

# Report to the Extension Committee on Organization and Policy from the Extension Opioid Crisis Response Workgroup

FINAL REPORT | OCTOBER 2018

Submitted by Mark Skidmore, Coordinator  
On behalf of the Extension Opioid Crisis Response Workgroup

## EXECUTIVE SUMMARY

# Background/Situation

Opioid misuse, addiction, and overdose affect millions of Americans each year, causing immeasurable disruption and suffering in the lives of individuals, families, and entire communities while draining billions of dollars from our economy.

Overdoses are now the leading cause of death of Americans under the age of 50, the impacts of which are being felt in every region of the country, affecting both rural and urban places. The latest Centers for Disease Control (CDC) estimates on U.S. drug overdoses are grim: A record 71,568 Americans are projected to have died of drug overdoses in 2017 (NCHS, 2018). That presents a 6.6 percent national increase in overdose deaths over 2016 and an all-time record.

The reasons for the emergence and escalation of the opioid crisis are numerous and complex. The impetus of the crisis emerged in the mid-1990s, in part, because of false information about the degree to which opioid painkillers are addictive, which led to wide-scale use of opioid painkillers across the nation. Currently, about 1 in 3 American adults take prescription opioids during the course of a given year. (Han et al., 2017). Prescription painkiller misuse has now evolved into a growing illicit drug use problem nationwide. It is important to recognize that vulnerability to addiction has multiple causes and includes genetic, epigenetic, psychological, developmental, and contextual factors. Thus, effectively addressing the opioid crisis will require multiple types of solutions and interventions at multiple levels, across social contexts.

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# The Charge

In many states, universities within the land-grant system are responding to the crisis. The Extension Committee on Organization and Policy (ECOP) believes that a coordinated effort within the land-grant system could provide a larger and more effective response to the ongoing crisis.

The Extension Opioid Crisis Response Workgroup (EOCRW) was formed to develop a strategic framework to guide Extension activities related to addressing the crisis nationwide. The charge of the workgroup was to:

- identify existing activities and competency frameworks in the land-grant system.
- organize information and resources already identified through a previously administered ECOP survey, and consider administering a follow-up survey, if needed.
- collaborate with eXtension to develop a website (open to all land-grant university personnel), which could be used to make opioid-related resources available.
- identify potential needs/opportunities across the nation where the land-grant system could help to address the crisis.
- begin to develop a strategic framework that could be used to coordinate a system-wide effort.
- identify potential funding sources to support such efforts.
- prepare a final report for ECOP, and conduct a national webinar for Extension Directors/Administrators and other personnel that summarizes findings, existing resources and programming, potential funding opportunities, and proposed next steps.

## Process

Mark Skidmore served as Coordinator for the EOCRW, and workgroup members included knowledgeable Extension and outreach specialists as well as researchers from the land-grant system. The workgroup was composed of members who were involved in day-to-day activities and Expert Partners who provided feedback to the workgroup throughout the process.

The team was organized in February 2018 and the first meeting was held via Zoom on March 23, 2018. During this initial meeting, members discussed whether it was a better strategy to broaden the charge to consider behavioral health as a whole before diving more deeply into a discussion about the development of a strategic plan for Extension's involvement to help address the opioid crisis. The team concluded that it would be most effective to first develop a strategic framework for the broader area of behavioral health including substance misuse and then, within this framework, craft an opioid crisis response plan.

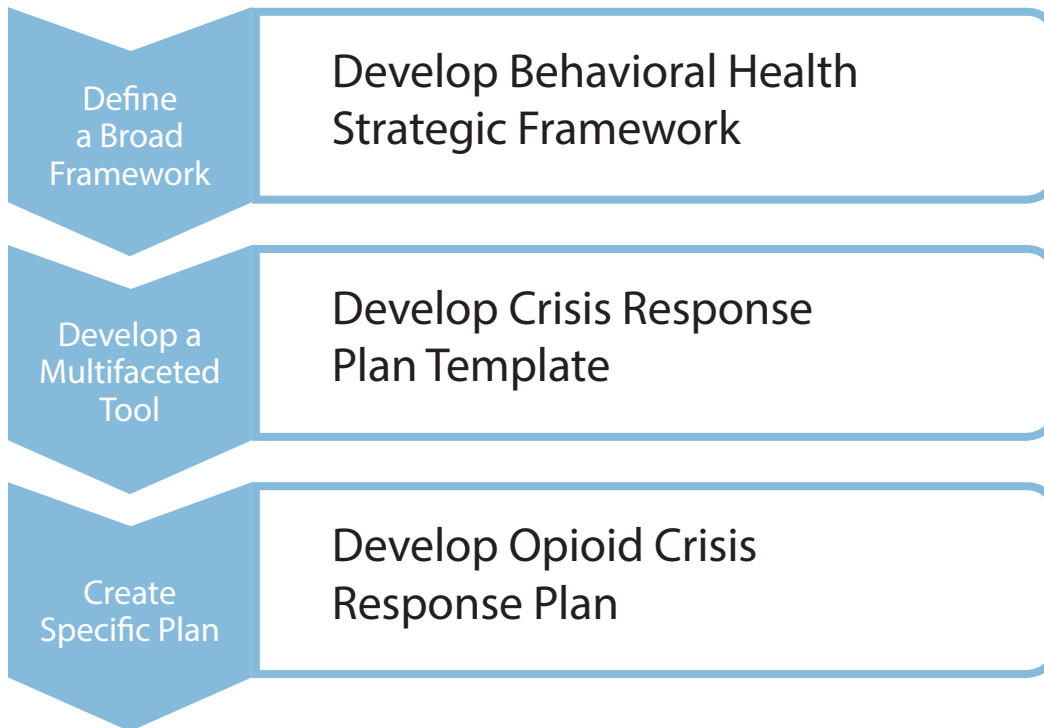
In order to assist states interested in adopting programs/curricula to address the crisis immediately, the workgroup identified eight existing programs being used by Extension in several states. Detailed information about these programs, including recorded webinars, are available at the Opioid Response website [opioidresponse.extension.org](http://opioidresponse.extension.org). The website also contains information about potential partners and funding sources for work in this arena, an extensive literature review, an EOCRW planning sessions report, and summary results from a nationwide survey administered to Extension leadership to collect information on behavioral health programs offered across the country.

[opioidresponse.extension.org](http://opioidresponse.extension.org)

Existing Extension Programs in Several States Including Webinars  
Potential Partners and Funding Resources • Literature Review • EOCRW Planning Sessions Report  
National Survey on Behavioral Health Programs Summary



The figure below illustrates the organization of the workgroup's efforts.



