



COP - RCORP

Communities of Practice for Rural Communities Opioid Response Program

RCORP-Planning Grant Closeout Report

January 28, 2020

Ohio University's Voinovich School of Leadership and Public Affairs

Grant#: G25RH32459

Serving Ashtabula and Fairfield Counties in Ohio

Pacific Institute for Research and Evaluation (PIRE)

Grant#: G25RH32461

Serving Sandusky, Seneca, and Washington Counties in Ohio

Grant# G25RH32459

Ohio University Voinovich School of Leadership and Public Affairs

(OU-GVS)

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Consortium Overview

The Communities of Practice for Rural Communities Opioid Response Program (COP-RCORP) Consortium was created in 2018 when Ohio University’s Voinovich School of Leadership and Public Affairs (OU-GVS), together with backbone organizations from Fairfield and Ashtabula counties, and the Pacific Institute for Research and Evaluation (PIRE), together with backbone organizations from Sandusky and Washington counties, each submitted and received a \$200,000 RCORP-Planning grant from HRSA (grants G25RH32459-01-02 and G25RH32461-01-06, respectively). Upon receiving the two HRSA grants, OU-GVS and PIRE then employed a braided funding and shared services approach to collaborate and support a fifth COP-RCORP community in the master consortium – Seneca County.

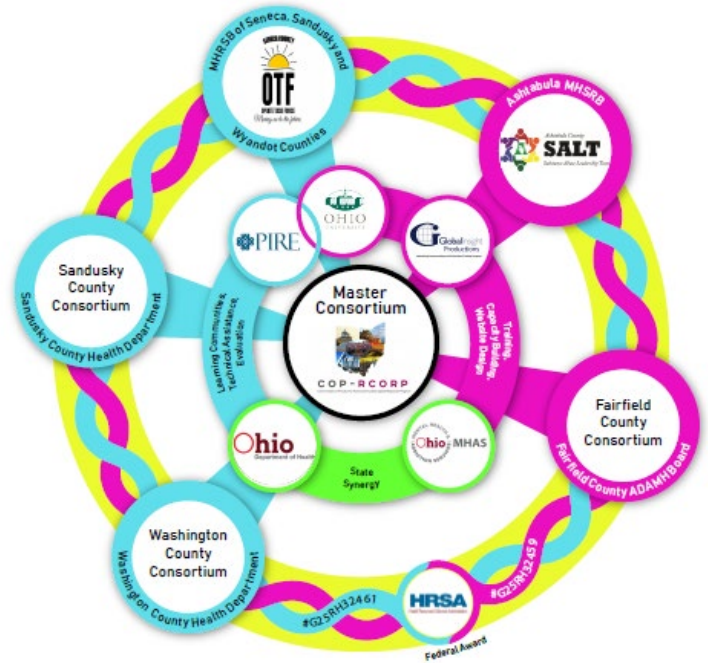


Figure 1. COP-RCORP Organizational Chart.

The COP-RCORP Organizational Chart is a visual description of how the COP-RCORP initiative functions to enhance capacity and sustainability at a local level by leveraging state and community partnerships (Figure 1). The braided funding approach ensured that OU-GVS and PIRE were able to provide equitable funding across five Ohio counties (Ashtabula, Fairfield – tracts, Sandusky, Seneca, and Washington), while balancing backbone support with community resources.

For an updated list of Consortium members, see Appendix A.

RCORP-Planning Funding Summary

Table 1 includes the funding summary for the OU-GVS and PIRE RCORP-Planning grants (grants G25RH32459 and G25RH32461, respectively).

Table 1. RCORP-Planning Funding Summary

Budget Category	OU-GVS (Grant# G25RH32459)	PIRE (Grant# G25RH32461)
Personnel	\$23,484.81	\$30,751
Fringe Benefits	\$9,171.87	\$11,070
Travel	\$2,082.98	\$3,080
Equipment	\$0	\$0

Supplies	\$285.48	\$629
Contractual	\$110,262.63	\$116,600
Other	\$54,712.23*	\$37,870*
TOTAL	\$200,000.00	\$200,000

*For the purposes of this report, “other” represents indirect cost per federally-negotiated indirect rates.

Activities

Original Goal of RCORP-P

The COP-RCORP Initiative is a highly innovative approach to reduce opioid-related overdose deaths in high-risk, rural Ohio communities. The COP-RCORP Consortium is comprised of partners from various sectors with complementary expertise, including faculty and staff from the Ohio University’s Voinovich School of Leadership and Public Affairs, researchers from the Pacific Institute for Research and Evaluation, county behavioral health authorities from Ashtabula, Fairfield, and Seneca counties, and county health departments from Sandusky and Washington counties. Through a communities of practice model, the Consortium works with the local community consortia in the five counties to operationalize the goals of the RCORP-Planning funding opportunity: conducting an opportunities and gaps analysis; developing a comprehensive data-driven strategic plan that addresses gaps in the continuum of care; drafting a local workforce plan to ensure a trained, sufficient workforce to address the opioid crisis; and creating a sustainability plan to maintain and enhance the organizational and infrastructural capacity realized through the project and to operationalize the strategic plan and workforce plan developed during the course of the project. The COP-RCORP Consortium is committed to building capacity at the local level, while supporting a planning process that is culturally competent, locally-driven, and ultimately owned by members of the community.

Summary of Activities

As part of this grant, the local consortia in each of the five counties completed five core planning activities. To begin, each local community developed a local consortium to address OUD and overdose deaths across the full continuum of care (prevention, treatment, and recovery) and formalized the membership with a Memorandum of Understanding (MOU). The five local consortia engaged in a detailed needs assessment of local capacity, resources, needs, and services to identify gaps and opportunities. Based upon the needs assessment, local consortia developed five comprehensive, outcomes-based strategic plans to address gaps in the OUD continuum of care (supply reduction, demand reduction, harm reduction, treatment, and recovery supports). In addition, each community completed a workforce development plan that assessed SUD/OUD workforce needs and gaps and how to address workforce development

and retention. Finally, local consortia created sustainability plans focused on extending the impact of this project beyond the period of performance.

