

Needs Assessment and Program Proposal Plan

Group Information	
List all group members	<ol style="list-style-type: none"> 1. Brianna Cheever 2. Allison Durham (Grady) 3. Nora Amador 4. N/A
Summarize your communication plan for the semester (how do you plan to reach each other, communicate and ensure that communication is received?)	<p>Our group will keep in constant communication with setting up meetings and questions about assignments through texting and phone calls. We will have our meetings via Facebook video chat for one or more hours, at least once per week. During our meetings, all group members will have access to Google Docs where we will edit documents, provide links to websites, etc. when necessary.</p>

A1: Topic Selection – 20 points	
<p>1.1 Describe the social problem/condition you will address (rates, estimates, prevalence/incidence, etc.)</p>	<p>The overall social problem that we would like to focus on is the opioid crisis, specifically as it relates to Ringgold, Georgia in Catoosa County. The Georgia Hospital Association (GHA) reports that “48.5 Million Americans have used illicit drugs or misused prescription drugs, and 218,000 Americans have died from overdoses related to prescription opioids from 1999 to 2017” (GHA, 2019). April Dirks outlines that opioid abuse can cause significant strain on relationships, mental health, and emotional stability. She notes it can also cause physical and financial damage to families and individuals who are experiencing opioid abuse, as well as emotional trauma to children of individuals with opioid addictions (Dirks, 2018). Although opioid addiction is severely damaging to individuals and their families, there are many issues that can keep people from receiving the necessary treatment for their addictions. The National Rural Health Association (NRHA) reports several barriers to treatment including cost, transportation, individual mindset, society stigma, availability of health insurance and/or treatment centers, and community support (Hancock, et al., 2017).</p> <p>Georgia Hospital Association (2019). Opioid crisis. <i>Georgia Hospital Association</i>. Retrieved from https://www.gha.org/Opioid</p> <p>Dirks, A. (2018). The opioid epidemic: Impact on children and families. <i>Journal of Psychiatry and Psychiatric Disorders</i>. Retrieved from www.fortunejournals.com/articles/the-opioid-epidemic-impact-on-children-and-families.html</p>

	<p>Hancock, C., Mennenga, H., King, N., Andrilla, H., Larson, E., & Schou, P. (2017). Treating the rural opioid epidemic. <i>National Rural Health Association Policy Brief</i>, 1-13. Retrieved from https://www.ruralhealthweb.org/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/Treating-the-Rural-Opioid-Epidemic_Feb-2017_NRHA-Policy-Paper.pdf</p>
<p>1.2 Describe the extent of the social condition/problem (provide estimates of the condition and distribution; estimates, rates or occurrence, etc., what are the key areas that you will be focusing on?)</p>	<p>The Substance Abuse Research Alliance (SARA), shows that opioid and heroin use in Georgia significantly threatens the health, prosperity, and general well-being of individuals throughout the state, across almost all sectors of life and work (Langford, et al., 2017). The opioid crisis is a significant issue throughout the Nation, and individuals living in rural areas are not exempt from the tragedies of opioid addiction. According to the Georgia Department of Public Health (GDPH), there is a higher incidence of opioid-related overdoses in individuals ages 25-35, Caucasian, living in urban and rural areas in Northern Georgia (GDPH, 2016). The Walker County Messenger and Catoosa County News (2019) reports that Catoosa County had over 25 million opioid pills delivered to residents over a seven-year reporting period, which is equal to 58 pills per person per year (n.a., 2019). The opioid crisis continues to devastate local regions in Catoosa County even with multiple treatment facilities and resources. Browne, et al. (2015) points out that lack of access to treatment centers are one of the main reasons that individuals in substance abuse do not complete treatment, and clients are less likely to finish their treatment if they have to travel to outpatient rehab centers (Browne, et al., 2015).</p> <p>Langford, L., Abraham, A., Johnson, A., Norton, M., & Wrenn, G. (2017). <i>Prescription Opioids and Heroin Epidemic in Georgia</i>. Georgia Prevention Project. Retrieved from http://www.senate.ga.gov/sro/Documents/StudyCommRpts/OpioidsAppendix.pdf</p> <p>Georgia Department of Public Health. Epidemiology Program (2016). Opioid overdose surveillance report. Retrieved from https://dph.georgia.gov/sites/dph.georgia.gov/files/OPIOID%20OVERDOSE%20SURVEILLANCE.Georgia.2016.pdf</p> <p>44 million opioid pills shipped to Walker, Catoosa counties during 7-year reporting period. (2019, August 6). Walker County Messenger: The Catoosa County News. Retrieved from http://www.northwestgeorgianews.com/catoosa_walker_news/news/local/million-opioid-pills-shipped-to-walker-catoosa-counties-during-/article_b3778ada-b562-11e9-99c9-bb4de07b12d0.html</p> <p>Browne, T., Priester, M. A., Clone, S., Iachini, A., DeHart, D., & Hock, R. (2016). Barriers and facilitators to substance use treatment in the rural south: A qualitative study. <i>The Journal of Rural Health</i>, 32(1), 92-101. https://doi.org/10.1111/jrh.12129</p>

<p>1.3 Identify the population (is the target population a system, group, or individual?)</p>	<p>The population we are focusing on is the group of clients who are seeking substance abuse treatment at specific facilities but are unable to obtain the treatment due to lack of transportation. Although this target population is a group, it is made up of individuals, and the needed transportation service would need to be available on an individual case-by-case basis. For the purposes of this study, the term “transportation issues” is not limited to individuals who do not own cars but may include individuals who have suspended/revoked licenses due to DUI or are unable to afford transportation costs.</p>
<p>1.4 Describe the target population (individual, community, systems; include demographics, language, dispersion, etc.)</p>	<p>The U.S. Census Bureau (2017) reports that Ringgold, GA has a population of over 3,500 individuals with 78% Caucasian, 9% African American, and 4% other minority nationalities included. Over 19% of the population lives below the poverty level, and there is a median annual household income of \$41,500. The transportation statistics show an average of two cars per household, with a 40-minute daily commute (U.S. Census Bureau, 2017). The Opioid Overdose Surveillance Report in Georgia (2016), showed that the highest rate of opioid-related overdoses were in Caucasian males ages 25-34, with the highest rate of overall opioid overdoses in mostly rural areas (GDPH, 2016). Although it seems that most individuals in Ringgold, GA own cars, the average statistic does not show the disbursement of the vehicles. The data also does not include vehicles with engine failures, the ability of individuals to afford gas and other transportation costs, or the number of individuals with substance abuse issues who have suspended/revoked licenses due to DUI or other circumstances. Thus, the target population for this program is individuals ages 20-55, who live in Catoosa County (especially in rural areas), have substance abuse issues (specifically opioids), and have limited access to transportation to and from substance abuse treatment. The transportation system would be built into an outpatient treatment center that is already established but has clients who have difficulty getting to and from their appointments.</p> <p>U.S. Census Bureau (2017). Ringgold, GA. <i>Data USA</i>. Retrieved from https://datausa.io/profile/geo/ringgold-ga/</p> <p>Georgia Department of Public Health. Epidemiology Program (2016). Opioid overdose surveillance report, 7-10. Retrieved from https://dph.georgia.gov/sites/dph.georgia.gov/files/OPIOID%20OVERDOSE%20SURVEILLANCE.Georgia.2016.pdf</p>
<p>1.5 Describe current service programs (if something similar already exists in the agency, neighborhood, community)</p>	<p>The only other free transportation service in Ringgold, Georgia is the Catoosa County Transit Service. This service is a government-operated service that transports individuals as needed within Catoosa County. The problem with this service is that it runs on a first-come-first-serve basis, it only runs until 3:00 pm, and it transports the client to different appointments at different addresses. This could be an issue because some individuals within substance abuse programs work and their jobs may not end until five o'clock in the afternoon or later. The clients trying to receive help would not be able to make it to their appointments on time. Therefore, they would not be receiving the help that is necessary for their treatment which could lead them to relapse.</p>

