



## Comprehensive Planning Worksheet

### PREVENTION-EDUCATION (CCB)

1. **Goal:** Prevent the onset of substance misuse
  - a. **Strategies:**
    - i. Identify additional curriculum or alternative lessons for addressing substance use issues for high school students and youth programs
      1. **Action Items**
        - a. Reach out to school counselors, teachers & admin (E.g., health dept. health educator, SRO officers, peer recovery, QRT, DFMC Director) to provide education during or after hours through school programs.
        - b. 3 county schools will report quarterly updates on which schools are utilizing the program and identified measures (Cville, North & South).
          - i. Identify source of reports from each school
        - c. Continue to provide This is Not About Drugs curriculum to all 3 county schools.
        - d. Continuation of Second Steps curriculum K-8.
        - e. Implement Too Good for Drugs with at least one elementary school.
        - f. Continuation of Catch My Breath.
        - g. Provide further education to SROs.
        - h. Reach out to surrounding counties to see what programs and curriculum they are implementing.
        - i. Promote the Youth Summit to student and school staff.
        - j. Train more DFMC members in curriculum.
      - ii. Create a youth advisory council for Montgomery County.
      - iii. Educate and reduce misuse of legal substances (tobacco, nicotine, alcohol, vaping, etc.)
        1. **Action Items**
          - a. Identify points of access for tobacco/vaping/nicotine sales items for youth.
            - i. Do these places verify age for every purchase?
          - b. Utilize the SYNAR (SAMHSA) program to enforce laws prohibiting the sale or distribution of tobacco products to minors. (<https://www.samhsa.gov/synar/about-synar>)
          - c. Implement a Tall Cop event for parents, educators, youth workers, etc.
          - d. Research and promote programs/resources that help youth stop using nicotine products who have developed a dependence.



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- e. Implement the Not in My Room trailer at National Night Out.
2. **Goal:** Provide education to parents, school educators, and youth.
  - a. **Strategies:**
    - i. Provide information to parents regarding drug misuses.
      1. **Action Items**
        - a. Provide a fact sheet for parents regarding vaping, tobacco use, and multidrug use.
        - b. Promote evidence-based information regarding drug misuse.
        - c. Continue to support parent café.
        - d. Train school personnel in substance-free advocacy.
        - e. Attend back to school night events for each county school.
        - f. Implement at least one ACEs community education training.
    - ii. Create social media message to target youth.
      1. **Action Items**
        - a. Continue to coordinate with Wabash College to have a marketing student intern with the Health Department to create social media campaigns.
        - b. Promote flyers and posts regarding substance use (vaping, tobacco use, multi-substance use, etc.)
        - c. Coordinating with school advocacy groups (Bring Change to Mind).
        - d. Promote DFMC social media at community events.
3. **Goal:** Promote education and awareness by driving the community members to DFMC website.
  - a. **Strategies:**
    - i. Provide updated substance misuse information for local communities
      1. **Action items**
        - a. Create a quarterly infographic sheet with essence data to inform the community and appropriate individuals where the community is at, include anonymous quotes.
        - b. Create infographics with the information gathered at the Youth Summit, include positive and anonymous quotes.
        - c. Work with Matt Foxworthy/Dave Peach and radio-broadcasting students to create videos promoting QRT and lived experiences.
        - d. Create monthly newspaper articles about prevention education that include a link to the website.
    - ii. Continue to update calendar for the community to be informed of all the local events.
      1. **Action Items**
        - a. DFMC Director will update the calendar with events sent via email and from their own research.
        - b. Share and post community events on DFMC website and social media page.
    - iii. Have all DFMC members email the DFMC Director with events and information.
      1. **Action Items**



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- a. DFMC members will send the DFMC Director any events, programs, opportunities, etc. to promote on the DFMC website. These include anything that DFMC should be involved in such as the Strawberry Festival, National Night Out, Recovery Rec Anniversary event, IYI events, Rock Out Recovery, etc.