In addition to the work activities completed at the local level, a strong COP-RCORP master consortium with an amended MOU has been established to guide the RCORP work and support the local project directors in their roles. The seven master consortium organization types include: an institution of higher learning, a 501(c)3 research institute, two public health agencies, and three county behavioral health authorities. The sectors represented include education, private nonprofit, and public health. OU-GVS and PIRE maintain a COP-RCORP project website to disseminate resources, materials, and local consortia products.

Major Accomplishments

COP-RCORP consortium members completed all deliverables for the planning phase of the HRSA Rural Communities Opioid Response Program, which included the MOUs, needs assessments, strategic plans, workforce development plans, and sustainability plans. Building upon the shared successes of the planning phase, the COP-RCORP Consortium and local consortia in each of the five counties decided to maintain the community of practice approach and apply for the HRSA Rural Communities Opioid Response Program-Implementation grant.

Significant Changes

The two HRSA grants received by OU-GVS and PIRE were braided to allow for a shared services approach for collaboration and to fund a fifth community as part of the COP-RCORP consortium. This change expanded the service area to Seneca County and enhanced the community of practice by including the experiences, expertise, and capacity of a fifth community. In addition, one of the communities transitioned to a new project manager during the course of the project.

Significant Barriers

The development of Ohio's opiate use disorder/substance use disorder (OUD/SUD) workforce historically has received little attention or financial support. As a result, our local consortia found that development of an actionable and realistic OUD/SUD workforce required development and operationalization of non-traditional partnerships (for example, with local universities). Partnership development is hard, important work that requires building trust and developing mutually-beneficial cross-sector/cross-agency working relationships. We requested a no-cost extension to allow local consortia to commit more time than anticipated to develop workforce development plans. The resulting plans are actionable, realistic, and will support the RCORP-Implementation project.

Unachieved Objectives

COP-RCORP Consortium members achieved all goals, objectives and activities outlined in the work plan. Please see Appendix B for the final work plan.

RCORP-P Work Plan

The COP-RCORP Consortium created and followed a work plan for all RCORP-P activities. This work plan was continually updated as timelines changed and activities were completed. Please see Appendix B for the final work plan.

Results of the Grant

Goals and Objectives

All of the goals and objectives from the planning phase were met. Most notably, we have a strong and engaged master consortium that met routinely throughout the planning phase. The five local consortia organizations garnered local MOU-level support from 20 other community partners. These include five county behavioral health boards (three serving as project leads), five behavioral health or treatment and recovery service providers, four judicial courts, three first responders, three health departments (two serving as project leads), three family-focused government agencies, one county government, and one faith-based organization. This dual-level infrastructure has promoted a collective community of practice model where contextualized and networked learning occurred.

Additionally, all five local consortia completed community-level needs assessments, strategic plans, workforce development plans, and sustainability plans. Results from these are discussed below.

Finally, we partnered with Global Insight Productions, LLC to establish a website for the planning project. It serves as a repository for all of the completed deliverables by each of the five consortium members. Equally important, it showcases project training tools, templates, and asynchronous webinars developed through the initiative. By making these resources publicly available means they could be utilized by not only those who engaged the project in Ohio, but anyone interested in addressing opiate use.

Services, Functions, and Benefits

After completing the needs assessment process, COP-RCORP consortium members created a total of 25 strategic plans in the areas of supply reduction (prevention), demand reduction (prevention), harm reduction (prevention; overdose reversal), treatment, and recovery. Consortium leads valued the opportunity to conduct comprehensive planning and utilized the funding from the planning phase to engage in coordinated local discussions. One consortium lead said they now have “a more multi-faceted approach to addressing the SUD needs of our residents.” Similarly, consortium leads acknowledged that the planning grant focused efforts: “it helped give our local partners a more targeted approach to dealing with the opiate issue in our community.” Further, consortium leads leveraged the planning grant funding to help them break down local “silos” and instead “[forge] new partnerships, increase conversations and increased services [locally].” With the award of an additional \$1 million each to OU and PIRE,

COP-RCORP will be able to continue the efforts begun during the planning phase of the HRSA Rural Communities Opioid Response Program.

Impact on Service Area

We have a number of impacts for the communities served under this funded initiative. Most notably, we coalesced the OUD efforts of five separate rural consortia into an engaged and coordinated master consortium. By coordinating efforts, local consortium directors have gained access to what they say was much needed expertise on community-based, participatory substance abuse prevention and planning. They feel that being part of the master consortium helps amplify the voices of high need communities both within the state and at the local level and noted how they leverage the backing of OU-GVS and PIRE to build local credibility for the initiative.

Similarly, local consortium directors value the community of practice model, especially the opportunity to connect, network, and learn from peers. Notably, the master consortium offers an opportunity to collaborate with other rural communities that are similar in size, shape, and authorizing environments. Likewise, the community of practice model allows for diffused learning where knowledge, skills, and attitudes gained from the learning communities are then carried back to the local level. The consortium leads also believe it is more cost effective to be part of the master consortium: by having training and other upfront costs covered, they say they have been able to manage their local resources more efficiently.

Finally, the consortium leads have expressed optimism about the potential impact of this initiative. For example, one said, “I feel like we can really move the needle on opioid use.” Another said they feel they will be able to “influence insurers and policy makers” to make a difference for residents in need.

Catalyst for Other Activities

The planning phase has allowed the five local consortia to strengthen their local planning and infrastructure for not only OUDs, but to be in a position to address any substances that emerge as an issue. By utilizing evidence-based processes within a consortium structure, the local directors have more sustainable capacity. Importantly, during the local consortium-level sustainability assessment process, three of the local consortia identified communication issues as a threat to their work and two local consortia identified program evaluation, especially their lack of access to data, as a weakness. When reflecting on these findings, all five consortia developed action plans to shore up these deficits.

Impact of Core Deliverables

According to one local consortium, the RCORP-P deliverables “provided tangible steps to develop and strengthen our consortium to effectively implement and sustain substance abuse prevention, treatment, and recovery services.” By completing the deliverables, local consortia

now have “a better understanding of the impact opiates and other drugs have on our community.”