<p>1.6 Describe the targeted need (of all the issues comprised in the social problem you identified, what is the specific need you will be focusing on during this semester?)</p>	<p>One of the barriers to substance abuse treatment is transportation. Rural areas are more likely to have difficulty obtaining transportation to and from treatment due to access to a vehicle, distance of the treatment facilities, and cost of transportation overall. For individuals with substance abuse issues, it is very important to attend all treatment sessions in order to avoid relapse. One missed appointment can cause significant backsliding, especially in the beginning of treatment. Therefore, transportation to and from appointments is a significant and underrated need.</p>
<p>A2: Literature Review – 50 points</p>	
<p>2.1 Identify and describe the program you are planning (it is understood that this may change after you complete the needs assessment) (4 pts.)</p>	<p>The program we have decided to work towards implementing is a transportation program for individuals who are in substance abuse treatment and live in Ringgold, GA and surrounding areas. This transportation program would be run by a separate non-profit organization that provides transportation to all local treatment programs in the area. The transportation system would be modeled after a flex route/vanpool transit system and would go door-to-door picking up individuals in substance abuse treatment and taking them to and from their appointments. It will provide services from 6:00 am - 7:00 pm, but it will also include an after-hours hotline where individuals can call in if they have emergency substance abuse issues. The after-hours transit will be available to transport clients to the ER for overdoses/immediate attention or to an inpatient treatment center based on the assessment of the driver. The drivers will be trained in substance abuse and what signs to look for to evaluate for drug overdoses or withdrawals and will possibly be certified to use naloxone if necessary. The bus drivers may be EMTs or other volunteer individuals, which we will specify as we go along with this project. This transportation service would be especially beneficial to individuals living in the more rural areas surrounding Ringgold, GA. The goal of the service is to help clients get to their appointments, group meetings, and other substance abuse treatment regularly to prevent relapse or dropping out of the programs.</p>
<p>2.2 Conduct an environmental scan of the location where the main organization operates, looking at other similar programs offered in the area: What factors will help to distinguish your program from these other programs? (7 pts.)</p>	<p>Trans-Aid provides transportation for residents in Ringgold, GA. Trips should be scheduled in advance. Trips are on a first come first serve basis with priority to doctor's appointments. Transportation is also provided for shopping and employment purposes. All passengers must be residents of Catoosa, County Georgia. Transit Service will travel to Chattanooga Erlanger/Parkridge/Memorial area for medical appointments only. Any trip for anything other than medical reasons must remain in Catoosa County. Appointment reservation are taken up to 30 days in advance. You must call in your appointment-transit drivers cannot book appointments (Whitfield County Transit, n.d.).</p> <p>Whitfield County Transit service is used for non-emergency transportation needs. Their transit buses are provided to take residents of Whitfield to doctor's appointments, to the library, to the Senior Center, to visit family or friends etc. within the county during their operating hours. They operate Monday-Friday from 6:30a.m.-6:00p.m. the cost ride for general public is \$4.00 for each one-way trip. Passengers will only be permitted to board the bus only by paying the fare before taking their seat. (Catoosa County, GA Trans-Aid, n.d.).</p>

	<p>Whitfield County Transit Service (n.d.). Retrieved from https://www.whitfieldcountyga.com/transit.htm Catoosa County, GA Trans-Aid (n.d.). Retrieved from https://www.catoosa.com/transit website</p>
<p>2.3 What is unique about your project? (2 pts.)</p>	<p>The National Rural Health Association (NRHA) reports several barriers to treatment including cost, transportation, individual mindset, society stigma, availability of health insurance and/or treatment centers, and community support (Hancock, et al., 2017). We have decided to work towards a program that will be providing transportation for individuals who are in a substance abuse treatment and live in Ringgold, GA and surrounding areas. Our program will be designed to help individuals attend their substance abuse recovery appointments. We will provide buses/vans to follow a flex route. The transit busses/vans will be running from 6:00a.m.-7:00p.m. and we will have a hotline for after hours if clients have emergency substance abuse appointments between 7:00 p.m. - 5:59 a.m.</p> <p>One of the many barriers to substance abuse treatment is transportation. Rural areas are less likely to obtain transportation for treatment due to the distance of treatment facilities. It is very important that individuals attend all their sessions during treatment to prevent a relapse. Our program will provide the support individuals need to make it easier for them to keep all their appointments during treatment.</p> <p>One of the barriers to substance abuse treatment is transportation. Rural areas are more likely to have difficulty obtaining transportation to and from treatment due to access to a vehicle, distance of the treatment facilities, and cost of transportation overall. For individuals with substance abuse issues, it is very important to attend all treatment sessions in order to avoid relapse. One missed appointment can cause significant backsliding, especially in the beginning of treatment. Therefore, transportation to and from appointments is a significant and underrated need.</p> <p>The Walker County Messenger and Catoosa County News (2019) reports that Catoosa County had over 25 million delivered over a seven-year reporting period, which is equal to 58 pills per person per year (n.a., 2019). We are hoping that our program will reduce the visits to the Emergency Room related to opioid overdose. Our hotline can provide transportation to impatient treatments around the area if needed to prevent them from going to the ER.</p> <p>Hancock, C., Mennenga, H., King, N., Andrilla, H., Larson, E., & Schou, P. (2017). Treating the rural opioid epidemic. <i>National Rural Health Association Policy Brief</i>, 1-13. Retrieved from https://www.ruralhealthweb.org/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/Treating-the-Rural-Opioid-Epidemic_Feb-2017_NRHA-Policy-Paper.pdf</p> <p>44 million opioid pills shipped to Walker, Catoosa counties during 7-year reporting period. (2019, August 6). Walker County Messenger: The Catoosa County News. Retrieved from</p>

	<p>http://www.northwestgeorgianews.com/catoosa_walker_news/news/local/million-opioid-pills-shipped-to-walker-catoosa-counties-during-/article_b3776ada-b562-11e9-99c9-bb4de07b12d0.html.</p>
<p>2.4 What does the literature say about the social problem and the issues you identified? (minimum 15 peer-reviewed sources) (15 pts.)</p>	<p>The opioid crisis has caused devastation throughout the United States, and the focus of this literature review is to evaluate articles and research findings regarding barriers to and plans for substance abuse treatment. The review will discuss current literature findings regarding transportation to and from treatment as well as evaluate current programs that are similar.</p> <p>The Center for Disease Control and Prevention (CDC) analyzed data through the National Syndromic Surveillance Program and Enhanced State Opioid Overdose Surveillance Program to track opioid overdoses in the United States (U.S.) throughout the year. The study found that there were over 142,557 overdoses in the U.S. from July 2016 – September 2017. This was a significant increase from the previous year, which reported a total of 63,632 overdoses. Over two thirds of the population of overdoses were related to opioids, prescribed and non-prescribed (CDC, 2016). The National Institute on Drug Abuse (NIDA) combined statistics from the CDC and other substance abuse reports to develop an overall perspective on the opioid crisis. The results showed that 20-30 percent of patients who are in chronic pain management misuse their prescriptions, and 4-6 percent of those patients transition to heroin (Opioid Overdose Crisis, 2019). The data collected is staggering and shows the severity and magnitude of the opioid crisis in the U.S.</p> <p>Stuart, et al., evaluated multiple research studies to show that over 92 million American adults used prescription opioids in 2015, and approximately 2.4 million of those individuals have developed an opioid dependence or addiction to prescription opioids or heroin. The article focused on different populations that are high risk for opioid use including individuals with the human immunodeficiency virus (HIV) and pregnant women. Studies showed that the incidence of opioid use in pregnant women has steadily increased over the past 10 years (Stuart, et al., 2018). The opioid crisis affects all walks of life, from newborns to geriatrics, although some populations are more at risk for starting opioids.</p> <p>Five pathways to opioid abuse were evaluated and researched by Stumbo, et al. (2017), by utilizing open-ended and structured interviews that were focused on prior opioid treatment experiences and barriers to and knowledge of treatment options. The five themes they found when organizing the data was that there were three pathways that originated with pain control, one pathway where individuals started to utilize opioids to obtain relief from emotional distress, and one pathway where individuals used opioids recreationally (Stumbo, et al., 2017). It is discouraging to see that four out of the five pathways began with individuals trying to control their pain, whether emotionally or physically.</p> <p>Physicians have played a major role in the opioid crisis as well, by nonchalantly prescribing opioids for minor pain problems in patients, and not monitoring their progress closely. Many physicians used to be able to receive “kickbacks” for referring patients for certain services or based on patient satisfaction. Thus, many of the physicians would provide opioids to help patients with pain to increase patient satisfaction, but it had detrimental cost in the long run. The Anti-Kickback Statute has been established to combat this issue, which declared providing care based on</p>

kickbacks is a felony and physicians are now prosecuted for corrupt decision-making (Tovino, 2019). There are many state and federal regulations that have been established over the past few years to help combat the opioid crisis, and many of those regulations target physicians and healthcare settings to increase awareness and make prescribers responsible for their decisions.

America is not the only country that is increasing the amount of laws regarding stringent regulation of opioids. Math, et al. (2018) pointed out that in India, the Narcotic Drugs and Psychotropic Substances Act of 1985 has had many recent revisions to increase enforcement of tracking down and prosecuting illegal opioid manufacturers and traffickers. Many times, Americans do not evaluate and keep informed on what is happening in other countries, but sometimes it is important to know because what happens overseas can affect individuals in America as well. Many opioids are manufactured overseas and are brought to America, so in order to truly end the opioid crisis, the source must be cut off. Math, et al. also point out that there are many different types of treatments to help opioid dependence, including medical substitutions (Math, et al., 2018).

Parker, et al., (2018) also discussed the benefits of medication-assisted therapy (MAT) in combating opioid dependence. They developed a broad survey of state policy approaches on the use of opioids provided by the National Governors Association and summarized their findings. The goal of the study was to find how accessible MAT facilities were including cost, state the treatment is in, and monitoring programs. Their findings projected that all 50 states have prescription drug monitoring programs, provide naloxone access laws, and allow the use of buprenorphine under Medicaid insurance, but only 34 states would cover methadone. They discussed how medication-based treatment is more expensive than other forms of substance abuse treatment, but it provides lower healthcare costs overall for individuals who receive the treatment (Parker, et al., 2018). The use of medications to help wean individuals off opioids is widespread, as seen by this study. Other studies have shown the effectiveness of MAT.

Lagisetty, et al. (2017) provided a study to analyze current evidence-based MAT in eight different countries. The goal of the study was to find what medication interventions were beneficial and if it would be beneficial to implement MAT into primary care settings. They provided a randomized control to evaluate the amount of primary care physicians who used MAT in their patient care. They found that many countries have developed primary care-based treatment for individuals with substance abuse issues, which provides increased accessibility to treatment. Many individuals are afraid to self-administer MAT and find it more comforting to have the medication physician administered (Lagisetty, et al., 2017).

