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Communities of Practice for Rural Communities Opioid Response Program

Core Activity 2: Needs and Gaps Assessment

Sandusky County, Ohio

Health Partners of Sandusky County

Sandusky County Public Health

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Pacific Institute for Research and Evaluation (PIRE) and Ohio University's Voinovich School of Leadership and Public Affairs (OHIO), through a shared services and braided funding approach, work directly with project directors from the five COP-RCORP backbone organizations to provide leadership, training, capacity building, technical assistance and evaluation services, and management oversight for project activities. The project directors then bring back the shared learnings and experiences from the community of practice to their respective community-specific consortium, which is responsible for leading project activities within the five Ohio communities. This needs assessment represents the shared work of Health Partners of Sandusky County (local consortium), the Sandusky County Department of Public Health (backbone organization), and the COP-RCORP Training, Technical Assistance, and Evaluation Team (OHIO and PIRE).

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Opportunities and Gaps Assessment: Final Report

Communities of Practice for Rural Communities Opioid Response Program (COP-RCORP)

Sandusky County Public Health

Sandusky County Health Partners

September 29, 2019

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Introduction

RCORP-Planning

The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative supported by the Health Resources and Services Administration (HRSA), an operating division of the U.S. Department of Health and Human Services, to address barriers to access in rural communities related to substance use disorder (SUD), including opioid use disorder (OUD). RCORP funds multi-sector consortia to enhance their ability to implement and sustain SUD/OUD prevention, treatment, and recovery services in underserved rural areas. To support funded RCORP consortia, HRSA also funded a national technical assistance provider, JBS International.

The overall goal of the planning phase of the RCORP (RCORP-Planning) is to reduce the morbidity and mortality associated with opioid overdoses in high-risk rural communities by strengthening the organizational and infrastructural capacity of multi-sector consortiums to address prevention, treatment, and recovery. Under the one-year planning initiative, grantees are required to complete five core activities:

- A) Develop/strengthen the consortium by drafting a memorandum of understanding (MOU);
- B) Conduct a detailed opportunity and gap analysis (needs assessment);
- C) Develop a comprehensive strategic plan for OUD prevention, treatment, and recovery;
- D) Develop a comprehensive workforce plan for OUD prevention, treatment, and recovery services and access to care; and
- E) Complete a sustainability plan for the consortium and proposed activities of the strategic and workforce development plans.

COP-RCORP Consortium

The Communities of Practice for Rural Communities Opioid Response Program (COP-RCORP) Consortium was created in 2018 when the Pacific Institute for Research and Evaluation (PIRE), together with backbone organizations from Sandusky and Washington counties, and Ohio University's Voinovich School of Leadership and Public Affairs (OHIO), together with backbone organizations from Fairfield and Ashtabula counties, each submitted and received a \$200,000 RCORP-Planning grant from HRSA (grants G25RH32461 and G25RH32461, respectively). Upon receiving the two HRSA grants, OHIO and PIRE then employed a braided funding and shared services approach to collaborate and support a fifth COP-RCORP community in the master consortium – Seneca County. This approach ensured that OHIO and PIRE were able to provide equitable funding across five Ohio communities, while balancing backbone support with community resources.

The COP-RCORP Consortium seeks to impact the opioid epidemic and complete the RCORP-Planning core activities by working together as a community of practice. Through this community of practice approach, OHIO and PIRE work directly with project directors from the backbone organizations of each community to provide leadership, training, capacity building, technical assistance and evaluation services, and management oversight for project activities. The project directors then bring back the shared learnings and experiences from the community of practice to their respective community-specific consortium, which is responsible for leading project activities within the five Ohio communities.

The COP-RCORP Organizational Chart is a visual description of how the COP-RCORP initiative functions to enhance capacity and sustainability at a local level by leveraging state and community partnerships.

A sharing economy is a core value of the COP-RCORP Consortium, and although not every community can have a RCORP-Planning grant, every community can benefit from the work and experience of the RCORP grantees. Therefore, OHIO and PIRE, in partnership with Global Insight Productions, a local web design company, established a project website (<https://www.communitiesofpractice-rcorp.com/>) to serve as a sharing and distribution center for all HRSA-planning related resources and materials. The COP-RCORP website includes community pages, background on the consortium, training and technical assistance materials and on-demand videos for each of the core activities of the RCORP-Planning grant, links to technical assistance resources provided by JBS, and a password protected site that includes video recordings of consortium meetings. The site will also include the completed RCORP-Planning work from each of the COP-RCORP communities.