The workgroup first addressed the task of developing a broad behavioral health strategic framework that could be used to define and guide a range of activities across the Extension network that fully recognizes the linkages between Extension educational programs, and mental/emotional health and substance misuse. This framework provides a comprehensive overview of the ways in which Extension works in this arena to guide future efforts. Once the behavioral health strategic framework was set, the team then turned its attention to developing a planning tool to address the crisis. This planning tool (or template) was applied to the opioids case to create a specific response plan to help guide Extension activities in addressing the crisis. This process produced the following resources:

- Nationwide survey of Extension behavioral health programming

- List of potential partners and funding sources

- A comprehensive literature review of research related to education and prevention

- Detailed information about eight existing opioid-related Extension programs

- Opioid Crisis Response Workgroup planning sessions report

- A final report to ECOP outlining a behavioral health strategic plan and an opioid crisis response plan (this report)

All of these documents are available at the Opioid Response website.

## Recommendations

Based on these resources and workgroup planning process, the EOCSRW recommends the following:

### Deliver Existing/Develop New Evidence-based Programs and Strengthen Capacity

- Use Extension strengths/competencies to engage in health promotion and prevention<sup>1</sup> activities that already directly connect to ongoing Extension efforts. These activities should be embedded in every division of Extension.

Given that a number of states have programs in the treatment arena, we recommend support for a limited expansion of work that directly serves those struggling with opioid use disorder.

Encourage Extension systems to engage in efforts to develop and institutionalize effective educational programs by increasing awareness and implementation of evidence-based programs, along with application of models guiding translation of science into widespread community practice.

Encourage state Extension systems to assess readiness, including local needs and capacity (internal and external), to address behavioral health issues and to do so in a coordinated, consistent way, with a standardized assessment tool to allow for comparison and common approaches across states and regions.

Engage in capacity-building activities to empower state Extension systems and communities to address emerging behavioral health-related challenges. Following a needs assessment, Extension systems could consider the following activities:

- Provide basic training on behavioral health topics for community-based educators. Mental Health First Aid ([mentalhealthfirstaid.org](http://mentalhealthfirstaid.org)) is one example of an effective training opportunity.
- Adopt a capacity-building opioid response network that is guided by level of readiness to address the crisis.
- Use networks to encourage increased federal and other funding to assist with capacity-building efforts.
- Create an opioid response network to assist with capacity-building efforts.

## Develop a National Network to Support the Effort with Transition of Leadership

Advance a subset of EOOCRW participants as a team to engage in the eXtension Behavioral Health Impact Collaborative to develop additional ideas for how to approach the opioid crisis through Extension. Along these lines, we suggest that ECOP and eXtension determine leadership for a national task force to co-plan the Behavioral Health Impact Collaborative for April 2019 and implement the actions outlined in the report. We suggest that ECOP request that eXtension fund a Fellow as part of the Behavioral Health Impact Collaborative to lead the development of the Health Impact Assessment (HIA) and related evaluation protocols.

A next step is the development of a logic model to organize efforts involving relationships among resources, specific activities, and short-, medium-, and long-run expected outcomes.

Work with ECOP to provide a formal statement suggesting specific strategies and recommendations that could be implemented at the state and local levels.

## Identify Long-term Funding Opportunities

Develop new collaborative partnerships at the national, state, and local levels. At the national level, the workgroup believes that ECOP can play a key role in facilitating the creation of partnerships among United States Department of Agriculture's (USDA) National Institute of Food and Agriculture (NIFA)/Rural Development (RD), and other leading federal agencies addressing behavioral health issues (e.g., Substance Abuse and Mental Health Services Administration (SAMHSA) and CDC), along with other influential organizations (e.g., foundations) to optimally direct resources to health promotion, prevention, and intervention activities. Engage Extension Resource and Partnership Development team's work of matching Extension's capacity with other public and private resources. Partnerships can be fostered at the state and local levels as well.

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<sup>1</sup> Health promotion interventions are focused on enhancing individual, developmentally appropriate competencies and capacities that function as protective factors. Prevention interventions occur prior to the onset of a disorder and are "intended to prevent or reduce risk for the disorder."

## Background/Situation

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Overdoses are now the leading cause of death of Americans under the age of 50, the impacts of which are being felt in every region of the country, affecting both rural and urban places. The latest Centers for Disease Control (CDC) estimates on U.S. drug overdoses are grim: A record 71,568 Americans are projected to have died of drug overdoses in 2017 (NCHS, 2018). That presents a 6.6 percent national increase in overdose deaths over 2016 and an all-time record. For context, the nearly 72,000 overdose deaths (spurred by the ongoing opioid painkiller addiction epidemic, including increased use of potent synthetic opioids like fentanyl) outpaced fatalities from suicide or from influenza and pneumonia, which claimed about 44,000 and 57,000 lives, respectively, in 2016. It nearly rivaled the approximately 79,500 people who die from diabetes-related complications each year in the United States, which is the seventh leading cause of death.

The reasons for the emergence and escalation of the opioid crisis are numerous and complex. The impetus of the crisis emerged in the mid-1990s, in part, because of false information about the degree to which opioid painkillers are addictive, which led to wide-scale use of opioid painkillers across the nation. Currently, about 1 in 3 American adults take prescription opioids during the course of a given year (Han et al., 2017). Prescription painkiller misuse has now evolved into a growing illicit drug use problem nationwide. It is important to recognize that vulnerability to addiction has multiple causes and includes genetic, epigenetic, psychological, developmental, and contextual factors. Thus, effectively addressing the opioid crisis will require multiple types of solutions and interventions at multiple levels, across social contexts.

## The Charge

In many states, universities within the land-grant system are responding to the crisis. However, the Extension Committee on Organization and Policy (ECOP) believes that a coordinated effort within the land-grant system could provide a larger and more effective response to the ongoing crisis.

The Extension Opioid Crisis Response Workgroup (EOCRW) was formed to develop a strategic framework to guide Extension activities related to addressing the crisis nationwide. The charge of the workgroup is to:

- identify existing activities and competency frameworks in the land-grant system.
- organize information and resources already identified through a previously administered ECOP survey, and consider administering a follow-up survey if needed.
- collaborate with eXtension to develop a website (open to all land-grant university personnel), which could be used to make opioid-related resources available.
- identify potential needs/opportunities across the nation where the land-grant system could help to address the crisis.
- begin to develop a strategic framework to coordinate a system-wide effort.
- identify potential funding sources to support such efforts.
- Prepare a final report for ECOP and conduct a national webinar for Extension Directors/Administrators and other personnel that summarize findings, existing resources and programming, potential funding opportunities, and proposed next steps.

