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| **COMMUNITY HEALTH IMPROVEMENT PLAN TEMPLATE**  **STRATEGIES TO ADDRESS SUBSTANCE USE** |
| **Desired Outcome:** Reduce the incidence and prevalence of substance use in the primary service area. |
| **Goals: *(****These goals are very general. Organizations are encouraged to change them as needed to meet their needs)*   1. Reduce alcohol consumption in youth and adults from **XX** to **XX** by 2025 per data derived from a specified source. 2. Improve access to treatment for substance use disorders while helping BH providers to coordinate with communities on physical health needs. 3. Implement SBIRT model in emergency department |
| **Strategies: Awareness, Education/Training, Screening, Advocacy, Policies, and Outreach** |

| **Activity or Action** | **Internal/External Partners** | **Key Process Measures** | **Timeline** |
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| Implement a process for screening adolescents and adults that present to the hospital using the Rapid and Flexible Forming Technology tool or other screening mechanism for problematic substance use. A positive screen above a set threshold would require of staff to provide a brief substance use education as well as referrals for treatment | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of individuals administered the RAFFT screening * Number of positive screens * Number of referrals completed | TBD |
| Promote evidence-based strategies that seek to Increase access and quality of substance use services in the community | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of individuals accessing substance use services | TBD |
| Implement the **Engaging Patients in Care Coordination** program to link individuals with the needed resources in the community. | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of individuals linked with the needed resources through the EPICC program | TBD |
| Implement the Medication Assisted Treatment (MAT) in combination with other therapeutic techniques to treat opioid use disorders. Below is a link to a recently released guidance document “[Advancing Emergency Department-Initiated Overdose Education and Naloxone Distribution: Key Considerations](https://www.mhanet.com/mhaimages/QSR/Behavioral_Health/Advancing_OEND.pdf)” | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of individuals receiving MAT and other techniques to treat SUD | TBD |
| Recruit and train more peer recovery coaches to help individuals struggling with substance use | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of peer recovery coaches recruited * Number of individuals assisted by the peer recovery coaches | TBD |
| Identify and implement programs or initiatives geared towards decreasing the percentage of individuals who delay obtaining the needed substance use services | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of individuals receiving timely SUD services without delay | TBD |
| Work with local community-based organizations to promote access to substance use services in the community | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of collaborating partners * Number of people receiving SUD services in the community | TBD |
| Increasing education that seeks to providing extra treatment options to local providers. For instance, hiring more staff to help develop school-based initiatives can ultimately help patients induce prevention | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of educational opportunities offered to providers | TBD |
| Collaborate with partners within the community to implement diversionary programs that seek to help individuals that may be struggling with substance use | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of people benefiting from the diversionary program | TBD |
| Providing educational opportunities that seek to train the community about the administration of naloxone while at the same time offering free naloxone to trained staff in case they may need to use it on someone with an overdose for a controlled substance | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of trainings offered * Number of Naloxone kits disseminated * Number of individuals benefiting from the Naloxone kits | TBD |
| Implementing or expanding the current medication-assisted treatment that provides a holistic approach to the treatment of substance use disorders | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of individuals going through the treatment program | TBD |
| Hire peer recovery coaches, or cross train current substance use programming staff to assist in the provision of appropriate and timely care to patients screening positive for substance use | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of staff hired * Number of staff cross trained * Number of individuals with SUD served | TBD |
| Apply for funding to support the SUD infrustructure in the community. This strategy would help bring the needed tools, resources, and services closer to those that may need help | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of applications made to secure SUD funding * Amount of funding secured | TBD |
| Identify ways to expand the footprint for health care navigator services with an emphasis on SUD. This approach has the potential of helping people that may be struggling to navigate the system with the needed resources to overcome barriers to their health | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of additional navigator services offered in the community | TBD |
| Spearhead efforts geared towards the development of vaping education/awareness campaign tools and resources targeting youth | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of resources developed * Number of youths reached | TBD |
| Implement or promote the **Neonatal Follow-up Program, Resilience after Infant Substance Exposure** (NFP-RISE) Program. This evidence-based approach seeks to reduce harm from prenatal opioid exposure while connecting the mother with the needed resources that are key to her recovery. | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of infants benefiting from the program * Number of mothers participating in this program | TBD |
| Implement or expand the current drug take-back program within the community. This would ensure that that such medications are not available to people that may be use such medications to harm themselves | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Weight in pounds for drugs collected through the program | TBD |
| Implement and promote education that focusses on safe medication storage and disposal to prevent self-harm and intentional overdose | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of education sessions offered * Number of individuals participating in the education program | TBD |
| Provide education on co-occurring substance use disorders in different settings of care with the goal of helping providers understand the screening and assessment tools are most ideal for different case scenarios | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of education sessions offered on co-occurring substance use disorders | TBD |
| Collaborate with other local partners to advocate for policies that seek to prevent and reduce substance use in the community | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of collaborating partners * Number of policies sponsored and adopted in the community | TBD |
| Utilize [exploreMOhealth](https://exploremohealth.org/) platform, [MHA health equity dashboards](https://web.mhanet.com/health-equity-dashboards/) or other data sources to identify, monitor, and respond to substance use disparities. This will help organizations to focus their attention where it is needed most | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of opportunities data derived the exploreMOhealth and Health Equity dashboards is presented to partners | TBD |
| Expand the substance use workforce capacity to improve outreach, engagement, and quality of care in areas where disparities are identified in the community. This strategy will seek to promote health equity | * Provider organizations such as:   + Hospitals   + Health departments   + Community health centers * List collaborating community-based organizations as needed | * Number of staff dedicated to SUD education/trainings in any given community | TBD |

**\*\*NOTE**: Hospitals utilizing this template may chose and pick the actions/activities that align with their work. This document is intended to give members some best practices that they may consider adopting to address SUD in their communities. On the same note, they can add and remove the list of internal and external partners as needed.