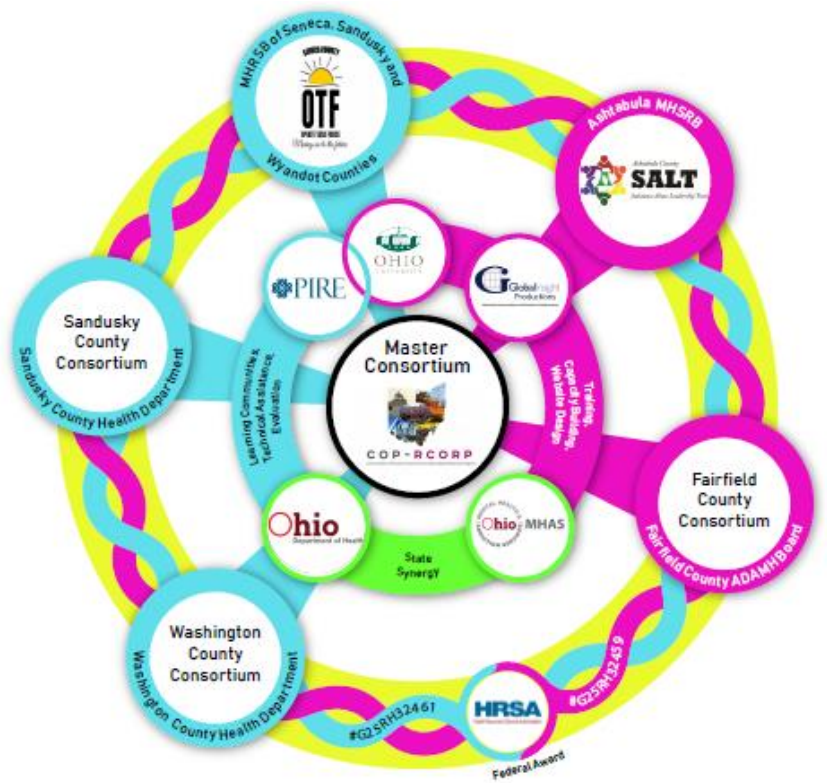


Figure 1. COP-RCORP Organizational Chart.

Health Partners of Sandusky County

In Sandusky County, Health Partners of Sandusky County serves as the local consortium for the RCORP-Planning grant, while Sandusky County Public Health operates as the backbone organization. In order to develop and strengthen the local consortium, the MHRSB entered into a memorandum of understanding with local collaborators.



Local consortium. Health Partners of Sandusky County consists of a local group of health partners whose focus is to determine health needs and to work cooperatively to address those needs. Health Partners include many community groups and health organizations all dedicated to improving the health of Sandusky County residents. Members contribute to the group to ensure the continued work of community health assessment. This group meets every other month at the Sandusky County Public Health.

Established in 1993, Health Partners is a membership organization that includes: The Bellevue Hospital, Community Health Services, Firelands Counseling & Recovery Services, Fremont City Schools, Great Lakes Community Action Partnership, Jennifer Greenslade-Hohman, MD, Mental Health & Recovery Services Board of SSW, ProMedica Memorial Hospital, Sandusky County Dept of Job & Family Services, Sandusky County

Board of DD, Sandusky County Family & Children First Council, Sandusky County Juvenile & Probate Court, Sandusky County Public Health, and United Way of Sandusky County.



Backbone organization and project director. Sandusky County Public Health (SCPH) is the health department in Sandusky County. SCPH works to protect and improve the health of those who live, work and play in Sandusky County, Ohio. This is achieved by promoting healthy lifestyles, preventing injury and detecting and preventing infectious diseases. Sandusky County Public Health provides educational outreach programs, clinics, recommending policy and system change to improve population health, while working to limit health disparities. Sandusky County Public Health is dedicated to promoting healthcare equity, quality and accessibility. Stacey Gibson is employed by Sandusky County Public Health where she is the Director of Health Planning and Education and the Accreditation Coordinator. She also serves as the

Coordinator of the Health Partners collaborative whose mission is to monitor and improve the health status of Sandusky County residents.

Memorandum of understanding. In order to develop and strengthen the local consortium in Sandusky County, Sandusky County Public Health has entered into a memorandum of understanding with the following collaborators for the RCORP-Planning grant:

- Mental Health & Recovery Services Board of Seneca, Sandusky, and Wyandot Counties
- Sandusky County Juvenile and Probate Court
- Firelands Counseling and Recovery Service
- Sandusky County Family and Children First Council

Community context. Considering the cultural context of a community is vital when identifying and addressing needs and gaps within the community. Therefore, each local consortium in the COP-RCORP Project is submitting its own needs assessment to ensure that the resulting product reflects the consortium's unique context, geographic area, history, population of focus, culture, vision, and mission.