Alison Knopf (2015) published an article in *Alcoholism & Drug Abuse Weekly* which discussed how many substance abuse treatment centers are moving from inpatient to outpatient services to provide more accessibility and motivation for clients. The increase in community ties and connecting outpatient services with other organizations has strengthened the treatment methods and provides better care for clients. These outpatient clinics provide MAT to clients who are then able to go about their normal lives instead of putting their lives on hold to overcome their addictions (Knopf, 2015). Outpatient services are very important for individuals with substance abuse issues because instead of trying to help them heal in a separate setting, it helps them heal in the setting they are already living in.

Medication-assisted therapy is not the only form of outpatient services that can be provided to clients with

opioid dependence. Timko, et al. (2016) developed a qualitative study with a sample of 30 veterans administration provides to establish themes regarding transition facilitators from detoxification programs to substance abuse treatment facilities. They found six themes that showed transition promoters in treatment facilities including “the provision of evidence-based practice, patient-centered care, care coordination, aftercare, convenience, and well-trained staff” (Timko, et al., 2016). These themes show that the type of care that individuals receive during their treatment can positively or negatively affect them not only during their treatment, but also when they leave treatment. Many individuals struggle with going into outpatient substance abuse treatment following inpatient detoxification, and the listed themes above are some things that help encourage patients to attend outpatient services.

A study performed by Klara Zierk (2019) showed that drug overdose is one of the leading causes of death in the United States, and many of the opioids that were overdosed on were legally prescribed. The article outlined other laws and programs that the U.S. has implemented, including the creation of drug court programs, which were created in resolution to overcrowding of jail and prison systems as well as in hopes of decreasing continuation of opioid use post-sentence. The statistics showed over 95% of convicted drug abusers continue to abuse drugs after they are released from jail/prison. Drug courts provide a way for eligible individuals who have been convicted of possession of illicit drugs to obtain substance abuse treatment rather than being incarcerated. Drug court programs are excellent sources of treatment for individuals with substance abuse issues, but the study outlines that it is difficult for individuals who live in rural areas to meet parole requirements due to inaccessibility (Zierk, 2019). Rural areas are designated as “rural” since the population is sparse and spread out, which can lead to issues with meeting legal requirements as well as individual treatment.

Individuals living in rural areas tend to have higher risk when it comes to opioid dependence and treatment options due to several different factors. Benson, et al. (2019) state that physicians are more likely to prescribe opioids in patient treatment for pain management due to increased distance and different occupations in rural areas, as opposed to urban areas. They also showed that because physicians are more likely to prescribe opioids, patients are less likely to seek other forms of treatment for their pain. The statistics showed that 87 percent higher chance of patients receiving opioids. Benson, et al. pointed out that several factors that contribute to the higher risk of opioid use in rural areas include: economic stress/poverty levels, tightknit communities and families who may be able to provide opioids or accept the use of opioids, stigma of treatment, and lack of access to adequate healthcare and treatment for opioid dependence (Benson, et al., 2019). These factors can significantly increase the risks for individuals to develop opioid dependence or addiction, and many individuals living in rural areas must deal with most, if not all, the risk factors listed.

Rogers, et al. (2018) also developed an ecological study to evaluate opioid use in rural areas. They created a massive literature study by assessing multiple extant empirical literature regarding the opioid crisis in America and found multiple risks. The risks included “availability and access [of opioids’], lower perceptions of harm, self-medicating for pain, more increased availability in rural rather than urban areas, out-migration of young people (rural economic declines, and via selection effect, young adults remaining in economically depressed areas may have a greater number or risk factors), differences in urban and rural social and kinship networks (importance of community

investment, family ties, work over education, and local social capital in rural areas), and structural stressors of modern rural living (unemployment and economic deprivation)” (Rogers, et al., 2018). These multiple stressors outlined again demonstrate the increased issues that individuals living in rural areas face regarding opioids and access to treatment. The study shows that the mentality of individuals in society is different in rural areas, and people are more likely to attempt “do-it-yourself” methods regarding treatment for pain or emotional stressors, which may include utilizing opioids whether prescribed or not.

In a study of young adults who use prescription opioids recreationally, Liebling, et al. (2016) surveyed multiple eligible individuals in a randomized-selection process via computer-assisted interviews. Their study showed that non-medical prescription opioid (NMPO) use seems to be higher in young adults ages 18-25 years old, but they are more likely to transition to heroin use after the age of 18 years old. The study also showed that only one out of 10 youth receive treatment for their opioid dependence/addiction in the U.S., which is contributed to multiple barriers. Some of the barriers for youth include the attitude that they feel they can handle any problems on their own (increased ego among teens and young adults), the lack of knowledge of treatment options available to them, stigma of society towards treatment, prescribing practices of physicians, waiting lists for MAT treatments, fear of confidentiality not being kept (afraid their parents will find out), fear of police and government (or incarceration), and less access to services (Liebling, et al., 2016). Taking the information from this study and previous studies evaluated in this literature review, it can be assumed that since young adults are more at risk for opioid use, young adults who live in rural areas have even higher risk based on geography.

Bunting, et al. (2018) developed a study providing semi-structured qualitative interviews with 15 social service clinicians in the Department of Corrections to determine barriers to opioid treatment at individual, interpersonal, organization/institutional, community, and system levels. By combining the themes from their interviews with the social service clinicians, they found that there were multiple barriers at the different levels, and among those barriers was the systematic barrier of transportation to and from treatment. The researchers found that individuals tend to rely on family and friends for rides, and that can deter individuals from receiving treatment due to the stigma or fear of what their family and friends will think. Clients may also have their drivers’ licenses revoked/suspended due to their incarceration and DUIs. Transportation can cause significant stress on not only the client, but also their family. Due to economic strain, many households share one vehicle, and the client may not be able to have access to the vehicle regularly to attend treatment appointments (Bunting, et al., 2018). The lack of transportation to and from appointments can cause individuals to relapse due to not being able to attend necessary appointments, or it can cause the individual to lose motivation in attending treatment at all.

A qualitative study done by Browne, et al (2016) also outlined barriers of substance abuse treatment, especially as it relates to rural regions. The barriers included lack of services available, inability to access or use current technology, cost of services, and stigma. The article also stated that treatment in rural regions is mostly just “shuffling people around instead of providing substantive care”. It was noted that 17 percent of individuals surveyed mentioned transportation as a barrier. They reported that although some transportation services are available, they are limited in the number of trips they can make in one day, and many individuals end up walking or paying a lot of

money for transportation (Browne, et al., 2016).

Research shows that the opioid crisis is a significant issue in the United States today, and although there are many treatment options available to individuals with substance abuse issues, there are still many barriers that keep individuals from receiving the treatment. People who live in rural areas seem to be higher risk for developing opioid dependence/addiction, especially young adults. Many barriers have been addressed by other agencies, but transportation continues to be a consequential obstacle to treatment, specifically in rural areas.

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<p>2.5 What does the literature say about what others did? What worked, and what did not? (When presenting studies, make sure that you include sample size, methodology and study results to substantiate your points.) (minimum 10 peer-reviewed sources) (15 pts.)</p>	<p>There are a few studies that have been done to show the need for transportation in rural areas, and different transportation programs that have been implemented. Morgan Shook (2005) provided a research study that evaluated transportation as a barrier to health care. In order to perform her study, she surveyed 75 adult patients in a community health center in Portland, OR metropolitan area. In the survey she evaluated the type of transportation barriers and how often those barriers happened. Her study found that collaboration between transit and public health agencies could provide transit services and increased access to care. She also assessed a transportation system in the area called LIFT, which is offered at minimal cost, but has enrollment criteria. She found that the enrollment criteria were lacking, and many were still unable to access treatment. She recommended that more people be allowed into the program to increase the availability of treatment resources. She also emphasized the importance of networking and spreading the knowledge of resources to increase accessibility (Shook, 2005). Although this particular article is targeting health care access, the same knowledge can be inferred about substance abuse treatment accessibility. It showed the importance of not being too stringent with eligibility requirements, and also the importance networking with other agencies to obtain better results.</p> <p>The National Center for Transit Research (NCTR) evaluated how many people in rural areas use demand-response transit. The research study utilized two different models. The first model utilized data from 731 rural demand-response transit agencies, and analyzed three variables including the geographic service coverage, amount of time used with the</p>

service, and response time. The second model used data from 68 rural transit agencies from a previous study which estimated percentages of times the services were used, advance reservation time, and cost. The results found that demographics do make a difference in accessibility to the transit services, and services were used more with older adults and individuals without vehicles. It also showed that transit services with short response time could be successful in rural areas. It was also noted that individuals were more likely to utilize fixed-route transit versus demand-response transit when fixed-route was available (Mattson, J., 2016). This article shows that different types of transit are used more frequently than others. The fixed route seemed to have more individuals utilizing it, and shorter reservation times had more impact. Agencies with more transportation services had less riders. This research shows that it may be more beneficial for our group to create a fixed-route transit system.