Under RCORP-P, local consortia in each of the five counties completed the following five core deliverables to address OUD and overdose deaths across the full continuum of care:

1. Formalized consortia membership with a Memorandum of Understanding (MOU). By working on the core deliverables through a formalized consortium, one consortium “moved from being a very stale, stagnant group to an active planning and working group with committees.”
2. Engaged in a detailed needs assessment of local capacity, resources, needs, and services to identify gaps and opportunities. One community noted the needs assessment enabled them to “look at the issue across the various age levels to gage not only impact but also the provision of services available,” while another emphasized that the process “reinforced our need for data ... and informed decision-making as a group.”
3. Developed comprehensive, outcomes-based strategic plans to address gaps in the OUD continuum of care. During the completion of the strategic plans, one community reflected that “we were able to identify gaps in our community that allowed us to plan and implement strategies that addressed our problems identified within our maps.”
4. Completed a workforce development plan that assessed SUD/OUD workforce needs and gaps and how to address workforce development and retention. One community noted that “we have a better understanding of community needs and gaps related to the prevention, treatment and recovery workforce,” while another added that “we were able to identify new partners and bring them to the table (which) allowed us to take a closer look at our workforce including the strengths and weaknesses.”
5. Created sustainability plans focused on extending the impact of this project beyond the period of performance. One community noted that their consortium “now has a sustainability plan and a roadmap of which steps are needed next in order to sustain interest, actions, and funding.”

COP-RCORP Community Stories

The five local COP-RCORP consortia shared stories about how their participation in the planning phase of RCORP has made a difference in their communities.

In Ashtabula County...

“The prevention needs assessment prompted us to look at population groups that we previously did not focus upon such as youth under the age of five and persons aged 65 and older ... as a result we are emphasizing increased utilization of the PAX Good Behavior Game in pre-schools and are now providing information about the importance of prescription drug storage and disposal at senior centers and senior events.”

“The workforce planning has been instrumental in forging a partnership with the local university ... that could impact the community by providing a new degree program that will expand community opportunities for service delivery and treatment access.”

In Fairfield County...

“The Fairfield County Opiate Task Force, utilizing three working committees of Education/Prevention, Treatment, and Recovery Supports, has been able to form new partnerships with community members in the targeted zip code areas in Fairfield County.”

“The Task Force has formed new partnerships, including bringing together persons in recovery, treatment providers, prevention and education workers, school personnel, social service workers, and local politicians.”

In Sandusky County...

“There have been increased discussions on how prevention, treatment and the recovery community can work together in a more multi-faceted approach to addressing the SUD needs of our residents. Partners stepped out of their own silos and the result has been new partnerships, increased conversations and increased services.”

In Seneca County...

“Prevention was not previously on the agendas during our Opiate Task Force meetings. The RCORP-Planning grant allowed us to bring in a prevention specialist, which helped bridge the gap between recovery, treatment and prevention.”

In Washington County...

“The structure and funding sustained relationships that may have fallen apart without the continuous need to address this work and the core activities. The recent restructuring of the health department had impacts on working relationships ... (and) without support from the TA providers and the value the grant ... those partnerships may have ceased.”

Data

RCORP Measures

Data for the requested RCORP measures can be found in Appendices C and D. Appendix C contains data for the RCORP Core Measures, and Appendix D includes the RCORP-Planning Activity Measures. Fatal and non-fatal overdoses for the last six months were calculated using the Ohio Department of Health, Bureau of Vital Statistics, Ohio Death Certificate File. For the purposes of this analysis, please note that overdose fatalities include: unintentional overdose deaths, drug overdose suicides, drug related homicides, drug overdoses undetermined and drug overdoses underlying. These numbers will be slightly higher than those available from ODH, which only reports unintentional overdose deaths in their state reports. The non-fatal overdoses were derived by multiplying the fatalities by 31.3 (please see [Darke, Mattick, & Degenhardt, 2003](#) for the full methodology).

Data limitations. In Appendix C, data for the RCORP project area (rural-designated census tracts) in Fairfield County is not available. Therefore, the table reflects data for the entire county. Additionally, in Appendix C – Core Measure 5, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) does not collect data on all of the requested categories of healthcare providers with a DATA waiver. For this measure, types of providers with a DATA waiver are reported using the same categories collected by OhioMHAS. Our partner who provided this data also noted that the numbers do not necessarily reflect active waivers.

After the Grant

Future Plans for Consortium

The COP-RCORP-Planning consortium will continue operating after the planning grant funds are expended. We applied for and won an additional \$2 million under the HRSA Rural Communities Opioid Response Program – Implementation (RCORP-Implementation). Ohio University’s Voinovich School of Leadership and Public Affairs (OU-GVS) and the Pacific Institute for Research and Evaluation (PIRE), through our shared services and braided funding approach, will continue to work directly with project directors from the five COP-RCORP backbone organizations to provide leadership, training, capacity building, technical assistance and evaluation services, and management oversight for project activities. The continued engagement of the COP-RCORP Consortium and local consortia in each of the five counties will ensure immediate operationalization of the approaches developed during the planning phase.

Toward the end of the COP-RCORP-Planning phase, OU-GVS and PIRE encouraged each local consortium to think about how they could continue to build and sustain their local capacity to plan and address OUD on an ongoing basis. This helped prepare the local consortia for the Implementation phase and the next 3 years of COP-RCORP work. During the 36-month period of performance for the COP-RCORP-Implementation, key objectives of the proposed project include:

1. Continuing the COP-RCORP community of practice.
2. Continuing to develop and formalize local consortia.
3. Successfully implementing each of the 15 RCORP-Implementation Core Activities and the RCORP-Planning Strategic Plans over the 3-year grant term.
4. Reducing the morbidity and mortality of SUD/OUD in the service area.
5. Leveraging additional local, state, and federal resources to support implementation of activities, strategies, and programs to address SUD/OUD.
6. Sustaining the master consortium, local consortia, and funding to support continued implementation of the RCORP-Implementation Core Activities.

