Community Action Commission of Fayette County

Washington Court House, Ohio 43160

ASSESSMENT PLAN

March 6, 2019

<table>
<tr><td>Grantee Organization</td><td>Community Action Commission of Fayette County</td></tr>
<tr><td>Grant Number</td><td>1H1URH32366-01-00</td></tr>
<tr><td>Address</td><td>1400 US Route 22 NW</td></tr>
<tr><td rowspan="4">Project Director</td><td>Name: Christina Blair</td></tr>
<tr><td>Title: Pathways to Recovery Director</td></tr>
<tr><td>Phone number: 740-335-7282</td></tr>
<tr><td>Email address: cblair@cacfayettecounty.org</td></tr>
</table>

Table of Contents

Part I. Assessment Plan Purpose

Part II. Logic Model

Part III. Assessment Questions

Part IV. Data Collection Plan

Part V. Analysis Plan

Part VI. Communications/Dissemination Plan

Part VII. Assessment Work Plan

Part I. Assessment Purpose

A. Program Description

Purpose

The purpose of the Pathways to Recovery Program is to reduce the morbidity and mortality related to opioid overdoses in Fayette County, Ohio by strengthening the development of the Faith in Recovery community consortium to prepare individuals with opioid-use disorder (OUD) to start treatment, implement care coordination practices to organize patient care activities, and support individuals in recovery by establishing new peer support activities.

An outreach team comprised of Peer Recovery Specialists will meet with individuals with opioid use disorder (OUD) to connect them to treatment solutions that address their individual needs. Peer Recovery Specialists will provide assessments, referrals to treatment, care coordination, and connect individuals with OUD to community services to stabilize their lives and support their pathway to recovery. A Mobility Manager will support the efforts of the Peer Recovery Specialists by organizing a volunteer driver program and increasing access to transit services through the use of various funding methods.

The P2R program will expand the number of health care providers connected to the Faith in Recovery Consortium with the purpose of establishing partnerships, referral protocols, and care coordination to reduce morbidity and mortality related to OUD. An educational component will target members of the community and health care professionals to help refer, prepare, and support individuals in treatment. Additionally, through grant funds and staff support, the coalition will assist in the establishment of a NA support group and will seek to strengthen the family support group, “FREE Family Support.”

An Overdose Outreach Team will be formed to reach out to individuals that overdosed that for one reason or another was not engaged into the program during an overdose response. These individuals will also work together to establish a fatality review board to identify break-downs in the system and reduce opiate deaths by 15% over the grant period.

The P2R program is currently in its late planning stages. All staff are in place and the client file and data collection procedures are put into place. We anticipate launching within the first quarter of 2019.

Evidence-based Practices

CACFC has a long history of successfully incorporating EBP into community programs. The agency also values a culture of continuous program improvements, participating in training, and networking with other providers to develop programs that achieve their outcomes. CAC used multiple evidence-based practices in the development of this application to ensure successful long-term outcomes.

Critical Time Intervention - https://www.criticaltime.org/cti-model/

Critical Time Intervention (CTI) is an evidence based, nine-month case management intervention model designed to prevent homelessness amongst persons experiencing mental illness following discharge from shelters, hospitals, institutions, prisons, etc. CTI is divided into three phases: transition to the community, try-out and transfer of care. The three phases of CTI gradually pass the responsibility to mainstream and community resources for providing ongoing support after CTI ends, thereby providing the supports necessary to reduce the risk of future homelessness. CTI research results have shown a decrease in negative symptoms, is more cost-effective in comparison with usual care, and that time-limited nature and narrow focus on problem areas have improved housing outcomes (Herman, D. & et al, 2007) CTI research has been expanding internationally and has also begun investigating its value amongst other populations such as veterans (Kasprow & Rosenheck, 2007). CACFC will implement CTI to work with those placed in recovery housing from treatment and those entering the program from exit from an institution. CACFC will utilize peers as the CTI specialist, as the peer support and lived experience can provide a valuable conduit for housing and community success.