Vanpooling is another form of transit service, and a study in Kansas provided insight into some of the ways to create a vanpooling system. The results were based on a webinar that was given by Justin Rison, who is the CEO of TRANSITions Commute Solutions and Shamus Misek who is the Statewide Rideshare Program Manager of the Washington Department of Transportation. Rison and Misek discussed some basic considerations when starting up a vanpool program including identifying customers, determining funding needed, and finding the commute route. One of the administrative aspects he outlined was a “P2” program, or public-to-private. This program would be contracted out from one agency to a specific vanpooling provider. The information provided was taken from previous studies of the Washington Transit system, which included 20 transit agencies and 3,000 vanpool operations. The study also outlined that many agencies donate retired vans to non-profit organizations. Misek recommended utilizing a flexible route for clients (Weaver, 2013). This outline of the webinar given provides valuable information based on what has succeeded and failed in the Washington transit system. The expert advice from Rison and Misek provides insight into how to start a vanpool program, including possibly looking into obtaining retired vans from other systems.

Another study that was done evaluated reverse commute projects to show some programs in place to help individuals get to and from work. The study (Sommes & Brown, n.d.) evaluated how rural areas implemented the federally funded Job Access and Reverse Commute (JARC) grant program. The study examined eight of the programs, and case studies were non-randomly selected. The JARC program had many benefits, but one that would affect our project is that it did not limit funding to transit agencies, rather provided funding for non-profits and other local agencies to implement transportation systems. The results showed that many of the programs that were funded developed partnerships, which strengthened their success. Some programs had door-to-door, while other programs established particular fixed routes but changed those routes as new jobs became available. They found that door-to-door pick up was the most beneficial for the individuals, and vanpool services were used more widely in rural areas. The programs also increased public relations and obtained support from local community businesses. Some of the problems that arose with the programs were that case managers were not always involved, no fees were expected, there were no uniform reporting requirements, and electronic systems were not adaptable to rural users (Stommes & Brown, n.d.). Although the study evaluated commutes to and from work instead of substance abuse treatment, it gives invaluable information on what

has worked and what has not worked in different transportation programs. The only problem is that if our program is to succeed in transporting individuals to and from substance abuse treatment, it would be illogical to expect riders to pay money for their fares. The group will need to find ways to financially fund the project, without putting the burden on the individuals needing the service.

The Twin Cities Metropolitan Council (2019) enacted a transit system performance evaluation to determine the effectiveness of multiple transit systems in the region. The report analyzed select performance measures, demographics relevant, and compared the region's performance with other regions. The study showed that majority of the transit riders were employed full-time, and there were higher rates of transit use among low-income households. It also showed that the highest rates of transit use were between the ages of 15-34 years old. The report outlined that the vanpool system used could be beneficial because it decreases the amount of traffic congestion, air pollution, and greenhouse gas emissions (Metropolitan Council, 2019). This outlines other important factors when considering starting a transportation program including evaluating environmental factors and comparing with other regions. The report also showed that individuals ages 15-34 years old were more likely to use transportation services, which is like the age group needing transportation in Ringgold, GA.

A similar evaluation was done by the National Institute for Transportation and Communities (NITC), which evaluated effectiveness of multiple transportation systems and utilized data collected from Salt Lake City Metropolitan region and Portland Metropolitan region as case studies. This particular study developed a framework and tools to help when evaluating performance of transit systems. The results showed that the framework and tools developed by the project were able to provide assessment in an integrated manner and able to identify the best performers. The researchers used the DEA, GIS, and spatial optimization models together to perform the study. The statistics found that there is a high chance of success in order to provide service coverage to majority of a particular population with fewer bus routes. The research was able to find the best route possible for fixed transit in order to perform optimal results (Wei, et al. (2018). This information shows a particular tool that was developed and how that can be beneficial to use in our group project if needed. It evaluates particular public transportation routes and creates the most efficient route possible.

Transportation problems are exacerbated in both urban and rural areas where insufficient transportation infrastructure and inadequate public transportation services compound access problems (Lia-Hoagberg et al., 1990; McCray, 2000; Melnikow & Alemagno, 1993). Non-emergency medical trans- 142 S. Borders et al. portation (NEMT) programs meet a critical need in the areas in which they serve, directly targeting this single key access barrier to care. NEMT programs have been found to increase access to care while leading to improved quality of life and an overall decrease in healthcare costs. The savings in healthcare costs due to appropriate preventive care and proper disease management were greater than the incremental costs required to provide NEMT services (Hughes-Cromwick, Wallace, Mull, & Bologna, 2005). In Texas, Medicaid recipients that accessed NEMT services reported significantly higher utilization

of early periodic screening diagnostic and treatment (EPSDT) checkups versus those who did not access NEMT services (Borders, 2006). EPSDT is the most prominent preventive care component of the Medicaid program for children. Because the data required for this project were not readily available in secondary resources or databases, the goal was to collect primary information from all 50 SCHIP programs across the country. In addition, the researchers attempted to select various sites that were representative of the country as a whole that would reflect the range of critical combinations of primary and secondary factors, state and federal policy, and its impact on participants' capacity to utilize available healthcare services as it relates to NEMT. States have arrived at providing NEMT typically in one of two ways. States that have employed a Medicaid expansion model have typically extended Medicaid benefits to the SCHIP enrollees. Because state Medicaid programs must assure availability of medically necessary transportation, SCHIP children enrolled in Medicaid expansion models receive NEMT services.

This study examined how Protestant Korean-American churches and their pastors can serve as ties between Korean seniors and agencies that offer social services. Working in partnership with the North Central Texas Area Agency on Aging (NCTAAA) and 2-1-1 services at United Way, the researcher asked 53 Korean pastors in two counties in North Central Texas to participate in the study. Each was asked about his willingness to host an outreach program. Thirty telephone surveys and 11 face-to-face interviews inquired about current services and pastor willingness to serve as gatekeepers for seniors. Translation and transportation were the top social service needs. All pastors in the study agreed that their churches should be a vehicle to provide social service information to seniors. This research is “a concurrent study with the intent of gathering both quantitative and qualitative data and merging or integrating them to best understand the research questions” (Creswell, 2009, p. 122). The mixed-method approach provides a more comprehensive and fuller explanation of the study's research questions (Hesse-Biber, 2010, p. 4). Approximately 37% of the churches provided services for senior health-care needs. The services provided most often were English translation services for doctor visits and medical transportation. Other health-care services included medical insurance information, health screening, assistance paying medical bills, volunteer caregiving, and health-care services available on church premises. Regarding the social service and health-care needs of senior congregants, services were provided as needed rather than as scheduled programs. Approximately 43% and 37% of the churches surveyed provided social services and health-care services, respectively, at their churches.

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<p>2.6 How do you plan to incorporate information from the literature into your project plan (how the program will shape out)? (2 pts.)</p>	<p>The literature will be incorporated from the literature by making sure the statistics are credible. This information will help to create a good reason to create such a program in the first place. The literature shows how much of an epidemic the world around us truly has. The statistics show how many individuals struggle with opioid addiction as well as how many will relapse. The literature shows the ways opioid addictions are treated and how the information will implement what types of treatment is effective. This is an epidemic that will always be around, but it will be nice to see the epidemic lower, because of effective treatments. The program will be shaped by this to show how much the population is in need to have transportation to make it to their appointments so that they will have more effective treatments.</p>

<p>2.7 Conclude with a clear problem statement (Should follow this prescription: “We know <i>X</i> and we know <i>Y</i> from the literature. However, we don’t know <i>Z</i>, and that is the reason why it is important to explore....”) (5 pts.)</p>	<p>From the literature we know that there are treatments that have been said to be effective and that there are transportation options that individuals can take. However, we do not know if the transportation options are able to get an opioid addict to make it to their appointments, because not every individual has insurance or the option to get onto a ride that will transport them to where they need to be on time. Therefore, we would like to create a program that will be just for addicts that are trying to make it to their appointments to recover. This will be helpful for those that do not have a license as well as those that have no other way to make it to their appointments.</p>
<p>A3: Needs Assessment Plan – 55 pts.</p>	
<p>3.1 Sources of data (is data available to collect from existing sources – agency records, social indicators, etc? Will you need to customize research – focus group, community forum, survey, etc.?) (10 pts.)</p>	<p>The sources of data that the group will use to collect information for this study will be from a few different places. The researchers will provide survey interviews for a randomly selected population of individuals who are participating in substance abuse treatment centers in Ringgold, GA. The researchers chose to do a randomized controlled study since it is infeasible to evaluate every individual in each of the treatment centers, and the researchers do not want any personal biases (whether conscious or subconscious) to skew the data.</p> <p>The researchers will also evaluate any agency records, if available for review, to find the no-show or cancellation rates for clients, and how many of those were due to transportation issues. Another source of data the researchers will use is government databases such as the U.S. Census Bureau (2019) reports and the United Nations report on Social Indicators (2012) to obtain statistical information regarding the targeted population.</p> <p>U.S. Census Bureau (2019). Retrieved from https://www.census.gov/</p> <p>United Nations (2012). Social indicators. Retrieved from https://unstats.un.org/unsd/demographic/products/socind/</p>
<p>3.2 Gaps in services, resources inventory (Describe service gaps, complementary and competing programs. What resources are available, and how does your program fit to fill this gap?) (10 pts.)</p>	<p>N/A</p>
<p>3.3 Statement of purpose</p>	<p>The purpose of this needs assessment is to determine what the transportation needs are for individuals’ accessibility to</p>

