

## CTH Phase 4: Action Plan Worksheet and Action Plan

**Table 4: ACTION PLAN SUMMARY TABLE (CTH PHASE 4)**

ORCCA Objective 1: Increase Opioid Overdose Prevention Education and Naloxone Distribution								
Expl Strategy category	Selected Strategies	Targeted populations	High-Risk Sector			Sustainability Feasibility/ Impact	Implementa tion Steps: who does what, by when and where	Technical Assistance & Other Resources
			BH	CJ	HC			
<p><b>Active OEND (required)</b></p> <p>Goal 1: Expand Narcan distribution to high risk populations in criminal justice settings which presently do not provide access to overdose education and naloxone distribution. High risk target areas will include the jail, probation, treatment court and high risk populations identified with SUD. by the local law enforcement.</p> <p>Goal 2: Expand (OEND) Narcan distribution to high risk populations with an identified opioid use disorder currently engaged in medication assisted treatment</p>	<p>A1: By July 1, 2020 the contracted CASAC located at the Putnam County Correctional Facility will provide OEND to all individuals in the jail with substance use disorders prior to discharge.</p> <p>A2:By October 1, 2020 the Putnam County Probation Department in partnership with local providers (Arms Acres and Prevention Council of Putnam) will provide all individuals with an identified SUD under supervision with OEND.</p>	<p>A1/A2: Probation and county jail, high risk OUD population</p>	<p>X</p>	<p>X</p>	<p></p>	<p>A1/A2: High impact, medium feasibility, sustainable through partner agencies</p>	<p>A1/A2: The Implementati on Team and OEND workgroup will be in regular communicati on with Naura Slivinsky (Arms Acres), Amanda Bevacqua (CASAC in the jail), and Gene Funicelli (Probation) to ensure strategy implementati on is successful. Our data team will</p>	<p>Sufficient supply of Naloxone for distribution</p> <p>Access to Narcan trainers</p> <p>Educational materials</p> <p>Planning meeting with the Probation Department (Gene Funicelli) to determine implementation steps.</p> <p>Sufficient supply of Naloxone</p>

<p>outpatient programs.</p>	<p>A3: By September 1, 2020, expand OEND to high risk populations with OUD currently engaged in MOUD/MAT in outpatient programs at Arms Acres, CoveCare Center and St. Christopher's Inn.</p>					<p>A3: High impact, high feasibility, sustainable through partner agencies</p> <p>A4: High impact, medium feasibility, sustainable through partner agencies</p>	<p>assist in tracking the number of individuals that receive OEND.</p> <p>A3: The Implementation Team and OEND workgroup will be in regular communication with Naura Slivinsky and Thais Mitchell (Arms Acres), Arlene Seymour and Liza Szpylka (CoveCare Center) and Kevin Douglas (St. Christopher's Inn) to ensure strategy implementation is successful. Our data team will assist in tracking the</p>	<p>for distribution</p> <p>Access to Narcan trainers</p> <p>Educational materials</p> <p>Sufficient supply of Naloxone for distribution</p> <p>Access to Narcan trainers</p> <p>Educational materials</p> <p>Buy in from police officers</p>
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	<p>A4: By November 1, 2020, expand OEND in partnership with the Kent Police Department. Implement Leave Behind Program</p>					<p>A4: This post-overdose outreach programs pro-actively offers naloxone kits at the site of overdose or the residence of someone who survived an overdose. KPD has previously been involved with this kind of outreach program utilizing a peer engagement specialist to assist them.</p>	<p>number of individuals that receive OEND.  A4. The Implementation Team and OEND workgroup will be in regular communication with Chief Kevin Owens (Kent Police Department) to ensure strategy implementation is successful. Our data team will assist in tracking the number of individuals that receive OEND.</p>	
<p><b>Passive OEND (optional)</b> Goal 1: Expand access, awareness and community acceptance of Narcan within the general population by providing education and regularly scheduled Narcan training</p>	<p>B1: On a monthly basis The Prevention Council of Putnam, with partner NY National Guard Counterdrug Task Force will offer Naloxone Training using a virtual</p>					<p>B1: Medium impact, high feasibility, sustainable through partner agencies</p>	<p>B1: The Implementation Team and OEND workgroup will be in regular communication</p>	<p>B1: Sufficient supply of Naloxone for distribution; Access to Narcan trainers; Educational materials; Technology platform and space to conduct training.</p>

and distribution.	platform.						on with Sgt. Julio Fernandez (NY National Guard Counterdrug Task Force) to plan and facilitate the trainings and delivery of Narcan kits to the Prevention Council. The Prevention Council of Putnam will organize contactless kit pick up with training participants. Our data team will assist in tracking the number of individuals that receive OEND.	
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**ORCCA Objective 2: Outreach and Delivery of MOUD to High-Risk Populations**