Assessing Continued Need

To ensure that we have an ongoing mechanism for assessing need for the programs and services, OU-GVS and PIRE will continue to utilize a COP model. This model includes hosting

virtual and face-to-face COP meetings, providing one-on-one technical assistance, and initiating regular email, telephone, or videoconference check-ins with members of the local community consortia. This methodology has been well received by the local community consortia and proven to be an effective strategy to support completing deliverables for the RCORP-Planning tasks and learning about issues and needs that emerge. With RCORP-Implementation, the COP meetings will be spread throughout the year with agendas co-created by OU-GVS, PIRE, and the project directors from the local community consortia. With the COP approach, each of the five counties also has the ability to learn from each other, including successes, lessons learned, and new innovations.

Documentation and Dissemination

For documentation and dissemination of this program and its services, we will continue to host a project website to promote information dissemination and share project successes and lessons learned. The website (<https://www.communitiesofpracticercorp.com/>) was built as part of the RCORP-Planning award to share HRSA-funded tools, technologies, and innovations in a transparent manner for not only the benefit of local community consortia, but also any rural communities who could benefit from them. We have found the website to be a great forum for widely disseminating information to multiple audiences. We have also found that by compiling all of the project materials, trainings, and resources in one place, the local community consortia have a ‘one-stop-shop,’ which ensures that everyone uses the correct version of materials. Likewise, it showcases the work of the local consortia. Moreover, as a public institution of higher learning and an independent, non-profit research organization, we believe in promoting open access to any of the resources and materials. As such, we also include all materials relevant to the dissemination of this work on the website including seven news articles (<https://www.communitiesofpractice-rcorp.com/in-the-news>), one of which was a highlight in the RHI hub (<https://www.ruralhealthinfo.org/rural-monitor/ohio-opioid-consortium/>), and two conferences presentations (<https://www.communitiesofpractice-rcorp.com/at-conferences>)^{1, 2}.

Lessons Learned

One key lesson we learned from the planning phase has been to better understand the coordinated planning needs of rural communities. Notably, the COP-RCORP local consortia have expanded their partnership networks to ensure all five strategic areas are now being addressed with more comprehensive plans (i.e., demand reduction, supply reduction, harm reduction, treatment, and recovery).

¹ Schweinhart, A.M., Burggraf, C., Courser, M., Raffle, H. (November, 2019) Websites as a path forward for community-based research. Demonstration presented at the Annual American Evaluation Association Conference, Minneapolis, MN.

² Courser, M. & Raffle, H. (May, 2019). We Rise by Lifting Each Other: Using a Community of Practice Model as an Approach for HRSA’s RCORP-Planning Grant. 42nd Annual Rural Health Conference. Atlanta, GA.

A second challenge the five rural consortia encountered has been access to the required data to track short-, mid- and long-term outcomes. Over the planning phase, the COP-RCORP master consortium built significant data infrastructure to ensure we had the RCORP Core Measures, as well as the RCORP-Implementation Measures necessary for our RCORP-Implementation proposal. Many “productive struggles” occurred locally and required us to reach out to our state agency and regional partners for support. We now have partners (the Ohio Department of Mental Health and Addiction Services, the Ohio Board of Pharmacy, the Ohio Department of Health, and the Ohio Hospital Association) in place to help us create a framework to collect necessary data in the future.

Lastly, we have encountered challenges related to the sometimes-complex situations associated with working within multiple different local community organizations. Local political processes have involved needing specific approval for documentation of our MOUs and other initiative-related tasks, as well as challenges in working with multiple community voices. The COP model has proved invaluable in overcoming these associated challenges; each local consortium is able to provide advice and solution-finding for challenges related to county-specific political and communication concerns. Furthermore, technical assistance and support from OU-GVS and PIRE also help in navigating these challenges, due to our depth of experience with performance reporting and state partnerships.

Feedback to FORHP/HRSA

Feedback to FORHP

Similar projects in other rural settings. There is nothing specific about COP-RCORP that could not be replicated in other rural settings. The uniqueness of COP-RCORP comes in our community of practice (COP) approach, utilizing a master consortium with expert TTAE providers along with representatives of the local consortia. Local consortium directors have discussed time and again that this unique makeup of the master consortium offers them access to expertise they would not have access to otherwise. In particular, working with staff who specialize in community-based, participatory substance abuse prevention planning and implementation helps to elevate the local processes and voices of high-need communities. Similarly, the local consortium directors emphasized the benefits of being able to learn from one another and noted the range of expertise they now have access to among the other communities. Particularly, local consortium directors noted how their lone voices have become amplified now that they are part of the master consortium. They no longer feel as they have been “swallowed up,” and now have more “prestige and credibility” by being part of a national initiative. The COP approach has validated the struggles experienced in rural and Appalachian settings and a similar approach would work well in communities that lack current capacity to undertake large-scale planning initiatives.

Potential issues for other communities. The COP model adds substantial value to the efforts of our local consortia, as discussed above, but it also offers challenges of which other

rural communities looking to begin similar planning initiatives should be aware. Anytime a group of individuals, particularly from distinct locations, is brought together, differing opinions arise and it can be difficult to progress if one group or individual is “hogging the spotlight.” Given that the master consortium only formed and began working to collaboratively address opioid use in five rural and Appalachian communities in Ohio a little over a year ago, we acknowledge the need to grow our shared understanding and establish a shared vision. The master consortium helps keep this larger vision in place as each of the local consortia tackle individual tasks. One of the steps we have found helpful in ensuring shared vision and goals involves reviewing our collective work plan across the five communities and identifying strategies for how to work collaboratively to carry out overlapping activities. In addition, we have begun articulating our overall theory of change for the initiative which will continue to help guide us during implementation.

Helpful supports for consortium. The COP-RCORP Consortium is fortunate that although RCORP-Planning funds have been exhausted, the Consortium was awarded RCORP-Implementation funding. This funding and being able to continue as RCORP grantees will help support the continued development and sustainability of both the COP-RCORP master consortium and our five participating local consortia. Although no specific supports are needed at this time, a key focus of the COP-RCORP Consortium during the RCORP-Implementation project period is capacity development. This ongoing focus on capacity will help ensure that both the master consortium and local consortia are positioned for sustainability beyond the period of RCORP-Implementation funding.

