RCORP-NAS STRATEGIC PLAN TEMPLATE

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| **Grantee Organization** | **Robeson Health Care Corporation** | |
| **Grant Number** | G26RH40092 | |
| **City/State** | Pembroke, North Carolina | |
| **Service Area** | Robeson County | |
| **Project Director** | **Name/Title:** | Janae Pipkin |
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| **Consortium Name** | Robeson RCORP Consortium | |
| **Contributing Consortium Members and Stakeholders**  *(add or delete rows as needed)* | Robeson Health Care Corporation | |
| Stop the Pain | |
| Robeson County Department of Social Services | |
| Robeson County Family Treatment Court | |
| UNC Southeastern Health | |

Strategic Plan

1. **Problem Statement**

Concisely describe the priority problem(s) based on the relevant data.

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| Our County has high rates of women of child-bearing age frequently seen in the emergency department for acute treatment of substance use, opioid use or opioid overdose. Robeson County has seen an increase in NAS births with the most recent data at 7.57 NAS per 1,000 Hospital Births compared to North Carolina state rate at 4.95 per 1,000 Hospital Births. |

1. **Target Population and Service Area**

Describe the individuals or groups most affected by the problems in your problem statement above.

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| The target population for NAS Initiative is pregnant women, mothers, and women of childbearing age, typically (15-45), who have a history of, or who are at risk for, SUD/OUD, and their children, families, and caregivers who reside in Robeson County. This population and the service area have experienced significant, negative effects of co- occurring disorders (COD), chronic disease, and conditions such as mental illness, substance abuse, diabetes, cardiovascular disease, hypertension, obesity, and chronic pain brought about by these conditions, and which create the environment for prescribed medication, inappropriate self- medication, Substance Use Disorder (SUD), and Opioid Use Disorder (OUD). |

1. **Goal**

Articulate the future or desired result that you and your stakeholders envision, plan and commit to achieve, in specific and measurable terminology.

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| We will reduce the incidence and impact of Neonatal Abstinence Syndrome (NAS) by implementing evidence-based Prevention, Treatment, and Recovery strategies that will improve systems of care, family supports, and social determinants of health |

1. **Collective Impact**

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| **Long-Term Outcomes**  Define the change you are seeking to make in conditions, problems or behaviors. | **Long-Term Indicators**  List the measurable indicators that will demonstrate you are making progress toward your goal. |
| * RCORP and collaborating organizations aim to reduce the incidence and impact of Neonatal Abstinence Syndrome (NAS) by improving systems of care, family supports, and social determinants of health | * Increase knowledge of effects of opioids to pregnant and women of child bearing age * Increase in knowledge and access to utilization of healthcare services pertaining to SUD/OUD |

1. **Focus Area(s)**

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| 1. **Improve Integrated Care & Care Coordination** |
| 1. **Establish and/or Enhance Family Support Services** |