<p>(SoP): (It presents what the research study/needs assessment attempts to find: It should start with “The purpose of this study is...” or similar) (5 pts.)</p>	<p>substance abuse treatment centers with the rural area of Ringgold, GA. Transportation is a significant barrier to substance abuse treatment, and it can cause individuals to miss their appointments (Bunting, et. al, 2018). The success rates of substance abuse treatments can increase or decrease based on whether individuals are able to make it to their appointments or not. It can be detrimental to the recovery of an individual with opioid addictions if they miss one even one appointment and can lead to relapse (Substance Abuse and Mental Health Services Administration, 2014). The researchers are hoping to find if a transportation program would be feasible and beneficial to individuals living in Ringgold, GA and surrounding rural areas.</p> <p>Bunting, A. M., Oser, C. B., Staton, M., Eddens, K. S., & Knudsen, H. (2018). Clinician identified barriers to treatment for individuals in Appalachia with opioid use disorder following release from prison: A social ecological approach. <i>Addiction Science & Clinical Practice</i>, 13(23). https://doi.10.1186/s13722-018-0124-2</p> <p>Substance Abuse and Mental Health Services Administration (2014). Counselor’s treatment manual: Matrix intensive outpatient treatment for people with stimulant use disorders [pdf]. Retrieved from https://store.samhsa.gov/system/files/sma13-4152.pdf</p>
<p>3.4 Research question/s (List the research question/s. The questions should align with the problem and the statement of purpose. Be very specific here. The statement should be in the form of a question, ending with a question mark) (8 pts.)</p>	<p>What are the transportation needs for individuals in substance abuse treatment in Ringgold, GA?</p>
<p>3.5 Identify the Null and Alternate hypotheses (8 pts.)</p>	<p>Research Recap:</p> <p>Null hypothesis (H₀): Reflects that there is no relationship between your IV and DV, or that there will be no observed effect of your experiment on the DV</p> <p>There is no relationship between transportation needs and accessibility to substance abuse treatment in Ringgold, GA.</p> <p>Alternate hypothesis (H₁): Reflects what you are attempting to demonstrate through the research study. Usually it restates your research question in a clear sentence format</p>

	A transportation program will affect the accessibility to substance abuse treatment centers for individuals living in Ringgold, GA and other surrounding areas in Catoosa County.
<p>3.6 Identify the variables (quantitative) or the concepts (qualitative) to be studied (list them) (8 pts.)</p>	<p>Research Recap:</p> <p>Independent variable/s (IV): It is the variable that the researcher controls/ changes/ manipulates in the study; it is always the variable that prompts/creates/influences change in the DV</p> <p>Dependent Variable/s (DV): It is the variable that is changed/manipulated when the IV changes, it responds to the IV– the dependent variable <i>depends</i> on the outcome of the independent variable</p> <p>Controlled variable/s (CV): It reflects anything else that could influence the dependent variables, and can be controlled – e.g. age, income, level of education, etc.</p> <p>Extraneous Variable/s (EV): It is a variable that cannot be controlled – e.g. weather, temperature, etc.</p> <p>IV: Transportation to and from substance abuse treatment centers DV: Accessibility to treatment centers for substance abuse, no-show/cancellation rates, success rates in treatment CV: Age, income, race, level of education, disability access, quality of treatment at the treatment centers EV: Weather, if the bus breaks down, governmental shut-downs, family matters, personal life events</p>
<p>3.7 Methodological approach (Choose the specific approach you believe is appropriate for this study.) (1 pt.)</p>	<p>The researchers will be providing a mixed review study, which will include qualitative and quantitative data.</p> <p><u> </u>x Qualitative (e.g.: <i>what are the needs...; how do...; why do..., etc.</i>)</p> <p>The researchers will provide an exploratory design with structured interviews, randomized controlled study, and mixed review. They will be utilizing interview questions by asking the clients what their transportation needs are and specific questions as listed previously in our sources of data section.</p> <p><u> </u>x Quantitative (e.g. <i>what is the relationship...; does IV predict DV...; what is the difference between groups...; etc.</i>)</p> <p>The researchers will also be analyzing the relationship between statistical data collected (for example, how many cars individuals have access to or no-show/cancellation rates) and treatment success rates. They will be using surveys as a source of data which will provide questions as listed above. They will also obtain data that is on the U.S. Census Bureau and United Nations website to obtain overall statistical information.</p>
<p>3.8 Rationale for methodology (Write a 1-2 sentence</p>	<p>The design for this study is a mixed review because the researchers are obtaining both quantitative and qualitative research by using an exploratory design with structured interviews, randomized controlled study, surveys and a questionnaire. Availability of transportation to individuals is a multi-dimensional issue and it is important to look at</p>

<p>rationale describing how your design is best suited to answering your research questions.) (5 pts.)</p>	<p>quantitative and qualitative factors that affect accessibility to substance abuse treatment to get a full picture of the problem.</p>
<p>A4: Needs Assessment Research Plan – 55 pts.</p>	
<p>4.1 Population and sampling plan (Describe the population of people OR data (e.g. newspaper articles, schools, neighborhoods) in which your study is interested. Briefly describe inclusion criteria if any, and exclusion criteria if any. Describe how you plan to select the sample. Include the steps you will take to recruit participants. Provide enough detail so that someone else would be able to follow this recipe to conduct the study. Provide brief rationale for your decisions.) (10 pts.)</p>	<p>The population this needs assessment is targeting is individuals who are in substance abuse treatment programs in and around Ringgold, GA. This population is a rural population due to its location, and there are currently four substance abuse treatment centers in the region: Ringgold Treatment Center, Crossroads Treatment Center, Northwest Georgia Treatment Center, and Lookout Mountain Treatment Services Outpatient Clinic. The inclusion criteria for the assessment includes all individuals who are over 18 years old and are participating in one of the four substance abuse treatment centers listed above. Exclusion criteria includes minors (under the age of 18 years old), individuals who are not in substance abuse treatment, and individuals who are not attending one of the four substance abuse treatment centers listed.</p> <p>The selection process for the target population will be narrow, yet thorough. First, the researchers will contact each of the four substance abuse treatment centers in Ringgold, GA via phone or in person. The researchers will determine a contact liaison within each treatment center to be the go-between for the researchers and the other therapists at the treatment centers. The researchers will provide each contact liaison with a survey for all clients to fill out. The surveys will include basic non-identifiable demographic information of the clients and will ask questions regarding transportation needs, as outlined below. The surveys will then be passed out in all treatment sessions/programs for two weeks. At the end of the two weeks, the contact liaisons from each treatment center will return the finished surveys to the researchers to analyze. A brief notice of confidentiality and informed consent will be posted with the survey.</p> <p>The researchers decided to exclude minors due to complications in consent and inability of minors to have their own transportation. The goal of this needs assessment is to determine the transportation needs of individuals in substance abuse treatment, so minors below the age of 18 years old would not be as beneficial to the study. The researchers decided to obtain surveys from each of the four treatment centers available to obtain more accurate information for individuals living in the area on a larger scale. The privacy of individuals is to be protected by only requesting non-identifiable information. This also helps avoid conflict of interest and provides confidentiality for each individual participating in the study. The researchers determined that two weeks would be the best timeframe to allow individuals to finish the surveys but also to evaluate if patients would benefit from a transportation program. The researchers decided that some individuals may miss the survey in one week if they miss their treatment appointment, and two weeks gives each individual time to complete the survey. Greater than two weeks would be too much time because surveys may be duplicated, and participants may feel overwhelmed.</p>

<p>4.2 Site permission (Who is authorized to provide permission to use this site or source? What do you need to do to obtain permission to access the population or data source?) (3 pts.)</p>	<p>The researchers will contact each of the four agencies via phone call and determine a contact liaison. The researchers will also provide a formal letter for each of the agencies to file for their documentation purposes if necessary. Instructions will be given over the phone, and surveys will be delivered in person directly to the facilities.</p>
<p>4.3 Data collection (Describe the exact procedure that will be used to conduct the study. This is a step-by-step description of exactly how you will collect your data). (10 pts.)</p>	<p>On November 1st, the researchers will contact the directors of the four treatment centers via phone call and determine a contact liaison for the facility. The researchers will introduce themselves and describe the purpose of the study. They will outline the goals of the transportation program they wish to start. They will then ask for permission to supply the surveys for the individuals in treatment, reiterating the confidentiality policies that are in place. The researchers will tentatively aim to drop off the surveys and informed consents in person to the directors of the four treatment centers on November 8th, pending approval from the directors for the assessment. At that time, the researchers will answer any other questions the directors and contact liaisons may have regarding the project, informed consents, and/or surveys. The contact liaisons will be instructed to provide the informed consents to all their clients in the treatment programs during treatment sessions, and to provide surveys to each individual who agrees to participate and returns an informed consent. The surveys will be handed out at the treatment centers during treatment sessions starting on November 10th until November 24th. The researchers will stop by to pick up the surveys in person on November 24th and at that time they will request feedback from the directors and contact liaisons. Once the researchers have collected all of the surveys from each of the four treatment centers, they will evaluate the surveys to find similarities and obtain quantitative and qualitative data regarding the need for transportation to and from substance abuse treatment facilities. The data will be documented on a Google document to sort out and categorize the data. The findings will be presented to the class and will be available to all participants who wish to know the results.</p>
<p>4.4 Data analysis (Describe analysis procedures for each distinct data type and research question: specific statistical analysis for quantitative studies; audiotapes, transcripts, video tape, field notes, photos, etc.)</p>	<p>The data analysis used for the overall research question is factor analysis because it will allow the researchers to condense a large set of variables to a smaller manageable number of factors. It also allows the researchers to summarize the underlying patterns of correlation between individuals with transportation needs. Because there are multiple variables that go into transportation needs, factor analysis is the best way to analyze the data collected overall. The factor analysis will be used to answer two questions: “Is there a relationship between transportation needs and substance abuse treatment dropout rate?”, and “Do substance abuse clients have access to transportation?”. The technique used in this analysis will be the Chi Square Test for Relatedness or Independence. This will be used to explore the relationship of whether transportation influenced clients’ dropout rates from the substance abuse treatment program or ability to attend treatment. The researchers have used a survey to obtain information from the participants, and each research question will be analyzed differently based on the type of question asked. Each question is listed</p>

