

CCIM4C Strategic Plan Map: *Harm Reduction*

This plan is related to the CURES goal of reducing OUD deaths. Our residents have indicated a high percentage do not know how to access Naloxone or know what the Ohio's Good Samaritan Law is; and we have trained a minimal amount of residents in a year span regarding Naloxone administration.

Lorain County residents, with an emphasis on individuals with Opioid Use Disorder (OUD) and friends and family members of individuals with OUD.

If we implement an educational campaign, in addition to a targeted Naloxone distribution program, then we can expect an increase in knowledge and awareness related to Ohio's Good Samaritan Law and access to Naloxone in Lorain County as evidence by Naloxone Knowledge Survey.

If we increase the number of residents that are trained to administer Naloxone then we can expect a reduction in opioid use disorder deaths as evidenced by Lorain County Coroner.

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Community Logic Model – Theory of Change				Theory of Action		Measurable Outcomes		
Opioid Use Disorder Outcome	Causal Factor	Root Causes	Evidence-Informed Strategy(ies)	Lead Partner for Strategy & Approximate Budget	Time Line	Outcome for the Root Causes (Shorter-term Outcomes)	Outcome for the Causal Factor (Mid-term Outcome)	Opioid Use Disorder Outcome
Opioid use disorder (OUD) deaths.	Residents are not being trained on how to administer Naloxone.	Residents do not know what Ohio’s Good Samaritan Law is.	Educational campaign, in addition to a targeted Naloxone distribution program.	Lorain County Public Health Budget: \$307,500 The Alcohol and Drug Addiction Services Board of Lorain County Budget: \$49,829	September 30, 2017 through September 29, 2020	Increase knowledge of Ohio’s Good Samaritan Law as measured by Naloxone Knowledge Survey.	Increase the number of residents that are trained on how to administer Naloxone as measured by Lorain County Public Health.	Reduction in opioid use disorder (OUD) deaths as measured by Lorain County Coroner.
		29.5% of Lorain County residents responding to survey item about Good Samaritan Law indicated they do not know what Ohio’s Good Samaritan Law is (Naloxone Knowledge Survey, 2018).						
132 total accidental drug overdose deaths; of those, 111 has an opioid substance identified in the victim (Lorain County Coroner, 2017).	There were 179 persons trained and received Naloxone kits from July 1, 2016 – June 30, 2017 (Lorain County Public Health, 2017).	Residents do not know and are unaware of how to access Naloxone in Lorain County.						
		38.1% of Lorain County residents responding to survey items about Naloxone do not know how to access Naloxone in the County (Naloxone Knowledge Survey, 2018).						

Coalition/Group Name: Lorain County Opioid Action Team
County: Lorain
Date Submitted: 4/12/2019
Date Reviewed: 4/30/2019

**Ohio's Community Collective Impact Model for Change (CCIM4C)
 Strategy Description Form**

HARM REDUCTION

Overview of the Strategy (Please answer each question using 100 words or less for each response.)

Using the results of your needs assessment as a guide, please provide a concise description of your strategy including the following ten (10) elements:

1. Who is the intended recipient (priority population) of this strategy?
 The priority population of this strategy is Lorain County residents, with an emphasis on individuals with opioid use disorder (OUD) and friends and family members of individuals with OUD.
2. How will you address the unique needs of the service population?
 - a. The needs of Lorain County residents will be addressed via Community Engagement Workgroup (i.e. information dissemination, Naloxone and Good Samaritan education, training series, community events and engagement), Faith Leaders' Roundtable i.e. congregations becoming centers for resources), Mercy Parish Nursing (i.e. education and providing resources), and Lorain County Public Health (LCPH) (i.e. community event, Naloxone education, training, funding and distribution).
 - b. The needs of individuals with OUD and friends and family members of individuals with OUD will be addressed via Treatment and Recovery Subcommittee (i.e. overdose prevention education, Naloxone training and distribution), LCPH (i.e. Naloxone education, training, funding, and distribution), first responders and frontline workers (i.e. Naloxone education, training, distribution, and administration).
3. What is the strategy that will be implemented?
 Develop and implement an educational campaign in addition to targeted Naloxone distribution; with the ultimate goal to increase access to Naloxone. The educational campaign will focus on increasing the knowledge and awareness of Lorain County residents related to Ohio's Good Samaritan Law and how to access Naloxone in Lorain County.
4. What is the history of this strategy in the community? (i.e., Has this strategy been implemented before in the community? Is it a continuation of an existing strategy? Is it an expansion of an existing strategy? Is it a brand-new strategy?)
 Lorain County has a long-documented and successful history of overdose prevention in terms of Naloxone use. Lorain County was Ohio's pilot county in 2013, allowing first responders including police personnel to carry and use Nasal Naloxone (Narcan) – a successful pilot which was expanded throughout the state in 2014. During our pilot, first responders in Lorain County saved over 200 lives. Project DAWN (Deaths Avoided with Naloxone) was also created in 2013, which began the dissemination of Nasal Naloxone to individuals and family members in Lorain County through the Lorain County General Health District (now known as Lorain County Public Health). In October 2016, Lorain County was designated Ohio's 13th High Intensity Drug Trafficking Area (HIDTA), which has the potential to "expand community-based efforts to prevent drug use, pursue smart on crime approaches to drug enforcement, work to reduce overdose deaths, and increase access to treatment". This strategy will expand our existing efforts

related to overdose prevention by targeting Naloxone distribution to priority populations and dissolve barriers due to lack of knowledge and awareness related to Ohio's Good Samaritan Law and access to Naloxone via educational campaign.

5. What agency/organization will implement the strategy? Why is this agency/organization taking the lead on this strategy?

The agencies/organizations that will implement and lead the strategy include:

- a. LCPH
 - i. Provide funding, education, training and distribution of Naloxone via Project DAWN
- b. ADAS Board
 - i. Provide funding for Naloxone
 - ii. Develop and implement an educational campaign

6. How will this strategy be funded and what is the anticipated cost associated with the strategy? (Please specify source of funds – grant, general revenue, in-kind support, etc.; funding agency/organization if applicable; etc.).

Year One: September 30, 2017 – September 29, 2018

Item	Narrative	FR-CARA	In-Kind	
Evaluation		\$2,600		
Outreach coordinator		\$2,600		
Contractual payments to LCPH for Naloxone Kits	Non funded Naloxone kits for first responders	\$75,000		
Contract for LCPH to participate on outreach team	Encounter rates for LCPH staff to participate on outreach teams	\$25,000		
Print material for overdose prevention components		\$6,900		
Radio spots	Match radio spots on 2 stations	\$1,000		
Total		\$113,100		\$113,100

Year Two: September 30, 2018 – September 29, 2019

Item	Narrative	FR-CARA	In-Kind	
Evaluation		\$2,600		
Outreach Coordinator		\$2,600		
Contractual payments to LCPH for Naloxone Kits	Non funded Naloxone kits for first responders	\$75,000		

Contract for LCPH to participate on outreach team	Encounter rates for LCPH staff to participate on outreach teams	\$20,000		
Print material for overdose prevention components		\$8,825		
Radio spots	Match radio spots on 2 stations	\$4,000		
Total		\$113,025		\$113,025

Year Three: September 30, 2019 – September 29, 2020

Item	Narrative	FR-CARA	In-Kind	
Evaluation		\$2,600		
Outreach Coordinator		\$2,600		
Naloxone Kits for first responders	In-kind donation of Naloxone kits for first responders		\$27,500	
Contractual payments to LCPH for Naloxone Kits	Non funded Naloxone kits for first responders	\$85,000		
Print material for overdose prevention components		\$9,604		
Radio spots	Match radio spots on 2 stations	\$4,000		
Total		\$103,804	\$27,500	\$131,304