Unique accomplishments of RCORP-P. The most important unique accomplishment during the RCORP-P grant period was the establishment of the COP-RCORP community of practice. This integrated community leaders in each of the five communities, faculty and professional staff from OHIO, and research scientists from PIRE using a hub-and-spoke model. While the Consortium was initially convened by Ohio University (OHIO) and the Pacific institute for Research and Evaluation (PIRE), COP-RCORP’s approach extends beyond traditional community-focused training and technical assistance efforts. Instead, the Consortium represents a shared commitment to address OUD in a way that honors community competence through the principle of co-creation and develops capacity through a community of practice approach. From the outset, the Consortium integrated the principle of co-creation to ensure that PIRE and OHIO are working “with” the local consortia as partners, instead of doing things “to” or “for” them. Co-creation recognizes community partners as assets and helps members impact OUD at the local level by capitalizing on the key strength of the Consortium – the shared and accumulated knowledge acquired through trusting relationships between its members and synergy across participating COP-RCORP organizations.

In addition, the five local consortia shared their perspectives on the unique accomplishments of the RCORP-Planning grant in their communities.

In Ashtabula County...

“The Workforce Plan taught us how the lack of workforce development was impacting access to services and our local providers. Resources provided via technical assistance of the master consortium and on-line learning opportunities assisted in identifying concrete goals to address the workforce gaps.”

In Fairfield County...

“We would have continued to flounder with little or no direction, poor participation, and eventually the Opiate Task Force may have just ceased to exist. As it was, the grant helped us to recruit new members, develop a clear plan, implement some strategies, experience some successes, and all of this has brought new life and energy into the Task Force.”

In Sandusky County...

“The RCORP-Planning grant has helped to bring Project Dawn trainings and distribution to our community. This has been something that partners have been reluctant to do, but RCORP-Planning helped the consortium to realize the need, have the conversation and to engage the partners.”

In Seneca County...

“The Seneca County Opiate Task Force had not previously taken such a close look at our county data regarding recovery, treatment and prevention. This grant offered the opportunity to take a closer look through that data and identify problem areas along with their root causes.”

In Washington County...

“We were able to accomplish new collaborative working relationships with four other counties, who are experienced with multi-county collaboration on grants and have had structure to their (consortium) longer than Washington County.”

Suggestions for FORHP. FORHP has done a very good job of supporting the RCORP-Planning grants and of being a good steward of the additional resources provided to FORHP to address the opioid epidemic. FORHP staff have been creative and have gone the extra mile to support grantees, despite a significantly increased workload. The COP-RCORP consortium is grateful for the support we have received from our federal project officers. If this funding level is sustained at FORHP, we recommend that additional project officers and support staff are hired to help FORHP better manage its growing portfolio of grant awards.

Technical Assistance by JBS

Benefit to consortium. The technical assistance provided by JBS was helpful to the development of the COP-RCORP consortium. Webinars helped consortium members expand their knowledge, skills, and attitudes around the opioid epidemic and around best practices for responding to it. Consortium members also appreciated the significant one-on-one engagement from our TEL, John Roberts. When he went on medical leave, responsiveness of JBS dropped, but we recognize that other JBS staff went above and beyond to provide support in his absence.

Our temporary TEL was challenging to work with, and these interactions pushed us to incorporate a variety of different strategies in our strategic plans—improving those plans.

Method of beneficial TA. As part of Cohort 1 of the RCORP-Planning grant program, we recognize that this planning year was a start-up of a major federal grant program. We appreciated the email-based TA, webinars, and the monthly meetings with our TEL. We also are grateful that our TEL came to Ohio. We do not have additional suggestions on other types of beneficial TA as the recently released RCORP-TA portal addresses the needs we identified during our RCORP-Planning grants.

Helpful content. The COP-RCORP Consortium have benefited from additional TA content around stigma (best practices for ameliorating it at the community level) and on how to bolster PDMP programs when utilization is mandated by state law (as in Ohio).

Funding needed for OUD/SUD. COP-RCORP communities are telling us that meth and other substances besides opioids are emerging as significant public health concerns. Our communities indicate that they need flexible funding that allows them to address a variety of issues and substances around SUD. They also indicated that one of the most valuable aspects of the RCORP-Planning process was its focus on capacity development. In the future, COP-RCORP communities indicated that they also need funding to continue to build capacity to address SUD/OUD, along with other critical physical, behavioral, and mental health issues in their communities.

Additional External SUD/OUD Award Funding

Throughout the RCORP-Planning grant, OU-GVS and PIRE compiled and updated a list of external OUD/SUD funding received by COP-RCORP consortium members. A final list of OUD/SUD funding accompanies this report; however, due to its large volume, the list will be uploaded as an Excel file in the EHB.

Appendices

Appendix A. COP-RCORP Planning Consortium Members

	Street Address	Primary Contact	Member EIN	Facility Type	Sector	Role in Community	HRSA-Designated Rural?	Added After RCORP-P Proposal?
Ohio University Voinovich School of Leadership and Public Affairs	Building 21, The Ridges 1 Ohio University Athens, OH 45701	Holly Raffle (740) 597-1710	31-6402113	Institution of Higher Learning	Education	Training, TA, Evaluation	Yes	No
Pacific Institute for Research and Evaluation	One Riverfront Plaza, 401 West Main Street, Ste 2100 Louisville, KY 40202	Matt Courser (614) 746-5670	94-2243283	Research Institute	Private Non-profit	Training, TA, Evaluation	No	No
Ashtabula County MHRSB	4817 State Road, Suite 203, Ashtabula, Ohio 44004	Miriam Walton (440) 992-3121	34-6000128	County Behavioral Health Authority	Public Health	Coalition Member, Leadership Team	Yes	No
Fairfield County ADAMHS Board	108 W. Main St., Suite A Lancaster, OH 43130	Toni Ashton (740) 654-0829	31-6400066	County Behavioral Health Authority	Public Health	Coalition Member, Leadership Team	Yes (Tracts)	No
Sandusky County Health Department	2000 Countryside Drive Fremont, OH 43420	Bethany Brown (419) 334-6377	34-6401312	Public Health	Public Health	Comm. Health, Leadership Team	Yes	No
Washington County Health Department	342 Muskingum Drive Marietta, OH 45750	Richard Wittberg (740) 374-2782	31-6400089	Public Health	Public Health	Convener, Leadership Team	Yes	No
MHRSB of Seneca, Sandusky, and Wyandot Counties	1200 North State Route 53 Tiffin, OH 44883	Mircea Handru (419) 448-0640	34-6401331	County Behavioral Health Authority	Public Health	Convener, Leadership Team	Yes	No

