

Faith in Recovery Coalition
Washington Court House, Ohio
STRATEGIC PLAN
11/18/2018

Grantee Organization	Community Action Commission of Fayette County
Grant Number	1H1URH32366-01-00
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Part I. Organizational Description

A. Background Statement/History

In early 2014, a local emergency room nurse, Mandy Waters, noticed an uptake in the number of overdoses coming into Fayette County Memorial Hospital. Concerned by what she was seeing, Mandy contacted city council member Dale Lynch. Dale Lynch then recruited Jack DeWeese and Leah Foster. Together, they organized a community-wide event on April 6, 2014. Well attended by the community, the decision to form the Faith in Recovery Coalition was made and their first meeting was held on May 21, 2014. At first the coalition was small, with about 6 individuals meeting over coffee to discuss strategies on how to attack the heroin issue in the community. Over time, membership in the coalition grew. At first, the coalition was very informal. No formal minutes were taken for the meeting. Over time, membership grew, and the meetings began to take place at the Community Action Commission of Fayette County. The coalition conducted a needs assessment prioritizing their efforts to obtaining inpatient treatment for men, recovery housing, and detox services for the county.

In 2016, the Healthier Buckeye Council was formed. This council successfully applied for a pilot grant through the Ohio Department of Job and Family Services. There were three goals in that application as it related to the Faith in Recovery Coalition. These were to open an inpatient treatment facility for men, recovery housing, and for the coalition to become a Drug Free Communities grantee. The coalition also had the goal of opening a detox facility, but it was not included in the funding proposal. Over the next year and a half, the coalition was able to meet 2/3 of its goals. Community Action obtained the Drug Free Communities Program and Fayette Recovery was funded by Ohio MHAS (Mental Health and Addiction Services) for 8 units of recovery housing.

The Community Action Commission, as a part of the Healthier Buckeye program, conducted a community needs assessment for substance abuse treatment and prevention efforts. This process included a community readiness survey, focus groups with the community, schools, and law enforcement, and going out to talk to individuals in recovery. During the course of the needs assessment, the agency identified additional needs like peer support activities, targeted support groups, and MAT awareness. The coalition was also funded by Prevention Action Alliance to complete a MAT Awareness project. After four years, the coalition continues to serve its purpose of banding the community together to tackle the drug problem.

B. Vision/Mission/Values

Our vision is that Fayette County residents will live healthy, substance free lives.

Our mission is to combat substance abuse and mental health issues in Fayette County through collaborative community development projects to promote a safer, healthier community.

C. Management

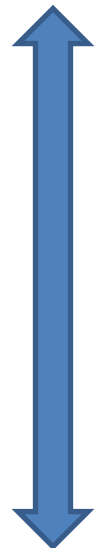
Faith in Recovery Coalition (Treatment Coalition)

Representative Turner's Office – Marty Heidi – Government
City Council – Dale Lynch – Government
County Commissioners – Dan Dean – Government and Civic
Paint Valley ADAMH Board – Penny Dehner – Govt. Expertise in SA
Fayette Recovery – Jonathan Bennett – Healthcare
Gena Bates – Scioto Paint Valley Mental Health – Healthcare
Fayette County Health District – Leigh Cannon – Healthcare
Fayette Memorial Hospital – Whitney Gentry – Healthcare
City of WCH – Joe Denen – Law Enforcement
Fayette County Sheriff's Office – Vernon Stanforth – Law Enforcement
Community Action – Lucinda Baughn – Youth Serving Org
Resurrection Recovery – Cody Bowen – Recovery Representative
Probation – Gene Ivers – Courts and Probation Sector
Heritage Memorial – Joy Stanforth – Faithbased Sector
WCH Police Department – Brian Hottinger – Law Enforcement

- Defines FIR mission, structure, and by-laws
- Guides research, planning, and implementation of coalition goals
- Members link to sectors and networks
- Participates on committees and workgroups as needed.
- Oversee the planning, implementation, evaluation, and sustainability of Pathways to Recovery project
- Recruits new healthcare providers