1. **Strategies and Activities for Focus Area 1**

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| **Prevention Strategy 1.1:** Facilitate proper medication safety and disposal. | | | | | | |
| **Activities[[1]](#footnote-1)** | **Timeline** | | | **Lead Entity** | **Process Indicators** | **Short-Term Outcomes** |
| **Y1** | **Y2** | **Y3** |
| *Indicate which quarter or month (e.g. Q1-2)* | | |
| 1. Distribute medication disposal kits to community | Q-3 | Q-1-3 | Q-1-3 | RHCC Prevention | -List of places to distribute disposal kits  -List of agencies to partner with | Community residents will report increased knowledge of proper medication safety and disposal of opioid prescription medications |
| 1. Inform the community about the locations of the prescription medicine drop boxes | Q-3 | Q-1 | Q-1 | RHCC Prevention | -confirm drop box locations  -confirm agencies that will help distribute materials  -complete flyer, Ad etc. to be distributed in the community |
| 1. Medicine take back events to distribute disposal kits | Q-3 | Q-1 | Q-1 |  | -confirm place to have take back event  -collaborate with other local agencies  -create packet of materials to give out |
| 1. Collect and compile data on recovery activities | Q3 | Q1-3 | Q1-3 | Consortium Prevention Committee | Data is collected monthly and reported at Consortium meetings. |
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| **Prevention Strategy 1.2:** Coordinate the delivery of evidence-based prevention services and education programs to groups within the target population. | | | | | | |
| **Activities** | **Timeline** | | | **Lead Entity** | **Process Indicators** | **Short-Term Outcomes** |
| **Y1** | **Y2** | **Y3** |
| *Indicate which quarter or month (e.g. Q1-2)* | | |
| 1. Create RCORP Prevention Committee | Q1 |  |  | RHCC | 3-5 members of the Consortium meet on Prevention activities monthly. | community residents will report access to medication disposal kits |
| 1. Develop adapted brochures and fact sheets to suit different cultural values, educational levels and age groups in county | Q-3 | Q-1 | Q-1 | RHCC Prevention  Stop the Pain | -research facts related to NAS  -develop brochures and fact sheets  - confirm agencies that will help distribute materials |  |
| 1. Distribute educational resources via RCORP website, app, and community venues | Q-3 | Q-1 | Q-1 | RHCC Prevention | * Community agencies * RCORP website * App software * Funding for software |
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| **Treatment Strategy 1.3:** Educate on best practices that improve the engagement and/or early intervention women of childbearing age into treatment. | | | | | | |
| **Activities** | **Timeline** | | | **Lead Entity** | **Process Indicators** | **Short-Term Outcomes** |
| **Y1** | **Y2** | **Y3** |
| *Indicate which quarter or month (e.g. Q1-2)* | | |
| 1. Create RCORP NAS Treatment Engagement Committee | Q1- | Q1-2 |  | RHCC | - Identify NAS community stakeholders/ MCO/ Treatment Providers/ OBGYN etc.  Established RCORP NAS treatment subcommittee. Two meetings held to review the workplan. Recruited two new members to the consortium/ subcommittee. | Educate key groups on best practices that improve the engagement and or early intervention for women of childbearing age increase knowledge of proper medication safety and disposal of opioid prescription medications and other prescription drugs treatment. |
| 1. Provide education to consortium members on engaging women of childbearing age into treatment | Q1 | Q1-4 | Q1-4 | RHCC | -Case Consultations with Integrated Care team to engage identified women of childbearing age into treatment. |
| 1. Review treatment referrals for women of childbearing age | Q1 | Q1-4 | Q1-4 | RHCC | -Identified referrals/ linked and coordinated care with treatment providers |
| 1. NAS specific training on medical management of NAS affected infants. |  | Q-2-4 | Q1-4 | UNC Southeastern Health | -Planning community training opportunities with a NAS expert.  -Identify a NAS expert to provide Primary Care Provider training on medical management of NAS affected infants. |
| 1. Develop educational handouts and brochures on accessing care/treatment for pregnant women and women of childbearing age. |  | Q1-3 | Q1-4 | RHCC | -Developing accessmecare.com electronic community resource website to include treatment providers for women of childbearing age |
| 1. Explore alternative payment methods for women of childbearing age to access treatment | Q1 | Q1-4 | Q1-4 | RHCC | -Leveraging resources for options to pay for treatment for women of childbearing age.  -Meeting with Medicaid transition MCO  Conducted focus groups with the consortium members to identify resources and gaps for accessing services. |
| 1. Track the number of pregnant women/women of childbearing age with SUD/OUD who have infectious complications |  | Q1-4 | Q1-4 | RHCC | - Data collection on pregnant women/ women of childbearing age with SUD/ OUD who have infectious complications.  Working with various EHR vendors to mine specific data points |

