OCCATI Strategic Plan

A. Assessment Summary

SUD/OUD remain a significant problem in Owen County. There was a 36% increase in emergency room visits for opioid-related poisonings from 2014 to 2016 in the region, and then at least another 30% increase from 2016 to 2017. Accidental poisoning deaths also increased there through 2018, while it decreased in Kentucky as a whole. However, **there are few available resources for SUD/OUD prevention, treatment, or recovery services**. None of the county's licensed clinical or behavioral personnel have credentialed SUD specialization; there are no certified Peer Support; no one has a DATA 2000 waiver to provide MAT services; and there are no specialized services for identified vulnerable populations. In addition, **the residents of Owen County are disconnected from their communities**: 50.4% of the population over age 16 in Owen County are not engaged in the workforce and a quarter of youth are neither working nor in school. **This disconnection prevents them from working towards solutions.**

B. Problem Statement

Based on our assessment data, we have identified two priority problems: (1) the SUD/OUD healthcare continuum is incomplete and services are fragmented in Owen County; and (2) fear of being stigmatized and bias against healthcare, especially mental and behavioral healthcare, results in resources being underutilized.

C. Target Population

Direct Target: Residents of Owen County, especially youth
Indirect Targets: Providers, first responders, faith leaders, affected families

D. Goal

Decrease SUD-related deaths and hospitalizations by 25%

E. Long-Term Outcome

By 9/22, there will be a 75% increase in those seeking services for substance use

F. Long-Term Outcome Indicators

By 9/20, 25% more individuals in Owen County over 2019 baseline will be seeking services for substance use.
By 9/21, 50% more individuals in Owen County over 2019 baseline will be seeking services for substance use.
By 9/22, 75% more individuals in Owen County over 2019 baseline will be seeking services for substance use.

OCCATI STRATEGIC PLAN

OBJECTIVE 1: REDUCE GAP IN SERVICES IN THE OUD HEALTHCARE CONTINUUM		INTERMEDIATE OUTCOME: By 9/22, 50% more SUD patients will still be in care after 9 months of seeking treatment			
	Objectives	**Intermediate Outcome Indicators**	**Timeline**	**Agency Responsible**	
	Expand # of providers for OUD services	3 MAT providers in Owen County	**9/21**	T, N	
	Develop peer support services	2 Peer Support Specialists in Owen County	**2/20**	N	
	Expand recovery programming	30% increase in people remaining in remission	**9/22**	CC, QRT	
	Expand OUD early intervention programs	20% decrease in hospitalizations for drug misuse	**9/22**	KIPRC	
	Develop services for pregnant women and former inmates	Specialized services available for pregnant women and former inmates	**6/20**	NKU	

Strategies	**Activities**	**Organization Responsible**	**Timeline**	**Process Indicators**	**Resources for Support**	**Short-Term Outcome**
Implement K-12 pipeline programs for students interested in health-related careers	Advertise pipeline programs to OCS students	NKU, OCS	10/19-11/19, 10/20-11/20, 10/21-11/21	NKU develops advertising materials OCS advertises programs	NKU, OCS, HRIG, NSF, NIH	By 9/20, 100 OCS students participate in pipeline programs annually
	Recruit students for pipeline programs	NKU	10/19-2/20, 10/20-2/21, 10/21-2/22	Individual students and teachers sign up for the programs		
	Initiate Teen Health Café to OCS (E)[1]	NKU	11/19-ongoing	Students participate in program		
	Initiate Middle School Health Careers Exploration to OCS (I)	NKU	11/19-ongoing	Students participate in programs		
	Initiate Simulation Center Field Trips to OCS (I)	NKU	11/19-ongoing	Students participate in program		
	Reserve two spots for OC students in Nursing Summer Camp and BRAIN Summer Academy (E)[2]	NKU	3/19, 3/20, 3/21, ongoing	Four students participate in programs annually		
Develop and implement an Addiction Counseling & Prevention micro-credential at NKU (P)[3]	Develop curricula	NKU	9/19-ongoing	Curriculum approved by NKU	NKU	By 9/22, 100 students enrolled annually
	Receive state approval as required	NKU	12/19-12/20	KY approves curriculum		
	Launch programs	NKU	1/21-ongoing	Program starts		
	Recruit for NKU micro-credentials	NKU	10/19-ongoing	Recruitment plan initiated		

