

Project Title: Recovery Community Organization Outreach Project in Hancock County, Ohio

1. Description of the Issue

The Hancock County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board in Ohio is the applicant agency for Category 1, Subcategory C. The Board, as a public entity, determines the direction of mental health and substance use disorder services, and contracts for these services through local providers. The proposed project will enhance peer recovery support services and increase access to transitional or recovery housing for individuals 18 years and older who have a history of opioid, stimulant, or other substance use disorders and are either at risk or involved in the criminal justice system in Hancock County.

Unintentional fatal drug overdose continues to be the leading cause of accidental deaths in Hancock County, Ohio; these deaths are preventable and represent an unacceptable loss of life. According to the Hancock County Opioid and Addiction Task Force, emergency department (ED) visits related to drug overdoses increased 144% from 2013-2020 and overdose fatalities increased 100% in the same time period. Blanchard Valley Health System, the local hospital, reported 232 adult overdose related visits to their ED during 2020; ED visits saw no change from the year prior to the COVID-19 pandemic in 2019. Of those visits, 68% were people between 18-39 years old.¹

Between 2013 and 2020, drug-related incarcerations increased by 73%; during 2019 and 2020, 25% of all jail admissions were related to drugs. While opioids continue to be a major concern in the community as reflected by a 43% increase in incarcerations due to opioids from 2013 to 2020, cocaine related jail admissions increase by 187% during the same period indicating an emerging issue in our community. In 2020 alone, 61% of drug-related jail admissions were due to stimulants. The well-documented link between illicit drug use and

crime^{2,3,4} call for harm reduction and risk mitigation strategies that are critical to achieving long-term recovery pathways.

Hancock County is located in northwestern Ohio, approximately 40 miles south of Toledo and 100 miles from Columbus, Dayton, and Detroit in Michigan. Hancock County is home to about 75,000 people, with more than half (about 41,000) residing in the “micropolitan” county seat of Findlay. It is a rural area with a population density of about 140 residents per square mile. Most are white (94%) and about 11% live below the federal poverty line. English is the most common language; 2% speak Spanish.⁵ The area has high-profile Fortune 500 companies including Marathon Petroleum Company and the Cooper Tire and Rubber Company. The Whirlpool Corporation and several large distribution centers also have significant operations here. Despite having many strengths as a community with dedicated service providers and local leaders, Hancock County has had an influx of heroin, fentanyl, and stimulants (i.e., cocaine), which has led to increasing overdoses, incarcerations, and drug-related pregnancies and births since 2009. To compound the situation, the County’s already over-taxed support systems are faced with addressing an ever-increasing need as individuals from outside of Hancock County seek recovery here. Over the past couple of years, the recovery center and recovery housing have seen an increase in services to people not originally from Hancock County. The impact of opioids, stimulants, and other substances on individuals, families, and our community is outpacing the currently available resources.

The need for long-term non-clinical recovery support services has long existed in Hancock County but the pandemic situation has significantly increased the level of need as well as the level of urgency. People in recovery who have a criminal justice record face challenges in our community that affect their ability to obtain and sustain their long-term recovery as they

need it and when they need it, especially after traditional clinical services (e.g., case management) end with behavioral health providers. According to FOCUS: Recovery and Wellness Community (FOCUS), a local peer recovery community organization, the following issues are some of the top challenges faced by individuals who have a criminal justice record and are trying to maintain their recovery: passing a drug toxicology screen, obtaining a living wage, lack of knowledge about existing resources, including transitional or recovery housing options, and limited transportation. Peer support