### Metrics:

1. Decrease initiation of tobacco and/or substance use by 1% for those 15 years and younger  
Baseline: 2022 Indiana Youth Risk Survey data, Data collection reports  
Leads: Schools, YSB, Health Department
2. Identify 4 platforms and 4 different community events to promote stigma reduction education.  
Baseline: # of attended platforms & events  
Leads: Health Department, QRT, YSB
3. Reach at least 100 community members with educational material related to substance use prevention.  
Baseline: # of resources provided  
Leads: Health Department, QRT, YSB



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### HARM REDUCTION (Harm Reduction Coalition)

1. **Goal:** Reduce SUD morbidity and mortality rates by 1%.
  - a. **Strategies:**
    - i. Implement quarterly harm reduction/Narcan trainings for active users, professional agencies, and general community
      1. **Action Items:**
        - a. Hold Narcan/harm reduction trainings quarterly at 4 different locations in the community (InWell/QRT)
        - b. Implement annual Narcan trainings for Sherriff and Police Departments.
        - c. Educate the community on the Naloxbox locations
        - d. Encourage community organizations on where to get Narcan and how to use it.
        - e. Train more DFMC members to become Narcan trainers and host annual narcan refresher trainings for members.
        - f. Consistently post updates regarding Narcan trainings and information on social media.
        - g. Identify hot spots and offer narcan/narcan trainings/safe use kits to staff at hot spots.
          - i. Sources: CPD, Sheriffs dept. and Next Level Recovery – Narcan Heat Map
      - ii. Increase the education and use of safe-use kits
        1. **Action Items:**
          - a. Trainings on the purpose and content of the safe-use-kits to community organizations (E.g., police officers, probation, ER staff, justice system, etc.)
          - b. Continuation of safe use kit distribution with recent overdose incidents
          - c. Raise awareness and educate the community on safe-use kits.
          - d. Utilize social media and DFMC website to share positive information regarding safe use kits.
      - iii. Educate the community on the importance of HIV/Hep C screening
        1. **Action Items:**
          - a. Promote the health departments testing hours through media postings, DFMC website, etc.
          - b. Continuation of HIV/Hep C screening event(s) to promote testing within the community (E.g., Wabash College, Recovery Rec center, etc.)
          - c. Work with the peer support to connect individuals in jail who have been released to STI testing.



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- d. Work with MCHD to promote the importance of safe sex, condom use, and MCHD's free condom program.
  - iv. Collection of surveillance data
    - 1. Action Items:**
      - a. Identify source and request reports for the following ESSENCE, 911 calls, QRT runs, vital records, probation drug screens and ACEs reports, arrest records, Narcan admins, etc. and report to DFMC leadership meetings on the trends.
      - b. Utilize ODMAP to map out local data.
      - c. Push out ESSENCE notification alerts and dissemination.
      - d. Review ESSENCE trends at each quarterly meeting.
    - v. Promotion of Rx Take Back and Sharps Disposal
      - 1. Action Items:**
        - a. Identify local prescribers and promote Rx take back locations and education (Dentists, doctors, pharmacists, etc.)
        - b. Continue to hold 2 bi-annual community take back events
        - c. Utilize an intern or community service worker to deliver Rx Take Back flyers a few days before the event.
        - d. Promote and distribute the sharps containers to community organizations/workplaces (HR departments, food industry, hotels, etc.)
        - e. Promote RX drop off locations.
        - f. Utilize social media and DFMC website to educate the community on the importance of medication disposal and sharps disposal.
- 2. Goal: Stigma Reduction**
- a. **Strategies:**
    - i. Reduce internal stigma on harm reduction services within community organizations
      - 1. Action Items:**
        - a. Identify/offer training(s) for officers, probation, first responders, and judicial system for internal stigma reduction
        - b. Continue to raise awareness for the use of Narcan and safe-use kits.
        - c. Create monthly newspaper articles highlighting harm reduction topics (narcan, safe use kits, sharps disposal, medication drop offs, etc).
        - d. Implement a stigma reduction event.
    - ii. Continue to provide Harm Reduction presentations with JCAP.
      - 1. Action Items:**
        - a. Create and disseminate a community attitudes and awareness survey on SUD to assess improvements/challenges in stigma



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- b. Create/identify educational materials and campaigns to address the stigma (Know the O Facts, Overdose Lifeline, Project ECHO, National Harm Reduction Coalition, IDOH, etc).