7. Where will it be implemented?

The educational campaign in addition to targeted Naloxone distribution will be implemented throughout Lorain County, through the facilitation of the ADAS Board, LCPH and other partner organizations/agencies. See implementation breakdown below:

- a. Lorain County residents with an emphasis on Individual with OUD and friend and family members of individuals with OUD
 - i. Community Engagement
 1. Locations/target areas
 - a. Community events
 - b. Training series
 - ii. Faith Leaders Roundtable
 1. Locations/target areas

- a. Faith congregations
- iii. Mercy Parish Nursing
 - 1. Locations/target areas
 - a. Community events (including health fairs)
 - b. Assist Community Engagement Workgroup and Faith Leaders' Roundtable
- iv. LCPH
 - 1. Locations/target areas
 - a. Community event
 - b. Project DAWN walk-ins
 - c. Assist Community Engagement Workgroup, Faith Leaders' Roundtable, Mercy Parish Nursing, Treatment and Recovery Subcommittee, and first responders/frontline workers
- v. Treatment and Recovery Subcommittee
 - 1. Locations/target areas
 - a. Client, friends and family members education, training and distribution of Naloxone
- vi. First Responder/Frontline Workers
 - 1. Locations/target areas
 - a. Naloxone education, training, distribution and administration

8. When will it be implemented?

Partner Organizations/Agencies	Target Priority Population	Implementation Target Date
Community Engagement Workgroup	Lorain County residents with an emphasis on Individual with OUD and friend and family members of individuals with OUD	September 30, 2017 through September 29, 2020
Faith Leaders' Roundtable	Lorain County residents with an emphasis on Individual with OUD and friend and family members of individuals with OUD	April 12, 2018 through September 29, 2020
ADAS Board	Lorain County residents with an emphasis on Individual with OUD and friend and family members of individuals with OUD	September 30, 2017 through September 29, 2020
LCPH	Lorain County residents with an emphasis on Individual with OUD and friend and family members of individuals with OUD	September 30, 2017 through September 29, 2020
Mercy Parish Nursing	Lorain County residents with an emphasis on Individual with OUD and friend and family members of individuals with OUD	September 30, 2017 through September 29, 2020
Treatment and Recovery Subcommittee	Lorain County residents with an emphasis on Individual with OUD and friend and family members of individuals with OUD	September 1, 2018 through September 29, 2020
First Responders/Frontline Workers	Lorain County residents with an emphasis on Individual with OUD and friend and family members of individuals with OUD	September 30, 2017 through September 29, 2020

9. How will it be implemented?

The ADAS Board will contract with a health marketing consultant to assist in the development, implementation and coordination of an educational campaign. The health marketing consultant will utilize digital/cable/social media, radio spots, newspaper advertising and printed material to provide education and public awareness related to

Ohio's Good Samaritan Law and how to access Naloxone in Lorain County. The ADAS Board assist LCPH to enhance Naloxone distribution by targeting priority population, increased promotion, and awareness. LCPH's Project DAWN monthly distribution log will be utilized to monitor trends in Naloxone distribution

10. What challenges and/or barriers do you expect to encounter when implementing the strategy?

There are two main challenges and/or barriers expected to be encountered during implementation, which include: (1) stigma and (2) funding. Even with a long-documented and successful history of overdose prevention (Naloxone) in Lorain County, there still remain a substantial amount of stigma associated with Naloxone. Counter arguments/opinions made by the general public including city official are (1) why supply "addicts" with free Naloxone, but charge diabetic patient for insulin; and (2) addicts should be limited or a cap set for the amount of Naloxone they can receive. The strategy component of the educational campaign aims to reduce stigma as well as increase knowledge and awareness. Lorain County must view OUD as a disease and understand that prevention is more cost efficient in order to reduce stigma. Also, as a Tier 1 County (counties with the highest overdose death counts), Lorain County must secure substantial funding to provide Naloxone to adequately implement a successful overdose prevention strategy.

