



**COP - RCORP**  
Communities of Practice for Rural Communities Opioid Response Program

**HRSA RCORP-I: Final Closeout Report Supplement  
 Grants GA133529 (Ohio University) and GA133532 (PIRE)  
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**Introduction**

In 2018, leaders from community-based organizations serving rural residents in four Ohio counties (Ashtabula, Fairfield, Seneca, and Sandusky) came together with faculty and research scientists from Ohio University's Voinovich School of Leadership and Public Service (Voinovich School) and the Pacific Institute for Research and Evaluation (PIRE). Together, we co-created a vision for responding to the opioid epidemic across the continuum of care. The Communities of Practice for Rural Communities Opioid Response Program (COP-RCORP) Consortium was actualized with funding from the Health Resources and Services Administration (HRSA); specifically, the Rural Communities Opioid Response Program (RCORP) Planning Grant. The COP-RCORP website (<https://communitiesofpractice-rcorp.com>) details the history and structure of the consortium.

In 2019, the COP-RCORP Consortium was awarded additional funding from HRSA's RCORP-Implementation Grant Program. With this funding, leaders from four local government organizations (Ashtabula County Mental Health and Recovery Services Board; Fairfield County Alcohol, Drug Addiction and Mental Health Board; Sandusky County Public Health, and Mental Health and Recovery Services Board of Seneca, Ottawa, Sandusky and Wyandot Counties) and the local consortia in their service areas have diligently moved the plan created during the RCORP-Planning grant from vision and planning to practice, implementation, and sustainability. This short capstone report celebrates how the exceptional network of services that spans the continuum of care has positively impacted thousands of lives across Ashtabula, Fairfield (rural zip codes), Seneca, and Sandusky counties.

**Institutionalizing Infrastructure for the COP-RCORP Consortium and Four Local Community Consortia**

The funding from RCORP-Implementation grant supported the continued development and institutionalization of the COP-RCORP Consortium and four community consortia. As the COP-RCORP website highlights, the consortium utilizes a hub and spoke model and the COP-RCORP Consortium is complemented by a local consortium in each participating county. This model has ensured that local RCORP-I efforts are led by those with singular knowledge of the communities served while the COP-RCORP Consortium works to build collective knowledge of solutions for the opioid epidemic across the continuum of care while ensuring cultural responsiveness and sustainability are central to all grant-related activities.

Throughout the RCORP-Implementation grant, plans were created and implemented in three distinct ways: locally driven (plans designed and implemented by a local consortium), COP-RCORP driven (plans designed by the COP-RCORP Consortium and implemented in a unified fashion), and COP-RCORP inspired (plans designed by one or more members of the COP-RCORP Consortium and implemented locally). The structure of the COP-RCORP Consortium centered the shared and accumulated knowledge of the members which created space for refining current approaches and experimenting with innovative approaches for addressing the opioid epidemic across the continuum of care.

**Aligning with the Cultural Needs of the Community**

A response to the opioid epidemic must align with the cultural needs of the community it is intended to serve. As part of RCORP-Implementation Prevention Core Activity 2, the COP-RCORP Consortium created a CLAS (Culturally, Linguistically and Linguistically Appropriate Services) Standards Workgroup to consider how the CLAS Standards related to prevention,

harm reduction, treatment, and recovery for opioid use disorder (OUD) within the grant service area. The workgroup met bi-weekly from March 2020 to June 2020 to identify opportunities for shared work and collaboration. In May 2020, the workgroup wrote and the COP-RCORP Consortium adopted a [position statement](#) to ensure that the CLAS Standards were centered as the RCORP-I Core Activities were planned and implemented. Each of the local consortia then incorporated the guiding principle into their community-based work. The intentional focus on the CLAS Standards and the outcomes of the workgroup were shared in a [journal article](#) published in [Family & Community Health](#).

### **Prevention: Creating At-Home Prescription Drug Disposal Programs**

A key focus of the work of the COP-RCORP consortium was to prevent the impacts of the opioid epidemic by reducing the supply of prescription opioids in Ohio's communities (Prevention Core Activity 1). Throughout the RCORP-Implementation grant cycle, the four local consortia distributed a combined total of over 13,000 medication deactivation and disposal bags across the grant service area.

The Sandusky County Health Department centered their prevention efforts around proper disposal of unused and expired opiate prescription medication at-home. While prescription drug takeback days are effective ways to reduce the supply of unused opioids, the stigma of having opioids (for any reason) and taking them to these events presents a barrier for some. To provide an at-home option for opioid deactivation and disposal, the health department offered medication deactivation and disposal pouches free of charge directly to consumers at community events and at the health department. In addition, the health department provided the pouches at no cost to community partners so they could distribute the pouches to their clients. Over the course of the grant, the health department distributed over 5,000 pouches and the program will continue with support from another COP-RCORP Consortium member, the Recovery Services Board of Seneca, Ottawa, Sandusky and Wyandot Counties.