**Community Action
Commission of Fayette
County**
Fiscal Agent

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Faith in Recovery Leadership

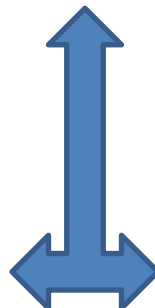
Dale Lynch – Chair
Dan Dean – Co-Chair
Tiffany Spangler – Secretary

- Officers, leaders
- Oversees strategic and work plans
- Developing new resources

Community Action Leadership Team

Christina Blair – Director – RHOP/DFC
Shane Anderson – Co-Director - RHOP
Mekia Rhoades – Mobility Manager
Peer Specialist – TBD
Peer Specialist – TBD

- Supports FIR Leadership's planning, coalition, building, evaluation, and grants management
- Supports committees and work groups
- Coordinates and supervises contracted services
- Implements Pathways to Recovery program



Part II. Strategic Planning Process

A. Identification of Need

During 2016-2017, the Community Action Planner was tasked by Faith in Recovery and the Healthier Buckeye Council to conduct a needs assessment. The Planner attended multiple substance abuse treatment and prevention trainings and researched promising and best practices. She then utilized information from Ohio Mental Health and Addiction Services, Community Anti-Drug Coalitions of America, and Prevention Action Alliance to conduct a community needs assessment in conjunction with coalition partners to build upon the one created by Faith in Recovery in 2014.

The first two steps were to conduct a community readiness survey and focus group with individuals in recovery and community service programs. The Planner then began work using the Social-Ecological Model of Community Needs Assessment. She first reached out to multiple organizations to collect quantitative data on the problems of alcohol, marijuana, opiates, prescription drugs, tobacco, crystal meth, and heroin. Focus groups and key informant interviews were held with youth, individuals in recovery, both local school districts, and law enforcement. Additional surveys were created to obtain interpersonal data. An organizational assessment followed that resulted into the development of two substance abuse prevention and treatment resource guides. One is pocket sized and the other a manual. The Planner also conducted a policy assessment.

Faith in Recovery had already identified inpatient treatment, prevention, recovery housing and a detox facility as community needs. The Planner added peer support, overdose outreach, and stigma reduction (education) to the list of community needs. These additional supports framed the logic underlying the programs we will implement under the RHOP.

B. Process

The full Faith in Recovery Coalition met on November 7, 2018. The following individuals were in attendance: Marty Heidi (Representative Turner's office), Chase Enoch, (Congressman Stiver's Office), Dale Lynch (City Council), Dan Dean (County Commissioners), Penny Dehner (Paint Valley ADAMH Board), Brenda Harris & Beth Potts (Children's Services), Christina Blair, Kylena France and Tiffany Spangler (Community Action), Leigh Cannon & Ashley Roberts (Fayette County Health District), Cody Bowen & Jacob Wilson (individuals in long-term recovery), Leah Fost (Family Member of individual in long-term recovery & business sector), Jon Bennett (Fayette Recovery Center), Joe Denen (City Manager, WCH) & Gena Bates (Scioto Paint Valley Mental Health Clinic). Christina Blair presented on RHOP goals, the current work plan, and proposed new activities. Coalition members were welcomed to add ideas to the plan and engage in a SWOT analysis of the coalition and the program. Volunteers were requested to participate in a small workgroup to finalize the strategic planning document. These volunteers included: Jonathan Bennett, Leigh Cannon, Ashley Roberts, Penny Dehner, Cody Bowen, and HRSA staff members Christina Blair and Kylena France. Due to the timing of the meeting, the Director met individually with the Paint Valley ADAMH Board

to discuss weaknesses in the project. The rest of this group met on November 14th to further discuss the SWOT analysis and its associated goals and objectives.

The HRSA Director took the recommendations and finalized the plan. The workgroup members provided verbal and written feedback and the Planner updated the work to reflect their recommendations. The final plan was submitted to the full coalition who voted to approve it electronically.