Demonstrate a Conceptual Fit with the Community's Opioid-Related Priorities (250 words or less)

How is the strategy relevant to the data from your need's assessment?

Since 2011, the ADAS Board has served on Lorain County's Health Improvement Steering Committee, which focuses on health improvement goals from our community health assessment. In 2011, the partners determined their goals and included focus on reducing deaths due to overdose. The ADAS Board was chosen by the partners to serve as the lead coordinator of the goal: reduce death due to overdose from opiates/heroin. As coordinator, ADAS continues to expand its facilitative role to bring together key stakeholders to address the overdose issues under four strategies: (1) reduce the availability of opiates, (2) provide education to a variety of target audience, (3) provide support (including treatment) to addicts and families, and (4) advocacy. The strategy to increase access to Naloxone is relevant to the ADAS Board's goal to reduce death due to overdose from opiates/heroin and the data from our needs assessment; which includes: (1) the lack of knowledge related to the Ohio's Good Samaritan Law, and (2) the lack of knowledge and awareness of how to access Naloxone in Lorain County.

Demonstrate a Practical Fit: Theoretical "if-then" Proposition

Please include the "if-then" proposition for this strategy from your coalition/group's strategic plan map.

If we implement an educational campaign, in addition to a targeted Naloxone distribution program, then we can expect an increase in knowledge and awareness related to Ohio's Good Samaritan Law and access to Naloxone in Lorain County as evidence by Naloxone Knowledge Survey. If we increase knowledge and awareness related to Ohio's Good Samaritan Law and access to Naloxone in Lorain County then we can expect an increase in the number of residents trained on how to administer Naloxone as evidence by LCPH. If we increase the number of residents that are trained to administer Naloxone then we can expect a reduction in opioid use disorder deaths as evidence by Lorain County Coroner.

Demonstrate a Cultural Fit (250 words or less)

Based on the results of your needs assessment, how does this strategy align with the needs of the population? Think about the following:

- Why are you choosing this specific strategy for this specific population?
- How does your workforce/partnerships/collaborations for this project reflect the needs of the population?

The strategy to implement an educational campaign in addition to a targeted Naloxone distribution program, in order to increase access to Naloxone aligns with our identified priority populations and our partner organizations/agencies. According to the Naloxone Knowledge Survey facilitated by the ADAS Board, 29.5% of Lorain County residents that

responded to the survey indicated they do not know what Ohio's Good Samaritan Law is, and 38.1% of responding Lorain County residents do not know how to access Naloxone in Lorain County. This demonstrates that a large proportion of Lorain County residents lack knowledge relate to the Ohio's Good Samaritan Law and access to Naloxone. This lack of knowledge can contribute to the low numbers of county residents that complete Naloxone training and receive a Naloxone kit. This strategy will address the lack of knowledge and awareness, while enhancing Naloxone distribution.

Demonstrate a High Likelihood of Sustainability within the Community (250 words or less)

How will the opioid ecosystem sustain this strategy in the community? Please consider the following resources: time, money, human resources, political support, etc.

To properly sustain an overdose prevention strategy in a Tier 1 county, substantial funding must be secured due to the number of overdoses that occur. Though, additional political and population support are vital to advocate for additional funding and the continuation of the strategy. In order to gain and maintain political and population support stigma reduction must be a priority.

Demonstrate Effectiveness (What is the evidence that the strategy will work?)

A. If you are implementing a **workforce development or infrastructure development strategy**, please place an "X" next to the description that best fits the strategy:

- ☐ This is not a workforce development or infrastructure development strategy.
- ☐ Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.
- ☐ Improve education in treatment of opioid use disorder for health care providers.
- ☐ Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting
- ☐ Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms
- ☐ Improve access, availability, and distribution of overdose-reversing drugs
- ☐ Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.
- ☐ Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.
- ☐ Increase access, availability, and provision of supportive housing for individuals in recovery
- ☐ Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)
- ☐ Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.