Strategy category	Selected Strategies	Targeted populations	High-Risk Sector			Sustainability Feasibility/ Impact	Implementation Steps: who does what, by when and where	Technical Assistance & Other Resources
			BH	CJ	HC			
<p><b>Expand MOUD treatment (required)</b></p> <p>1. Goal 1: By March 31, 2021 expand access to MOUD treatment by increasing the number of waived providers in Putnam County by 40%.</p>	<p>C1: By November 1, 2020 the Implementation Team will successfully identify the right individuals and departments within Putnam Hospital Center to implement buprenorphine being prescribed in the ED.</p>	<p>C1: Hospital Emergency Department</p> <p>Waivered holders</p>			x	<p>C1: High impact, low/medium feasibility</p> <p>Sustainability will include that we ensure the policies and protocols support this service and have agreements with community partners for the collaboration.</p>	<p>C1: The Implementation Team and MOUD workgroup will coordinate initially with Trista Parker (PHC) to engage an interested ED physician, market and recruit physicians to participate and establish requirements and platform.</p> <p>The workgroup’s first step will be to determine the number of waived providers currently in Putnam. This will provide us a baseline to gauge how many additional waived providers/slots are needed.</p> <p>Our data team will assist in both determining the number of slots needed and in tracking the number of individuals that receive the waiver training.</p>	<p>C1: Trainer to conduct waiver training;</p> <p>Technology platform and space to conduct training;</p> <p>TA from Columbia to assist with data collection of waived providers, training coordination and ongoing support for physicians after they complete the training.</p> <p><b>Challenges/Barriers: stigma and buy-in from physicians. Offer assistance and continued training.</b></p> <p><b>The physicians at the PHC Emergency Department are staffed and managed by Team Health, so they are not employees of the hospital which makes communication difficult.</b></p>
<p><b>Linkage to MOUD (required)</b></p> <p>Goal:</p>	<p>D1: By March 31, 2021 increase waiver use by utilizing a peer</p>	<p>D1: Hospital Emergency Department</p>			x	<p>D1: High impact, low/medium feasibility, sustainable</p>	<p>D1: The Implementation Team and MOUD workgroup will</p>	<p>D1: Funding for Peer Engagement Specialist;</p>

<p>Expand access to MOUD treatment thought linkage programs with local hospital emergency department physicians and current MOUD providers.</p>	<p>engagement specialist(s) in the Emergency Department who will be available to provide bridging and linkage to a maintenance treatment programs to individuals receiving buprenorphine induction in the Emergency Department.</p>					<p>through partner agencies and community impact dollars to support the peer engagement specialist position(s).</p>	<p>determine the number of waived slots available in the community and provide the peer engagement specialist(s) with this information.</p> <p>The Implementation Team and MOUD workgroup will have planning meetings with identified partners at PHC to establish parameters for this strategy.</p> <p>The Implementation Team and MOUD workgroup will also have planning discussions with Eric Toth (CoveCare Center) to determine utilization and cost to embed their pre-existing peer(s) in the Emergency Department.</p> <p>Our data team will assist in monitoring and evaluating this strategy.</p>	<p><b>Challenge/Barrier identified: Buy in from PHC. Past experience trying to embed a peer in the PHC Emergency Department was very challenging and unsuccessful. We may need to consider an alternative method to utilize a peer in partnership with PHC if there is resistance to placing peer(s) in the Emergency Department.</b></p>
<p><b>Engagement and retention (required)</b> Goal: Improve linkage to, engagement with, and retention in MOUD treatment by utilizing virtual retention approaches.</p>	<p>E1: By December 1, 2020 establish virtual location for initiating buprenorphine treatment at CoveCare Center with training provided prior; and with research and acquisition of needed technology completed.</p>	<p>E1/E2: Support from providers holding waivers  Individuals with OUD</p>	<p>x</p>		<p>x</p>	<p>E1/E2: High impact, medium feasibility, sustainable through partner agencies and community impact dollars to support start up costs associated with this strategy.</p> <p>CoveCare Center is an</p>	<p>E1: The Implementation Team and MOUD Workgroup will have planning discussions with CoveCare Center to determine a location within CCC and cost for new technology that is</p>	<p>E1: Technology platform and space at CoveCare Center;  Waivered physician(s);  Training/TA needs that may arise for CoveCare Center;  Community Impact Dollars</p>