Motivational Interviewing - https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing
Motivational Interviewing is an effective evidence-based approach that helps a person overcome the ambivalence that has kept the person from making a change in their lives. This counseling approach is person-centric, supportive, and provides a framework for interacting and motivating people experiencing homelessness, substance use or mental illness. There are four key principles to Motivational Interviewing: expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy. Motivational Interviewing has been helpful in reducing substance use (Carey, K.B., 1996). CACFC uses MI in all of its housing programs and will ensure peer recovery specialists are trained in this intervention.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) - https://www.samhsa.gov/sbirt

SBIRT is a comprehensive, integrated approach to assessing persons for substance use disorders as well as those who are at risk for developing these disorders. SBIRT allows for a quick assessment of the severity of substance use and identifies the level of treatment needed, focuses on increasing insight and awareness on substance use and motivation toward behavioral change, and refers person to treatment that need more extensive care. Additionally, SBIRT quickly identifies those persons who do not meet the substance use disorder criteria in a proactive stance that identifies and intervenes in substance misuse before a substance use disorder arises (SAMHSA, 2013). The program is designed to reduce morbidity and mortality of alcohol and other drug use through early intervention and integration of medical and behavioral health approaches. Peer recovery specialists will utilize this method.

Addiction Recovery Mobile Outreach Teams - https://www.ruralhealthinfo.org/community-health/project-examples/940
The Pathways to Recovery Project will be modeled on the ARMOT program featured on the Rural Health Information Hub. Through this program, a mobile case manager and peer recovery specialist meet individuals at their bedside to connect individuals to treatment and other community resources. This project has demonstrated success rates of 77% of all referrals being connected to treatment. The CACFC will modify this project slightly by expanding the types of referrals coming into the program. CACFC will also accept referrals

from the county law enforcement and jail and will provide home-based services to individuals that receive emergency medical services that do not come into the hospital. Referrals will also be accepted from the community at large and Children's Services.

B. The Need for the Program

As a part of its community needs assessment, the coalition created an inventory of substance abuse and treatment resources. Through this process, the community uncovered several needs that are currently going unmet. The Consortium's service area is Fayette County, Ohio. The county is both a mental health professional shortage area and a medically underserved community.

Currently, Fayette County has two substance abuse treatment providers, Fayette Recovery and Scioto Paint Valley Mental Health. There are a total of 14 mental and 11 primary healthcare providers in the entire county.

Outpatient Treatment – Both Scioto Paint Valley (SPV) and Fayette Recovery provide outpatient treatment services. SPV uses the Rutgers model of Harm Reduction and Matrix. Fayette Recovery also offers outpatient treatment services and relies upon Motivational Interviewing and the Cognitive Behavioral Treatment Model.

Inpatient Treatment – Both SPV and Fayette Recovery offer inpatient treatment. Fayette Recovery is home to the one treatment facility that is physically located in Fayette County. This facility houses up to 15 individuals for up to six months. There are other inpatient treatment beds available through SPV and Fayette Recovery. However, participants must agree to go to Ross or Pickaway Counties. The county identified the need to establish an inpatient treatment facility for men. While this is a goal of the broader Faith in Recovery Consortium, the inpatient treatment facility is not a goal of this project.

Detox Services – Currently, there are no detox beds located in Fayette County, Ohio. However, there are some limited beds available in Ross County through SPV. The Consortium is currently working with Fayette Memorial Hospital to explore the viability of repurposing the closed down maternity ward into detox beds. This is a goal of the broader consortium, but not this project.

Recovery Housing – The Faith in Recovery Consortium also identified the need to establish Recovery Housing. Many individuals struggle to maintain their sobriety if they must return to a home where there are still active substance users. One goal of this proposal was to create 4 units of peer-run recovery housing, based upon the Oxford model. Since the time of submission, those units were sold to Fayette Recovery to establish level three recovery homes for women exiting their inpatient treatment facilities. This is not a goal of this project.