# Process

Mark Skidmore served as Coordinator for the EOGRW, and workgroup members included knowledgeable Extension and outreach specialists as well as researchers from the land-grant system. The workgroup was composed of members who were involved in day-to-day activities and “Expert Partners” who provided feedback to the workgroup throughout the process.

## The members of the workgroup are:

Alison Brennan, North Central Regional Center for Rural Development

Ronald A. Brown, Association of Southern Region Extension Directors

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Jami Dellifield, The Ohio State University

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## The Expert Partners are:

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The team was organized in February 2018 and the first meeting was held via Zoom on March 23, 2018. During this initial meeting, members discussed whether it was a better strategy to broaden the charge to consider behavioral health as a whole before diving more deeply into a discussion about the development of a strategic plan for Extension’s involvement to help address the opioid crisis. The team concluded that it would be most effective to first develop a strategic framework for the broader area of behavioral health encompassing substance misuse and then, within this framework, craft an opioid crisis response plan.

In order to assist states interested in adopting programs/curricula to address the crisis immediately, the workgroup identified eight existing programs being used by Extension in several states. Detailed information about these programs, including recorded webinars, are available at the Opioid Response website, and include:



Community Assessment and Education to Promote Behavioral Health Planning and Evaluation (CAPE)

Chronic Pain Self-Management Program

Community-Based Opioid Awareness

Generation Rx

Life Skills Training

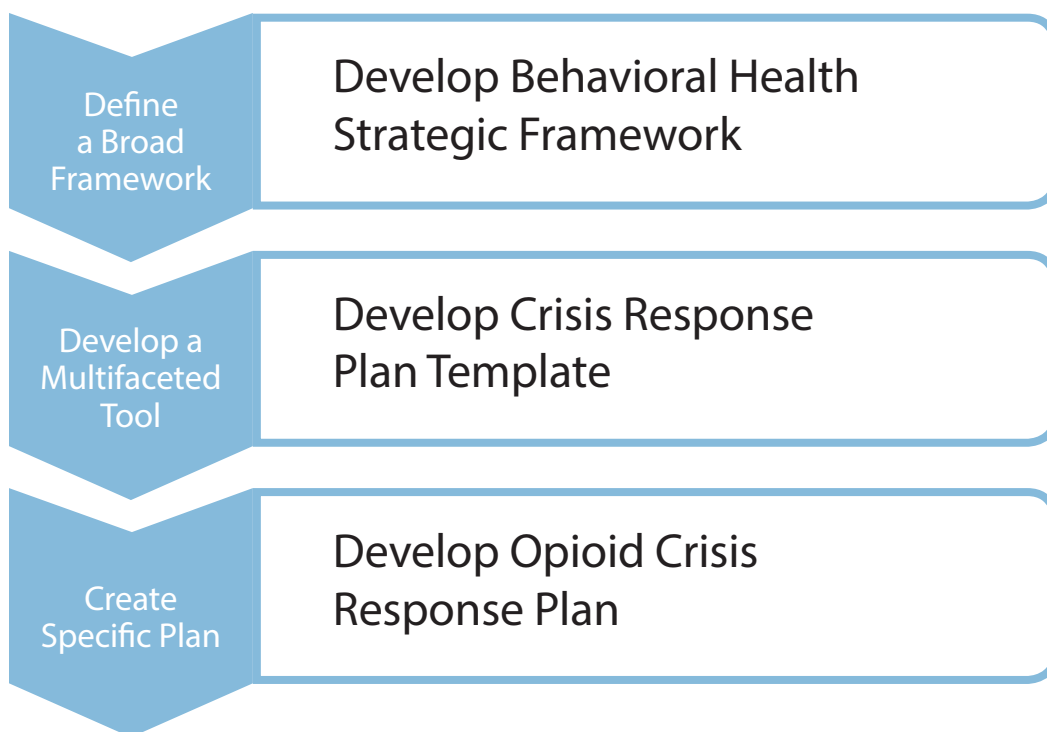
Mental Health First Aid

PRoMoting School-Community-University Partnerships to Enhance Resilience (PROSPER)

Strengthening Families Program 10-14

The website also contains information about potential partners and funding sources for work in this arena, an extensive literature review, an EOCSRW facilitation report, and summary results from a nationwide survey administered to Extension leadership to collect information on behavioral health programs offered across the nation.

The figure below illustrates the organization of the workgroup's efforts.



The workgroup first addressed the task of developing a broad behavioral health strategic framework that could be used to define and guide a range of activities across the Extension network that fully recognizes the linkages between Extension educational programs, and mental/emotional health and substance misuse. This framework provides a comprehensive overview of the ways in which Extension works in this arena to guide future efforts. Once the behavioral health strategic framework was set, the team then turned its attention to developing a planning tool to address the crises. This planning tool (or template) was applied to the opioids case to create a specific response plan to help guide Extension activities in addressing the crisis. This process produced the following resources:

Nationwide survey of Extension behavioral health programming

List of potential partners and funding sources



A comprehensive literature review of research related to education and prevention

Detailed information about eight existing opioid-related Extension programs

Opioid crisis response workgroup planning sessions report

A final report to ECOP outlining a behavioral health strategic plan and an opioid crisis response plan (this report)

All of these documents are available at the Opioid Response website. As listed above, the workgroup administered a national survey of Extension administrators to learn about the full range of programs being offered across the states. The workgroup also completed a comprehensive review of the literature to inform Extension activities in this arena. Brief summaries of these two documents are also available below. However, we emphasize the value of reviewing the documents on the website, especially the literature review.

## Behavioral Health Programs Survey Summary

The Behavioral Health Programs Survey was administered to Extension leaders at land-grant universities and colleges, including all 1862, 1890, and 1994 institutions. The survey included items on current and planned efforts by Extension systems, identification of faculty with expertise, helpful resources which could be used in a toolkit, and interest in being part of an initiative. A total of 100 surveys were started and 76 percent were completed or nearly completed.

Those who completed all or most of the survey, from highest to lowest frequency of response, included:

Extension Administrators (35.5 percent)

Extension Specialists (27.6 percent)

Other (22.4 percent)

Extension Educators (3.9 percent)

Those who responded and indicated their area of content expertise included:

46 from Family and Consumer Science

20 from 4-H Youth Development

17 from Community Development

11 from Agriculture and Natural Resources

21 selected Other to define their area of content expertise

Participation rates by region and land-grant institution were:

76.5 percent for the Western Region 1862 Institutions

75 percent for the North Central Region 1862 Institutions

61.5 percent for the Northeast Region 1862 Institutions

60 percent for the Southern Region 1862 Institutions

47.4 percent for the 1890 Institutions

24 percent for the 1994 Tribal Institutions

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The survey shows that there is a mismatch between the perceived need and the capacity to help address the crisis.