Hancock County initiated a community-wide effort to build a recovery-oriented system of care (ROSC) throughout the county in 2013 and is led by the Hancock County Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board. The Board as a public entity determines the direction of mental health and substance use disorder services, and contracts for these services through local providers. The ROSC framework sets the community up for sustainable efforts by involving a range of stakeholders to develop priorities, address challenges, and provide support as new initiatives are implemented. The ROSC aims to build a recovery system within communities by putting the person with a mental health and/or substance use disorder in the “driver’s seat” across the life span thereby enabling him/her to choose the path that will most likely lead to a successful outcome. It is based on the principles defined and developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and field experts.^{6,7,8} The ROSC approach requires a culture of health around addiction, thereby changing the community culture, access to care, with short- and long-term support. The framework has brought together a wide range of stakeholders (e.g., people in recovery, treatment providers, hospital, court system, family services, community leaders) to identify priorities and shared goals, develop networks, share information, and collect outcomes.⁹ Each episode of care

is part of a complete “continuum” designed to offer an opportunity for recovery in each treatment event and as the ultimate goal.¹⁰ The ROSC’s current goals call for broader community education to address awareness and stigma; design of community supported harm reduction interventions; enhance prevention based on local analyses; and enable solutions to strengthen resilience and grow peer/family supports to realistically address substance use, attain, and sustain recovery.

Recognizing that traditional behavioral health and criminal justice programs for individuals with an opioid, stimulant, or other substance use disorder may not be able to meet their need for a more specialized treatment approach has led to a closer partnership between public health and public safety. For example, in recent years, the ROSC has enabled rapid responses to address opioid abuse and overdose crises including trainings on naloxone administration and the distribution of naloxone kits, implementing an overdose fatality review, establishing the Hancock County Quick Response Team and LEAD[®] initiative. However, longer-term recovery support requires an enhanced focus and expanded need for non-clinical support services. The proposed project would provide much-needed resources to conduct community outreach in partnership with law enforcement, behavioral health and health providers, family members, and other key stakeholders, to better educate and coordinate recovery support services, including transitional and recovery housing options. This scope of service is critical to reduce and prevent overdoses and other consequences of substance abuse while building a community of resilience, empowerment, and hope.

Through this BJA COAP funding opportunity, the ADAMHS Board will leverage an existing multi-disciplinary approach that brings together law enforcement and other public safety officials with public health, treatment providers, and researchers to increase non-clinical

recovery support services based on evidence-based practices to better serve individuals in recovery who are at-risk or involved in the criminal justice system. Currently individuals come to FOCUS for recovery support services. This grant will provide the opportunity to engage individuals out in the community (i.e., police department, court, treatment facilities, etc.) and bring them into FOCUS for ongoing, long-term support. This reduces the need and burden on the individual to take the first steps to initiate and engage in with RSS. The proposed project will also evaluate the role of recovery support services in the continuum of care for individuals with substance use disorder. A foundation exists that can be built upon to save and improve lives.

2. Project Design and Implementation

The main goals of the proposed project are consistent with the Comprehensive Addiction and Recovery Act (CARA): (1) reduce the impact of opioids, stimulants, and other substances on individuals and the community (i.e., reduce recidivism and nonfatal overdoses) and (2) reduce the number of overdose fatalities. The geographic area where the project will be implemented is predominantly rural and the ratio of county residents to a behavioral health treatment provider that are available in Hancock County is about 580:1, compared to 380:1 for the state of Ohio.¹¹ The need for additional behavioral health treatment and recovery support services is evidenced by a 100% increase in fatal drug-related overdoses from 2013 to 2020 in our community.¹² A recent Community Health Improvement Plan (CHIP) report also found that residents' concerns about substance addiction and use disorders was a common theme. When residents were asked what worried them the most about living in Hancock County, responses included: *“The high rate of drug use and drug related deaths in our community”* and *“some people like to pretend there are no problems or that the problems of others shouldn't concern them so they act like the*

problems don't exist (especially drug abuse). Somewhat a 'head in the sand' mentality. Also, the divide between the upper and working class.”¹³

The project will support and enhance the comprehensive, locally driven responses to opioid, stimulants, and other substances of abuse that expand access to recovery support services across the criminal justice system by leveraging existing resources such as the LEAD[®] program, a collaborative law enforcement initiative for nonviolent drug offenders in Hancock County. The project activities will aim to: (1) expand availability and access to recovery housing and peer recovery support services; (2) increase coordination of services between criminal justice and recovery support service systems; and (3) conduct an evaluation of the project's impact.