C. Strengths, Weaknesses and Opportunities

Strengths of the consortium were discussed at length during the full Faith in Recovery Coalition meeting. The group has several things that can positively impact the project. First will be a discussion of coalition strengths, followed by a discussion of what is positive about the project plan.

The Faith in Recovery Coalition is a well-established coalition within the community. The coalition has been operating for four years and has had continuity of leadership throughout its history. Given the background of the coalition, being founded by members of local government, the group has several elected officials on the coalition. This has many benefits to the coalition. This encourages participation from consortium members and provides a forum for treatment and service providers to advocate with federal, state, and local leadership to shape policy and laws to enable providers to achieve agency and coalition goals. Multiple sectors are represented on the coalition and all its members are passionate about its cause. While the coalition struggles to get media at the meetings with so few staff at the local paper, media is always supportive of the coalition's efforts and is highlighted in the paper at least monthly.

The Pathways to Recovery Project has several positives as well. The coalition cited the following: Attainable targets, a realistic workplan, and it focuses on the community working together. Other positive attributes listed included the strength of the community partnerships and holding monthly meetings. The coalition was also happy to see stigma reduction in the workplan.

While there are a lot of strengths that Pathways to Recovery and the coalition can build upon, the reality is that no community, program, or coalition is without challenges. Fayette County, Ohio is currently ranked number two in the state of Ohio for population adjusted overdose deaths. While Faith in Recovery itself is well-known to its members, the group discussed that it probably does not have a lot of name recognition within the community. The coalition does have strong continuity of leadership, but it does struggle to have consistent participation from all stakeholders in the coalition. There are also some gaps in coalition membership. The coalition would benefit from an increased law enforcement presence, courts and probation, healthcare, and the business community.

The coalition also discussed the stigma issue at length. It is difficult to engage individuals in the community in education. Education events held by the coalition are often attended by likeminded individuals, resulting in "preaching at the choir." To be successful, there will have to be other strategies to reach individuals that do not necessarily agree with the coalition's purpose.

The Paint Valley ADAMH Board discussed the need to establish an overdose fatality review board. Many surrounding counties have them and it is integral in identifying where there were issues with coordination

that resulted in overdose deaths. She also identified the need to coordinate with ODJFS to coordinate with their new workforce initiative for individuals in recovery. Many recovery programs struggle to connect individuals to employment. Finally, she recommended that we include something about long-term funding and to expand services to non-opiate addicted individuals. Addiction goes in cycles and opioids will soon be back down, with methamphetamine on the rise.

Another issue brought to the table is the risk associated with running a program staffed with individuals in recovery. Other programs utilizing peer recovery specialist spoke upon the risk of relapse, high turnover rates, and the need for secondary trauma support.

Topics included in the original grant application as areas of weakness were: access to income and benefits, limited treatment options and transportation issues, stigma, conflicts and stigma related to modalities of treatment, resistance to change, and understanding the purposes and role of each agency. Those were agreed upon by all coalition members and a few were incorporated as changes to the actual workplan, with other becoming focus areas.

Part III. Focus Areas

Workforce Retention

Community Care Coordination

Sustainability and Long-Term, Flexible Funding Strategies

Part IV. Goals and Objectives

Focus Area:	Workforce Retention
Goal 1:	80% of Pathways to Recovery Staff will be retained during the 3-year grant period.
Objective 1:	Ensure Peer Specialist have the necessary training. Peer Recovery Specialists will have 80 hours of training by 4/1/19
Objective 2:	The Peer Support Supervisor will obtain their four hour supervisory training by 3/31/19
Objective 3:	The Peer Recovery Specialist Supervisor will ensure all staff attend secondary trauma training by 5/1/19.
Objective 4:	Peer Support Supervisor will engage in weekly debriefing and checking in with specialists to identify areas of needed support.

