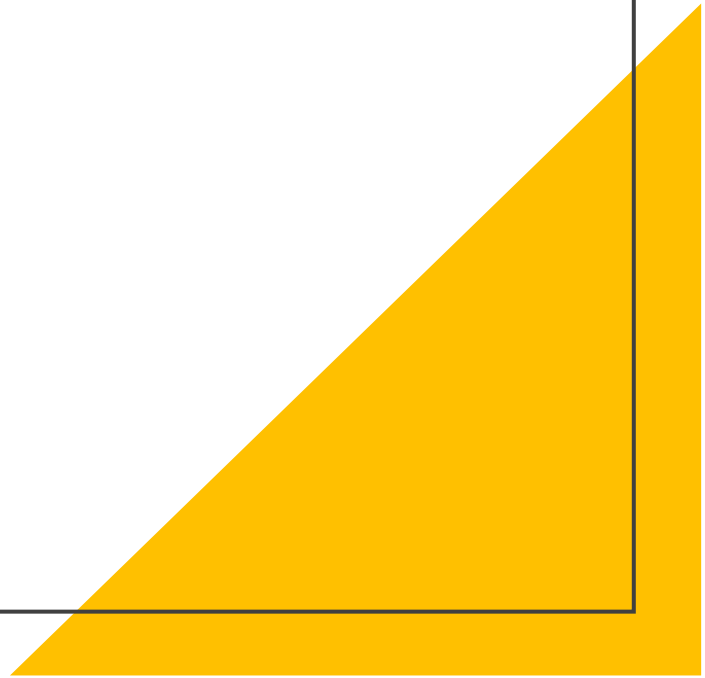# Planning for Success

Guaranteed Political Subdivision

- <u>Presented by</u>: Dr. Pam Imm
- <u>Presentation date</u>: 10.6.23 Coffee Chat (SCORF)

Agenda

Three Initial Steps

1) <u>Select</u> location/setting,

2) <u>Gather</u> general information,

3) <u>Organize</u> community for assessment, action planning, implementation, and evaluation

Putting together A PLAN

Assess needs/resources in the community

Prioritize problem areas based on needs

Link/Collaborate to ensure success

Action steps for strategies, programs, policy changes

Name desired outcomes for evaluation/measurement

Long-Term Goal

Goal is to reduce opioid misuse and related consequences in the county/municipality by implementing comprehensive plan inclusive of evidence-based and multi-strategy approaches for all risk levels.

To ensure progress toward goal:

1. Operationalize the problem using a public health approach
   - Host (individual) and Agent (opioid) interacts in an environment
2. Comprehensive assessment of risk factors contributing to problem(s)
3. Multiple strategies across multiple domains for all populations
4. Ongoing monitoring of implementation and evaluation of outcomes.

Initial Steps

1. **Define location** (e.g., county/municipality)

2. **Collect general information about the location/population**

   - Size/demographics of population, urban/rural, ages, distinct features
   - Where: Census data (www.census.gov),
   - Data USA https://datausa.io/profile/geo/lexington-county-sc
   - Alice website (https://unitedforalice.org)
   - SC Joint Legislative Council on Children: https://www.sccommitteeonchildren.org/
   - County reports/documents (e.g, law enforcement, coroner, schools, health care, DSS, etc.).

Initial Steps (continued)

3. Convene coalition/committee to plan and conduct assessment

- Key stakeholder groups, including those with lived experience
- Include county agencies, schools, faith-based, universities, nonprofits, 301s
- Ensure diversity and inclusion in all parts of the assessment process
- Specify roles/responsibilities of each committee member
- Develop relevant questions to address

Potential Risk Factors for Opioid Misuse
(examples)

Environmental Factors:

easy availability of substances,

favorable attitudes toward use,

marketing/promotion drug supply,

family history/use, etc.

Individual Factors:

gender,

psychological conditions,

early use of substances,

traumatic experiences (ACES),

low perception of risk of harm, etc.

Developing **A PLAN**

Assess needs/resources in the community

Prioritize problem areas based on needs

Link/Collaborate to ensure success

Action steps for strategies, programs, policy changes

Name desired outcomes for evaluation/measurement

(A)PLAN
Assess Needs/Resources in the Community

Assess Community Needs Regarding Opioids

What are the underlying needs and conditions to be addressed?

a) What is the extent of the problem (Opioid Misuse, Opioid Use Disorder, Nonfatal and Fatal Overdose, etc.)?

b) Where is this problem (or risk of problem) occurring?

c) Who is affected (or risk of being affected) by the problem?

d) What disparities exist in the county for accessing services?

e) What are the gaps in services/programs/resources to abate the problem?