Peer Support Activities – The Faith in Recovery Consortium identified the need to expand peer support activities in the community. The county does have some support groups targeted to alcohol use, but lacks any specific assistance for those with opioid use disorder. At the time of application, there are no support groups in the community for family and friends. This is a specific goal of the consortium's rural health application that has been slightly modified. Since then, FREE Support Group began, but could use promotion and advertising to become known to its target demographic. Additionally, best practices have identified the emerging trend of

hiring peer recovery specialists to do outreach in the community. Fayette County is very rural and many administrators do not have the luxury of specialization. As such, there is a gap in services to actually engage individuals with OUD into treatment. We often lose individuals to overdose death turning transitions from jail to treatment and from inpatient treatment to outpatient treatment.

Fayette County is a 406 square mile community located in south-central Ohio with access to several major highways, including: Interstate 71; U.S. routes 22, 35, and 62; and Ohio Routes 41, 38, 207, 729, 734, and 753. The census estimate for Fayette County's population is 28,679. The county seat, Washington Court House, is a city of approximately 14,019 people. The racial and ethnic breakdown is as follows: 94.7% white, 2.4% Black/African American, .3% American Indian/Alaskan Native, .7% Asian, 1.9% two or more races, and 2% Hispanic/Latino.

The 2017 Fayette County Community Health Assessment identified substance abuse as the top public health concern. Like many other counties in Ohio and across the county, Fayette County has been overrun by the opioid epidemic. The Ohio Mental Health & Addiction Services Administration categorized the county as being a tier 2 community based upon its overdose data from 2010-2015. Tier 2 communities comprise the top half of all counties ranked for overdose death. Fayette County is ranked 11th for its average age-adjusted unintentional drug overdose death rate per 100,000 population from 2010-2015 with this data source. The Ohio Department of Health shows that with a rate of 28.1, the Fayette County death rate is 1.5 times the state average. In 2017, the county was number two for population adjusted overdose deaths.

Ohio is 4th in the nation in overdose deaths, according to the Center for Disease Control and Prevention. During the coalition's 2016 needs assessment, there were 2,753 individuals in treatment and 111 patients receiving naloxone from EMS personnel in 2015. In 2016, the local hospital reported over 200 overdose cases at the emergency room and 202 doses of naloxone were administered to 139 patients by EMS services, for a total of 402 overdoses.

The Fayette County jail was constructed in the 1800s and was only made to house 24 inmates at a time. Since the epidemic, the jail is often over capacity, with over 70 individuals in the jail. The county recently purchased a scanner for inmates and visitors, as two individuals have died from overdoses in the jail within the past year. The Sheriff's Office conducted a survey in the summer of 2016 and found that 95% of inmates identified opiates as being their drug of choice which directly resulted in their incarceration. Needs assessment data shows that 349 cases were related to substance misuse in 2015. Job and Family Services reports that 68% of their cases are related to substance use.

A lack of access to care presents barriers to good health, but can be deadly when it comes to substance abuse. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access to treatement.

According to the Community Commons Health Indicator report accessed on July 17, 2017, Fayette County has the following barriers to community health:
www.communitycommons.org