Promote NHSC Loan Forgiveness program (E)	Provide loan forgiveness advising to NKU healthcare students	NKU	9/19-ongoing	Advisors integrate promoting the program into their activities	NKU, HRIG	By 9/20, 4 apply annually
Develop clinical training sites for nursing and social work in OC to reduce costs for treatment (E)	Extend training sites with N to OC	NKU	12/19-ongoing	Training site established	NKU, T, N	By 9/21, 4 trainees practice in OC annually
	Develop clinical training site agreement with Triad	NKU	12/20-2/20	Agreement signed		
	Implement training site with T	NKU	6/20-ongoing	Training site established		
Integrate Certified Peer Support Specialists into OC care continuum for SUD/OUD (E)	Hire Peer Support Specialists (2)	N	12/19-ongoing	Peer Support Specialists hired	N, HRIG	By 9/21, Peer Support Specialists reach 100 clients annually
	Integrate into SUD/OUD continuum of care	N	1/20-ongoing	Peer Support Specialists activities coordinated		
	Develop innovative peer support specialist training for rural areas	NKU, MHA	9/19-9/21	Peer Support Specialist training available in OC	NKU, MHA, HRSA-OWEP	By 9/22, 5 OC residents certified as Peer Support Specialists
Train OC providers in obtaining a DATA 2000 waiver and integrating SUD/OUD treatment into the workflow (P)[4]	Develop programming	SEH, NKU	9/19-12/19	Program developed	HRIG, SEH	By 9/22, a 100% MDs and NPAs are trained
	Schedule training	SEH, NKU	1/20, 1/22	Trainings scheduled		
	Launch training	SEH, NKU, N, T	2/20, 2/21, ongoing	Providers engage in training		
Train OC providers in SBIRT (E)	Schedule training	NKU	10/19, 10/20, 10/21	Training scheduled	NKU, HRIG, KORE	By 9/20, a 100% providers are trained
	Launch training	NKU, N, T	12/20, 12/21, 12/22, ongoing	Training on-going		
Develop a mentoring network for providers in OC (I)	Advertise mentoring program	NKU, T, N	3/20-6/20	Mentoring program advertised	NKU, HRIG, N, T, SEH	By 9/20, 100% OC providers have been assigned a mentor
	Schedule mentoring conversations	NKU, N, SEH, T	4/20-5/20	Conversations scheduled		
	Implement mentoring networks	N, SHE	6/20	Provider mentoring networks developed		

Establish a recovery community in OC or in neighboring county (E)	Investigate possibility of founding a recovery community for OC with neighboring county	NKU	9/21-10/21	Feasibility study completed	NKU, Fletcher Group, USDA	By 12/19, a decision on feasibility is reached
	Discuss recovery housing initiative with Fletcher Group	NKU	10/19-12/19	Discussion completed		
	Discuss recovery housing initiative with USDA	NKU	10/19-11/19	Discussion completed		
	Identify possible structures in OC for recovery housing	NKU	11/19-1/20	Structures identified		
	Apply for USDA grant, if feasible	NKU	2/20	Grant submitted		
Expand SBIRT in OCS (P)[5]	Increase SBIRT screening across OCS	NKU	1/20-ongoing	Universal screening implemented	NKU	By 9/22, number of referrals and interventions double
	Develop train-the-trainer model	NKU, OCS	9/21-12/21	Trainer model developed		
	Implement train-the-trainer model	OCS	6/22-ongoing	OCS staff begin training others		
Start St. Elizabeth Baby Steps program for new moms in OC to increase accessibility and reduce costs of treatment (E)[6]	Expand SEH Baby Steps program to OC	SEH	9/19-ongoing	Baby Steps implemented in OC	SEH	By 12/20, 5 new participants enter program annually