### Metrics:

1. Reduce SUD morbidity and mortality rates by 1%  
Baseline: ESSENCE data, Quarterly Reports, Vital Records and Death rates (MCHD, IDOH)  
Lead: health department
2. Decrease the number of hospitalizations due to substance misuse  
Baseline: ESSENCE data  
Lead: health department



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### LAW ENFORCEMENT & FIRST RESPONSE (QRT)

1. **Goal:** Continuation of QRT community outreach
  - a. **Strategies:**
    - i. Enhance Crisis Response – QRT respond to hotline call/text immediately for crisis' and assist with treatment, diversion, prevention.
      1. **Action Items:**
        - a. 911 communication dispatch
        - b. Being called by first responder after Sign of Release or taken to Emergency Department
        - c. Hospital ED dispatch
          - i. Set up meeting with ED staff to educate on referral & services
          - ii. Deliver QRT handouts
        - d. Crisis assessments (behavioral health, schools, probation, etc.)
        - e. LOSS/DOSS
      - ii. Follow Up Response – (48-72hr referral & outreach Tuesday) - Continue to hold QRT Tuesday follow-ups with MIH social worker, paramedic, police officer, clergy, and/or peer recovery specialist to assist in follow ups post-release from jail, ED, 911 calls, mental health calls, etc.
        1. Action Items:
          - a. Hold weekly staffing with QRT
          - b. Meet quarterly with first responder organization leads to inform on any changes or issues with response
          - c. Add LOSS/DOSS as a part of the QRT follow up Tuesdays to reach out to families/loved ones who recently lost someone to suicide/OD
            - i. Connect during the scene & follow up
          - d. Post-release from jail
      - iii. Prevention & Diversion – being more proactive for reach out to QRT with police, fire, dispatch, sheriff's office & creation of safety plans with clients & patients
        1. Action Items:
          - a. Add QRT to CAD system
          - b. Identify 4 trainings to expand educational opportunities & stigma reduction for first responders by April of 2025
            - i. MAT training, ACEs training, Harm reduction & Narcan, stigma reduction
          - c. Continually educate first responders on the QRT services (Police, Fire, Probation, & Dispatch)



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- iv. Increase outreach to the individuals who are in active use including family and friends.
    - 1. Action Items:**
      - a. Promote QRT hotline/DFMC resource to first responders, probation, jail, and other community partners to hand out to individuals.
      - b. Identify hot spots and appropriate locations to post information on QRT in conjunction with DFMC prevention efforts (E.g., laundromat, Motel 6, probation, jail, etc.)
  - v. Increase community awareness of the QRT program through education & outreach.
    - 1. Action Items:**
      - a. Continue to use the QRT hotline and promote the phone number on marketing materials and handouts
        - i. Make a logo for QRT
        - ii. Purchase clothing for QRT
      - b. Continue to attend two health fairs/events to attend in the community to promote DFMC/QRT
        - i. National Night Out, Recovery Rec Center Events
      - c. Identify 4 speaking engagements to attend and promote DFMC/QRT (Kiwanis, Rotary, Chamber of Commerce, schools, etc.)
        - i. Chamber, LOWV, Council on Aging, church groups, FRC, DCS, NMS, Probation, Police Dept. Sheriff's office
      - d. Promotion of media campaigns of QRT phone number throughout 2024 (Radio, newspaper articles, social media posts, podcasts, etc.)
- 2. Goal:** Encourage growth of utilizing Peer Recovery Specialist (PRS)
  - a. **Strategies:**
    - i. Increase the number of PRS in the community
      - 1. Action Items:**
        - a. Identify 3 organizations that are interested or willing to add PRS to their staff/team
          - i. Probation, Police, & ED
        - b. Identify additional training opportunities for individuals interested in becoming a PRS
          - i. Recovery Rec
          - ii. Treatment Courts
        - c. Diversify the PRS in the community (E.g., Hispanic community, adding a male, LGBTQ community, etc.)
    - ii. Increase awareness of PRS services to inmates/judicial system





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### 1. Action Items:

- a. Increase outreach in the jail by attending more JCAP meetings and build one-on-one rapport with the inmates in the program
  - i. One-on-one meetings 30 days prior to release with JCAP
  - ii. QRT outreach attempt post-release to follow-up
- b. Increase outreach in the jail by addressing services for individuals outside of the JCAP
  - i. # of connections outside JCAP
  - ii. In-well for Peer Supports & wrap around services
  - iii. ASPIN – insurance navigation
- c. Add PRS to the Drug Court team as an advocate
  - i. Identify advocates to add peers to drug court.