Appendix B. Final COP-RCORP Planning Work Plan

CA 1: Developing and strengthening the consortium			
Objective(s)	Key Action Step(s)	Person / Area Responsible	Timeline
1a. MOA with COP-RCORP consortium 1b. Build and strengthen consortia 1c. MOA with community consortia	1a. Complete Master Consortium MOA or Addendum to Ensure all HRSA-required elements are included. 1b. Fieldwork for pre-post capacity survey	1. PIRE 2. Ohio University 3. Master Consortium Members	2/28/19 Complete; Uploaded into EHB on 8/20/19
	1c. Establish connections with community partners. 1d. Meet with consortium member to draft MOA that all partners can agree upon	Local consortia project leaders	5/15/19 Initial local consortia (4 members) MOA. Complete; uploaded into EHB on 8/20/19
Strategy for dissemination	Copies of the Master Consortium MOA were disseminated to each consortium leader and were posted on the COP-RCORP website. Each local consortium member received the MOA.		
Strategy for engagement	Master and local consortium leaders met to decide the content and format of the MOA. Local consortia determined who should receive capacity survey and ensured that those individuals engaged with the survey.		
Strategy for maintaining commitment	Because the MOAs included all HRSA-required elements, the MOA helped members maintain commitments. Consortia reviewed MOAs as needed to maintain commitment. Data from the capacity survey was cycled to communities to identify area for further consortium development.		
CA 2: Conducting a detailed analysis to identify opportunities and gaps in OUD prevention, treatment (including MAT), and/or recovery workforce, services, and access to care within the target rural service area and existing federal, state, and local OUD resources that could be leveraged within the rural community			
Objective(s)	Key Action Step(s)	Person / Area Responsible	Timeline

<p>2a. Evaluate the missing pieces of the needs assessment as submitted with proposal and identify needed elements.</p>	<p>2a. Determine missing pieces (gaps) in community consortia needs assessment as submitted</p>	<p>1. Local Consortia Members 2. PIRE 3. OU</p>	<p>Complete</p>
<p>2b. Communicate these needs and work with community partners to find the missing data</p> <p>2c. Reconvene and revise the needs assessment to ensure that the data are relevant and updated to address the strategic plan</p>	<p>2b. Communicate gaps and data needs to community consortia members and partners</p> <p>2c. Work with community partners to find missing data particularly partners in treatment and recovery</p> <p>2d. Selected data elements from capacity survey will be integrated into consortia needs & gap assessments.</p>	<p>2b.&2c. Community consortia leads and members; support from PIRE and OU as needed.</p>	<p>Complete</p>
	<p>2e. Meet as a full COP-RCORP consortium to review local consortia needs assessments and to assess services and access to care needs.</p> <p>2f. Update the gap analysis filling in relevant and up-to-date data</p>	<p>COP-RCORP Master Consortium and Local Consortia Leads.</p>	<p>Complete and uploaded into EHB</p>
<p>Strategy for dissemination</p>	<p>Kick-off Virtual learning community, email, and TA calls</p>		
<p>Strategy for engagement</p>	<p>Communication with all members of the COP-RCORP master consortium to fill data gaps and to identify service/workforce gaps. Local consortia determined who should receive capacity survey and what elements would be useful for their needs and gap assessments.</p>		
<p>Strategy for maintaining commitment</p>	<p>Pre, Post, and Follow-up email and TA calls; collaborative discussion and constructive shared working sessions. Local consortia determined how their communities could best benefit from the capacity survey data.</p>		

CA 3: Developing a comprehensive strategic plan that addresses the gaps in the OUD prevention, treatment (including MAT), and/or recovery services and access to care identified in the analysis

Objective(s)	Key Action Step(s)	Person / Area Responsible	Timeline
3a. Using the data generated from the needs and gaps assessment, develop a logic chain to address community OUD	3a. Develop a logic chain that identifies an OUD problem of practice, intervening variable, and root cause. 3b. Each of the above will be grounded in data gathered during the gap analysis and specific to each community.	1. PIRE 2. Ohio University 3. Master Consortium Members	Complete
3b. The logic chain will develop into a strategic plan that identifies necessary evidence-based strategies that will prove effective in COP-RCORP communities	3d. Root causes will point to CSAP relevant, evidence-based strategies that are community-relevant. 3e. Plans will be required to address services and access to care and incorporate plans for reducing costs of uninsured patients.	COP-RCORP Master Consortium and Local Consortia Leads	Complete
3c. Leverage existing federal, state, and local OUD resources and secure community support	3f. COP-RCORP community consortia strategic plans will be evaluated to ensure that partners are adequately leveraged, & resourced.	COP-RCORP Master Consortium and Local Consortia Leads	Complete and uploaded into EHB
Strategy for dissemination	Virtual learning communities and monthly work session calls.		
Strategy for engagement	Community consortia participated in multiple learning community meetings and local consortia meetings to address strategic planning, engaging community partners, and leveraging local resources.		