### **Prevention: Encouraging the Use of Ohio's Prescription Drug Monitoring Program to Shape Solutions to Address the Opioid Epidemic**

Work to incorporate RCORP-Implementation Prevention Core Activity 4 was COP-RCORP driven. While Ohio's PDMP system ([Ohio's Automated Prescription Reporting System, or OARRS](#)) was well-developed, it was important for the consortium members to learn more about the system, identify barriers to utilization, and develop ways to enhance and increase utilization of the system. Through a needs assessment, the COP-RCORP Consortium learned that knowledge about OARRS was low among most behavioral health professionals in Ohio. In response, the consortium collaborated with the Ohio Pharmacy Board to create and implement a four-part Lunch and Learn Series about OARRS. The series focused on providing foundational knowledge about OARRS and the Pharmacy Board, how to access the OARRS system, how to access and interpret county-level OARRS data, and how OARRS data could be used to inform local strategic planning efforts. A total of 61 behavioral health professionals from 39 Ohio counties earned continuing education units for participating in the series. Evaluation data highlighted that the supported behavioral professionals across the continuum of care learn how to access and utilize OARRS data and state-level resources for planning and evaluation.

### **Harm Reduction: Distributing Take-Home Naloxone**

Reducing harm through creating processes and pathways for distributing take-home naloxone (THN; Prevention Core Activity 1) was a priority for the COP-RCORP Consortium. Throughout the RCORP-Implementation grant cycle, the four local consortia distributed a combined total of 5,250 THN kits across the grant service area. THN distribution became a priority during the pandemic and the four local consortia quickly pivoted their existing THN programs to respond to community needs. These pivots, which reflected both the context of each community and the capacities of its service delivery and technology platforms, resulted in enhancements to THN training and distribution that maintained or expanded the reach of their THN efforts. These efforts were documented in a [journal article](#) published in the [Journal of Substance Abuse Treatment](#).

In 2021, the COP-RCORP Consortium expanded their THN efforts to include publicly available overdose response kits (ORK). At a consortium meeting in October 2021, representatives from the Ohio Hotel and Lodging Association and the Trumbull County (OH) Alliance for Substance Abuse Prevention shared their model for placing publicly available ORK in

hotels. As a result of this shared learning, the four local consortia purchased a total of 105 ORK to place in their respective service areas. As of the conclusion of the grant, the local consortia have been able to share conversations and information about the benefits of ORK with a wide variety of community partners and place 63% of the kits within the service area. This work will continue through the RCORP-Psychostimulant and RCORP-Behavioral Health Services grants.

#### **Treatment: Increasing Access and Connections to Care**

A particular emphasis of the COP-RCORP Consortium was on increasing access to treatment services and connections to care. Work on the Treatment Core Activities was locally driven as consortium members implemented innovative solutions that addressed local barriers to treatment. The Ashtabula County Mental Health and Recovery Services Board increased treatment capacity by 440 bed days per year by using local levy funds to contract with an additional treatment provider (Treatment Core Activity 1). Fairfield County Alcohol, Drug Addiction and Mental Health Board leveraged State Opioid Response funding to expand substance use disorder (SUD) treatment services to the Fairfield County Jail and created the CARES program to reduce barriers to care for expecting and new mothers struggling with OUD and/or SUD (Treatment Core Activity 1). Sandusky County Health Department implemented a series of billing and coding trainings in Seneca and Sandusky counties to support local treatment and behavioral health care providers maximize reimbursement rates for treatment and related behavioral health care services (Treatment Core Activity 5).

The Mental Health and Recovery Services Board of Seneca, Ottawa, Sandusky and Wyandot Counties increased access and connections to care in Seneca County by contracting with local transportation providers to transport residents in need of care but without transportation (Treatment Core Activity 4). Additionally, the Board created a quick response team (QRT) to mobilize in response to crisis and to connect individuals struggling with OUD and SUD to treatment and recovery services (Treatment Core Activity 6). Since the start of the program, the QRT has responded to over 1,100 calls for service, with demand continuing to increase. The QRT has evolved into a mobile crisis response team (MCRT) that responds to a wide variety of acute behavioral health care needs and provides transportation services. Because of the success of the MCRT in Seneca County, the Board is expanding services to additional counties in its service area. To ensure sustainability, the Board is supporting the MCRT as it works to become a 501(c)3 provider organization.

#### **Recovery: Training and Supporting Peer Recovery Supporters**

As with treatment, work on the recovery ecosystem (Recovery Core Activity 2) was predominantly locally driven to ensure that local needs were identified and met. The Ashtabula County Mental Health and Recovery Services Board and Fairfield County Alcohol, Drug Addiction and Mental Health Board developed a robust plan for training peer supporters. Between the two organizations, they hosted a combined total of 11 peer recovery supporter (PRS) training courses which were attended by 253 individuals.