Focus Area:	Increase Community Care Coordination
Goal 2:	Fatality Review Boards and Increasing Substance Abuse Programs in the community will decrease overdoses by 15% over the grant period.
Objective 1:	The coalition will update its community needs assessment by 1/1/21 to identify gaps in the continuum of care and establish a plan to fill those gaps.
Objective 2:	The Health District will develop an overdose fatality review board to identify gaps in coordination to ensure fewer overdose fatalities by 10/1/20. The review board will meet twice a year and provide present findings to the Faith in Recovery Coalition. As a result, there will be a 15% reduction in overdose deaths over the grant period.

Focus Area:	Sustainable and Long-Term Funding Strategies
Goal 3:	The Pathways to Recovery Program will diversify funding sources to ensure program sustainability addressing all types of addiction in the community. Three new funding sources will be obtained by 9/1/21
Objective 1:	Program staff will obtain necessary certifications to enable billing to the Ohio MHAS by 5/1/19
Objective 2:	Program staff will begin the process of certifying with Ohio MHAS by 2/1/20.
Objective 3:	The Program Director will identify and apply for 5 new funding sources by 9/1/21.

Part V: Revised Work Plan

Focus Area: Health Care Services Outreach

K Goal 1: Reduce mortality related to opioid use disorder by connecting individuals at risk of overdose to treatment, as evidenced by a 15% reduction in overdoses and overdose deaths during the 3-year grant period.

K Objective 1: Over the 3-year grant period, Peer Recovery Specialists will meet with 240 individuals at risk of overdose to connect them to treatment.

	Activities	Output Measures	Outcome Measures	Person(s) Responsible	Completion Date
K	Establish a crisis phone line for members of the community and providers to call and report individuals in need of services.	Line Purchased	Members of community have a number to call to report overdoses.	Kylena France	12/31/18
K	Establishing program policies and procedures and client files.	Policy Created File Created	Staff members understand how to implement the program.	Christina Blair	1/31/19
K	Meetings with frontline staff and consortium members to explain the program and establish referral protocols	10 meetings held	Referring agencies and consortium members have an increased understanding of the program.	Christina Blair Kylena France	1/31/19
N	Purchase or find donated engagement items for outreach activities	Call 15 local Faith-based organizations for donations Purchase items	Items donated/purchased	Kylena France	1/31/19

**For Goal, Objective and Activity place a code in the first column to indicate if it was:
K= Kept as originally written in your work plan R=Revised or N=New**

Focus Area: Healthcare Services Outreach					
Goal 1: Reduce mortality related to opioid use disorder by connecting individuals at risk of overdose to treatment, as evidenced by a 15% reduction in overdoses and overdose deaths during the 3-year grant period.					
Objective 2: 75% of program participants will meet with a treatment provider and begin treatment over the 3-year grant period.					
Activities		Output Measures	Outcome Measures	Person(s) Responsible	Completion Date
K	Hire Peer Recovery Specialist	2 individuals hired	People have services	Kylena France	2/1/19
K	Develop resource directory of treatment providers outside of the county.	Resource Directory Created	Staff will have an increased understanding of available resources.	Peer Recovery Specialists	3/31/19
N	Purchase Narcan to reduce overdoses and distribute to prospective program participants	Narcan Purchased	100% of individuals engaged will be trained on Narcan use and benefits and given a sample	Peer Recovery Specialists Health District	9/30/21
R	Enroll 240 individuals into the Pathways to Recovery	240 individuals enrolled - 56 year 1 - 92 year 2 -92 year 3	75% of individuals engaged will enroll.	Peer Recovery Specialists	9/30/21 9/30/19 9/30/20 9/30/21
K	Refer 100% of program participants to treatment	240 individuals enrolled - 56 year 1 - 92 year 2 -92 year 3	100% of participants will be referred to treatment	Peer Recovery Specialists	9/30/21 9/30/19 9/30/20 9/30/21
K	Connect 75% of program participants to treatment	180 meet with treatment -42 year 1 -69 year 2 -69 year 3	75% of program participants will meet with a treatment provider	Peer Recovery Specialists	9/30/21 9/30/19 9/30/20 9/30/21

