



2017-18 Strategic Plan

The Summit County Opiate Task Force is a group of key individuals and organizations committed to reducing the tragic consequences of opiate abuse in Summit County through education, collaboration, and the wise use of available resources.

Strategic Planning Process

The Summit County Opiate Task Force has made great strides in addressing the opiate crisis in the last few years. More than 100 Summit County citizens are active Task Force members. These members were invited to participate in a multiple-step strategic planning process to outline an action plan for further progress.

As part of the first phase of planning, various Task Force documents including meeting minutes, data reports, and previous survey results were reviewed to formulate a new survey to assess priority issues regarding the opiate crisis in Summit County for 2017-18. A link to the online survey instrument was sent in late January 2017, and 53 individuals provided their input.

The second phase of the planning process was to conduct an in-person strategic planning meeting in February 2017 with key stakeholders to develop actionable items around the priorities identified through the survey process. More than 50 individuals participated in the strategic planning day dividing into six workgroups. Approximately half the planning participants were new to the Task Force and appreciated opening the session with introductions and sharing of past Task Force successes. Each workgroup started with the areas of greatest concern identified by the survey and worked through a planning process to: identify contributing factors to the problems, brainstorm potential solutions, identify barriers and facilitators of each solution and finally by scoring each potential solution for likelihood of achieving desired outcomes, feasibility and readiness of the community to support the solutions. Workgroups then ended the strategic planning session by starting to draft detailed action plans for the solutions that survived this rigorous process. Materials used in this stage of the process were adapted from the Substance Abuse Prevention Specialist Skills Training curriculum of the federal Department of Health & Human Services, Substance Abuse and Mental Health Services Administration.

The third phase of planning was conducted during the spring of 2017 during meetings of the six workgroups in which they completed comprehensive action plans for their priority areas.



Survey Results

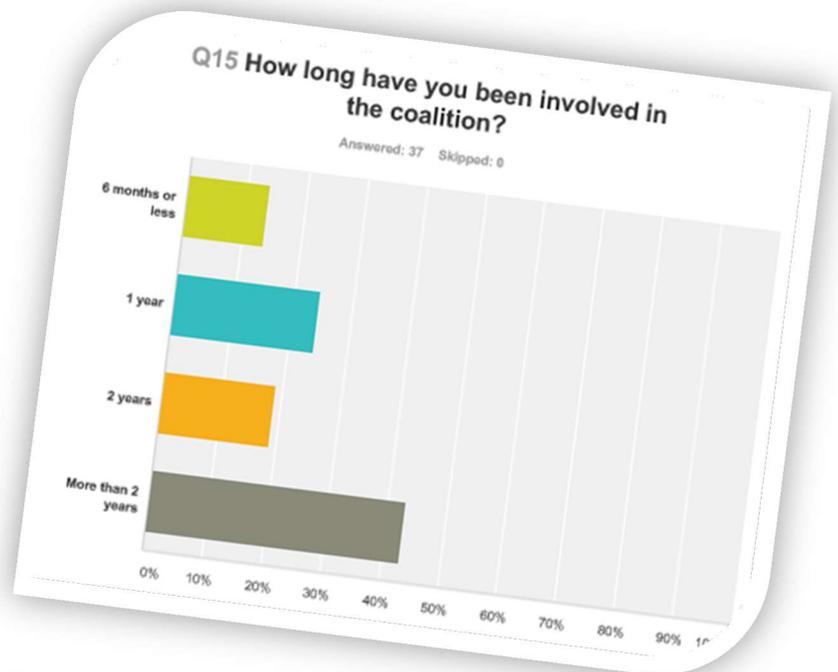
The survey had two components. The first was an open-ended item where respondents were asked to share their single greatest area of concern. The second component asked respondents to rank issues derived from OTF documents on importance. These two components provide a great starting point for action planning activities.

The area of biggest concern from the survey was the **lack of access to treatment services**. In order of most mentioned was: residential treatment, detoxification, MAT and then concerns generally about the lack of services including for families, babies and first responders. There were also mentions of the need for access to peer supporters and supports for long-term recovery.