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The Extension Behavioral Health Programs Survey included questions which reflected the following topics:

- Mindfulness or stress management/reduction
- Mental health
- Substance misuse prevention
- Intervention or recovery

Questions were also included about programming efforts, resources currently used for each behavioral health-related program topic, and Extension's role in the national opioid crisis.

The overall impact of opioid misuse and overdose on health across the nation is something respondents agree is a serious issue. On a scale of 0 = no impact and 5 = extreme impact, the overall sample mean was 3.97. A majority of respondents agree that Extension should play a role in the reduction of opioid use and abuse in their state (68.4 percent). Although only 23.7 percent agreed that their Extension system has the capacity to respond to the opioid crisis, 57.9 percent indicated that Extension has the potential to build professional capacity to respond to the crisis. Importantly, many Extension professionals surveyed (52.6 percent) are interested in joining an initiative to seek resources and build capacity to address the crisis.

Educational resources used by Extension were largely research-based with very few respondents reporting the use of evidence-based curricula. When asked if future plans were being made to provide programs in the targeted behavioral health topics, responses indicated that several educators plan to provide programs in mindfulness or stress management (35.5 percent), mental health assistance (32.9 percent), and substance misuse prevention, intervention, and recovery (38.2 percent).

Seventeen respondents indicated that current healthy living programming within their institution was broad and without a central focus on opioid prevention education. Those reporting on 4-H Youth Development programming indicated that youth-adult partnerships were the most prevalent component within substance abuse prevention programs.

The survey results provide valuable information about a range of behavioral health programming across the states. These results also offer input on which states have an interest and perceive a need to help address the opioid crisis. In this regard, the survey shows that there is a mismatch between the perceived need and the capacity to help address the crisis. More generally, the survey shows that Extension in many states is offering a wide range of programming in mindfulness and stress management, mental health, and substance misuse, prevention, intervention, and recovery. With regard to substance misuse, most programs focus on prevention, though some institutions assist with intervention and recovery. The full set of survey findings are available at the Opioid Response website.

The  
Extension  
Behavioral  
Health  
Programs  
Survey

67.4%

Extension should play a role in the reduction of opioid use and abuse in their state

23.7%

Agree that their Extension system has the capacity to respond to the opioid crisis

57.9%

Extension has the potential to build professional capacity to respond to the crisis

52.6%

Extension professionals are interested in joining an initiative to seek resources and build capacity to address the crisis.

## Summary of Behavioral Health Literature Review

The workgroup completed a comprehensive literature review which was used to consider the most effective ways to build capacity within Extension to address behavioral health issues in general and the opioid crisis in particular. The literature review is a valuable resource for those in the land-grant system who want to learn more about the nature of the crisis and effective approaches for addressing it. The full report is available at the Opioid Response website.

The literature review is organized into four parts. Part I provides general background information and recent statistics on substance use, along with a description of the guiding conceptual framework used to organize Part II. Part II describes individual, relationship, community, and societal influences factoring in the opioid crisis, as well as details on the costs of the crisis to individuals and society. In Part III, potential avenues for resolving the crisis are explored in terms of demand-side and supply-side solutions. Finally, Part IV highlights Extension's historical and current features collectively, suggesting its unique positioning for seizing opportunities to address the crisis, as well as challenges to be addressed in efforts to realize its potential contributions. Those opportunities and challenges were factored in articulating considerations for developing the strategic planning of the EOCRW, as summarized below.

Although no two states are identical in the structure and function of their Extension systems, all have something valuable to contribute, as does the national-level infrastructure that supports individual state systems. The core programs within each state system already contribute by improving quality of life across a range of outcomes relevant to opioid-related problems. The literature review provides guidance to the EOCRW toward the end of the development of a strategic plan to address the ongoing crisis. While we encourage those with an interest in assisting with the crisis to read the full literature review report, we highlight several considerations/recommendations generated from the review, as follows:

Given the differences in capacity, readiness, and structure across state systems within Extension, as well as differences in severity of impact of the opioid crisis, it is difficult to delineate considerations that will be relevant to all state systems. This said, we articulate several considerations we believe will help Extension in addressing the opioid crisis, regardless of state-level variation in the previously listed factors.

**Readiness and Capacity Assessments.** The literature highlights varying levels of readiness and capacity among states. State systems need to assess local need and readiness (internal and external) as well as capacity (internal and external) to address behavioral health issues. This could be done in a coordinated, consistent way with standardized instruments to allow for comparison and common approaches across states and regions.

**Basic Training for Community-Based Educators.** All Extension staff who interact with the general public should have a basic level of behavioral health knowledge and skills. As trusted and well-connected members of their communities, county educators are in a position to identify individuals who may be in need of behavioral health interventions, and refer them to professional services or resources as long as they have skills and training necessary to respond appropriately. A critically important component of this basic training would entail efforts to move closer to a common behavioral health language and understanding.

**Prioritizing Programs.** State systems need to consider the level of evidence supporting behavioral health programs currently in use. Program leaders may have to make tough decisions. These decisions could include prioritizing programs with greater evidence and relevance to the opioid crisis, requiring careful evaluation of programs with no demonstration of measurable impact or replacement of scientifically weak programs.

**Increased Knowledge about Guiding Models for Translating Science into Practice.** It would help if regional and state leaders became better versed in the literature on translating behavioral health research into widespread community practice, cultivating institutional culture and capacity to

support it. This type of translation effort could be the crux of the land-grant “science with practice” system. Consideration of the guiding models for translating behavioral health intervention science into practice through Extension-based partnerships could be especially helpful.

Capacity Building for an Opioid Response Network. An important consideration would be adopting a capacity-building opioid response network guided by the aforementioned indications of readiness to address the crisis. This network would support adoption of effective responses to the opioid crisis following the translation of science into practice model; it would entail an Extension-based support system for multiple levels of state/territory readiness to address the crisis. One possible model is summarized in the literature review.

Coordination with Federal Agencies. Develop plans for coordinating with federal agencies. Notably, USDA/NIFA could take a leading role in seeking coordinated funding efforts among key U.S. stakeholder agencies such as SAMHSA, CDC, National Institute of Health (NIH), and HRSA. These funding efforts that would factor in the above five considerations as well as assist with implementation of the strategic plan developed through the EOCRW.