Project Objective #1: expand the availability of and access to recovery support services, peer recovery support services, and recovery housing by partnering with FOCUS: Recovery and Wellness Community, a nonprofit, peer-led recovery community organization. This partnership will increase awareness and utilization of non-clinical recovery support services (RSS) and peer recovery support services (PRSS) that are meaningful to individuals initiating and sustaining their recovery from opioids, stimulants, or other substances. RSS currently available in the community include assistance to apply for public programs (e.g., TANF, Medicaid, SSDI), recovery housing, childcare, legal, employment, and vocational services. The proposed project will expand the community's capacity to provide additional RSS and PRSS such as financial literacy (i.e., personal financial management and budgeting skills), crafting a resume, preparing for job interviews, speaking in public, and general life skills (e.g., cooking nutritious meals and developing hobbies). These support services were identified by FOCUS staff and participants as necessary skills to sustain their long-term recovery and obtain improved quality of life outcomes.¹⁴

In addition, FOCUS will expand its outreach and delivery of existing volunteer peer-driven programs designed to support individuals on their recovery pathway: Battle Buddies for veterans and Recovery Guides. Both programs provide struggling individuals a personalized connection to recovery, regardless of their being connected to a treatment system or being engaged in a particular recovery pathway such as self-help and/or 12-step programs. For example, Recovery Guides support multiple pathways of recovery as they assist others to learn new skills, connect to resources, and build their lives in recovery. They provide peer support at FOCUS, in recovery housing, and within the larger community; providing quick access to support and resources when people need help. There are usually 10-20 Recovery Guides available at any given time and FOCUS attempts to train new Recovery Guides on a quarterly basis. Between October to December 2020, these volunteers provided 1,094 hours of peer recovery support to 274 adults.¹⁵

FOCUS also manages three recovery homes (one for men, one for women, and one for pregnant women), that are designed to help those seeking recovery from a substance use disorder rebuild their life and rejoin the community. The homes are certified by the Ohio Chapter of the National Association for Recovery Residences (NARR). Peer staff hired through this grant will ensure that residents are linked to longer-term RSS and PRSS, especially as they prepare to move on from the recovery home.

This proposed project will hire a full-time Project Coordinator, a full-time Criminal Justice Liaison, and a half-time Community Outreach Specialist through a subcontract with FOCUS. The additional staff capacity will increase awareness, referrals, and linkages to existing and expanded non-clinical RSS and PRSS by conducting much needed outreach throughout the communities within Hancock County. This resource will ensure that FOCUS truly has the

ability to “meet people where they’re at,” literally and figuratively. However, we recognize that peer workers in general are challenged with low living wages, limited professional development, and formal training.¹⁶ Peer staff will receive appropriate training (i.e., Recovery Guides) and mentorship from the FOCUS Executive Director and Project Coordinator. Peer specialists will reflect and adhere to the core competencies and principles: 1) being recovery-oriented; 2) PRSS are person-centered; 3) participation in PRSS is voluntary; 4) relationships are respectful, trusting, empathetic, collaborative, and mutual; and 5) PRSS are trauma-informed.¹⁷ Peer specialists will receive formal training to provide RSS using evidence-based practices such as Motivational Interviewing, Cognitive Behavior Therapy (CBT) techniques, and Contingency Management interventions. Motivational Interviewing method is a person-centered approach that helps individuals develop intrinsic motivation to empower and facilitate positive behavioral change based on their own goals.^{18,19} CBT is a type of psychotherapy that helps the individual understand how thinking interacts with how they feel and what actions they take. Applications of CBT have been efficacious in helping to foster motivation to achieve abstinence from substances and teach appropriate coping mechanisms.^{20,21} Contingency Management approaches or motivational incentives have also been shown to be effective in increasing treatment retention and promoting abstinence from drugs.^{22,23}