Geographical area. Sandusky County is located approximately 40 miles southeast of Toledo. Fremont serves as the county seat and is the largest city (16,193) in the county, followed by Bellevue (7,996) and Clyde (6,209); and 5 other small rural villages (Woodville, Gibsonburg, Helena, Lindsay and Green-Springs). Sandusky County is a HRSA-designated rural county in North Central Ohio that spans 409.2 square miles, with about 76% of the land dedicated to farming. This needs assessment process will address the following geographical areas: Sandusky County, OH, including Fremont and zip codes 43407, 43410, 43420, 43431, 43435, 43442, 43464, & 43469.

Population. According to the 2010 U.S. Census, Sandusky County has a total population of 60,944 residents. Sandusky County's rural geography creates barriers to accessing medical and behavioral health services. As noted in the County's 2017 Community Health Assessment (CHA), Sandusky County also experiences health disparities amongst portions of the county and has ongoing issues with community connectedness and social isolation.

According to the 2017 U.S. Census Bureau Quick Facts, of the 24,182 households, 32.0% had children under the age of 18 living with them, 51.3% were married couples living together, 12.1% had a female householder with no husband present, 31.3% were non-families, and 26.3% of all households were made up of

individuals. The average household size was 2.48 and the average family size was 2.97. The median age was 40.4 years. Manufacturing is the leading occupation in Sandusky County, with many citizens being employed in local industries including: Whirlpool Corporation, Revere Plastics Incorporated, Heinz USA and Crown Battery Manufacturing.

The median income for a household in the county was \$48,056 and the median income for a family was \$57,500. Males had a median income of \$42,582 versus \$31,257 for females. The per capita income for the county was \$22,286. About 7.2% of families and 10.9% of the population were below the poverty line, including 15.8% of those under age 18 and 6.5% of those ages 65 or over. (2010 U.S. Census).

Population of focus. Based on the data that are currently available, all residents of Sandusky County will be included in the target population. We have chosen to focus on all county residents as our target population because Sandusky County is rural and connecting residents with services—particularly prevention and treatment services—is a key challenge for the county.

Community history. Substance abuse emerged as a top health priority for Sandusky County, according to a 1996 community health assessment conducted by Health Partners 2000. After releasing the results of the survey, Health Partners 2000 then led an effort to develop an action plan and to seek out funding opportunities. In 1999, the Ohio Department of Alcohol and Drug Addiction Services' Drug Free Community Coalition Grant was secured through the Mental Health & Recovery Services Board (MHR SB), and the Prevention Partnership Coalition (PPC) was formed. Although the implementing agency has changed over the years, funding remains and the Coalition continues its mission.

The MHR SB was unsuccessful for over 25 years in passing a mental health and recovery levy in Sandusky County. Due to lack of local levy funds, the MHR SB was able to provide limited access to behavioral health needs. However, the MHR SB passed a local levy in 2014 and since then were able to enhance AOD prevention services, improve access to mental health care, implement services specific for the minority populations, and enhance services for children in multiple systems.

Over the past twenty years, the Prevention Partnership Coalition (PPC) has been a leader in the movement to frame substance abuse as an issue of public health. Members represent public and private organizations, including public health, education organizations, treatment facilities, youth, parents, probation, law enforcement, faith-based organizations, state and local government, area businesses, and youth development organizations, with the understanding that only through collaboration can we make Sandusky County a safer and healthier place for all. Due to the size of Sandusky County and the number of area professionals having dual roles and responsibilities, three local wellness coalitions combined efforts in 2014 to create a Combined Coalition. These three groups included: the Prevention Partnership (anti-drug coalition), the Mental Health Coalition, and the Re-Entry Coalition (reducing adult recidivism). This provided for a larger reach and collective impact, especially as the local area began to experience increased overdose deaths and other negative effects from the opiate epidemic.

Community culture. The culture in Sandusky County is influenced by being a mostly rural area with a small urban center, its population, and its location. Because Sandusky County sits at a crossroad between Detroit, Cleveland, and Toledo, the county's rural demeanor is affected by the influence of these urban centers. In particular, Sandusky County experiences a great deal of interstate trafficking of illegal substances.

The schools serve as the epicenter of the community culture especially for the mostly rural families. Residents attend sporting and other school events and students are often involved in extra-curricular activities. However, the nearest mall is over 30 miles away, and even though there is a YMCA and two city-maintained recreational facilities in the county, youth surveyed state the reason substance abuse rates are so

high is because there is “Nothing else to do.” Community norms such as social acceptance, parental approval, and the “rite of passage” mind-set tend to influence youth and adults alike.