Federal Funding to Assist with Capacity Building. The literature review highlights the challenges that Extension must address to provide a strong response to the opioid crisis. Notably, in this context, the Behavior Health Survey supported by the EOCRW highlighted how Extension is hampered by limited available capacity to address the crisis, especially because of competing demands for resources and a limited budget for supporting the response to the crisis. In addition to taking a lead role in organizing cooperative efforts with other stakeholder federal agencies, the USDA-NIFA could increasingly fund more grants for projects that optimally align with the above considerations overall.

Taken together, the behavioral health survey and literature review provided valuable information that was used to develop the overarching behavioral health strategic framework. Once the behavioral health strategic framework was set, the team then turned its attention to developing a planning tool to address the current opioid crisis as well as other crises that are certain to emerge in the future. This planning tool (or template) was applied to the opioids case to create a specific response plan to help guide Extension activities in addressing the crisis. Next, we provide a summary of the process and outcomes of the behavioral strategic planning process, which is followed by a discussion of the opioid crisis response planning effort.

## Behavioral Health Strategic Framework

The workgroup planning process for developing the Behavioral Health Strategic Framework is as follows: Professor Steve Cady, Director of the Institute of Organizational Effectiveness at Bowling Green State University guided the workgroup through the planning process. The workgroup conducted a strategic analysis of Extension’s behavioral health internal and external environment. The workgroup considered behavioral health broadly, within Extension and the areas in which it works, recognizing that the opioid crisis is one of several challenges being faced across the country. The workgroup reviewed all the strategic resources (literature review and survey, plus other information as appropriate), and completed the strategic analysis tool called SOAR (Strengths, Opportunities, Aspirations, and Results). The SOAR model was used to guide and organize the analysis. SOAR is a positive approach to strategic planning that allows an organization’s stakeholders to construct its future through collaboration, shared dialogues, and commitment to action. SOAR purposefully engages in a series of conversations to identify and leverage strengths and opportunities, to create shared aspirations, goals, strategies, and commitments to achieving its vision and serving its mission (adapted from [soar-strategy.com](http://soar-strategy.com)).

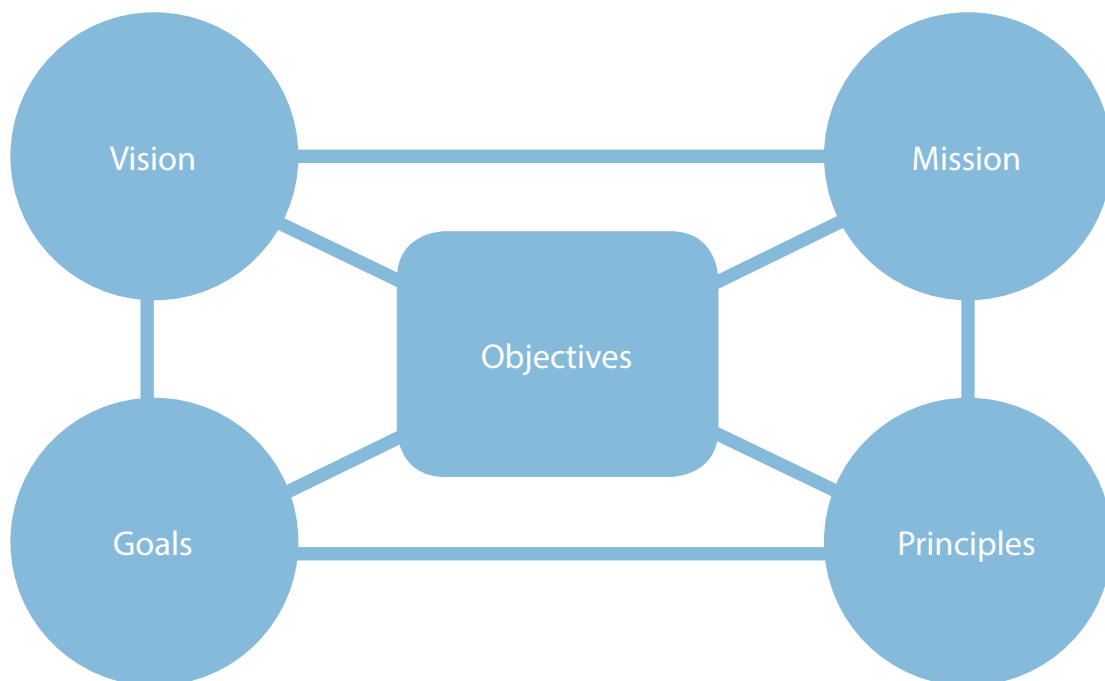
The facilitated exercises helped the workgroup generate the following document—which is available at the Opioid Response website—that contains the strengths, opportunities, aspirations, and results identified.

The discussion and information compiled through SOAR was used as a basis for developing a behavioral health strategic plan. The workgroup members worked independently to develop their version of the strategic plan by using a template, reviewing resources, and bringing their individual work to the whole group. Online sessions were held to share and connect the individual perspectives and plans. Based on all of this content, Mark Skidmore (workgroup coordinator) prepared a draft to be considered by the workgroup during the in-person meeting held on August 28, 2018. At the in-person session, the draft plan was shared and then enriched by the workgroup.

A key priority for the workgroup was to develop a working definition of behavioral health that would set the stage and give context for a strategic plan statement. During this segment of the planning session, the workgroup brainstormed a list of recommendations and questions to consider in formulating a definition. These discussions were used to craft the following definition. What follows is a starting point; we expect this to be revised. In particular, two members of the workgroup, Courtney Cuthbertson and Jami Dellifield, also serve as Fellows for the Behavioral Health Impact Collaborative. They agreed to bring this working definition forward to the Behavioral Health Impact Collaborative for further discussion.

**Behavioral Health Working Definition**  
Behavioral health describes the connection between behaviors and the health and well-being of the body, mind, and spirit; those connections include mental health and substance use issues.

This definition is used as a basis for developing the strategic plan. There are four core elements to a strategy statement that must be considered together: Vision, Mission, Goals, and Principles. When concisely and meaningfully developed, these four elements drive the primary objectives that translate the strategy into action.



# Strategic Plan

Through this process, the workgroup developed the following vision and mission statements for Extension with regard to behavioral health, which provide a basis for setting goals and objectives:

## Vision

We envision communities in which all individuals and families experience optimal behavioral health.

## Mission

Our mission is to harness the transformative power of Extension's deep network of strategic partnerships, capacity building, and educational competencies to address behavioral health needs.