Other training opportunities for the Community Outreach Specialist and Criminal Justice Liaison will focus on risk management and harm reduction strategies such as Mental Health First Aid (MHFA), Wellness Recovery Action Plan (WRAP), Community Reinforcement and Family Training (CRAFT), cardiopulmonary resuscitation (CPR), and overdose reversals using Narcan. MHFA trainings are intended to empower the recovery community’s stakeholders to identify, understand, and respond to signs of substance use and mental health disorders by providing the

skills needed to support someone who may be experiencing a crisis. WRAP is a self-awareness tool designed to help people in their wellness process. CRAFT is a training to teach family and community members skills and strategies for engaging with their loved ones who are struggling with substance use. They will also participate in BJA sponsored training and technical assistance webinars and the annual Crisis Intervention Team (CIT) International Conference. These trainings increase our community's capital to better support individuals who are on a recovery pathway by teaching participants how to use positive reinforcement techniques and positive communication skills as well as learning about self-care, problem-solving, and goal setting.

Peer specialists will utilize FOCUS' electronic tracking system to ensure documentation of accurate and complete information on the frequency and types of RSS and PRSS provided to clients. All FOCUS staff have weekly supervision meetings with the FOCUS Executive Director and/or Project Coordinator who have a minimum of 3 years of related experiences supervising staff and peer volunteers.

Project Objective #2: increase coordination of services between criminal justice and RSS systems by leveraging existing resources among multi-disciplinary stakeholders including behavioral health organizations, criminal justice, and the local recovery community organization (FOCUS). For example, the Findlay Police Department implements Quick Response Team (QRT) in partnership with staff from the Family Resource Center, the local community behavioral health center. The QRT entails visiting a survivor of an opioid involved overdose within 72-hours to offer education and referrals to drug treatment agencies for assessment, detoxification, on-going addiction treatment and aftercare, and provide Naloxone. Hancock County also initiated a LEAD[®] program in mid-May 2020 under a current BJA grant. LEAD[®] – developed by coalition of law enforcement agencies, public officials, and community groups in

Seattle – is a pre-booking diversion program, grounded on a harm-reduction approach, for eligible “low-level offenders” who may be redirected from prosecution or jail to a community-based substance use disorder treatment program and social services.^{24,25} Due to the COVID-19 pandemic, the program participation has been limited however, the program had 34 referrals and 27 individuals who consented to participate in LEAD®.²⁶ While these are examples of critical work being done in Hancock County, limited resources do not allow for longer term follow-ups with individuals to sustain their recovery pathway. Therefore, we will expand and formalize processes (i.e., Memorandums of Understanding), coordinate services, and reduce barriers to recovery support services (RSS) through linkages with FOCUS, treatment service providers, and criminal justice agencies (e.g., Hancock County Sheriff’s Office, Adult Municipal Probate, Drug Court, and Findlay Police Department).

The ADAMHS Board currently facilitates a county wide effort to disseminate information about public campaigns, events, educational workshops, and other activities with a multi-disciplinary group of stakeholders who represent peer recovery community organization, veterans service, behavioral health providers, and commerce. This proposed project will enable staff capacity needed to expand upon this effort to coordinate and share information with law enforcement, municipal probate, and court systems. We will also expand and formalize working relationships with FOCUS and the Hancock County Municipal Probation to assist individuals in recovery who are/have been involved in the criminal justice system to obtain Certifications for Qualified Employment or to assist with record expungement where appropriate.

Project Objective #3: conduct an evaluation of the RSS and PRSS services to assess their impact on (1) reducing the impact of opioids, stimulants, and other substances on individuals and the community (i.e., reduce recidivism and nonfatal overdoses) and (2) reducing the number of

overdose fatalities. We will use mixed methods to address the following questions: (1) what RSS and PRSS are most helpful and least helpful for individuals with substance use disorder who are involved in the criminal justice system in Hancock County? (2) How have RSS and PRSS contributed to long term recovery, including unintended (positive and negative) outcomes? (3) What tools or trainings do peers (e.g., community outreach specialist and criminal justice liaison) need to be effective? (4) What are lessons learned from the project for effective peer involvement?