<p>for qualitative studies; or describe a combination of procedures for a mixed methods design. For each research question or sub-question, detail the actual data analyses to be conducted to answer each specific question.) (15 pts.)</p>	<p>below with the specific type of question and method used to evaluate the data received:</p> <p>How many members in each household own a working vehicle? This question is a closed question and will have a numerical response. The data collected will be quantitative and the researchers will obtain an average for household members who own a working vehicle. The variables will be a ratio and therefore will be parametric.</p> <p>What times are transportation options (organizations or personal) available to clients? This question is also a closed question and clients will choose specific times available. The data collected will also be quantitative, and researchers will find where the times overlap to see the greatest need during the day. The variables are also ration and will be parametric.</p> <p>How far of a distance (in miles) do clients need to travel to get to their substance abuse treatment? This question is closed and has a numerical response. The data collected is again quantitative, and the researchers will obtain an average of miles traveled to substance abuse treatment. The variables are again ordered as ratio, and therefore parametric.</p> <p>Are clients able to afford transportation costs (such as gas, maintenance fees, etc.)? This question will require a yes/no answer, and therefore will provide quantitative data. The researchers will tally the “no” and “yes” responses to find if cost is an issue. The variables will be categorical and therefore will be nonparametric.</p> <p>How many clients have an active driver’s license that has not been suspended or revoked? This question will also require a yes/no answer and will have quantitative responses. The researchers will again tally the responses to find if clients have an issue with licensure. The responses will be ordered as ratio, and will be parametric.</p> <p>How much do clients know about transportation options in the area? This question is an open question and will report qualitative data to the researchers. The variables will be categorical and thus nonparametric. The researchers will evaluate the data to find patterns in the responses to determine if more education on resources is necessary and what options are available to clients.</p>
<p>4.5 For each research question, write a brief statement of what you hope your results will show. (5 pts.)</p>	<p>The researchers hope that each research question will clearly articulate the data that is needed to evaluate the need for transportation to and from substance abuse treatment centers in Ringgold, GA. The research will hopefully provide data on highest age and gender demographical needs of individuals in substance abuse treatment as well as the transportation needs. This data will be utilized to create the appropriate program for individuals who are in treatment programs in Ringgold, GA.</p>

<p>4.6 Ethical considerations (Describe any ethical considerations given the sample population and/or topic. How do you plan to protect human participants while identifying the sample, while collecting the data, while analyzing the data, after data are collected, when you store your data? Refer to the CITI training for the areas you need to address) (12 pts.)</p>	<p>Ethical considerations have been made when creating the needs assessment. Individuals who participate in the survey are to remain anonymous and will only provide non-identifiable demographical information (such as age and gender) along with answers to the survey questions. The assessment will be a blind study, where the contact liaisons in the treatment centers will be the ones to pass out the surveys, and the researchers will not have any direct contact with participants of the survey. A confidentiality statement and informed consent will be provided with the surveys, and participants will be notified that the survey is not mandatory and can be withdrawn at anytime if needed. The answers to the surveys will not be shared with the treatment providers to avoid conflict of interest, and participants' treatment will not be affected by their answers. The researchers are not targeting a vulnerable population, and all individuals who are participating in the survey will consent on their own volition. Each individual in the treatment center will be able to choose to participate, to avoid leaving anyone out that may want to participate. The data will be analyzed by the students, who again will not have any direct contact with individuals in treatment. Data will be stored on a document that is only accessible to the researchers and professor, and individual survey results will not be shared. The averages from the surveys and overall findings will be available to the participants if they would like to have copies. HIPAA guidelines will be followed at all times, and no identifiable information will be used in the study.</p>
<p>A5: Stakeholder and SWOT Analyses – 75 pts.</p>	
<p>5.1 Prepare a stakeholder matrix using the template provided. This will be used in the final paper as an appendix. (5 pts.)</p>	<p>The group has prepared a stakeholder matrix that is attached.</p>
<p>5.2 Prepare a stakeholder power/influence grid using the template provided – use information from the Matrix as your base (5 pts.)</p>	<p>The group has prepared a stakeholder power/influence grid that is attached.</p>
<p>5.3 Stakeholders (provide a detailed description of the main stakeholders, expanding on the information you prepared in the</p>	<p>STAKEHOLDER 1: DONORS Some of the largest stakeholders for the transportation program would be the possible donors. The funding for the project would be dependent on grants and individual donations, therefore the donors could make or break the entire project. Each donor would have different interests based on individual personalities and companies, but some of the interests may be similar, especially when it comes to the project. Some of the main interests of the donors that would relate to substance abuse and a transportation program would be the well-being of the community, feasibility of a</p>

<p>Stakeholder Analysis Matrix) (5 pts.)</p>	<p>transportation project, long-term benefits, and preventing substance abuse. The concerns of the donors would naturally be like the interests, including possible cost and feasibility of the project. In order to address these concerns, the researchers would present a cost analysis and long-term projections to the donors. This would be presented at a community meeting as well as individual meetings with each donor. The program developers would work towards keeping the donors satisfied and inform them of any new developments in the program.</p> <p>STAKEHOLDER 2: MAYOR NICK MILLWOOD Nick Millwood is the current mayor of Ringgold, GA. According to reported Tamara Wolk (2019), one of Nick Millwood’s visions for the City of Ringgold would be to incorporate more low cost/high benefit projects, as well as taking advantage of the location of Ringgold, GA in relation to interstate transport (Wolk, T., 2019). This shows that he would most likely be interested in a transportation program for individuals in substance abuse treatment centers, as long as it is cost-effective and feasible. The program developers would use a similar approach to what was used with donors to access the mayor and persuade him to be in favor of the project. They would present cost analysis and feasibility projections as well as the goals of the program and impact it would have on the City of Ringgold as a whole. They would meet with the mayor in person to discuss the feasibility and benefits of the program and would continue to keep him informed of any progress with the development of the project.</p> <p>Wolk, T. (2019). Meet the candidate: Incumbent Nick Millwood for Ringgold mayor. http://www.northwestgeorgianews.com/meet-the-candidate-incumbent-nick-millwood-for-ringgold-mayor-article_5184a8b4-e21d-11e9-9f92-2f7060123f04.html</p>
<p>5.4 Access and method (How do you plan to access your stakeholders? Describe method: meeting, interview, survey, etc.) (5 pts.)</p>	<p>STAKEHOLDER 3: SUBSTANCE ABUSE TREATMENT CENTERS The researchers will contact the directors of the four treatment centers and determine a contact liaison for the facility.</p> <p>STAKEHOLDER 4: VOLUNTEERS/STAFF This includes volunteers that would qualify as well as want to participate in driving the transportation vans. Access to the community is having access to volunteers and staff working within the treatment centers. The engagement strategy is to talk with the staff about how they feel about a transportation program to treatment centers. Volunteers will come when a community meeting about the program itself is hosted. The community gathering will not occur until all of the results from surveys are evaluated.</p>
<p>5.5 Stakeholder engagement (How will you engage the different stakeholders in the project?) (5 pts.)</p>	<p>STAKEHOLDER 5: CLIENTS/PATIENTS Some of the main stakeholders for the transportation program are the clients/patients. Each client is receiving treatment for their substance abuse issue, so they are the ones that participate in the treatment and ones that would be benefiting from the transportation program. Giving the clients the opportunity to have reliable transportation can reduce their stress and help them be more successful during treatment. The participation of the clients is important to</p>