The vision statement offers an ideal that Extension can strive to achieve, whereas the mission describes how Extension will make positive contributions using its core competencies. Further, the mission links Extension's core competencies with the desired outcomes. Based on the vision and mission statements, the workgroup created a set of goals:

## Goals

Extension will work internally and externally to:

1. Communicate and advance the Behavioral Health Strategic Plan
2. Expand and deepen networks in the behavioral health arena
3. Broaden and share behavioral health knowledge base
4. Build and improve capacity in behavioral health
5. Build and improve competencies
  - a. Enhance and promote resilience
  - a. Reduce stigma and increase empathy
6. Increase and leverage resources
7. Demonstrate and learn from result

The vision, mission, and goals are broad in nature and allow for flexibility and innovation while also providing focus, which is needed to develop concrete measures. Based on these values/principles, the workgroup created a set of objectives which are divided into Finite Objectives and Ongoing Objectives. Finite Objectives are one-time projects or initiatives to be completed within a specified period of time, whereas Ongoing Objectives are measured consistently over time and tracked. The objectives below are stated in SMART terms (specific, measurable, action-oriented, realistic, and timely), and they are designed to be accomplished within the context of the goals. We envision that the Behavioral Health Impact Collaborative will add context and detailed descriptions for each of these goals.



## Objectives

Finite Objectives – Projects	Ongoing Objectives – Measures
<ol style="list-style-type: none"> <li>1. Mental Health First Aid (MHFA). Provide MHFA training for Extension, its network, and in communities.</li> <li>2. Training for MHFA. Send Extension personnel to classes to become certified MHFA Instructors.</li> <li>3. Strengthening Families Program (SFP). Increase the number of SFP programs being offered.</li> <li>4. Capacity Building. Engage with communities to strengthen the capacity of communities to identify and address emerging behavioral health challenges.</li> <li>5. County Educator capacity building training. Provide training in county educator capacity building within the context of addressing behavioral health issues.</li> <li>6. Social media campaign. Reduce stigma around asking for help.</li> <li>7. 4-H Personnel Training. Train in identification and providing support to at-risk children who are in our programs.</li> </ol>	<ol style="list-style-type: none"> <li>1. Programs. Number of educational programs delivered.</li> <li>2. Improvement in well-being among program participants. Measurable improvement in well-being (reductions in smoking, alcohol abuse, drug abuse, obesity, stress levels, etc.).</li> <li>3. Benefit-Cost Evaluation. Compare the benefits of reductions in behavioral health problems (loss of life, lost productivity, costs on family, healthcare costs, etc.) with costs of programming.</li> <li>4. Determine the number of Extension professionals across all systems who have completed the one day MHFA training. Increase in areas with few trained Extension professionals.</li> <li>5. Extension staff providing information and contact information for mental health professionals or formal services of some kind (could be housing services, detox facility, etc.). Will need to track this information.</li> <li>6. Long-term: Track drug-related mortality rates and suicides. Rates should decrease.</li> </ol>

The goals and objectives can be revised, and it is expected that new goals and objectives within the context of the overarching vision and mission statements will be added over time.

After completing the broader Behavioral Health Strategic Plan, the workgroup turned its attention to developing a specific Opioid Crisis Response Plan.



# Opioid Crisis Response Planning

The workgroup used the P.L.A.N. process to develop the response plan. The acronym P.L.A.N. represents four key elements to project planning: Purpose & Outcomes, Leaders, Action Steps, and Needs. It contains the simple yet effective ingredients for accomplishing any type of project with predictable success. The P.L.A.N. template is provided at the Opioid Response website, which can be used to generate response plans for behavioral health crises that emerge in the future. Below, we provide a summary of the Opioid Crisis Response Plan process and outcomes.

## Opioid Crisis Response Plan

### Context

Approximately 54 million people in the United States have misused prescription medications including opioids, resulting in more than 115 fatalities every day. The reasons for the emergence and escalation of the opioid crisis are numerous and complex. A critically important contributing factor was misleading information released in the mid-1990s about the degree to which opioid painkillers are addictive, which led to wide-scale use of opioid painkillers. Today, the annual societal costs of opioid overdose, misuse, and dependence are estimated at \$78 billion, a figure that includes direct health care, child protection, lost productivity, and criminal justice (NIDA, 2018). The resulting impact on family well-being and community vitality, particularly in rural areas, is often less quantifiable, but nevertheless devastating.

Among the hardest hit by the opioid crisis are the individuals, families, farms, and communities we serve. Extension is uniquely positioned for prevention, outreach, and education. While our federal, state, and local partnership model is a valuable asset, potential collaborators' knowledge of Extension's capacity to respond effectively to this crisis could be increased. In order for Extension to effectively address the crisis, Extension Committee on Organization and Policy (ECOP) commissioned the EOGRW to assess the current capacity of Extension to develop a strategic framework, informed by relevant literature, for coordinating a system-wide effort.

### Purpose

The purpose is to promote behavioral health and wellness through science-informed prevention, education, and outreach to address the opioid-related crises.

### Outcomes

The workgroup identified a set of specific outcomes from Extension efforts to address the crisis:

- Increase sustainable, multilevel partnerships (local, state, federal) to address opioid issues in communities.
- Increase knowledge, skills, and competencies of Extension Professionals to respond effectively to the crisis and other behavioral health challenges.
- Increase the availability of education, prevention, and services for individuals and families in the communities.
- Enhance individual, family, and community resilience to reduce the likelihood of opioid issues.
- Reduce the prevalence of opioid and other substance misuse in communities.
- Empower the communities to be more involved in every stage of planning and implementation.
- Lift up the voices and involvement of persons in recovery, afflicted families, and vulnerable populations at every stage of strategic planning and implementation.

Note: Several workgroup members suggested the following outcomes that could be placed in other sections: Logic model terms, focusing on prevention and education, reaching consensus on evidence-

based terminology, considering how outcomes will be measured, and ensuring that we will reach diverse audiences.

## Leaders and Stakeholders

In this section, the workgroup provides a list of leaders and stakeholders crucial to implementing the plan.

### People Affected

- Individuals with substance misuse/use; families and supportive persons engaged with individuals with substance misuse/use; community members in high prevalence areas in terms of opioid prescribing, misuse, and overdose deaths.
- The role is to inform all phases of the plan including priority setting, implementation strategies, outcome measures, and dissemination. Inform the application of science-based knowledge in the local context.