We propose to conduct data analyses of multiple existing data sources from public health and public safety departments to track trends on multiple indicators including overdose deaths, emergency department visits, inpatient hospitalization admissions, jail admissions, births with neonatal abstinence syndrome (NAS), drug court participants, drug involved arrests, and referrals to treatment from law enforcement and other public safety agencies (i.e., LEAD program). We will also develop a tracking system with FOCUS to document the frequency and type of RSS and PRSS provided to clients initiating and maintaining their recovery. This may be built into their current EHR system.

As part of the project's process evaluation of RSS and PRSS, we will document how individuals who are either at risk or involved in the criminal justice system initiate and sustain their recovery. The project will explore using a "journey mapping" technique with both FOCUS staff and clients to visually capture experiences by breaking down the steps that ultimately create a recovery pathway for individuals. Journey mapping has been used recently in health care to better understand the patient's experiences broken out by series of interactions and steps in their care that highlights the touchpoints within the health care system. The process contextualizes those phases of interactions and experiences so that the visual tool incorporates both the physical

and emotional journey as the patient moves through the health care system based on their episodes of care.^{27,28}

We will also conduct key informant interviews, focus groups, and/or surveys with the FOCUS staff, clients, and other stakeholders. Key informant interviews will allow the project to assess existing resources and the gaps in services as well as obtain feedback on how to improve services. The evaluation will include assessing training satisfaction, changes in knowledge, and intention to implement new knowledge into their recovery process. In addition, other measures can serve to assess positive effects such as changes in employment, housing, and personal relationships therefore, we will adapt existing questionnaires such as the Recovery Capital Scale.²⁹ The project team, consisting of the ADAMHS Board, FOCUS staff, and evaluators from Brandeis University will report back to the key stakeholders, including law enforcement officers, on a quarterly basis. Key stakeholders will have opportunities to provide feedback on project findings by helping to interpret and provide additional context to the data.

Table 1. Timeline of Key Project Activities

| Project Objectives/Main Activities | Staff Responsible | Target Dates for Completion |
|--|--|------------------------------------|
| Objective 1. Expand the availability of and access to RSS, PRSS, and recovery housing | | |
| Subcontract with FOCUS for program implementation | ADAMHS Board | 10-30-2021 |
| Project team kick-off meeting | ADAMHS Board | 11-15-2021 |
| Establish detailed project workplan | Project Coordinator | 12-15-2021 |
| Hire Community Outreach Specialist, Criminal Justice Liaison | FOCUS Exec. Director/ Project Coordinator | 12-15-2021 |
| Obtain staff trainings on evidence-based practices and programs (e.g., CBT, Motivational Interviewing, MHFA, Recovery Guide, Battle Buddy) | Project Coordinator | 12-31-2021 and ongoing |
| Obtain staff trainings on harm reduction strategies (e.g., administering CPR and naloxone for overdose reversal) | Project Coordinator | 12-31-2021 and ongoing |
| Conduct outreach with key stakeholders about expanded RSS and PRSS | Project Coordinator | 12-31-2021 and ongoing |
| Finalize detailed project plan | Project Coordinator/ | 1-31-2022 |