Area residents are sometimes hesitant to seek services because they “take care of their own” and they should be “tough enough” to handle any problems on their own. They are sometimes distrustful of formal institutions. This seems to be even more of an issue for the minority populations, especially when providers have a limited number of minority professionals within their agencies.

Sandusky County is a friendly community, where residents will wave to you on the sidewalk and as you drive by their farm. Neighbors look out for neighbors and community leaders work together to improve the county. They volunteer in their communities, such as holding fundraisers, improving parks, reading to children in elementary schools, and working on large community issues. Collaborative efforts are well attended and productive because the residents care about the county. Many community residents and leaders serve on the Prevention Partnership by attending committees, helping with events, and contributing funds. When youth alcohol rates rose in the county, the Prevention Partnership members and residents were alarmed and worked together to lower them. Even though there are fewer services than an urban county offers, Sandusky County leaders are committed to addressing prevention, treatment and recovery efforts. Recently, when the opiate epidemic took hold in the county, law enforcement and other community leaders formed a Drug Task Force and residents voted in a new levy to support this effort. They also just voted to renew the mental health and recovery levy. This happened despite a lower than average family income.



Figure 2. Rutherford B. Hayes Home at Spiegel Grove

Figure 2 is of the Rutherford B. Hayes Home at Spiegel Grove.

We selected it because Rutherford B. Hayes is from Fremont, Ohio. He moved his family into the home in 1873 for two years before leaving to serve as Governor of Ohio and then President of the United States.

Figure 3 is of the White House Gates. We selected it because of their historical significance. In 1928, Congress authorized the donation of the iron gates at the entrance to the White House grounds on West Executive



Figure 3. White House Gates.

Avenue to the state of Ohio, to be placed at the several gateways to Spiegel Grove by the Ohio State Archaeological and Historical Society, now The Ohio History Connection.



Figure 4. Sandusky County Historic Jail and Sheriff's House.

Figure 4 is of the Sandusky County Historic Jail and Sheriff's House.

We selected it because it is a historic government building near

downtown Fremont, Ohio, United States. Built in the early 1890s, it was used as an incarceration facility for almost a century before closing and being converted into an office building.

Figure 5 is of Tindall Bridge.

We selected it because of its

historical significance. The Tindall Bridge was built in 1915, but its attractive plaque proudly credits its builders for constructing the steel bridge while reflecting images of the 1880s.



Figure 5. Tindall Bridge.



Figure 6. Sandusky County Courthouse

Figure 6 is of the Sandusky County Courthouse. We selected it because of its unique appearance with eighteen sandstone columns and an octagonal cupola with a round copper dome at the top the building.

Figure 7 is of the Fremont Reservoir. We selected it because the reservoir promotes physical activity. The reservoir is 2 miles in perimeter, 40 feet deep and built to hold 750 million gallons of water. It has a boat ramp and is stocked with fish, including bass, perch and catfish for public fishing. There is also a walking trail around the perimeter of the reservoir.



Figure 7. Fremont Reservoir.

Vision/Mission/Planning Values. Both vision and mission statements play an important role in the consortium’s ability to plan and ensure that plans are entrenched in consistent values. The vision statement makes sure that all decisions are properly aligned with what the organization hopes to achieve. Mission statements are a way to direct a community in the right direction by providing the “big picture” goal that helps to direct the plan. Shared vision and mission statements, help ensure that local consortia can engage in strategic planning processes in a way that is consistent with their values and with the local context.

Vision. “Healthy people in healthy communities.”

Mission. “To provide leadership and collaboration with area, health, education and social service providers to identify mental, physical, social and healthcare needs within the county and facilitate solutions to address those needs.”

Planning values. Local Health Partners recognize that large-scale social change requires broad cross-sector collaboration and planning. As an organization that specializes in improving health outcomes, Health Partners has increasingly become an essential resource for organizations seeking to work together to improve local conditions. This creates a more powerful effect than any single organization can accomplish alone.

Keys to a successful strategic planning process include: collaboration, using data-informed decision making; and selection of evidence-based strategies for implementation.

- (1) Collaboration: Creating and maintaining a healthy community is a team effort in which community members and agencies commit time, effort and dedication to support the health and well-being of our residents.
- (2) Data-Informed Decision Making: Data collected on public health issues are an important reference when developing strategies to address critical public health issues. This includes: use of quantitative and qualitative data, resource assessments, identification of gaps and barriers, and identifying forces of changes and community strengths.
- (3) Evidence-based Strategies: Selection of evidence- and research-based best practices and proven strategies are most effective when creating community change. Implementation of these strategies involves a multi-sector and multi-faceted approach with ongoing monitoring and evaluation.