GOAL: INCREASE UTILIZATION OF EXISTING OUD RESOURCES		INTERMEDIATE OUTCOME: By 9/22, those obtaining services for substance use will increase by 75%			
	Objectives	**Intermediate Outcome Indicators**	**Timeline**	**Agency Responsible**	
	Increase No Wrong Door access	25% increase in service utilization	9/22	NKU, NKUODCP	
	Increase access to Naloxone	20% decrease in OUD-related deaths	9/22	TRDHD	
	Increase community engagement in health initiatives	75% in residents' participation in OUD advocacy	9/22	NKU	
	Increase insurance utilization	35% increase in OUD-related billable hours claimed	9/22	T, N	
	Increase medical public transportation usage	50% increase in medical public transportation runs	9/22	OC	

Strategy	Activities	Organization Responsible	Timing	Process Indicators	Resources for Support	Short-Term Outcomes
Implement a QRT to increase accessibility (P)[7]	Hire QRT social worker and reentry specialist	NKU	9/19-10/19	QRT and reentry specialist hired	HRIG, NKU, KORE	By 9/22, a 50% increase in those in treatment or receiving recovery/social services
	Train OC-QRT and reentry specialist	NKU, NKYODCP	10/19-11/19	QRT and reentry specialist trained		
	Coordinate with law enforcement, NKY Reentry Council, Carroll County Detention Center, EMS, EDs, TRDHD	QRT, NKU	10/19-11/19	Coordination plan adopted		
	Launch QRT and re-entry programs	NKU, NKYODCP	12/19-ongoing	QRT begins operations		
Offer care coordination to improve accessibility (E)	Hire and train Care Coordinator	NKU	9/19-11/19	Care coordinator hired and trained	NKU, NKYODCP, HRIG, KORE	By 9/22, 50% increase in those receiving SUD or support services
	Coordinate with regional providers and support services	SEH, N, T, NKU	10/19-11/19	Care coordinators integrated with providers		
	Launch care coordination	NKU	12/19-ongoing	No Wrong Door program launched		
Promote the No Wrong Door Approach in OC to improve accessibility (E)[8]	Develop media campaign	NKU	9/19-12/19	Media campaign developed	NKU	By 9/22, 50% increase in those inquiring about treatment services
	Implement media campaign	NKU	1/20-3/20, 1/21-3/21, 1/22-3/22	Media campaign implemented		
	Evaluate media campaign	NKU	4/20, 4/21, 4/22	Media campaign evaluated and revised		
Train faith community leadership in SBIRT (I)	Coordinate faith leader meetings	NKU	10/19-12/19	Faith leaders engaged in meetings	NKU, faith leaders, potential SAMHSA grant, HRIG	By 9/22, 75% of the faith leaders trained
	Schedule SBIRT training	NKU	12/19	Trainings scheduled		
	Implement SBIRT training	NKU	1/20-3/20	Trainings completed		
	Implement train-the-trainer model	NKU	6/21-ongoing	Faith leaders implement model		
Bring PAR to OC (P)	Schedule trainings	NKU	10/19-11/19	Trainings scheduled	HRIG, NKU, TRDHD	By 9/22, 12 OC residents attend PAR meetings/trainings
	Build community interest in PAR	NKU	10/19-12/19, 10/20-12/20, 10/21-12/21	PAR advertised via developed plan		
	Run trainings	PAR, NKU	1/20, 1/21, 1/22	Trainings completed		
	Launch Golden Triangle PAR	NKU	1/22-ongoing	Golden Triangle PAR established		