	<p>the program because without their participation it would be difficult to have a successful program. The program developers plan on keeping the clients informed by passing along the information about the program through the treatment centers.</p> <p>STAKEHOLDER 6: TRANSPORTATION COMPANIES Some of the transportation companies in Ringgold, GA might be against the Substance Abuse Transportation Program. Some of the clients might be using the transportation companies for transportation on a regular basis. The companies might be hesitant to support the program because it can have a negative impact on their finances. The community is already working on increasing awareness of the opioid crisis and substance abuse issues, and if they continue to do this the other transportation companies might be more supportive. The program developers can communicate with other transportation companies to discuss the benefits of the program and the progress being made.</p>
<p>5.6 Are there any stakeholders with negative views of the project, or who oppose the project? If so, how do you plan to address the situation? (5 pts.)</p>	<p>As of now, the only stakeholder who may have a negative outlook on the program would be transportation companies, due to the decreased business they may or may not have. The program developers would make sure to clarify with the transportation companies that the only individuals who would use the program would be individuals in substance abuse treatment programs. Most of the stakeholders seem to come from a neutral standpoint but could be persuaded to be opposed to or in favor of the project based on presentations and projected cost, feasibility, and benefit to the community. If any stakeholders voice opposition to the project, the developers will address the opposition based on the problems that are voiced.</p>
<p>5.7 Describe how this stakeholder analysis has influenced (or not) your project design, outline and implementation. (5 pts.)</p>	<p>The stakeholder analysis helped determine what is needed to begin the program. It helped the developers realize the highest to lowest amount of influences it takes to have a transportation program with volunteers. The stakeholder analysis has also helped the researchers grow together as a team as they focus on what it takes to make a transportation program for substance abuse treatment centers in and around the Ringgold, GA region.</p>
<p>5.8 Describe your program's Strengths (SWOT) (potential areas to cover: People (<i>human resources, people and skills, board of directors</i>); Resources (<i>buildings, facilities, equipment, financial resources</i>); type of</p>	<p>The Substance Abuse Transportation Program (SATP) has many different strengths. The program will be partnering with the four local substance abuse agencies and the services will be contracted out. The four substance abuse treatment centers contain trained mental health professional staff and have property. The treatment centers are already well established with a client based, and the community has knowledge of the programs available. There are many ties that the treatment centers have with the community, and this could be beneficial to the program development. Recently, the public has had increasing awareness of the opioid crisis and the harms of substance abuse, which could cause more individuals to provide their support of the project. The SATP would differ from other transportation services because it would be free to clients. The Catoosa County Transit Service also provides free transportation services for individuals, but it is only available during specific times and runs on a first-come-first-serve basis. The SATP would be available from 6:00 am – 7:00 pm and would have a 24/7 hotline for individuals to call if needed for</p>

governance, leadership, staff development, communication; Products (<i>intellectual property</i>); Finances (<i>financial position, cash balance, etc.</i>) (8 pts.)	emergency situations. The SATP would be available for all individuals in the treatment centers, rather than on a first-come-first-serve basis.
5.9 Describe your program's Weaknesses (SWOT) (same potential areas to cover as for Strengths) (8 pt.)	The treatment centers in Ringgold, GA currently do not provide transportation for their participants which can be challenging for some clients. Implementing a transportation program might take time to be successful and the resources available for the program might not be used to their full capacity. Some of the clients could refuse to participate in the treatment centers due to the stigma of the community or the quality of the program. The SATP will receive funding from grants and donors, and if unable to receive money from them, could be a failure.
5.10 Describe your program's Opportunities (SWOT) (areas to cover: demographic factors, economic factors, political/legal factors, sociological factors, environmental factors, cultural factors, technology, etc.) (8 pts.)	Grant opportunities could help to keep the transportation services going as well as help to service the vans. The program is between urban and rural areas close to the interstate, which helps to have many resources for substance abuse treatment centers. Patients will be able to make it to their scheduled appointments as well as meetings from the surrounding areas. With the transportation program in track, it helps to decrease the substance abuse within the area hopefully. The patients will have greater opportunity to make it to their appointments, having transportation opportunities. <i>Increased funding to the program could help expand the program to other regions and provide necessary maintenance to vans. Increased education and awareness in the community about the program could also help increase funding from donations. Providing a transportation service to and from substance abuse treatment programs as well as raising awareness of the effects of the opioid crisis and transportation as a need in general could help possibly lessen stigmatization in the community due to the focus on the opioid crisis.</i>
5.11 Describe the Threats to your program (SWOT) (areas to cover: competitor factors (capabilities, resources, ownership, market segments, products, prices, promotions, distributions, suppliers, etc.) (8 pts.)	The threats could be lack of funds, volunteers, vans, and interest/participation. The group members may not be able to raise the money needed to keep the program going if the substance abuse treatment centers are not interested in funding the program. A threat of not having access to vans is possible. There could be a lack of participation from volunteers, patients, and the community as well.
5.12 In brief statements, answer the following	STRENGTHS: The SATP would use the trained staff at the substance abuse treatment centers to act as volunteers for the transportation service if willing. The treatment centers are already established, and the community knows about the

questions: How can you use each strength? How you stop each weakness? How can you exploit each opportunity? How can you defend against each threat? (8 pts.)

services available, so it would not be as difficult to educate the community on another additional program. The partnerships with other agencies could also provide additional resources and/or volunteers for the program as needed. The program developers could use the knowledge of the gravity of the opioid crisis in the general public to persuade individuals to be involved in the transportation program. The availability of the program and cost would be used to benefit the clients in the maximum way possible.

WEAKNESSES: The program will be working with the four local substance abuse transportation programs; the treatment centers are well known in the community and have established clients. The treatment centers have ties with the community which could be beneficial for the program, the community might provide more support for the program. Working closely with the community and keeping them informed on the progress the program is making is a good way to keep communication growing and increasing the support from them. The awareness on opioid crisis and substance abuse has been increasing in Ringgold, GA. Supporting the awareness in the community can help reduce the stigma in the community. The treatment centers have trained staff, if they spend some time educating the clients on the benefits the center provides the clients might see the program differently. The clients could begin to see the program as a beneficial resource in the community and high-quality program. The Substance Abuse Transportation will be available from 6:00am-7:00pm and provide a hotline number for clients in case of an emergency. The SATP does not requiring scheduling in advance and is not a first-come-first serve program. By emphasizing on the benefits of the program and reporting the progress to the donors there's a chance that they will continue supporting the program.

OPPORTUNITY: To exploit each opportunity the transportation program will have to be in full affect. The program will have to be showing a change in the attendance of the substance abuse programs. Once the change is noticed then the program directors will be able to write grant wishes so that the volunteers could be paid as well as services on the vans could stay up to date better. With rural and urban areas are close it would be easier to get a community together to educate them on the nee transportation program and how it could help decrease substance abuse as well as increase the attendance to treatment centers. Each opportunity can become a strength with the program directors working with the community, volunteers, and substance abuse Treatment centers.

THREATS: The program will defend any threats that come about. The transportation program is a great idea to help clients make it to appointments when often they lack interest in going due to needing a ride, hut being unable to get one when it is needed. Getting the community involved and education will help to keep the treatment centers interested in the program if they truly want a difference to be made for individuals that need the help. Volunteers will be individuals that would like to see a decrease in the substance abuse population. The program will stand up for the cause and make it known within the community.

A6: Logic Model – 40 pts.

<p>Complete the Program Planning Form provided in E-class. Submit your Program Planning/Logic Model form with this assignment. (30 pts.)</p>	<p>See attached</p>
<p>6.1 Describe your program goals (use SMART goals) (5 pts.)</p>	<p>Decreased recidivism and decreased no-shows – clients will be more likely to graduate from their substance abuse treatment programs and will be less likely to fall back into opioid use because they will not miss as many substance abuse treatment appointments.</p> <p>Less death from overdoses – the volunteers/program staff will be required to be certified in the use of Narcan, which can be used to reverse overdoses. This will be used if the volunteers end up picking up a client for substance abuse treatment that may have overdosed. It will also be used during after-hours if a call is made.</p> <p>Decreased stigma towards opioid abuse and treatment – As relationships in the community and with clients and local businesses/agencies are built, the stigma towards opioid abuse will hopefully decrease. With increased awareness comes decreased fear and stigma.</p> <p>Expansion of the program – after partnerships are built in the community and more funding is obtained over time, the hope is to expand the program to other areas that need transportation for opioid treatment.</p>
<p>6.2 Describe your program objectives (5 pts.)</p>	<p>***Do not need***</p>

A7: Evaluation Plan – 75 pts.