The second most frequently mentioned area of concern was the need for **prevention** services to get in front of the problem. Respondents mentioned the need for prevention of experimentation by young people, misuse of prescriptions, prevention use of illegal substances and preventing overprescribing.

Two other areas came out as tying for the third priority. They were the number of **overdoses** and the number of people dying by overdose, and the need of various segments of the public for **education**. The topics for education needed were: addiction as a complex, chronic brain disease; the role of law enforcement in behavioral health; the dangers of experimentation with opiates; how to access help; and that there are things working to make the problems better in the community.

- The most important issue that stood out for **Advocacy** was the use of evidence-based/best practices. The second was outreach to new legislative representation to discuss needs and ways to support opiate-related programming within the community.
- The two items of greatest importance to respondents regarding **Family Supports** were: 1) Education for families on addiction & treatment resources and 2) Education for families on addiction as a chronic disease.
- Similarly, for **Public Awareness** the most important were 1) Outreach to public to increase understanding of where and how to get help and 2) Outreach to people with substance use disorders to increase engagement in treatment.
- For **Criminal Justice** issues the priorities were: Reducing Access to Heroin/other illegal Opioids, and Partnerships with segments of criminal justice system, e.g. courts, law enforcement.
- For **Healthcare** the top priority was overwhelmingly developing a seamless path to addiction services and recovery. The next two were residential treatment and detoxification.
- Under **Youth & Young Adults**, two issues tied for priority. They were education and outreach for youth and young adults in community and school settings.



Task Force Success

The general theme that emerged from sharing perceptions of the Task Force's greatest past accomplishments was that everyone appreciated the "all hands on deck approach" where people were able to bring real solutions to the Task Force table. One member commented that people on the Task Force will go to any lengths to find an answer. The feeling of persistence and consistency over the past three years has helped the community come together and feel like there is something that everyone in the community can contribute to stopping the epidemic. This sense of shared purpose and belief that things can get better, set the stage for impressive accomplishments including hundreds of lives saved, persons engaging in recovery and greater access to prevention, treatment and recovery support services overall. One member said that the Task Force was, "A home and a hub to come together to get the work done." The following list provides responses of the planning participants.

Awareness

- ✓ The existence of the Task Force
- ✓ Innovation and change in a short period of time. Not just more of the same but supporting things that work
- ✓ Bringing awareness, education and promoting a holistic recovery approach
- ✓ Addiction helpline
- ✓ Youth public service announcements
- ✓ Opened the eyes of the funding community for not just money but for their standing in the community

Education

- ✓ Physician education. The annual opiate conference is open for all clinicians this fourth year instead of just to physicians
- ✓ Pharmacist training on Narcan, addiction education and referral sources
- ✓ Addiction has been brought to the forefront of the community
- ✓ Education of the public and law enforcement that has changed hearts and reduces stigma
- ✓ Public education as a groundwork for prevention. Partnering with ACME, Pharmacies, EMS and Children's hospitals to distribute 40,000 prescription disposals pouches
- ✓ Increased the understanding of addiction's connection to poverty
- ✓ Speaker's bureau for community education opportunities
- ✓ Put a real-life face on recovery
- ✓ Helped with advocating at the national level for policies and resources

Treatment & Recovery

- ✓ 10 beds are being added to the detox unit. Summit County will host the largest detox center in Ohio
- ✓ A list of behavioral health resources in the community in common language is now available
- ✓ Quick Response Team project
- ✓ Expansion of the use of Vivitrol
- ✓ Public education resulting in connections with resources on transitional housing
- ✓ Encouraged school districts to get involved. They are providing various prevention programs and community awareness

Lives Saved

- ✓ Project DAWN kits have saved a lot of lives
- ✓ Law enforcement is carrying Narcan
- ✓ Narcan is available to the general public as well as law enforcement. Narcan gives everyone a second chance.
- ✓ Awareness that recovery works and people thrive. Opportunities for people to share their recovery story that they are now recovery coaches, counselors, social workers, etc. They are good people and can give so much to the community, so we need to save them. They need a second chance.