### National Extension Organization

- ECOP will develop and disseminate the system-wide plan and create a sense of urgency in the system.
- Engage national-level partners such as USDA Rural Development, SAMHSA, Health Resources and Services Administration (HRSA), and others to reduce duplication of services and increase efficiency.
- Establish a system for monitoring outcomes.
- Mobilize the knowledge base of the land-grant system to inform federal policy.

### State Extension Organizations

- Form state-level behavioral health/substance misuse leadership teams, if they do not already exist.
- Identify state stakeholders to inform, implement, and sustain the plan.
- Explore opportunities to collaborate with neighboring states on shared issues such as demographics.

Engage university researchers, social service agencies (e.g., healthcare, law enforcement, treatment facilities, departments of social services), policymakers, response teams, business leaders, foundations; funding opportunities.

### Local Extension Organizations

- Define primary role (e.g., lead a collaborative; join a collaborative; provide program separately).  
Engage university researchers, social service agencies (e.g. healthcare, law enforcement, treatment facilities, departments of social services, policymakers, response teams, business leaders, foundations, funders)
- Local education efforts on response (stigma; judgment and empathy) and competency (assessment of factors, Adverse Childhood Experiences, and resiliency).

## Action Steps

Next the workgroup identified specific action steps to be accomplished. Each step engages leaders and stakeholders in order to achieve the purpose and outcomes.

Key Action	Who Is Responsible?	Indicators of Success
Determine how best to transfer EOCRW resources, documents, and recommendations to the Behavioral Health Impact Collaborative (BHIC). BHIC works with EOCRW members to take on initiatives to move the work forward.	EOCRW BHIC	Clear transition and articulation of scope and responsibilities carrying over from EOCRW.
All requested deliverables are provided to ECOP in September.	EOCRW Mark Skidmore will complete any outstanding tasks	Members of the workgroup feel we have produced valuable work that provides clear direction for CES. ECOP is satisfied with our efforts.
Opioid Crisis website is updated to include all relevant documents; website to include strategies and recommendations.	Rosa Soliz (once all documents and relevant information are complete)	The website is organized and information is easily accessible.
ECOP provides a formal statement based on our report, and suggests strategies and recommendations that could be implemented at state and local levels.	ECOP	Degree to which individual state Extension systems respond and successfully implement actions.
<p>Training for community educators on recommended strategies (e.g., through professional Extension organizations)</p> <ul style="list-style-type: none"> <li>• Increase knowledge and reduce stigma related to behavioral health.</li> <li>• Increase awareness of Extension best practices.</li> <li>• Educate on how the opioid crisis affects your work, life, and how you live.</li> <li>• Identify and adopt evidence-based programs that reduce addiction.</li> </ul>	Professional Extension organizations, eExtension Behavioral Health Impact Collaborative, and partners	Degree to which we increase capacity and knowledge in this arena.

Key Action	Who Is Responsible?	Indicators of Success
Educators and specialists expand work with communities and other partners to implement activities to address the crisis.	Extension leadership, educators, and specialists	Educators and specialists begin to take action.  Reductions in opioid use, addiction, and fatalities.
Link with groups that engage in advocacy, and provide information and analysis to inform policy and funding prioritization that will emphasize prevention.	All levels of Extension	Develop and share information and analysis with partners.
Development of a Health Impact Assessment (HIA): a neutral, fact-finding, nonpartisan document.	eXtension and partners	Complete HIA.
<p>Develop local, state, regional, national, and interagency collaborations in order to:</p> <ul style="list-style-type: none"> <li>• break down silos</li> <li>• work smarter, not harder</li> <li>• share resources (perhaps via information portal)</li> <li>• provide trainings and/or forums on substance use disorders</li> <li>• obtain funding through innovative strategies, such as braided funding and private-public partnerships.</li> </ul>	All levels of Extension	<p>Increased number of collaborations.</p> <p>Increase in funding to support activities.</p>
<p>Evaluation/Research</p> <ul style="list-style-type: none"> <li>• Prioritize common language and understanding of behavioral health and evidence-based prevention (e.g., clarify use of the terms “research-based” and “evidence-based”).</li> <li>• Develop a guiding science-practice framework and corresponding logic model.</li> <li>• Develop and use standardized outcome measures.</li> <li>• Uncover examples or models that could facilitate meeting goals.</li> <li>• Provide associated educational activities around these topics.</li> </ul>	<p>All levels of Extension</p> <p>Relevant academic departments</p>	<p>Increased understanding within Extension about evidence-based versus research-based activities.</p> <p>Prepare science practice framework document.</p> <p>Prepare logic model(s).</p> <p>Develop standardized measures of outcomes.</p>

## Needs

The “N” in P.L.A.N. is defined as the various needs related to completing the project, including tools, technology, materials, staffing/people, budget/dollars, and, of course, time allotted to work on the project.

### Funding (Budget)

- Funding for capacity building
- Consistency or predictability for funding across multiple years
- Innovation funding—for out-of-the-box thinking—through public and private partnerships
- Strategic, intentional funding

### Leadership

- Champions to our mission at national (ECOP), state (Extension Administrators and Directors) and local levels
- Champions should cross all Extension areas (including agriculture and economic development) to build capacity within Extension

### Staffing and Support

- Professional staff support
- Volunteers
- Champions should cross all Extension areas (including agriculture and economic development) to build capacity within Extension

## Conclusion and Overall Recommendations

With the resources outlined in this report (list of potential partners, Extension Behavioral Health Programs Survey findings, literature review, and facilitated meetings of the EOCRW), the workgroup has developed a set of integrated recommendations to ECOP regarding the current and future Extension efforts in addressing the opioid crisis. We believe these recommendations offer a foundation for a strategic response that will catalyze system-wide change within the Extension system. Extension is uniquely positioned to respond to the crisis for the following reasons:

Extension has infrastructure and capacity in all states/counties.

Extension is very well-suited to leading innovative, science-with-practice solutions for behavioral health issues.

Extension personnel serve as change agents, building relationships to link community stakeholders with access to resources required for addressing local problems, including those resources/organizations that are especially central to addressing the opioid crisis (e.g., social services, public education, and public health).

Extension is already expanding and has a growing openness to providing behavioral health programming over past two decades.

As Extension steps into playing a larger role with a more systematic approach to addressing the opioid crisis, the workgroup believes it is essential to consider the current crisis within the broader context of behavioral health. Research shows the interconnectedness of substance misuse with larger social and economic problems. Along these lines, the Extension Behavioral Health Programs Survey identified a range of programs designed to improve wellness including but not limited to pain management,

stress management, mindfulness, and Mental Health First Aid. These more general programs can be leveraged to improve societal resilience.