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| | Evaluator | |
| Formalize processes with key stakeholders for referrals to RSS, PRSS, and recovery housing offered at FOCUS | Project Coordinator | 1-31-2022 |
| Implement expanded RSS and PRSS, as identified by key stakeholders | Community Outreach Specialist, Criminal Justice Liaison | 1-31-2022 and ongoing |
| Objective 2. Increase coordination of services between criminal justice and RSS systems | | |
| Kick-off stakeholder meeting | FOCUS Exec. Director/ Project Coordinator | 1-15-2022 |
| Establish MOUs with Police Department, Sheriff's Office, Municipal Probation, Drug Court, Treatment Organizations, and other stakeholders, as appropriate | ADAMHS Board/Project Coordinator | 2-28-2022 |
| Explore TTA options from BJA and COSSAP Resource team | Project Coordinator | 3-31-2022 and ongoing |
| Quarterly stakeholders meeting (including LEAD team and QRT) | Project Coordinator | 3-31-2022 and ongoing |
| Objective 3. Conduct a project evaluation | | |
| Subcontract for Evaluation Partner | ADAMHS Executive Director | 11-15-2021 |
| Develop detailed evaluation workplan | Evaluator | 12-15-2021 |
| Develop interview/focus group/survey instruments | Evaluator | 12-31-2021 |
| Report back to BJA on performance measures and project progress | Project Coordinator/ Evaluator | 1-31-2021 and quarterly |
| Obtain and analyze trends and outcomes data from public health and public safety organizations | Evaluator | 1-31-2022 and quarterly |
| Obtain and analyze RSS, PRSS, and recovery Housing utilization data from FOCUS electronic tracking system | Evaluator | 1-31-2022 and quarterly |
| Conduct community needs assessment (e.g., focus groups, key-informant interviews) | Evaluator | 3-31-2022 (1 st round) |
| Report to stakeholders on needs assessment | Evaluator | 4-30-2022 and ongoing |
| Report to stakeholders on performance metrics and outcomes data | Evaluator | 4-30-2022 and quarterly |
| Explore/conduct journey mapping process with individuals in recovery, including FOCUS staff | Evaluator | 9-30-2023 |
| Follow-up interviews/focus groups/ surveys with key stakeholders | Evaluator | 4-30-2024 (2 nd round) |
| Final report on program evaluation for BJA and other stakeholders | Evaluator | 9-30-2024 |
| Disseminate reports/papers for public | Project Coordinator/ | 9-30-2024 |

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| dissemination | ADAMHS Executive Director | |
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3. Capabilities and Competencies

The Hancock County ADAMHS Board, the prime applicant for this proposed project, is commissioned by the State of Ohio to plan, monitor, and fund mental health and substance use disorder recovery services for Hancock County residents. The volunteer Board is comprised of 18 residents who are appointed by the Ohio Department of Mental Health and Addiction Services and the Hancock County Commissioners. The Hancock ADAMHS has first-hand experience in implementing and sustaining an evidence-based system of care through building and implementing a community Health/Prevention, Wellness/Treatment, and Recovery-Oriented System of Care for adults and children with SUDs and co-occurring mental health and substance use disorders. As such, the Executive Director, Precia Stuby, LISW-S, will provide her expertise, as needed, to the project. She brings over 30 years of experience as a social worker and is a national leader in the behavioral health field. She will also ensure all required programmatic reporting is completed and submitted. The Finance Director, Rob Verhoff, will monitor and track funds and compile all required financial reporting for the grant by providing his expertise, as needed, to the project. As a form of local government, the ADAMHS will subcontract with other organizations to form the project team.

Grant funds will be used to subcontract with FOCUS: Recovery and Wellness Community, the local recovery community organization for the implementation of the project. FOCUS, established in 2001, is a nonprofit organization that supports individuals on their journey towards recovery from substance addiction, mental health and/or trauma issues in Hancock County. It is the only recovery community organization in the county, providing non-

clinical peer support and resources to help individuals improve their health and wellness, live self-directed lives, and sustain their recovery. FOCUS was originally established as a drop-in center for individuals impacted by severe and persistent mental health challenges; in fall 2014, it transformed using a peer-driven approach in response to the growing problem of substance use, particularly opioids and heroin. The shift also involved a complete overhaul of policies and procedures to be recovery-oriented and trauma-informed. FOCUS also manages three peer-led recovery homes and a youth (ages 13-18 years old) drop-in center called the LOFT. The FOCUS mission is to provide a holistic community supporting purpose and wellness through recovery. FOCUS aims to provide a warm, welcoming, and secure space for people to learn skills, meet new people, and just be themselves while providing information to the community and working to decrease stigma. FOCUS is guided by a Peer Planning Group which is entirely composed of peers in or seeking recovery and meets once a month to help plan and inform the direction of the organization and its programming.