Collaboration

- ✓ Bringing the community sectors together and linking them effectively
- ✓ Collaboration with first responders and law enforcement
- ✓ Working across systems. Connecting to services
- ✓ Collaboration and working together
- ✓ A community of care has been created
- ✓ Encouraged by hearing about all the efforts in the community
- ✓ Diverse partnerships across the continuum and for data
- ✓ Moving forward to keep working
- ✓ Collaboration, growth, making things happen

Strategic Goals

Following are the goals selected for action planning by the workgroups.

1. Identify strategic initiatives and programs proven to work and advocate for their adoption.
2. Develop a plan to engage philanthropic, business and legislative support of funding or rules that support our community.
3. Increase education for families on addiction as a chronic disease and treatment resources.
4. Increase support resources available to families.
5. Improve the public's understanding of where and how to get help for substance use disorders.
6. Increase engagement of people with substance use disorders in treatment.
7. Increase awareness and involvement of the business community.
8. Reduce access to heroin/other illegal opioids.
9. Develop a seamless path to addiction services and recovery that includes adequate capacity of detoxification and residential treatment services.
10. Increase access to education and outreach for youth and young adults in community and school settings.
11. Increase youth involvement in OTF subcommittee and engagement in youth-led prevention efforts.

Workgroup Action Plans

Advocacy

Goal 1: Identify strategic initiatives and programs proven to work and advocate for their adoption.

Examples may include but are not limited to:

- Treatment initiatives
- Specialized court dockets
- Educational programs
- Peer and recovery activities
- Quick Response Teams
- Recovery and transitional housing

Objectives:

- Identify programs that demonstrate promise through outcomes.
- Identify the data from programs that demonstrate their effectiveness.
- Present these programs to the Opiate Task Force to gather support.

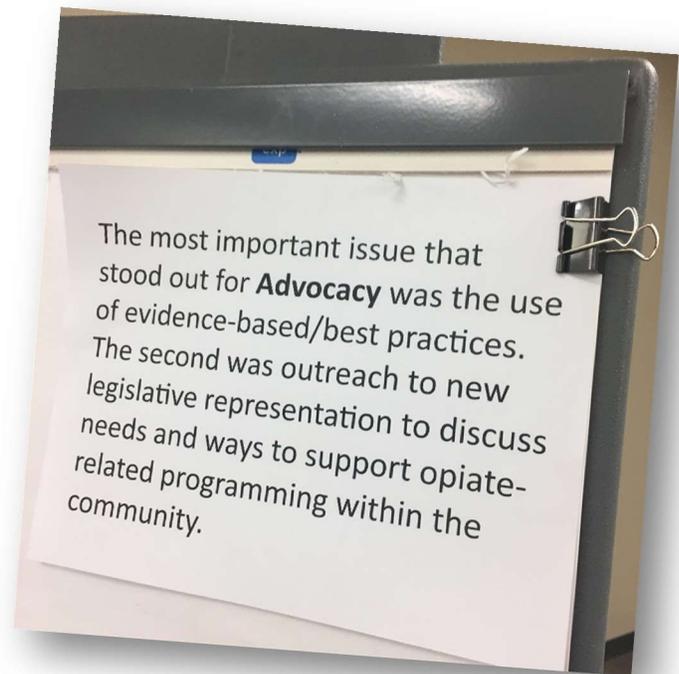
Goal 2: Develop a plan to engage philanthropic, business and legislative support of funding or rules that support our community.

Objectives:

- Identify and engage Summit County representatives and other key leaders and decision-makers that have the most influence over opiate-related concerns.
- Identify the legislative processes for the state and federal government to enable advocacy activities to occur when they would have the most impact.
- Develop a plan to engage the appropriate members of the OTF to offer testimony or other activities to support advocacy initiatives.

Factors contributing to the problem:

- Lack of resources
- Lack of coordination of activities
- Too little time



Family Supports

Goal 3: Increase education for families on addiction as a chronic disease and treatment resources.

Objectives:

- Develop educational tools for families on understanding addiction as a chronic disease.
- Standardize operating procedures for providers to consistently support and provide information to families and those in treatment.

Goal 4: Increase support resources available to families.

Objective:

- Develop and strengthen a network of support groups.

Factors contributing to the problem:

- Stigma
- Communication breakdown among providers, patients and families
- Lack of understanding / education about medication assisted treatment
- Funding for support resources

Public Awareness

Goal 5: Improve the public's understanding of where and how to get help for substance use disorders.