Strategy for maintaining commitment	Sharing successes during consortium meetings. TA calls from PIRE and OU staff and follow-up emails to engage community consortia in completing strategic plans and in addressing challenges/barriers.		
CA 4: Developing a comprehensive workforce plan that addresses the gaps in OUD prevention, treatment, and/or recovery workforce identified in the analysis			
Objective(s)	Key Action Step(s)	Person / Area Responsible	Timeline
4a. Work with local workforce development partners to identify gaps in employment and workforce needs	4a. Develop a workforce gap analysis assessment plan. 4b. The above will be grounded in data gathered during the gap analysis and specific to each community.	1. PIRE 2. Ohio University 3. Master Consortium Members	Complete
4b. Relevant community data will point to consistent need and strongest workforce development priorities to develop workforce plans	4c. Workforce plans will be individualized and community-relevant. 4d. Plans will be required to incorporate plans for reducing costs of uninsured patients.	COP-RCORP Master Consortium and Local Consortia Leads	Complete
4c. Develop plans to train and retain new and existing substance use disorder providers within the consortium	4e. Workforce plans will be evaluated to ensure that existing community partners are adequately leveraged, and resources are in place.	Community Consortia key personnel: Behavioral health partners, workforce and labor offices, and other consortium members	Complete and uploaded into EHB
Strategy for dissemination	Learning community approaches and utilization of COP-RCORP website. Community consortia collectively assessed the gaps in their workforce via a virtual learning community. Utilization of COP-RCORP website.		
Strategy for Engagement	Face to Face Learning community - after the VLC, Community Consortia attended a LC to address workforce planning, engaging community partners, and developing plans for training and retaining new providers.		
Strategy for maintaining commitment	Sharing successes during consortium meetings. TA calls from PIRE and OU staff and follow-up emails to engage community consortia in completing workforce plans and in addressing challenges/barriers.		

CA 5: Completing a sustainability plan that identifies strategies for sustaining the consortium and operationalizing the activities proposed in the strategic and workforce plans beyond the one-year period of performance and developing quantifiable metrics that will be used to assess the impact of future activities

Objective(s)	Key Action Step(s)	Person / Area Responsible	Timeline
5a. Complete the sustainability Module	5a. Distribute and communicate instructions on the sustainability module 5b. Complete the sustainability module	1. PIRE 2. Ohio University 3. Master Consortium Members	Complete
5b. Complete sustainability plans based on what is most challenging for individual communities	5c. Determine based on the data what is most challenging for each community consortia in terms of sustainability 5d. Develop a sustainability plan that addresses challenges	COP-RCORP Master Consortium and Local Consortia Leads	Complete and uploaded into EHB
		COP-RCORP Community Consortium members	
Strategy for dissemination	Learning community approaches and utilization of COP-RCORP website. Community consortia collectively developed sustainability plans and sustainability strategies.		
Strategy for engagement	Virtual learning communities as well as an in-person learning community were used to address sustainability planning and development of sustainability plans.		
Strategy for maintaining commitment	Sharing successes during consortium meetings. TA calls from PIRE and OU staff and follow-up emails to engage community consortia in completing sustainability plans, developing sustainability strategies, and in addressing challenges/barriers.		

CA 6: COP-RCORP Project Website development

Objective(s)	Key Action Step(s)	Person / Area Responsible	Timeline
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<p>6a. Create project website to disseminate strategies, tools, and local consortia products.</p> <p>(www.communitiesofpractice.rcorp.com)</p>	<p>6a. Decide on website template and design</p> <p>6b. Upload materials, recorded VLCs, and handouts/tools to website as they are completed</p> <p>6c. Disseminate website link via follow-up emails with community consortia</p> <p>6d. Utilize website actively during learning communities.</p>	<ol style="list-style-type: none"> 1. PIRE 2. Ohio University 3. Master Consortium Members 4. Global Insight 	<p>First brought online in Dec. 2018.</p> <p>Updated & expanded weekly during project period.</p>
<p>Strategy for dissemination</p>	<p>Pre, Post, and Follow-up emails; Work with website during learning communities and during master/local consortium meetings.</p>		
<p>Strategy for engagement</p>	<p>Active utilization of www.communitiesofpractice.rcorp.com as a resource for community consortia. Community-responsive design.</p>		
<p>Strategy for maintaining commitment</p>	<p>N/A</p>		
<p>Strategy for sustainability and extension of impact</p>	<p>Resources, materials, and products remain freely available to COP-RCORP communities and to other communities/coalitions/members of the public.</p>		

Appendix C. RCORP Core Measures

#	Measure	Ashtabula	Fairfield <i>(includes data for entire county; service area is rural census tracts)</i>	Sandusky	Seneca	Washington	Total for COP-RCORP Consortium
1 Core	Total population in service area <i>(Data Source: United States Census Bureau, 2018 estimates)</i>	97,493	155,782	58,799	55,207	60,155	271,654
3 Core	Number of non-fatal opioid overdoses in service area in past 6 months <i>(Data Source: Ohio Department of Health, Bureau of Vital Statistics, Ohio Death Certificate File, July-December 2018)</i>	563	344	125	219	157	1,409
4 Core	Number of fatal opioid overdoses in service area in past 6 months <i>(Data Source: Ohio Department of Health, Bureau of Vital Statistics, Ohio Death Certificate File, July-December 2018)</i>	18	11	4	7	5	45
5 Core	Total number of healthcare providers with DATA waiver <i>(Data Source: Ohio Department of Mental Health & Addiction Services, December 2019)</i>	13	45	2	6	13	79
	Practitioner-DW/275	2	7	0	1	3	13
	Practitioner-DW/100	0	5	0	1	2	8
	Practitioner-DW/30	4	12	1	2	5	24
	MLP-Nurse Practitioner-DW/275	0	1	0	0	0	1
	MLP- Nurse Practitioner-DW/100	2	6	0	1	1	10
	MLP- Nurse Practitioner-DW/30	4	12	1	1	0	18
MLP-Physician Assistant-DW/30	1	2	0	0	2	5	