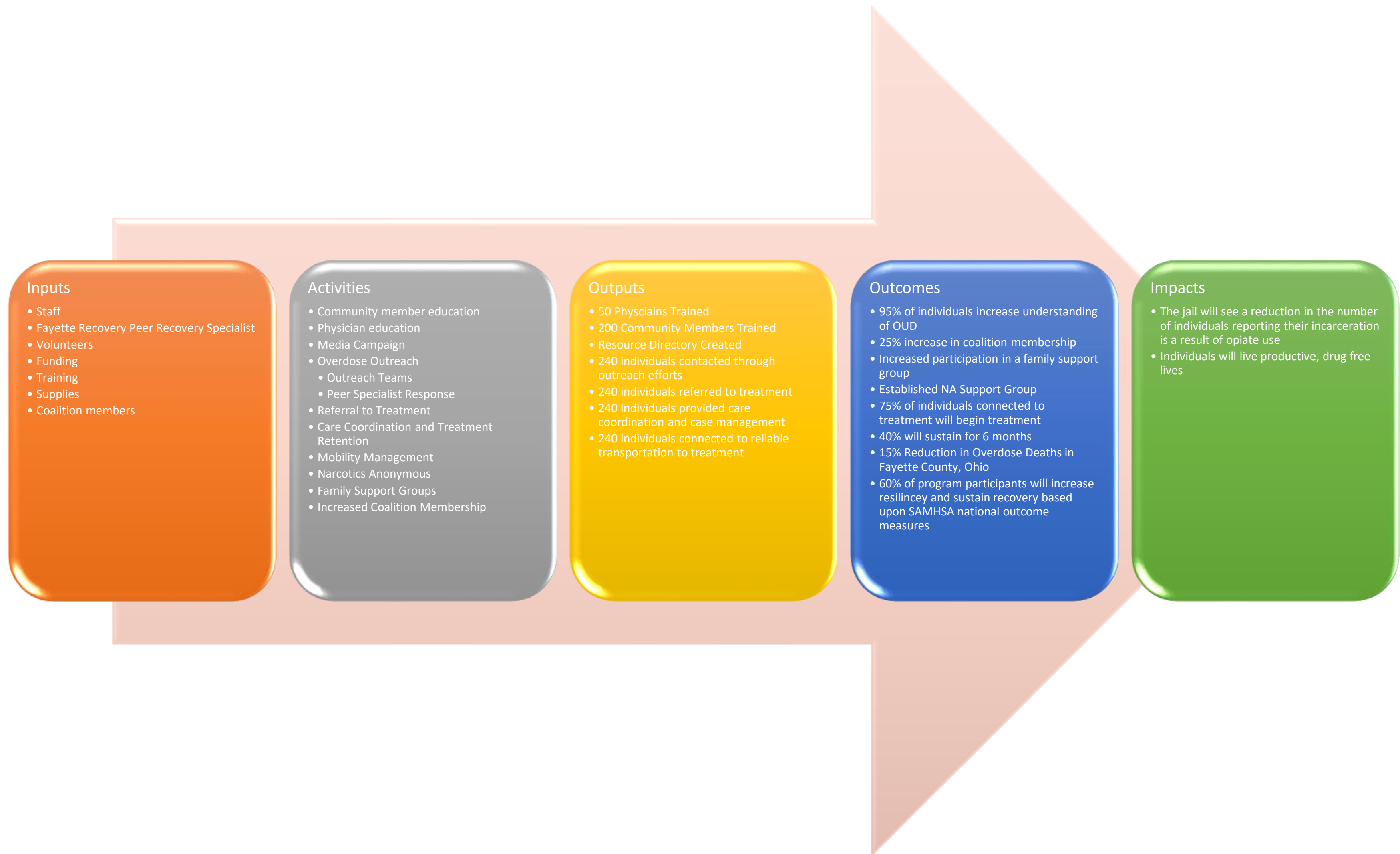
Indicator	Fayette County	Ohio	United States
Mental Health Care Provider Rate	48.6	154.8	202.8
Primary Care Physicians Rate	38.19	93.1	87.8
Percentage of Adults w/o Primary Care	39.11%	18.65%	22.07%
Preventable Hospital Events Discharge Rate	72.6	51.5	49.9
Years of Potential Life Lost	9,358	7,562	6,588
Renter Households w/o Motor Vehicle	8.63%	9.63%	10.88%
Uninsured Population	12.12%	9.72%	12.98%
Poverty	18.45%	15.77%	15.47%
Children Living in Poverty	28.01%	22.79%	21.73%
Population Receiving SNAP Benefits	19.26%	15.03%	13.17%
Age Adjusted Overdose Death Rate	22.2	19.6	13.4

Key Challenges – Fayette County, Ohio is very rural, impoverished, and lacks multiple options for treatment. Many have allowed their benefits to lapse and do not have health insurance. Most treatment facilities are located outside the county. There is also a lot of stigma in the community as it relates to OUD and the community needs education to allow individuals with OUD to seek treatment without fear of public backlash.