Objectives:

- Develop evidence-based, non-stigmatizing messages and methods for getting the messages out.
- Increase awareness of addiction as a brain disease.

Goal 6: Increase engagement of people with substance use disorders in treatment.

Objectives:

- Explore ways to decrease stigma.
- Explore ways to increase resources for treatment engagement efforts.

Goal 7: Increase awareness and involvement of the business community.

Objectives:

- Identify where business audiences are already engaged and would be receptive to messages.
- Network into groups (non-profits, leadership, faith-based, chambers) to develop a two-way communication so businesses receive and act on evidence-based messages.

Factors contributing to the problem:

- Caregivers are not receiving information
- Lack of internet access
- Lack of understanding of addiction as a brain disease
- Lack of evidence-based messages that are not stigmatizing
- Lack of business community involvement



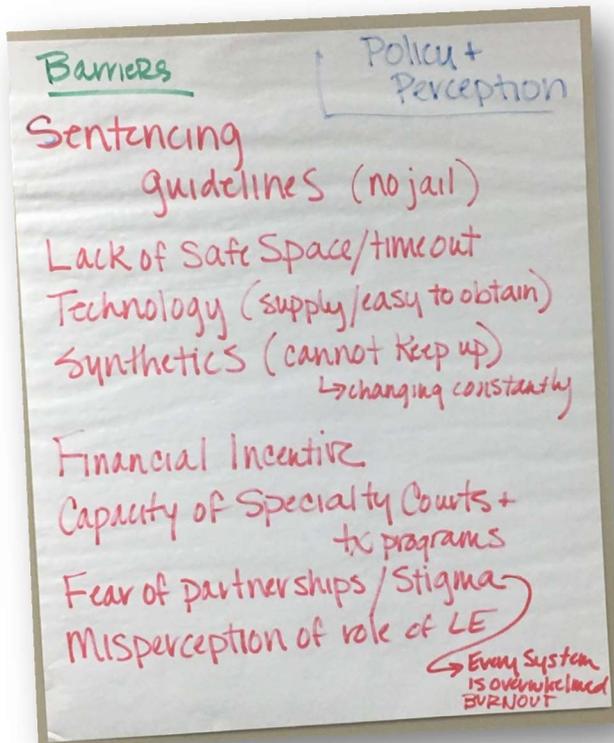
Criminal Justice

Goal 8: Reduce access to heroin/other illegal opioids.

Objectives:

- Develop more connections and strong partnerships with segments of the criminal justice system, e.i. courts, law enforcement.
- Establish an array of treatment services (including jail programs) and a process for training of justice system for assessment and linkage to services.

See picture below for contributing factors.



Healthcare

Goal 9: Develop a seamless path to addiction services and recovery that includes adequate capacity of detoxification and residential treatment services.

Objectives:

- Increase awareness of addiction helpline.
- Make general information available on substance use disorders and availability of treatment services at healthcare facilities through both electronic and physical methods.
- Increase awareness of support for caregivers such as EAP services.
- Explore the need for a “full service” campus that provides a full continuum of care for persons with substance use disorders and their families.

Factors contributing to the problem:

- Resources and capacity have increased, but people still do not know how to access them
- Treatment is voluntary, and many choose not to enter or to leave before completing treatment
- Burnout of caregivers

Youth & Young Adults

Goal 10: Increase access to education and outreach for youth and young adults in community and school settings.

Goal 11: Increase youth involvement in OTF subcommittee and engagement in youth-led prevention efforts.

Objectives:

- Increase workforce capacity to implement prevention education.
- Make use of the new Ohio Department of Education required opiate curriculum that will be provided next school year.
- Engage the community to provide new venues for education and outreach.
- Engage higher education to provide new venues for education and outreach.
- Recruit youth to serve on subcommittee.

Factors contributing to the problem:

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| • Time | • Level of understanding of prevention | • Less motivation to become a certified prevention specialist due to lower pay |
| • Access | • Lack of funding | • Transportation |
| • Stigma | • Lack of certified workforce | • Long-term commitment/engagement |
| • Community perception of school | | |