B. For **any other strategy**, please describe the evidence or support for documented effectiveness to select the intervention and include it in the CCIM4C strategic plan. And complete the supplemental document.

1. Is the strategy included in Federal registries of evidence-based interventions?
Yes, please refer to attach document: *Evidence-Base Strategies for Preventing Opioid Overdose: What's Working in the United States (pg. 8)*.
2. Has the strategy been reported (with positive effects on the priority targeted outcome) in peer reviewed journals?
Yes, please refer to attach document: *Evidence-Base Strategies for Preventing Opioid Overdose: What's Working in the United States (pg. 9)*.

3. Does the strategy have documented effectiveness supported by other sources of information and the consensus judgement of informed experts as described in the following set of guidelines, *all of which must be met*:
- Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model.
 - Please provide supporting documentation.
Yes, please refer to attach document: *Evidence-Base Strategies for Preventing Opioid Overdose: What's Working in the United States (pg. 8)*.
 - Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
 - Please provide supporting documentation.
Yes, please refer to attach document: *Evidence-Base Strategies for Preventing Opioid Overdose: What's Working in the United States (pg. 9)*.
 - Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects.
 - Please provide supporting documentation.
Yes, please refer to attach document: *Evidence-Base Strategies for Preventing Opioid Overdose: What's Working in the United States (pg. 9)*.
 - Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.
 - Please provide supporting documentation.
Yes, please refer to attach document: *Evidence-Base Strategies for Preventing Opioid Overdose: What's Working in the United States (pg. 8)*; in which is a recommended strategy by the Centers for Disease Control and Prevention (CDC).

Evaluation

- Please describe your intervening variable and your outcome variable and how you will track outcomes and demonstrate success. Please indicate any quantitative or qualitative measures you will be tracking.
 - Intervening variables:
 - How closely did the implementation match the plan?
 - What types of changes were made to the originally proposed plan?
 - What led to the changes in the original plan?
 - What effect did the changes have on the planned intervention?
 - Outcome variables:
 - To what extent did this strategy equip Lorain County resident (including priority populations and first responders) with the resources to administer overdose prevention (Naloxone)?
 - To what degree did this strategy increase public awareness related to Naloxone access/availability in Lorain County?
 - To what degree did this strategy increase the knowledge of Ohio's Good Samaritan Law?
 - Outcome monitoring and demonstrate success:
 - Analysis of post response to Naloxone Knowledge Survey
 - Analysis and comparison of CCIM4C baseline data and outcome data
 - Year-to-year time period analysis and comparison outcome data.

- iv. Campaign analytics (determine total priority populations reached).
- d. Quantitative measures:
 - i. Total number of people trained to administer Naloxone
 - ii. Total number of Naloxone kits distributed
 - iii. Total number of Naloxone administrations
 - iv. Total number of overdose reversals
 - v. Total number of OUD deaths

2. Who will collect and analyze data?

The data associated with the targeted Naloxone distribution program, which will include: distribution, training, administration, overdose reversals, and recipient's demographics will be collected and analyzed by LCPH. The data will be analyzed further by the ADAS Board for trends and impact on OUD deaths reported by Lorain County Coroner.

3. How the data will be shared and with whom?

The data will be shared by LCPH with the ADAS Board via Project DAWN Monthly Distribution Log.

4. What costs are associated with the evaluation and how will the evaluation be funded? If there are no costs, please explain why there are no costs.

Personnel	Annual Salary	Level of Effort	FR-CARA Award # SP080284	Narrative	Other	Narrative
Hamzah Najar, Project Manager/Lead Evaluator	\$52,000	0.05 FTE	\$2,600	Will oversee data analysis of the impact of OUD death rates, analyze educational campaign effectiveness/impact, analysis of post response to Naloxone Knowledge Survey, and complete evaluation summary/report to presented to Opioid Action Team	\$0	
Total Personnel			\$2,600		\$0	