The Project Coordinator (1.0 FTE), Criminal Justice Liaison (1.0 FTE), and Community Outreach Specialist (0.72 FTE) will be hired through FOCUS (job descriptions are attached). The Project Coordinator will be responsible for overseeing the overall project, ensuring project goals and objectives are met in a timely manner, managing the day-to-day operations of the project working under the supervision of the FOCUS Executive Director. The Project Coordinator's role will include: 1) work with all key community stakeholders (e.g., behavioral health providers, Sheriff's Office, Adult Probation Department, and Findlay Municipal Court) to ensure cross-communication and coordination of work, 2) coordinate with the FOCUS Executive Director and project team, including the evaluators, to obtain and analyze administrative and outcomes data, and identify gaps in community services, 3) ensure project operates in a way that

supports recovery, maintains a safe environment, and follows the principles of a Recovery-Oriented System of Care, 4) ensure the BJA performance measures, progress reports, and project manual are completed timely, 5) increase awareness of the project and report its progress to stakeholders. The Criminal Justice Liaison will be responsible for assisting officers with probationers as they deem appropriate; providing de-escalation assistance to participants; supporting participants by providing relatability to their experience and hope for the future; and providing appropriate referrals and resource connection to participants as needed. The Community Outreach Specialist will be responsible for supporting community agencies by providing groups and one-on-one time that create relatability to the participants experience and provide hope for the future; teaching group classes at multiple agencies in Hancock County; provide appropriate referrals and resource connection to participants as needed; and creating collaborations with local agencies to bring awareness to and about FOCUS, LOFT (youth drop-in center program), and Recovery Homes.

Existing leadership in the community includes members from the county public health department, behavioral health treatment provider community, health care systems, court system, business community, and individuals and families in recovery. We will coordinate and collaborate with other organizations including the Family Resource Center, Hancock County Sheriff's Office, Adult Probation Department, Findlay Municipal Court, and the Findlay Mayor's office to enhance the recovery support services (Letters of Support are attached). This project will benefit highly from the existing foundation which provides leverage of resources. For example, the Hancock County Sheriff's Office and the Mayor have committed to efforts that coordinate and refer participants to recovery support services.

For the evaluation component of the project, we will partner with Brandeis University's

Institute for Behavioral Health (IBH). IBH is part of the Schneider Institutes for Health Policy and Research within the Heller School for Social Policy and Management. Heller's mission is to drive positive social change through research, education, and public engagement that inform policies and programs designed to address disparities in well-being and promote social inclusion in a sustainable way. The premise of IBH is that health, behavior, and other systems of care can be better used to promote healthier lifestyles and to assist individuals to engage in behaviors that lead to better health and mental health – a prevention and recovery orientation. Meelee Kim, PhD will lead the evaluation for this proposed project. Dr. Kim has over 15 years of experience evaluating community-based behavioral health prevention and treatment programs using both quantitative and qualitative methods. She is currently the Lead Evaluator for other projects in Hancock County that are funded by BJA and SAMHSA. She will work closely with the FOCUS Executive Director and Project Coordinator to ensure the evaluation component of the project is being implemented as proposed as well as conduct data analyses and report back to various stakeholders. Member of the evaluation team are already familiar with needs of the community and the various stakeholders involved therefore, if funded, the project had the ability to launch without much startup time even if the hiring process of a Project Coordinator takes some time.