The Fairfield County Alcohol, Drug Addiction and Mental Health Board has been intentional about developing supportive services for certified PRS (Recovery Core Activities 1 & 3). The Board has a staff member dedicated to providing newly trained PRS with technical assistance related to the certification process and, once certified, resume and other job-seeking resources to gain meaningful employment. Since January 2022, 29 people living or working in Fairfield County have obtained PRS certification. Through their interaction with certified PRS, staff at the Board noticed that it was crucial for PRS to manage their own self-care while providing recovery services. To support PRS in staying engaged in their own recovery process while working in the field of peer support, the Board hosts a monthly support group that is facilitated by a certified PRS. Attendance for the group has been increasing each quarter. While it is too early to determine if the group has impacted workforce retention, offering this group is very cost-effective and is easily sustainable after the grant period ends.

#### **Addressing Stigma**

Stigma around mental health and SUD has important public health impacts, including making it less likely that individuals who need care will seek and/or engage in it. To advance Prevention Core Activity 2, the COP-RCORP Consortium established the Stigma Prevention Workgroup. The workgroup used the Health Stigma and Discrimination Framework

([Stangl, et al., 2019](#)) to understand, measure, and address stigma associated with behavioral health, including OUD and suicide.

Partnering with [Gallup](#), the workgroup created and implemented two innovative, community-wide surveys to measure drivers, facilitators, and outcomes of stigma associated with SUD and mental health. Fieldwork began on October 1, 2021 and was completed November 19, 2021. The mental health survey yielded 1009 usable surveys for a response rate of 20.4% and the SUD survey yielded 1046 usable surveys for a response rate of 21.2%. All work is publicly available on the COP-RCORP [website](#). In addition, the workgroup disseminated the work through three [conference presentations](#): 2021 RCORP Region V Meeting (infrastructure of the workgroup), 2022 Opiate and Other Drugs Conference hosted by the Ohio Association of County Behavioral Health Authorities (findings); and the 2022 Annual Meeting of the Midwest Association for Public Opinion Research (methodology).

Most importantly, this research provided the groundwork for the COP-RCORP Consortium's work on stigma associated with maternal mental health and SUD. The consortium is promoting HRSA's [National Maternal Mental Health Hotline](#) with the consortium-created messaging that "Sometimes moms need help too." This work will continue under the consortium's RCORP-Behavioral Health Services grant.

### **Recruiting and Retaining the Rural Behavioral Health Workforce**

To address RCORP-Implementation Prevention Core Activity 3 and Treatment Core Activity 3 (which was expanded to include the entire continuum of care to meet local needs), the COP-RCORP Consortium created a Workforce Development Workgroup. The workgroup developed career ladders in response to retention-related concerns voiced by behavioral health professionals that jobs across the continuum of care did not have opportunities for advancement. Members of the workgroup hosted a Lunch and Learn event in October 2022 to share the career ladders with behavioral health professionals across the state of Ohio. A total of 37 professionals and organizational leaders from across the state attended the event and earned prevention continuing education credits.

The Ashtabula County Mental Health and Recovery Services Board led two key workforce development initiatives at the local level as part of the RCORP-Implementation grant. First, a workgroup developed curriculum for a Training Academy to address most of the 40 hours of training required by the [Ohio Chemical Dependency Professionals \(OCDP\) Board](#). After approval from the OCDP Board, the local consortium hosted five Training Academies attended by a total of 95 individuals. In addition, members of the local consortium approached the Dean of [Kent State Ashtabula](#) and her staff about developing a Bachelor of Social Work Program. Over the three years of the RCORP-Implementation Grant, a team that included members of the local consortium worked to develop the curriculum and shepherd it through the accreditation process. In March 2023, the program was [approved](#) by the Kent State Board of Trustees. As a result, Ashtabula area students are now able to apply for admission to the [program](#), which began offering classes in Fall 2023.

### **Ensuring Sustainable Efforts**

To ensure our efforts across the continuum of care are translated into long-term change, the COP-RCORP Consortium and each of the four local consortia continued to engage in the Sustainability Assessment as prescribed by the RCORP-Planning grant in addition to creating the required Sustainability Plan for the RCORP-Implementation grant. Both the COP-RCORP Consortium and the local consortia utilized the online [Program Sustainability Assessment Tool](#) by Washington University in St. Louis that includes 40 questions across eight organizational and contextual domains. In addition, the COP-RCORP Consortium utilized the RCORP Sustainability Implementation Cohort I Deliverable template to support the development of the sustainability action plan. The process and products for the [COP-RCORP Consortium](#) and the [local consortia](#) are available on the COP-RCORP website.

### **Concluding Remarks**

The COP-RCORP Consortium would like to thank HRSA for the opportunity to participate in the inaugural cohort of the RCORP-Implementation grant. We would also like to express our gratitude to our federal project officer, Kiley Diop and our JBS TEL, John Roberts. Your support, guidance, and technical assistance were an important part of our success.