K	Provide patient navigation, case management and care coordination to enable individuals to remain in treatment for 3 months	144 retain -34 year 1 -55 year 2 -55 year 3	60% of program participants will meet with a treatment provider	Peer Recovery Specialists	9/30/21 9/30/19 9/30/20 9/30/21
K	Provide patient navigation, case management and care coordination to enable individuals to remain in treatment for 6 months	96 retain -22 year 1 -37 year 2 -37 year 3	40% of program participants will meet with a treatment provider	Peer Recovery Specialists	9/30/21 9/30/19 9/30/20 9/30/21
K	Promote continued recovery to Support individuals to increase resiliency and sustain their recovery based upon SAMHSA national outcome measures	144 retain -34 year 1 -55 year 2 -55 year 3	60% of program participants will meet with a treatment provider	Peer Recovery Specialists	9/30/21 9/30/19 9/30/20 9/30/21

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Focus Area: Peer Support Resources					
R	Goal 2: Increase the availability and engagement in peer support resources in the community				
K	Objective 1: Establishment of Nar-Anon and NA Support Groups in the community				
	Activities	Output Measures	Outcome Measures	Person(s) Responsible	Completion Date
N	Prepare an inventory of NA Support groups in bordering communities through research	Visit NA website Make 5 calls to neighboring counties	Staff and program participants increase awareness of resources	Peer Recovery Specialists	1/31/19
K	Within 10 months, establish NA Support Group	Attend NA Collaboration Meeting; Obtain Starter Kit; and hold 1st meeting	Increase NA Support groups in the community	Consortium Peer Specialists Kylena France	8/29/19
R	Promote the use of the community's FREE Family Support Group for families of individuals with substance abuse disorders. (A group was established during the past year)	5 Advertisements 100 Facebook Posts 1 News Article 50 Referrals	Increase participation by 25% over the 3-year grant period.	Consortium Peer Specialists	9/30/21
R	Program participants attend the NA meeting created or in bordering counties	240 Referrals 5 Advertisements 1 New Article 100 Facebook Posts	50% of program participants will attend a NA meeting	Peer Recovery Specialist Christina Blair Kylena France	
R	Create 4 units of recovery housing – removed from plan	Removed from workplan			
For Goal, Objective and Activity place a code in the first column to indicate if it was: K= Kept as originally written in your work plan R=Revised or N=New					

Focus Area: Coordination					
R	Goal 3: Healthcare and service agencies will increase coordination and collaboration				
K	Objective 1: Increase coalition membership by 25% over the grant period.				
	Activities	Output Measures	Outcome Measures	Person(s) Responsible	Completion Date
N	Set up meetings with identified sectors missing from the coalition to gain their participation in the coalition.	15 meetings held	25% increase in coalition membership within 3 years	Christina Blair Kylena France	2/15/2020
N	Invite TA providers to coalition meetings to provide training to incentivize coalition participation	3 training requests	Coalition members have an increase in knowledge	Christina Blair	9/30/19
N	Conduct annual coalition survey to identify ways to retain and recruit members	1 survey created	70% of coalition members will complete the survey	Christina Blair	Annually by 9/30
For Goal, Objective and Activity place a code in the first column to indicate if it was: K= Kept as originally written in your work plan R=Revised or N=New					

Focus Area: Education					
K	Goal 4: Reduce Stigma associated with OUD through community and healthcare provider education				
R	Objective 1: 95% of individuals to receive OUD education will report an increased understanding of OUD based upon surveys by the end of the 3-year grant period.				
	Activities	Output Measures	Outcome Measures	Person(s) Responsible	Completion Date
N	The community educator will develop an education plan	Plan created	Increased communication among staff and stakeholders	Kylena France	1/15/19
N	Pathways to Recovery will develop a social media and webpage and increase membership.	Social Media Created Website created Social Media Membership Increased	Increase the availability of educational resources. Increase membership to 150 members	Christina Blair	12/1/18 2/1/18 1/1/2020
N	Identify groups already in place to provide OUD education with a focus on groups that are not sympathetic to the cause	15 groups identified List established	Decrease stigma related OUD	Kylena France	2/1/19
N	Provide Recovery Oriented Systems of Care training to coalition members and/or community to decrease stigma on modalities of treatment	Training held 20 individual attend training	Providers have an increased understanding of ROSC	Christina Blair	4/1/19
R	Increase membership in the Faith in Recovery Facebook Group	Invite 500 new members	Membership will increase by 25%. (Baseline 80)	Christina Blair Kylena France	1/1/20
K	Conduct bi-annual community readiness survey	75 individuals complete survey	The number of individuals reporting they can distinguish types of services for substance abuse will increase. (Baseline 16%)	Christina Blair	1/1/20
K	200 members of the community will complete OUD training	20 trainings held	95% increase their understanding of OUD	Kylena France	7/30/21