Appendix D. RCORP-Planning Activity Measures

#	Measure	Definition
6	Identify the types and number of organizations in the consortium	<p><i>Please report the types and number of member organizations in your consortium.</i></p> <p><i>NOTE: Consortium members are defined as members who have signed a Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) or have a letter of commitment to participate in the consortium</i></p> <p><i>Health care providers:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Critical access hospitals or other hospitals <input type="checkbox"/> Federally qualified health centers (FQHCs) <input type="checkbox"/> FQHC Look-alikes <input checked="" type="checkbox"/> Local or state health departments <input checked="" type="checkbox"/> Mental and behavioral health organizations, practices, and providers <input type="checkbox"/> Methadone Center <input type="checkbox"/> Opioid treatment programs (OTPs) <input type="checkbox"/> Primary care practices and providers <input type="checkbox"/> Rural health clinics <input type="checkbox"/> Ryan White HIV/AIDS clinics <input type="checkbox"/> Sole community hospitals <input type="checkbox"/> Substance abuse treatment providers <input type="checkbox"/> Other medical agencies and organizations (Please specify) <p><i>Other organizations:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Cooperative extension system offices <input type="checkbox"/> Criminal justice (e.g., probation and parole) <input type="checkbox"/> Emergency medical services entities <input type="checkbox"/> Faith-based organizations <input type="checkbox"/> Healthy Start sites <input type="checkbox"/> HIV and HCV prevention organizations <input type="checkbox"/> Law enforcement <input type="checkbox"/> Maternal, infant, and Early Childhood Home Visiting Program local implementation agencies <input type="checkbox"/> Poison control centers <input type="checkbox"/> Primary Care Associations <input type="checkbox"/> Primary Care Organizations <input type="checkbox"/> Prisons <input type="checkbox"/> School systems

		<input type="checkbox"/> Single state agencies (SSAs) <input type="checkbox"/> State Offices of Rural Health (SORHs) <input type="checkbox"/> Tribes/Tribal Organizations <input checked="" type="checkbox"/> Other social service and non-medical agencies and organizations (Please specify) University; nonprofit research organization
7	Define your service area	<p><i>Please select the option that best describes your project's service area:</i></p> <input type="checkbox"/> Multiple states <input type="checkbox"/> State <input checked="" type="checkbox"/> Multiple counties <input type="checkbox"/> Single county <input type="checkbox"/> Partial county (census tract(s) within counties)
		<p><i>Identify the state(s) included in the project service area: Ohio</i></p>
8	Indicate the total number of consortium meetings conducted in the past 6-months	<p><i>Please report the total number of consortium meetings conducted in the past 6-months in which the majority of consortium members (>75%) participated.</i></p> <p>6 consortium meetings. Meetings occur on the last Tuesday of every month.</p> <p>NOTE: Meeting types may include: face-to-face, via teleconference, or via webinar. Consortium members are those that signed MOU, MOA, or letters of commitment.</p>
9	Please check any/all activities included in your program	<p><i>Please indicate the types of activities included in your program during the past 6-months as a result of RCORP funding (please check any/all activities that apply):</i></p> <input type="checkbox"/> Creating subcommittees <input type="checkbox"/> DATA Waiver/MAT trainings <input type="checkbox"/> Hosting town halls, focus groups (or other community education/outreach) <input type="checkbox"/> Naloxone training/distribution <input type="checkbox"/> Overdose reversal reporting <input type="checkbox"/> Provider usage of Prescription Drug Monitoring Program (PDMP) data <input type="checkbox"/> Telehealth <input type="checkbox"/> Training on prescribing guidelines <input checked="" type="checkbox"/> Other (please specify) <p>This was a planning grant that involved coordinated planning across 5 local consortia. As such, each local consortium completed strategic plans in the areas of supply reduction (prevention), demand reduction (prevention), harm reduction (prevention; overdose reversal), treatment, recovery, workforce development, and sustainability.</p>

10	Will the consortium continue to operate after the Federal grant funding period?	<p><i>Please indicate if the consortium and/or activities of the consortium will continue to operate after the Federal grant period of performance by choosing one of the options below:</i></p> <p><u> X </u> <i>Yes, the consortium and/or activities of the consortium are expected to operate after the period of performance.</i></p> <p><u> </u> <i>No, the consortium is not expected to continue after the period of performance.</i></p>
11	Select funding sources for sustainability	<p><i>Please indicate the type(s) of sources of funding for sustainability using the following categories (please check all that apply) and amount for each, if applicable:</i></p> <ul style="list-style-type: none"> <input type="radio"/> Contractual Services \$_____ <input type="radio"/> Fees charged to individuals for services \$_____ <input type="radio"/> Foundations \$_____ <input type="radio"/> Fundraising/ Monetary donations \$_____ <input type="radio"/> In-kind contributions (defined as donations of anything other than money, including goods or services/time.) <input type="radio"/> Membership Fees/Dues \$_____ <input type="radio"/> None <input type="radio"/> Other Federal grants (non-HRSA) \$_____ <input type="radio"/> Other HRSA grants (non-RCORP) \$_____ <input type="radio"/> Program Revenue \$_____ <input type="radio"/> RCORP MAT-Expansion \$_____ <input type="radio"/> RCORP-Implementation \$ <u> X </u> <input type="radio"/> Reimbursement from third-party payers (e.g. private insurance, Medicare, Medicaid) \$_____ <input type="radio"/> State grants \$_____ <input type="radio"/> Other - Specify: Appalachian New Economy Partnership. ANEP is funded through a dedicated line item (GRF 235428) in Ohio's biennium operating budget. \$ <u>TBD</u>

12	Number of providers, paraprofessionals, and community members (non-providers) who received general SUD education or training	<p><i>Please report the total number of providers, paraprofessional staff, and community members (non-providers) who participated in direct substance use disorder education or training activities within the past 6-months as a result of RCORP funding. For each topic area, please provide the number of participants in each category: Providers, paraprofessional staff (e.g. peer support staff, care managers, care navigators, other recovery support staff) and community members (neither providers nor paraprofessional staff).</i></p> <table border="1" data-bbox="680 381 1892 613"> <thead> <tr> <th>Education or Training Activities</th> <th># of Providers</th> <th># of Paraprofessionals</th> <th># of Community Members</th> </tr> </thead> <tbody> <tr> <td><i>Mental health first aid</i></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><i>Naloxone training</i></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><i>Prescribing guidelines</i></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><i>Stigma reduction</i></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><i>Other (specify)</i></td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><i>Other (specify)</i></td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Education or Training Activities	# of Providers	# of Paraprofessionals	# of Community Members	<i>Mental health first aid</i>	0	0	0	<i>Naloxone training</i>	0	0	0	<i>Prescribing guidelines</i>	0	0	0	<i>Stigma reduction</i>	0	0	0	<i>Other (specify)</i>	0	0	0	<i>Other (specify)</i>	0	0	0
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