C. Overarching Goals

The purpose of this assessment is tri-fold. First, we want to implement continuous program improvements. This plan will set assessment criteria and a reporting schedule that will allow for community input into the program to make it more responsive and transparent. Second, the assessment process will hold the program accountable to its funders and target population. Finally, if successful, the program will show a drastic reduction in overdose deaths and provide opportunity to market the pilot to other funding sources for program sustainability purposes.

Part II. Logic Model



Logic Model Narrative

The goal of the proceeding logic model is to provide a broad-level view of the Pathways to Recovery program structure, operations, and targets. The driving force behind the project is to decrease morbidity and mortality related to opioid use disorder in Fayette County, Ohio.

Inputs

Pathways to Recovery inputs are the minimum resources required for the successful implementation of the program. The Project has the following staff: The part-time Program Director, Christina Blair. Christina is responsible for overseeing the implementation of the overall project, developing plans, directing resources for the project, and handling coalition coordination. Shane Anderson, Co-Director, will oversee the 2 Peer Recovery Specialists, conduct physician and community education, and serve as a recovery coach. There are also 2 Peer Recovery Specialists on staff, Tina Scharenberg and Joe Cantell. Mekia Rhoades will serve as the Mobility Manager, coordinating transportation for program participants.

The support and efforts of our partner, Fayette Recovery, will increase the number of households we can serve. We will also contract with local law enforcement for our overdose outreach teams because local law enforcement generally only work as contractors. Other positions, like counselors and peers will be recruited from the community. In cases where volunteers are not readily available, RHOP funding will be used to secure additional resources.

Assistance and input from coalition members will be important for the project to meet its stated objectives and to streamline services and enhance care coordination. We have a lot of funding in year one for training and we will use those funds to increase the number of peer supporters in the surrounding area. Volunteers for the volunteer driver program

Continued RHOP funding is necessary to conduct outreach. These funds pay for staff, contractors, supplies, training, cell phones, mobile laptops, printers and scanners.

Activities

Pathways to Recovery activities relate back to issues identified in the community needs assessment. There is a lot of stigma in Fayette County surrounding OUD, both within the community and with medical service providers. To create a more welcoming community conducive to recovery, the Co-Director will provide physician education and community education on the signs of OUD, referral to treatment, preparing for treatment, and supporting individuals while in treatment. Pathways to Recovery staff and coalition members will also use an evidence-based stigma reduction toolkit to use radio, local television, newspaper, and social media to change the conversation.

The needs assessment also identified the need to employ the use of Peer Recovery Specialist to engage individuals that have overdosed in some harm reduction education and referrals to treatment. Once the Peer Recovery Specialist get individuals into treatment they will provide case management, care coordination, and mobility management services to assist participants with staying in treatment.

Individuals in long-term recovery had shared that current support groups did not necessarily meet their needs in the community. As such, other activities included the development of a NA Support Group. We had also included a Nar-Anon group for families, but a group called "FREE" was started in 2018. The group needs more advertising, so staff and coalition members will work together to raise awareness and make referrals to that program to increase participation.

Outputs

As a result of these activities, we expect to see the following outputs.

- 1,000 resource guides distributed
- 200 community members trained
- 50 medical service providers trained
- 5 new coalition members recruited
- 240 hope packets distributed
- 240 individuals enrolled
- 240 individuals connected to treatment
- 240 individuals assessed for mobility needs
- 240 individuals connected to transportation
- Monthly advertising for NA and FREE support groups
- 48 overdose outreach teams organized
- 50 referrals made to FREE
- 184 individuals referred to NA
- SBIRT completed on referrals not related to an overdose (estimated @ 48)

