their experience has been like – *By end of Q4 2020*
 - Identify one school to pilot adoption of curriculum in middle school grades for 2021-2022 school year – *By end of Q4 2020*
 - Train teachers and administration in the curriculum – *By end of Q2 2021*
 - Support teachers and schools during pilot implementation and monitor for program fidelity – *Ongoing during 2021 – 2022 school year*
 - Evaluate progress and potential for expansion to all schools in service area – *By end of Q2 2021*
 - Short-term Outcomes:
 - Pilot school identified by December 31, 2020
 - Training provided to teachers who will implement the curriculum by June 30, 2021
- Intermediate-Term Outcomes:
 - All middle school classes in both communities will have integrated Life Skills Training curriculum by June 30, 2023

Long-term Outcome

- By June 30, 2025 both communities will see a 10% decrease in youth reporting depression and anxiety on the Health Youth Survey.

Long-term Outcome Indicators

- Number of classes that have adopted LST curriculum
- Status of Handle With Care model implementation
- Trainings on ACES and trauma-informed schools that have been delivered

CONCLUSION

Our consortium is excited to get to start this work after our year of intentional planning. We have not yet determined exactly who will be involved with which activity or workgroup, as we intend to work on this together moving forward.

We hope that much of the proposed work in this plan will be supported by the HRSA RCORP-Implementation grant, which we will apply for this spring. We also intend to leverage NHSC wherever possible to address workforce expansion needs for our rural communities, and the specifics of this will be outlined in the Workforce Development Plan. As a consortium, we will continue to work to identify additional relevant funding sources for this work as they become available.