Extension strengths/competencies strongly suggest it is best suited to engage in health promotion and prevention activities. Health promotion interventions are focused on enhancing individual, developmentally appropriate competencies and capacities that function as protective factors. Prevention interventions occur prior to the onset of a disorder and are “intended to prevent or reduce risk for the disorder.” These activities should be and can be embedded in every division of Extension.

Although promotion and prevention appear to most strongly align with Extension strengths, as shown in the behavioral health survey, a number of states also have programs in the treatment arena—the workgroup would be remiss if it failed to mention the potential for some state Extension organization to expand work that directly serves those struggling with opioid use disorder.

Moving forward, the workgroup encourages state Extension systems to engage in efforts to increase awareness and use evidence-based programs within Extension, and to apply models for effectively translating behavioral health science into practice, along with translational research and evaluation, in order to institutionalize effective outreach programming. Increased awareness along these lines will require an effort to improve knowledge among regional and state leaders about the guiding models for translating science into practice. At some point, it will be important to more formally prioritize programs with greatest evidence of effectiveness, possibly replacing scientifically weaker programs, and supporting careful evaluation of promising programs.

There also clearly is a need to engage in capacity-building activities to empower state Extension systems and communities to address emerging behavioral health challenges. Along these lines, if they have not already done so, it would be very beneficial for state Extension systems to assess local needs as well as internal and external readiness and capacity to address behavioral health issues, and to do so in a coordinated and consistent way with a standardized tool to allow for comparison and common approaches across states and regions. Following a needs assessment, Extension systems may consider the following activities.

- Provide basic training on behavioral health topics for community-based educators. Mental Health First Aid is one example of an effective training opportunity.

- Adopt a capacity-building opioid response network that is guided by indications of readiness to address the crisis.

- Use networks to encourage increased federal funding to assist with capacity-building efforts.

An invaluable strength of Extension is its ability to link into networks and develop partnerships. The workgroup recommends that the Extension system at the national, state, and local levels use this great strength to develop effective new collaborative partnerships. Importantly, the crisis has resulted in a unique opportunity to create and strengthen such partnerships within the context of behavioral health. At the national level, the workgroup believes that ECOP can play a central role in facilitating the creation of collaboration and coordination among USDA’s NIFA/RD and other agencies (e.g., SAMHSA, CDC) to direct resources to promotion and prevention efforts. These funds can be used to connect Extension with those working in behavioral health to create programs that improve readiness and resilience in communities across the nation. Analogous collaborations and partnerships can be fostered at the state and local levels as well. Evidence-based programs modifying empirically validated risk and protective factors are shown to result in multiple positive outcomes—programs such as these have very high benefits relative to costs.

The development of a logic model to organize and frame these activities is beyond the scope of the charge to the EOOCRW. However, the workgroup believes that a natural progression would include the development of a logic model to organize relationships among resources, specific activities, and the short-, medium-, and long-run expected outcomes.

In order for this initiative to continue as the workgroup efforts come to a close, it is necessary to link it to an existing structure within Extension. In this context, the workgroup recommends that this report and all of the recommendations be shared with the eXtension Behavioral Health Impact Collaborative. The collaborative is ongoing and thus has the potential to work with EOCRW members and other partners to help implement activities to address the opioid crisis put forward by ECOP. The Opioid Crisis website will be linked with the Behavioral Health Impact Collaborative website so that resources and materials can be easily found and accessed by those working in this area.

Finally, based on this report, the workgroup recommends that ECOP provide a formal statement suggesting specific strategies and recommendations that could be implemented at the state and local levels. Upon request, the workgroup would be pleased to assist in the creation of this statement.

## To summarize, the EOCRW recommends the following:

### Deliver Existing/Develop New Evidence-based Programs and Strengthen Capacity

Use Extension strengths/competencies to engage in health promotion and prevention<sup>2</sup> activities that already directly connect to ongoing Extension efforts. These activities should be embedded in every division of Extension.

Given that a number of states have programs in the treatment arena, we recommend support for a limited expansion of work that directly serves those struggling with opioid use disorder.

Encourage Extension systems to engage in efforts to develop and institutionalize effective education programs by increasing awareness and implementation of evidence-based programs, along with application of models guiding translation of science into widespread community practice.

Encourage state Extension systems to assess readiness, including local needs and capacity (internal and external), to address behavioral health issues and to do so in a coordinated, consistent way, with a standardized assessment tool to allow for comparison and common approaches across states and regions.

Engage in capacity-building activities to empower state Extension systems and communities to address emerging behavioral health-related challenges. Following a needs assessment, Extension systems could consider the following activities:

- Provide basic training on behavioral health topics for community-based educators. Mental Health First Aid is one example of an effective training opportunity.
- Adopt a capacity-building opioid response network that is guided by level of readiness to address the crisis.
- Use networks to encourage increased federal and other funding to assist with capacity-building efforts.
- Create an opioid response network to assist with capacity-building efforts.

### Develop a National Network to Support the Effort with Transition of Leadership

Advance a subset of EOCRW participants as a team to engage in the eXtension Behavioral Health Impact Collaborative to develop additional ideas for how to approach the opioid crisis through Extension. Along these lines, we suggest that ECOP and eXtension determine leadership for a national task force to co-plan the Behavioral Health Impact Collaborative for April 2019 and implement the actions outlined in the report. We suggest that ECOP request that eXtension fund a

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<sup>2</sup> Health promotion interventions are focused on enhancing individual, developmentally appropriate competencies and capacities that function as protective factors. Prevention interventions occur prior to the onset of a disorder and are “intended to prevent or reduce risk for the disorder.”



Fellow as part of the Behavioral Health Impact Collaborative to lead the development of the Health Impact Assessment (HIA) and related evaluation protocols.

A next step is the development of a logic model to organize efforts involving relationships among resources, specific activities, and short-, medium-, and long-run expected outcomes.

Work with ECOP to provide a formal statement suggesting specific strategies and recommendations that could be implemented at the state and local levels.

## Identify Long-term Funding Opportunities

Develop new collaborative partnerships at the national, state, and local levels. At the national level, the workgroup believes that ECOP can play a key role in facilitating the creation of partnerships among USDA's NIFA/RD, and other leading federal agencies addressing behavioral health issues (e.g., SAMHSA and CDC), along with other influential organizations (e.g., foundations) to optimally direct resources to health promotion, prevention, and intervention activities. Engage Extension Resource and Partnership Development team's work of matching Extension's capacity with other public and private resources. Partnerships can be fostered at the state and local levels as well.

## References

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