Outcomes

As a result of these efforts, the program will realize the following outcomes

- 75% of individuals engaged by outreach teams will enroll in the program and begin treatment
- 60% will retain treatment for three months
- 40% will retain treatment for six months
- 60% will increase resiliency based upon SAMHSA national outcome measures
- 100% of program participants will be connected to transportation, if needed
- 95% of individuals receiving education will have an increase in understanding of OUD
- Coalition membership will increase by 25%
- Overdose deaths reduce by 15%

Impact

The ultimate impact of the RHOP project will be:

- County resources less strained
- Jail population addicted to and withdrawing from heroin will go from 95% to 45%
- Fayette County residents will live productive, drug free lives

Part III. Assessment Questions

Process

1. Were program activities completed as originally intended and within 60 days of its timeline?
2. Are staff using motivational interviewing? How do clients describe their experiences with the program that indicate the model was utilized?
3. Did staff use CTI to ensure housing stability as a means to ensure increased resiliency and readiness to work on their OUD?
4. Did client exit surveys indicate that the RHOP program operated on the philosophy that there is no wrong was to get sober? Were treatment options directed by the client?
5. How many volunteers were recruited for outreach teams and the volunteer driver program?
6. Did we serve as many as stated in the application?

Outcomes

1. How did participant knowledge change as a result of OUD education?
2. Did coalition membership increase?
3. Did overdose deaths decrease?
4. Did participants begin and retain treatment as stated in the application?
5. Did overall program participant resiliency increase?

Part IV. Data Collection Plan

Process Data Collection Plan

Q	What	How	Who	When
1	Action plan deliverables achieved	Written and excel board reports	Shane, Christina, Tine and Joe	Monthly
2	Client experience – fidelity to MI model	Client exit surveys Document review	Christina – survey Shane – document	Surveys – annual Document - weekly
3	Self Sufficiency Score for Housing Stability	-Needs and Strengths Assessment with scores logged in the program database -Document review	Shane will log the information and report to Christina for analysis. Documents reviewed weekly	Monthly at board report due date Weekly at staff meeting

4	Client question about their feeling of empowerment and choice throughout the program	Client Exit Survey	Shane – ensure PRS collect Christina – assess	Annually
5	Number of volunteers for transit and overdose outreach teams	Volunteer Forms Collected and logged in Board Report	Shane	Monthly
6	Number enrolled	Excel Board Report	Shane	Monthly
Outcome				
1	Increase in understanding on the topic of education	Survey	Shane and Christina	Monthly
2	Increase in coalition membership	Sign in Sheets/Minutes	Christina	Annually
3	Number of overdose deaths	Report from coroner	Christina	Annually in March
4	Beginning and treatment retention	Board Report from file	Shane	Monthly
5	Needs and Strengths Assessment	Logged on form and entered into program database	Shane	Monthly

Part V: Analysis Plan

Process Data Analysis
Program staff will meet monthly to review the workplan and analyze any activities that are behind and identify ways to make corrections and/or hold a discussion on why a change may be made. Notes will be taken at this meeting and put into the program file. If ongoing problems persist beyond 45 days, a committee discussion may be necessary if it impedes the progress of achieving stated project goals.

The number of individuals enrolled and volunteers recruited are collected on board reports each month. Quarterly, these results will be shared with the coalition and logged into the minutes. The coalition will work together to uncover reasons and solutions to any lag in program activity.

Evidence-based practice fidelity will be reviewed annually by program staff through a document review and study of client exit surveys. There may be some bias, as many individuals happy with service are less likely to fill out exit surveys and turn them in to staff.

Outcome Data Analysis
Educational programming content will be reviewed every month. Data will be logged in binder. Staff will look through the data to see any issues, but individuals receiving education and/or coalition members present will be able to provide input on the analysis quarterly.

Coalition Membership lists will be updated annually by Christina Blair and minutes reviewed to ensure participants have engaged with or attended a coalition meeting within six months to still be considered a member. This will be shared out annually and the coalition will re-evaluate its needs to see if any additional recruitment is necessary to achieve the stated program objectives.