Train providers in coding and billing for SUD treatment to decrease costs to patients (P)	Develop programming	SEH, NKU	9/19-12/19	Program developed	NKU, HRIG, SEH	By 2/21, 100% providers trained
	Schedule training	SEH, NKU	1/20, 1/22	Trainings scheduled		
	Launch training	SEH, NKU, T, N	2/20, 2/21	Providers engage in training		
Increase Medicaid billing flexibility around support services for OUD to increase affordability (I)	Lobby for Medicaid flexibility	NKU, N, T, SEH, NKYODCP	10/19-ongoing	Meetings with legislators	NKYODCP	By 9/22, KY Medicaid will accommodate more services for people with SUD
Modernize medical transportation scheduling to increase accessibility (I)	Scope programming project	NKU	6/20-7/20	Project defined	NKU, HRIG	By 1/22, 50% increase in medical transportation utilization capability
	Develop and test software	NKU	9/20-12/20	Software developed		
	Implement software	NKU	1/20-2/20	Software implemented		
	Test software's functionality	NKU	3/20-ongoing	Software tested		
	Revise as appropriate	NKU	9/21-12/21	On-going revisions		
	Support usage	NKU	1/22-ongoing	On-going revisions		
Promote the subsidized medical public transportation system to increase accessibility and decrease costs associated with SUD services (I)	Develop media campaign	NKU	9/21-12/21	Media campaign developed	NKU, HRIG	By 9/22, 50% increase in medical transportation utilization
	Implement media campaign	NKU	1/21-3/21, 1/22-3/21	Media campaign implemented		
	Evaluate media campaign	NKU	4/21, 4/22	Media campaign evaluated and revised		

GOAL: REDUCE STIGMA AND DISCONNECTION PREVENTING COMMUNITY OUD SOLUTIONS		INTERMEDIATE OUTCOME: By 9/22, 50% increase in number of residents engaging in advocacy			

	Objectives	Intermediate-Term Outcomes	Timeline	Agency Responsible	
	Increase faith community engagement	50% increase in faith-based support programs	9/22	NKU	
	Increase community understanding of OUD	50% increase in community metrics	9/22	NKU	
	Reduce stigma associated with behavioral healthcare	50% decrease in community stigma metrics	9/22	NKU	
	Increase engagement of youth in health topics	50% increase in youth seeking health-related career	9/22	NKU	
	Improve first responders' interactions	25% decrease in "frequent fliers"	9/22	NKU, KIPRC	

Strategy	Activities	Organization Responsible	Timing	Process Indicators	Resources for Support	Short-Term Outcomes
Develop a faith community communication plan on stigma and SUD (I)	Develop media campaign	NKU	9/19-12/19, 9/20-12/20, 9/21-12/21	Media campaign developed	NKU, HRIG	By 9/22, 50% decrease in stigma metrics and 25% increase in residents engaged in community advocacy
	Launch media campaign	NKU	1/20, 1/21, 1/22	Media campaign initiated		
	Evaluate media campaign	NKU	3/20, 3/21, 3/22	Residents of OC surveyed		
Increase SAEP promotion and education to increase accessibility and decrease costs for SUD harm-related treatmetns (I)	Develop media campaign	NKU	9/19-12/19, 9/20-12/20, 9/21-12/21	Media campaign developed	NKU, TRDHD, HRIG	By 9/22, 50% of OC residents report positive views of SAEP via survey
	Launch media campaign	NKU	1/20, 1/21, 1/22	Media campaign initiated		
	Evaluate media campaign	NKU	3/20, 3/21, 3/22	Residents of OC surveyed		

Implement NAMI Basic Education Program (E)	Coordinate with NAMI	NKU	1/20	Meeting with NKY NAMI	NKU, OC, NAMI, HRIG	By 9/22, 12 OC residents become members of NAMI support group
	Incorporate OC treatment options into NAMI training	NKU	1/20-2/20	Revised NKY NAMI training		
	Build community interest in training	NKU, OC	1/20-2/20, 1/21-2/21, 1/22-2/22	Advertise NAMI training in OC according to developed plan		
	Schedule training	NKU	1/20, 1/21, 1/22	Training scheduled		
	Launch training	NKU	2/20, 2/21, 2/22	Trainings completed		
	Launch support group	NKU	3/21-ongoing	Support group initiated		
Implement OCS SUD/OUD Educational Program (P)[9]	Develop curricula	OCS, N, NKU	9/19-/12/19	Curriculum developed and approved	OCS, NKU, HRIG	By 9/22, 50% OSC students have decreased stigma measure and 25% increase in students engaged in SUD advocacy
	Launch curricula	OCS	9/20, 9/21	Curriculum initiated		
	Evaluate and revise curriculum	OCS, NKU	6/21, 6/22	Curriculum revised		
Implement public educational program on stigma around SUD (P)[10]	Develop training	NKU	4/20-6/20	Training developed	NKU, HRIG	By 9/22, 50% decrease in stigma metrics
	Promote the program	NKU, OC	4/20-6/20, 4/21-6/21, 4/22-6/22	Program advertised		
	Schedule training	NKU	4/20, 4/21, 4/22	Program scheduled		
	Launch training	NKU	6/20, 6/21, 6/22	Program Implemented		
Develop and implement Owen County Youth Advisory Board (I)	Connect with StAMINA leadership	NKU, OCS, OCDPC	1/20	Communication established	NKU, OCS, HRIG	By 9/22, 50% increase in youth interest in health-related careers
	Develop capstone program	NKU	1/20-4/20	Program developed and approved		
	Coordinate with OCS youth leaders	NKU, OCS, OCDPC	3/20-5/20	Youth leaders approve		
	Implement youth advisory board	NKU, OCS, OCDPC	9/20-ongoing	Youth advisory board implemented		