K	50 medical Service providers will complete OUD training	20 trainings held	95% increase their understanding of OUD	Kylena France	7/30/21
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**For Goal, Objective and Activity place a code in the first column to indicate if it was:
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Focus Area: Enhance Behavioral Counseling Services					
N	Goal 1: Increase Access to Counseling and Treatment Services through transportation coordination				
N	Objective 2: By 1/1/2020, 100% of program participants will be connected to reliable transportation to treatment				
	Activities	Output Measures	Outcome Measures	Person(s) Responsible	Completion Date
N	Mobility Manager and Program develops program procedures for transportation coordination	Procedure created	Staff have an increased understanding of protocol and responsibilities	Kylena France Mekia Rhoades	2/1/19
N	Mobility Manager connects program participants to transit for treatment through traditional resources and grant funding	144 individuals referred to traditional transit resources	80% of program referrals begin treatment	Mekia Rhoades	9/30/21
N	Mobility Manager develops a volunteer driver program to address individuals that do not qualify for traditional transportation resources and/or require same-day or emergency transportation	10 volunteers recruited	100% of program referrals are able to begin treatment	Mekia Rhoades	1/1/20
N	Mobility Manager and Program Director identifies ongoing resources for program services	5 sources identified 5 applications submitted	Program staff increase transit resources for program sustainability. One funding source o	Christina Blair	10/1/21
For Goal, Objective and Activity place a code in the first column to indicate if it was: K= Kept as originally written in your work plan R=Revised or N=New					

Focus Area: Coordination and Outreach					
N	Goal 1: Individuals and families impacted by overdose will be connected to community services through Overdose Outreach Teams				
N	Objective 1: By the end of the grant period, 75% of individuals engaged through overdose outreach will enroll in the Pathways to Recovery Program				
	Activities	Output Measures	Outcome Measures	Person(s) Responsible	Completion Date
N	The Program Manager will recruit volunteers to participate in overdose outreach teams.	Recruitment Poster Created Media Campaign Created	10 individuals will volunteer for the overdose outreach team	Kylena France	10/1/19
N	The Program Manager will recruit individuals that will only work on a contract basis (mostly law enforcement) to serve on overdose outreach teams	Recruitment Poster Created Media Campaign Created Request for Contractors posted	5 law enforcement officers will apply and be accepted	Kylena France Christina Blair	10/1/19
N	Overdose Outreach Policies created	Policy Created Policy Disseminated and Approved by coalition	Staff and coalition will increase understanding of the role of the overdose outreach team	Christina Blair	10/1/19
N	Overdose outreach teams recruit Pathways to Recovery program participants	Bi-monthly outreach teams respond to 15 addresses of overdoses not engaged in Pathways to Recovery 15 “Hope Packets” will be distributed each month with resources to prepare individuals for treatment and reduce opiate deaths	75% of individuals engaged will enroll in the program	Kylena France	9/30/21
N	Overdose outreach teams provide support and resources to families impacted by opioid-related substance abuse	15 Hope Packets per month will be distributed to	FREE Support Group will report a 25% increase in	Program Directors Joy Stanforth	9/30/21

		families of individuals in active addiction	program participation during the grant period		
For Goal, Objective and Activity place a code in the first column to indicate if it was: K= Kept as originally written in your work plan R=Revised or N=New					