Overdose Deaths – Annual overdose data has been collected for the past two years. This will continue, with information collected in March to allow all of the tests to come back. It is known that overdose deaths are underreported in rural areas. This is due to the deaths counted by county coroners and not sourced back to address.

Treatment and Retention Goals – These are logged in the monthly board report. It is anticipated this outcome will lag behind six months to allow for the engagement of program participants. This data will be made available to coalition members quarterly for input.

Needs and Strengths Assessment Score – This information is logged into the program tracking form. Christina will review this information quarterly and report out to the board. Staff will be present to answer questions from the coalition.

Part VI. Communications/Dissemination Plan

The Community Action Commission of Fayette County has an extensive reporting process already in place for its programs. Program staff turn in written reports and quantitative reports each month to its Program Director, Executive Director and board. As such, the number enrolled, volunteers recruited, treatment engagement and retention, and SAMHSA national outcome measures will be reviewed internally each month. Conversations will take place amongst staff if there is a problem in the achievement of stated objectives.

The Program Director, Christina Blair, will maintain a binder for program evaluation purposes and write a one-page report to the Faith in Recovery Coalition to be presented on a quarterly basis. At about mid-project, Christina will prepare a formal presentation and invite program participants to come into a meeting with coalition members to asses and report out on the project's stated goals. This will take place in summer 2020.

The formal presentation will be placed on the Community Action website. In addition, the program uses social media and positive outcomes will be shared through that method as well. The agency has a close relationship with local media and articles will be shared each year soliciting community feedback and assistance for the program.

Part VII. Assessment Work Plan

Intervention/Strategy:							
P/O	**Assessment Questions**	**Indicator(s)**	**Data Source/ Instrument**	**Methods**	**Target Population**	**Timeline**	**Individual(s) responsible**
P	Were program activities completed as originally intended and within 60 days of its timeline?	Action plan objectives achieved	Document Review	Meeting and written report	NA	Monthly	Shane and Christina
P	Did client exit surveys indicate that the RHOP program operated on the philosophy that there is no wrong was to get sober? Were treatment options directed by the client?	Client satisfaction input	Client Exit Surveys	Written report	Individuals with OUD receiving services	Annual review	Shane and Christina
P	Are staff using motivational interviewing? How do clients describe their experiences with the program that indicate the model was utilized?	Evidence in case notes and positive answers to evaluation questions in the client exit survey	Document review and client surveys	Written report	Individuals receiving services	Annual	Shane and Christina
P	Did staff use CTI to ensure housing stability as a means to ensure increased resiliency and readiness to work on their OUD?	Needs and Strengths Assessment Housing Score Case Notes	Client File Database	Written report and Database information de-identified	Individuals with OUD receiving services	Annual Review	Shane and Christina
P	How many volunteers were recruited for outreach teams and the volunteer driver program?	Volunteers Recruited	Volunteer Forms and Board Report	Excel Board Report	Individuals with OUD receiving services	Monthly	Shane and Christina

	Did we serve as many as stated in the application?	Number Referred Number Enrolled	Client File and Database	Board Report	Individuals with OUD receiving services	Monthly	Shane and Christina
O	How did participant knowledge change as a result of OUD education?	Understanding of subject matter before and after training	Survey	Written board report	Individuals receiving education	Monthly	Shane and Christina
O	Did coalition membership increase?	Number of individuals attending, volunteering or assisting the coalition in the past six months	Sign in Sheets Minutes	Annual written report	Coalition members	Annually	Christina
O	Did overdose deaths decrease?	Number of overdose deaths	Coroner's Office Report	Annually in written report	Coroner	Annually in March	Christina
O	Did participants begin and retain treatment as stated in the application?	Number Enrolled Number Start Treatment Treatment Retention	Client File Care Coordination Form	Board Report	Individuals with OUD receiving services	Monthly	Shane
O	Did overall program participant resiliency increase?	Needs and Strengths Assessment Score Increase	Client File Documentation	Monthly Board Report	Individuals with OUD receiving services	Monthly	Christina

***In the first column, indicate whether each question is a process (P) or outcome (O) question**