<p>7.1 Target population (describe the final <u>direct recipients</u> of the service program) (5 pts.)</p>	<p>Clients who are seeking substance abuse treatment at specific facilities but are unable to obtain the treatment due to lack of transportation. Although this target population is a group, it is made up of individuals, and the needed transportation service would need to be available on an individual case-by-case basis. For the purposes of this study, the term “transportation issues” is not limited to individuals who do not own cars but may include individuals who have suspended/revoked licenses due to DUI or are unable to afford transportation costs. The population will include all individuals who are participating in substance abuse treatment in one of four treatment centers in Ringgold, GA. These individuals may live in Ringgold, GA and rural areas of Catoosa County, have opioid substance abuse issues, and have limited access to transportation to and from substance abuse treatment. The transportation system would be built into an outpatient treatment center that is already established but has clients who have difficulty getting to their appointments.</p>
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<p>7.2 Scope of activity (clearly describe the service or intervention that addresses the need, including who will provide service, how often, and for how long, as outlined in your Logic Model) (5 pts.)</p> <p>For each activity, describe the desired results (Clearly describe the outputs – Logic Model; explain how the outputs flow logically from the activities mentioned above) (5 pts.)</p> <p>Then, describe the intermediate outcomes (describe the milestone that will occur for the recipients within the program year. Who or what directly changes because of this activity? Clearly describe what benchmarks will be achieved by recipients. Explain how the intermediate goals flow logically from the activities described above). (5 pts.)</p> <p>Finally, describe the end outcomes (describe the</p>	<p>The scope of activity includes six different inputs, and each input is valuable to the long-term outcomes of the transportation program. The inputs consist of volunteers/program staff, substance abuse agency staff, vans/buses, budget, time, and community members/clients. Each play an impacting role to the program itself. Without these specified inputs, the transportation program would not be able to even come close to working.</p> <p>The output activities come from the six different inputs. Volunteers/program staff are needed to drive the vans, perform maintenance on the vans, attend trainings, encourage clients to share knowledge of the program, and answer calls for non-life threatening emergency transportation needs for clients. Substance abuse agency staff are asked to attend workshops, communicate with program staff, and include the transportation program in their resources for clients. The vans/buses are very important to have for the transportation program and they require regular maintenance and will be driven by volunteers/program staff to and from substance abuse treatment agencies. Budgeting holds an important role for the transportation program so that it will be funded and continue to be implemented. The funding will be obtained by grants related to transportation needs and substance abuse, as well as donations. The times for the transportation program to operate will be from 6 am until 7 pm, but there will be an after-hours hotline for emergencies. Community members as well as clients will raise/spread awareness, donate time and money so that the transportation program will be enough. Workshops and meetings will be provided for community members and clients to attend to stay up to date on the program as it becomes implemented.</p> <p>There are several intermediate outcomes and goals that the program developers hope will happen after one year of the program being implemented. The developers realize that many goals take years to accomplish, so the largest intermediate goals would be to obtain at least 1-2 vans, have volunteer staff to run the program, and have some sort of funding sources through grants, donations, and/or the substance abuse treatment centers. After one year, the developers hope that awareness of the program will be spread to other individuals and communities, especially in the rural population surrounding Ringgold, GA. Relationships with the four substance abuse treatment centers and other community partnerships will hopefully be solidified to have substantive resources for clients. The program will have a solid base of 3-4 volunteers who will rotate out to provide transportation to clients, and each volunteer will have his/her certification to use Narcan if necessary. The program will also hopefully have at least 1-2 vans to be able to transport clients to and from their substance abuse treatment. These vans will hopefully be donated by community members or purchased through cash donations and will be maintained by volunteers. The hope is that by providing transportation to clients, the no-show rates to their substance abuse appointments will lessen, and more clients will graduate from their programs.</p> <p>The long term end goals of the program will be to decrease recidivism in substance abuse treatment, decrease no-show appointments to client substance abuse treatment, decrease stigma in the community towards substance abuse, build partnerships with other agencies in the community, decrease the amount of deaths from overdoses, and expand the program to other regions. If volunteers and program staff are implemented, then the ability to provide transportation</p>
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<p>long-term change that will occur for the recipients within the program year or longer. Who or what will change directly from the activities presented above? Clearly describe what key change will be achieved by the recipients. Explain how the outcomes flow logically from the activity/ies presented above, and how they are connected to the intermediate outcomes). (5 pts.) <i>(In this section, you are translating the Logic model into a narrative.</i> Total: 20 pts.)</p>	<p>will increase, and more clients will be able to attend their substance abuse treatment, which will decrease recidivism in the clients. If volunteers are trained to use Narcan, then the risk of overdose will decrease, and the clients will have less deaths from overdoses. If the program strengthens ties with the substance abuse treatment centers, then the agencies will be able to fully participate with the program and possibly fund the program. If individuals in the community are able to donate vans to the project, then the vans will be maintained by volunteers, and will be able to function at optimum level to transport clients to and from appointments. If the volunteers are able to use the vans and pay for maintenance costs and fuel, then more individuals in the community may be willing to donate, then the volunteers could receive a consistent income for their services, and then the program could be expanded to other agencies in other regions that could benefit. If partnerships are built with community members, then awareness of the program and opioid issues will be addressed, then the stigma of substance abuse treatment will be lowered in the community, then more clients may benefit from services and more programs may be enacted to help clients with substance abuse issues.</p>
<p>7.3 Data source, instrument, data collection plan (what is the most direct possible data source to measure the outputs? What instrument will you use? How is it connected to the overall evaluation plan? Include information regarding where/when/how will the data be collected.) (10 pts.)</p>	<p>The program will be using the Logic Model to determine the goals of the program and the steps needed to attain those goals. The researchers will measure the outputs in the Logic Model by communicating with the substance abuse agency staff and volunteers for the program. Volunteers and drivers will keep detailed logs of the trips taken to and from clients' appointments to document the use of the program. A budget will be created by program developers and will be kept by the substance abuse treatment center staff. Maintenance logs will be kept to continue to evaluate the condition of the vans.</p>

<p>7.4 Data source, instrument, data collection plan (what is the most direct possible data source to measure the intermediate outcomes? What indicators/benchmark measures will you use? Describe what will be looked at to gauge progress toward the result? How is this step connected to the overall evaluation plan?) (10 pts.)</p>	<p>Transportation rates will be evaluated by a substance abuse agency staff who will keep up with patient attendance to substance abuse treatment services. The amount of patient no-shows each will be documented for 6 months prior to and 6 months after the program is established to determine the effectiveness of the program in decreasing no-show rates. Volunteers and agency staff will fill out satisfaction surveys every 6 months to a year to determine rates of satisfaction. Maintenance logs will be kept by drivers and volunteer maintenance staff to continue to evaluate the condition of the vans. A budget will be kept with each expense and will be evaluated by staff every 6 months. Community involvement and increased participation of community members and donors will be noted. By evaluating each of these outcomes, the researchers will be able to gauge how effective the program is in decreasing recidivism and no-show rates of clients to substance abuse treatment.</p>
<p>7.5 Objective statement (Using the information from this form and the Logic Model, write your objective statement. (Example: Among the parents of the 50 identified students (<i>target population</i>), 20 parents (<i>sample</i>) will enroll in the positive parenting program (<i>outputs</i>) and 75% will complete the program (<i>intermediate outcomes</i>). It will lead to the increase of parenting skills and the decrease in student behavior programs and dropout</p>	<p>75% of clients in the four substance abuse treatment centers in Ringgold, GA will use the transportation services provided, which will lead to a 50% decrease in no-show rates at the four substance abuse treatment centers after 6 months. This will lead to an increase in attendance to substance abuse treatment and decreased recidivism in the community.</p>

rates (<i>long-term outcomes</i>)). (10 pts.)	
7.6 Human resources (describe the number of staff/volunteers participating in the activity and the total hours of intervention: Logic Model) (5 pts.)	There will be 5-7 volunteers who are possible EMTs or mental health professionals who will rotate schedules to drive the transportation vans. The volunteers will drive the vans from 6:00 am - 7:00 pm Monday-Friday on a rotating schedule, and one volunteer each night will be available to answer the emergency calls.
7.7 Support (Describe any training for volunteers/staff you will need to conduct. Include topic and scope – how long, frequency – how often: Logic Model) (5 pts.)	All new volunteers will need to attend a one-time training workshop over one weekend regarding crisis management, specifically as it relates to issues that may arise with substance abuse. Volunteers will also need to receive certification to utilize Narcan if a situation that necessitates its use arises, which can be obtained online or comprehensive in a 45-minute class session.
7.8 Material resources (Describe resources, including equipment, structure, vehicles, curriculum, travel expenses, etc.: Logic Model) (5 pts.)	The program will consist of 4 vans (2 of which will be used at any given time), and all maintenance and travel expenses will be kept in a log each day. The vans will be kept at each of the four substance abuse treatment centers.
7.9 Sustainability (provide a short paragraph describing how you think your program will be sustainable) (5 pts.)	The program developers will make brochures to pass out to local businesses and agencies in the community of Ringgold, GA. One program developer will attend each monthly community/council meeting to educate community members about the program and develop partnerships with local agencies. The program developers will also educate the staff at the four substance abuse treatment centers in Ringgold, GA to raise awareness of the program for their clients. Fundraising events will be held once per year to obtain donations and grants will be requested from federal and nonprofit organizations.
7.10 Write an abstract that would showcase your entire program proposal (Extra credit: 5 pts.)	The opioid crisis is a very big topic in the media today, and it has been shown that there are many barriers for individuals who are suffering from substance abuse issues to obtain treatment. Rural populations have even more barriers than urban populations due to the sheer distance to and from treatment centers that could help with their substance abuse issues, thus transportation is a large need for the rural population. This proposal is to implement a transportation program for individuals who are participating in substance abuse treatment from one of four different

treatment centers in Ringgold, GA called the Ringgold Substance Abuse Transportation Service (RSATS). The program developers hope to build partnerships with the four treatment centers in Ringgold, GA as well as other agencies and businesses in the community. By building these partnerships, the developers hope to raise awareness of the issue of transportation to and from treatment appointments in an effort to gain support for the program. The program will consist of volunteers who will drive the vans to and from individuals' substance abuse appointments. These volunteers will be certified and equipped to use Narcan if necessary, to prevent overdoses in clients. There will also be a 24-hour hotline that will be used for non-life threatening emergency situations with clients, to help decrease the load on EMS drivers in the region and provide immediate care to the client in need. Emergency calls will be rotated through volunteers each week and the volunteers will transport the individuals to inpatient facilities or the hospital as needed. The hope is that this program will help decrease no-show rates to and from substance abuse treatment for clients, which will in turn allow more clients to graduate from their programs. This will hopefully decrease recidivism and eventually opioid use in the community. If successful, the program will be able to expand to other regions as able in order to bring transportation services to a larger population and continue to decrease recidivism and lessen the use of opioids.