4. Plan for Collecting the Data Required for this Solicitation's Performance Measures

The ADAMHS Board, through its role and relationship with key community stakeholder organizations, already has a system in place that collects community level indicators, many of which are required by BJA, on a quarterly basis. Performance measures for BJA under the proposed *Recovery Community Organization Outreach Project* will be reported using multiple data sources from both criminal justice (e.g., jail admission, drug court, arrests) and public health/behavioral health (e.g., ED visits, fatal overdoses, substance use disorder treatment

admissions) systems. Other metrics will include referrals to RSS and PRSS from the criminal justice and formal treatment systems to FOCUS using their electronic database system (see Table 2). The Project Coordinator and Evaluators will work closely to obtain and analyze the necessary data to report on the project-specific performance measures onto BJA's PMT and JustGrants reporting platforms.

Table 2. Performance metrics

| Goal # | Performance measure | Data Source | Collection Frequency | Staff Responsible |
|--------|---|--|----------------------|-------------------|
| 1 | Number of developed protocols, MOUs for integration of RSS and PRSS with criminal justice and behavioral health systems | Meeting minutes and participant lists | Quarterly | PC |
| 1, 2 | # of people referred and/or eligible for RSS and PRSS | FOCUS electronic tracking system | Quarterly | PC, CJL, COS |
| 1,2 | # of unsuccessfully/successfully engaged in RSS and PRSS | FOCUS electronic tracking system | Quarterly | PC, CJL, COS |
| 1,2 | # and type of trainings received by Peer Staff | Project specific evaluation tool | Per training | PC, CJL, COS |
| 1,2 | # and type of trainings conducted by Peer Staff | Project specific evaluation tool | Per training | PC, CJL, COS |
| 1 | # of family/friends of program participants referred to recovery support services. | FOCUS electronic tracking system | Quarterly | PC, PE |
| 2 | # of participants who had subsequent fatal and nonfatal overdose events. | Project specific evaluation tool/ FOCUS electronic tracking system | Quarterly | PC, PE |
| 1,2 | Frequency and type of contacts between peers and program participants. | Project specific evaluation tool/FRC EHR | Quarterly | PC, CJL, COS |
| 1,2 | # of program participants who are re-arrested | Project specific evaluation tool | Quarterly | PC, PE |
| 1 | # of program participants who are employed | FOCUS electronic tracking system | Quarterly | PC, PE |
| 1 | # of program participants who experience homelessness | FOCUS electronic tracking system | Quarterly | PC, PE |

Notes: Goal #1 = Reduce impact of opioids, stimulants, and other substances on individuals and community; Goal #2 = Reduce number of overdose fatalities. PC = Project Coordinator; CJL = Criminal Justice Liaison; COS = Community Outreach Specialist; PE = Project Evaluator.

The evaluation outcome measures will include: fatal opioid-involved or stimulant-involved overdoses, ED visits for drug overdose, jail incarcerations, drug court participants, drug involved arrests, reentry outcomes, referrals to RSS and PRSS from criminal justice and treatment systems, length of RSS and PRSS engagement, abstinence, employment, housing, and personal relationships. Detailed records on numbers and types of support services provided through the project will be tracked using a standard format developed for this project. The project team, including the evaluators, will report back quarterly to key stakeholders, who will have opportunities to provide feedback on findings by helping to interpret and provide additional context to the data. Findings are expected to facilitate system level changes where needed to improve outcomes for individuals with an opioid, stimulant, or other substance use disorders.

In addition, we will document changes in levels of coordination and collaboration among the different service systems during the project phase. Key-informant interview instruments, standard focus group questions, and/or surveys will be developed for this project assess changes in their workflow and organizational policies that support long-term recovery. Outcomes measures, previously listed, will be routinely obtained through the ADAMHS Board's network and from existing data being gathered. The project team will use a continuous quality improvement process to track referrals, engagement, and outcomes of program participants, as well as to address any issues identified or gaps in recovery support services.

¹Blanchard Valley Emergency Department Overdose Statistics, 2021.

²Saadatmand, Y., Toma, M., & Choquette, J. (2012). The war on drugs and crime rates. *Journal of Business & Economics Research (Online)*, 10(5), 285.

³Grogger, J., & Willis, M. (2000). The emergence of crack cocaine and the rise in urban crime rates. *Review of Economics and Statistics*, 82(4), 519-529.

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