### 3. Goal: Reduce barriers to resources & treatment

- a. Strategies:
  - i. Reduce ED visits for medical clearance
  - ii. Add PRS to ED
  - iii. Providing MAT in the field
  - iv. Referrals to QRT

### Metrics:

1. Increase # of trainings for first responders on crisis intervention training
  - Baseline: # of police officers/medics/probation officers
  - 2021: sent --- # of MoCo employees
  - Lead: QRT / CPD / InWell
2. Increase the # of connections post-release from jail
  - Baseline: # of connections made with inmates (JCAP vs non JCAP)
  - 2021: # from JCAP vs InWell
  - Leads: QRT/ InWell / MCSO
3. Increase the # of connections of overdoses at the ER
  - Baseline: # of calls from ER to QRT/Peer Recovery
  - Leads: Franciscan/QRT



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### TREATMENT & RECOVERY (TI-ROSC/JCAP/Drug Court)

1. **Goal:** Increase access to behavioral health provider services
  - a. **Strategies:**
    - i. Improve access to effective, affordable treatment with a preference to MAT or evidence-based services
      1. **Action Items**
        - a. Add/Expand SUD treatment programs
    - ii. Support individuals from the initial point of contact until active services begin.
      1. **Action Items**
        - a. Treatment and Recovery services will have peer engagement specialist to close the time gap from referral/initial contact to intake.
    - iii. Manage capacity to optimize available treatment slots
      1. **Action Items**
        - a. Reach out to no-show individuals to gather feedback about barriers and/or reasons for non-engagement.
2. **Goal:** Increase number of individuals in recovery
  - a. **Strategies:**
    - i. Increase peer recovery presence and support in the area.
      1. **Action Items**
        - a. Drug court will start peer recovery mentor program and certify the applicants.
    - ii. Demonstrate community support for access to recovery pathways.
      1. **Action Items**
        - a. Host a Recovery Walk
    - iii. Expand the Recovery Rec Center's options and reach
      1. **Action Items**
        - a. A DFMC member will be part of the Rec Center Board meetings to discuss effort to identify areas of expansion.
3. **Goal:** Decrease barriers to recovery and wellness
  - a. **Strategies:**
    - i. Evaluate the need and extent of housing instability and homelessness in the community.
      1. **Action Items**
        - a. Collect data from the Housing Instability Initiative.
    - ii. Increase inter-system understanding on current transitional programs.
      1. **Action Items**
        - a. Have 2 individuals from housing instability, local landlords, or other housing systems participate in DFMC meetings to cross educate about referral processes.
        - b. Meet with landlords quarterly to discuss current needs

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### Metrics:

1. Increase the # of substance treatment providers  
Baseline: # of providers (opioid, alcohol, nicotine vs other substances)  
Lead: Cummins, Valley Oaks, InWell, Valley Professionals, Groups, Franciscan Health
2. Increase the # of mental health counselors/therapists  
Baseline: # of providers to population (940:1 CHR)  
Lead: Cummins, Valley Oaks, InWell, Valley Professionals
3. Increase % of individuals utilizing evidence-based treatment/MAT  
Baseline: # of individuals in MAT  
Lead: Cummins, Valley Oaks, InWell, Valley Professionals, Groups, Franciscan Health
4. Increase # of individuals in active recovery  
Baseline: established Recovery Community Organization  
Lead: InWell, JCAP, Drug Court, Recovery Coalition
5. Increase # of peer supports in various settings (hospitals, courts, probation, jails, etc.)  
Baseline: # of current peer supports  
Lead: InWell
6. Increase access to sober living/transitional housing  
Baseline: # of sober living/transitional housing  
Lead: InWell, Franciscan Health

**\*\*The need to establish a Recovery Community Organization has been met with the Recovery Rec Center now being a Certified RCO\*\***