Assess Needs/Resources in the Community
(continued)

- Secondary Data Collection: Existing information (Just Plain Killers)
  - Hospitalizations for overdose, opioids prescriptions dispensed, EMS administered Narcan, nonfatal and fatal overdoses, opioid misuse by youth
  - Kidscount, Data reports (schools, county-level reports, etc.)

- Primary Data Collection: Need to collect
  - Interviews: in-person, zoom, phone (interview guide)
  - Community listening sessions-divide county by zip code. (list of questions)
  - Focus groups- usually group by categories (e.g., providers, lived experience, justice involved)
  - Town Hall meetings – gather input from attendees via discussion, paper/pencil, computer (list of questions)

A(P)LAN
Prioritize Needs

- Analyze/summarize information according to assessment questions.

- Prioritize needs (e.g., seriousness, numbers affected, changeability, cost, likelihood for best results, etc.)

- Link potential strategies with needs for populations

Universal Strategies	Targets whole population	Example: well-baby checks, seat belts
Selected Strategies	At higher risk because of status	Example: College age/hire risk for alcohol poisoning; Family history of addiction, traumatic events
Indicated Strategies	At highest risk because of prior experience	Example: prior nonfatal overdose predicts future overdose

A P(L)AN
Link/Collaborate for Success

- Collaborate during planning phase

- Continue collaboration during assessment phase

- One agency or department cannot solve this complex problem alone
  - County agencies (e.g., EMS – visit those who have experienced OD, etc.)
  - Hospitals (e.g., link to services, peer support specialists in ED, etc.)
  - Schools (e.g., allow evidence-based programming in schools, etc.)
  - Alcohol/drug agencies (e.g., evidence-based treatment, prevention, etc.)
  - Nonprofits (e.g., linkages to care…education, housing, workforce)
  - Groups focused on populations (e.g., veterans, employers, LGBTQ, Latinx)
  - Recovery Community Organizations (e.g., train peer support specialists, etc.)

A PL(A)N
Action Steps Strategies, Programs, Policy Changes

- **Goal** – To reduce overdose deaths in county

- **Objective** (SMART) Specific, measurable, achievable, realistic, time-bound
  - By 12.31.24, repeat nonfatal overdoses will decrease by 10% as measured by hospital records and coroner reports.

- **Strategy:** Begin Medication Assisted Treatment (MAT) in hospitals (Policy Change)

    Engage EMS to do post-overdose outreach to those released (Program)

    Distribute Fentanyl and Xylazine test strips (Strategy)

    Provide Naloxone to families (Strategy)

    Provide linkages to treatment and recovery support options (Strategy)

A PL(A)N
Action Steps Strategies, Programs, Policy Changes

- **Goal** - To reduce availability of unused prescription drugs in county

- **Objective -** (SMART) Specific, measurable, actionable, realistic, time-bound
  - By 8.31.24, the numbers of prescription drugs collected during the two "take back" events during the year will increase by 20% as measured by the pounds of medicine collected by DEA.

- **Strategy** - Promote take back days in communities and schools
  Incentivize getting rid of unwanted, unused expired medicine
  Increase opportunities for Take Back sites in the county

A PLA(N)
Name Indicators for Evaluation/Measurement

Potential Indicators for Two Examples

Example #1 Reduce overdose	Example #2 Reduce drug availability
ED admissions for nonfatal drug overdose	Misuse of prescription drugs
Successful linkages into treatment and/or recovery	Misuse of prescription pain medicine

Summary

- Counties/municipalities should determine the best strategies for how to ensure that their funds are being implemented in an accountable manner.

- Comprehensive planning will ensure that agencies/organizations can collaborate to ensure that evidence-based practices and programs are coordinated to promote high-quality implementation.

- Key risk factors (individual, family, and community) as well as protective factors should be reviewed and assessed when relevant.

- The county/municipality is responsible for success, not one agency.

- A focus on new trends (moms drinking) and emerging drugs (xylazine) will require vigilance and potentially new strategies for implementation.

Questions

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