	<p>E2: By February 1, 2021 CoveCare Center will provide ongoing MOUD treatment remotely with OUD clients who are deemed to be invested in care by providing mobile technology on loan.</p>					<p>active member of the MOUD workgroup and currently lacks resources to buprenorphine inductions and expressed an interest in expanding their capacity.</p>	<p>needed.                  E2: The Implementation Team and MOUD workgroup will have planning discussions with Eric Toth, Arlene Seymour and Liza Szpylka (CoveCare Center) to determine implementation steps and technology needed for this strategy.                   The data team will assist us in monitoring and evaluating the number of individuals that pivot to this ongoing remote MOUD treatment modality.</p>	<p>to support start up costs associated with technology.                   E2: Training/TA needs that may arise for CoveCare Center;                   Community Impact Dollars to support purchase of technology to loan to the identified individuals.</p>
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**ORCCA Objective 3: Improve Prescription Opioid Safety**

Strategy category	Selected Strategies	Targeted populations	High-Risk Sector			Sustainability Feasibility/ Impact	Implementation Steps: who does what, by when and where	Technical Assistance & Other Resources
			BH	CJ	HC			
<p align="center"><b>Safer Prescribing/ Dispensing (required)</b></p> <p align="center">Goal: Improve opioid dispensing practices by providing education to 50% of pharmacies in Putnam County.</p>	<p>F1: By March 31, 2020, work with pharmacies to develop and implement safer opioid dispensing practices.</p> <p>F2: In coordination with the October 1, 2020 deadline for NYS required prescriber training, a sharing coalition created a prescriber toolkit which includes CDC guidelines by using a local PCDOH physician contact system to communicate with prescribers.</p>	<p>F1: Identified Putnam County Pharmacies</p>			<p align="center">x</p> <p align="center">x</p>	<p>F1: High impact, medium feasibility, sustainable through partner agencies</p> <p>F2: High impact, high feasibility, sustainable through partner agencies</p>	<p>F1: The Implementation Team and SAFE workgroup will do outreach to Putnam County pharmacies to recruit them to participate in this pharmacy education initiative. The team and workgroup will do the following:</p> <p>Develop pharmacist education and outreach strategies to promote safe opioid dispensing practices;</p> <p>Develop or access patient education materials on safe opioid use for use by pharmacists during counseling;</p> <p>Access pharmacist training and training pharmacists;</p> <p>Ongoing monitoring and refresher training;</p> <p>The data team will assist with the development of</p>	<p>F1: TA to access/develop education and outreach pharmacist materials;</p> <p>TA to access/develop patient education materials;</p>

							tools for monitoring pharmacist outcomes and efficacy of pharmacy education intervention.	
<p><b>Safer Disposal Practices (optional)</b>  <b>Goal:</b> Improve opioid disposal practices by creating awareness and providing education to the community at large on prescription drug drop box locations and take back programs.</p>	<p>G1: I By February 1, 2020 develop a community education and outreach campaign to increase participation in safe disposal practices by 5%, utilizing medication drop boxes and Deterra Drug Deactivation System Bags.</p>	<p>F2: Community Members</p>		x	x		<p>G1: The Implementation Team and SAFE workgroup will convene to develop an education and outreach campaign and will utilize paid and unpaid media to air the campaign.</p> <p>Dissemination of pre-existing coalition palm card denoting locations and hours of operation of all drop boxes in the county.</p> <p>Continue partnership with local law enforcement (Putnam County Sheriff's Office), Shana Siegal (Putnam County DOH) and Sarena Chisick (Putnam Hospital Center) to host bi-annual medication take back events in conjunction with DEA Take Back Days.</p> <p>Identify potential venues and opportunities to offer and distribute Deterra® Drug Deactivation System Bags to organizations and individuals, interested in safe medicine disposal.</p>	<p>G1: Utilize resources available through media campaigns - DEA info for medication take back events;</p> <p>Utilize impact dollars to print information palm cards, take back flyers and paid social media ads;</p> <p>Challenge/Barrier identified: In person medication take back events are pending COVID-19 restrictions and will be determined at the time of the events (Spring and Fall).</p>

							<p>Growth in the program will be determined by the number of bags distributed.</p> <p>Utilize social media, and local events to increase awareness of medicine drop boxes and Dettera Bags.</p> <p>Our data team will assist us in developing evaluation measures/procedures to evaluate these strategies</p>	
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