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| **Treatment Strategy 1.4:** Reduce barriers for mothers to enter and adhere to behavioral health treatment by addressing, providing, or enhancing family supports. | | | | | | |
| **Activities** | **Timeline** | | | **Lead Entity** | **Process Indicators** | **Short-Term Outcomes** |
| **Y1** | **Y2** | **Y3** |
| *Indicate which quarter or month (e.g. Q1-2)* | | |
| 1. Recruit and provide support to women who are experiencing NAS and parenting participation in treatment. | Q1 | Q1-4 | Q1-4 | RHCC | -Peer Support Specialist employed  -Peer Support Specialist attended various SUD training | Reduce barriers for mothers to enter, and adhere to behavioral health treatment by addressing, providing or enhancing family supports. |
| 1. Arrange, link, and coordinate transportation for pregnant women/ women of childbearing age to access treatment | Q1 | Q1-4 | Q1-4 | RHCC | Peer Support Specialist arrange and provide transportation women of childbearing age to access care  Transportation services for pregnant women/ women of childbearing to prenatal and treatment appointments |
| 1. Provide information on available resources to reduce barriers | Q1 | Q1-4 | Q1-4 | RHCC | -Developing accessmecare.com electronic community resource website to include treatment providers for women of childbearing age |
| 1. Establish unified community resources available to reduce barriers to treatment | Q1 | Q1-4 | Q1-4 | RHCC | -Developing accessmecare.com electronic community resource website to include treatment providers for women of childbearing age  -Stop the Pain community resource guide being distributed to reduce barriers to accessing care. |
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| **Recovery Strategy 1.5:** 2. Enhance discharge coordination of the target population- especially those leaving inpatient treatment facilities and/or the criminal justice system. | | | | | | |
| **Activities** | **Timeline** | | | **Lead Entity** | **Process Indicators** | **Short-Term Outcomes** |
| **Y1** | **Y2** | **Y3** |
| *Indicate which quarter or month (e.g. Q1-2)* | | |
| 1. Create Recovery Committee | Q1 |  |  | Consortium | 3-5 members of the Consortium meet on Recovery activities monthly. | Enhance discharge coordination of the target population with recovery plans, peer support, and recovery supports. |
| 1. Design and Implement Recovery Plans | Q3 |  |  | Consortium Recovery Committee | 1 agreed upon Recovery plan is adopted by the committee and presented to the consortium for distribution to the population of focus. |
| 1. Develop Partnerships with agencies to enhance recovery such as employers, housing, and educational institutions   Get more info about RCC program | Q3 | Q1-3 | Q1-3 | Consortium Recovery Committee | 1-2 partnership(s) are developed to enhance recovery through housing, employment, and/or education. |
| 1. Collect and compile data on recovery activities | Q3 | Q1-3 | Q1-3 | Consortium Recovery Committee | Data is collected monthly and reported at Consortium meetings. |
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| **Recovery Strategy 1.6:** 1. Improve community understanding of and support for different pathways in recovery. | | | | | | |
| **Activities** | **Timeline** | | | **Lead Entity** | **Process Indicators** | **Short-Term Outcomes** |
| **Y1** | **Y2** | **Y3** |
| *Indicate which quarter or month (e.g. Q1-2)* | | |
| 1. Recruit and hire a Trainer for Multiple Pathways of Recovery Training | Q3 | Q3 | Q3 | Consortium Recovery Committee | Conduct 1 training each year in the community on Multiple Pathways of Recovery with a pre and post survey that will gage attendee’s knowledge on the subject before and after the training. | Increased knowledge and understanding of multiple pathways of recovery including peer supports and recovery supports. |
| 1. Educate consortium members on the types of Peer and Recovery Supports |  | Q1 | Q1-3 | Consortium Recovery Committee |  |
| 1. Assist agencies on implementing peer and recovery support services into their policies and procedures |  | Q1 | Q1-3 | Consortium Recovery Committee |  |
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1. Add additional activities or delete rows as needed to complete your plan. [↑](#footnote-ref-1)