Crisis Intervention Training (P)[11]	Coordinate with Louisville Metro Police	NKU	9/19-10/19	Louisville Metro Police meets with NKU and OC 1st responders	NKU, HRIG	By 1/20, 80% 1st responders trained
	Schedule trainings	NKU	10/10	Trainings scheduled		
	Implement trainings	NKU	11/19-1/20	OC 1st responders participate in training		

KEY: CC=Care Coordinator; HRIG = HRSA-RCORP implementation grant; KORE = Kentucky Opioid Response Effort [STR grant]; N = NorthKey Community Care; NIH = National Institutes of Health; NKU = Northern Kentucky University; NKYODCP= Northern Kentucky Office of Drug Control Policy; NSF = National Science Foundation; OC=Owen County; OCDPC= Owen County Drug Prevention Coalition; OCS= Owen County Schools; PAR=People Advocating Recovery; SAEP=syringe access exchange program; SEH=St. Elizabeth Healthcare; T=Triad Healthcare; TRDHD=Three Rivers District Health Department; QRT = Quick Response Team

[1] Hall, M.K., Susan, S. & Mayhew, M.A. (2012). Design and impacts of a youth-directed Café Scientifique Program. *International Journal of Science Education, Part B: Communication and Public Engagement*. DOI:10.1080/21548455.2012.715780.

[2] NKU's data indicate that 75% of participants enroll in college declaring a nursing or STEM major.

[3] Lemonine, P.A. & Richardson, M.D. (2015). Micro-credentials, nano degrees, and digital badges: New credentials for global higher education. *International Journal of Technology and Educational Marketing* 5. DOI: 10.4018/ijtem.2015010104.

[4] As the provider for over 80% of all healthcare in NKY and a leader in the region in SUD treatment, SEH has significant experience and expertise in managing treatments in a cost-effective way for the population in the region.

[5] Hardcastle, V.G., Wilkerson, D, & Crowe, J. Early detection of Substance Use Disorder among youth: Integrating SBIRT into rural public schools. National Rx Drug Abuse and Heroin Summit, Atlanta (2019).

[6] Hardcastle, V.G., Wedig-Stevie, K, & Wilde, T. (2019). Supporting children diagnosed with Neonatal Abstinence Syndrome and their caregivers. National Rx Drug Abuse and Heroin Summit, Atlanta (2019).

[7] Ohio Attorney General (2017). Three million in grants for DART and QRT teams to be Available to Address Opioid Epidemic. https://www.ohioattorneygeneral.gov/Media/News-Releases/July-2017/Three-Million-in-Grants-for-DART-and-QRT-Teams-%281%29.

[8] Mental Health America. (2018). Peer support across settings: A "No Wrong Door" approach to recovery. http://www.mentalhealthamerica.net/peer-support-across-settings-no-wrong-door-approach-recovery

[9] Too Good for Drugs. (2019). Mendez Foundation. https://toogoodprograms.org.

[10] Goddard, P. (2003). Changing attitudes towards harm reduction among treatment professionals: A report from the American Midwest. *International Journal of Drug Policy* 14: 257-260.

[11] https://louisvilleky.gov/government/police/crisis-intervention-team-program.