Measuring Community Capacity and Readiness

As a part of the evaluation of the RCORP-P initiative, stakeholders in each of the five local consortia were asked to complete an online survey at the beginning of the project period measuring capacity and readiness. The COP-RCORP Capacity and Readiness Survey has been successfully used by the TTAE team in past projects related to substance use and abuse in Ohio. The survey was completely voluntary, and stakeholders were informed to answer as honestly as possible. The survey assessed: (1) Consortium Readiness, (2) Consortium Planning Capacity, (3) Strategic Planning Capacity, (4) Community Factors (that may have influenced opioid prevention, treatment, and recovery efforts in the community), (5) Capacity to Address Community Factors, and (6) Impact.

COP-RCORP Capacity and Readiness Survey Results

The results of the COP-RCORP Capacity and Readiness Survey for Sandusky County are in the Appendix. The results (except for Factors and Impact) show counts and percentages of responses to each survey item where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. Also shown for each survey item (under the heading Aggregate) is the mean (or average) and standard deviation (S.D.). For Factors, the results show counts and percentages of responses to each survey item where 1 = No Impact, 2 = Low Impact, 3 = Moderate Impact, and 4 = High Impact. For Impact, the results show the mean, median, mode, and standard deviation (S.D.) for each survey item – on the survey the response categories ranged from 0 (not at all) to 10 (completely).

The information provided helped each consortium to identify its current strengths and needs, while working to complete its needs and gaps assessment and move forward in the planning phase of addressing opiate use disorder (OUD) across the continuum of care. Results for each of the five local consortia were shared out to project leads as a separate report in July 2019 (see Appendix).

Needs Assessment Methodologies

Strategies for Collection and Use of Quantitative Data

The COP-RCORP Training, Technical Assistance, and Evaluation (TTAE) team provided project leads with a resource that delineated each area of opioid related use (prevention, treatment, and recovery) into actionable questions that could be answered using local data. The questions guided project leads to consider how to define their populations of focus, and to articulate the impacts of OUD on those populations in terms of prevention, treatment, and recovery services. Support materials, including instructional videos and templates, were made available on the project website. Project leads reviewed existing sources of data to identify high quality evidence to support their planning efforts. These included raw, publicly available data sets maintained by the Ohio Department of Health and other public entities, as well as community-level data collected by the county Mental Health Services Board and local mental health and addiction service providers. The Community Health Assessments were a valuable resource in this process. Prescriber data was accessed through OARRS and the SAMHSA buprenorphine waiver program. Project directors also reached out to many other partners in their relative communities to find supporting data for prevention, treatment, and recovery related services.

Strategies for Collection and Use of Qualitative Data

Similarly, project leads were encouraged to use qualitative data to support their efforts when necessary. Qualitative data was collected through learning conversations with local consortium members and stakeholders, as well as through community forums. Project leads used this data to answer guiding questions provided by the TTAE team to consider existing assets, gaps, resources, and needs related to OUD in their community.

Community-specific Data Collection Methods

The project lead created a survey utilizing Survey Monkey to collect needs assessment data from providers and key stakeholders. Follow-up contact was made as needed to providers via phone and email in order to gather additional information on community programs, services, gaps and needs.

Method for Identifying Priorities

The TTAE team provided a template to project leads to support them in developing a plan to build concurrence within the consortium and among stakeholders for setting priorities. Project leads considered how their group would identify priority needs, discuss issues, consider feasibility, and select strategies to implement.

Community-specific Prioritization Methods

Health Partners of Sandusky County has engaged local stakeholders in a prioritization process to select priority needs and determine evidence-based strategies that best fit our community as we work to reduce opiate use, misuse and their harmful effects. The project director and other key staff reached out to partners who work in or have a vested interest in opiate prevention, treatment and recovery. Within these partners, two work groups were formed; a Prevention Workgroup and a Treatment/Recovery Care Workgroup. The Prevention Workgroup works to address 1) Demand Reduction, 2) Supply Reduction, and 3) Harm Reduction. The Treatment/Recovery Care Workgroup addresses 1) Treatment, and 2) Recovery Supports.

Together, these two groups participated in a conference call to discuss the goals of RCORP-P, and the mission of this project. Workgroups met in two separate 90-minute sessions to ensure project requirements are met. Prior to the first face-to face session, each member was shown the website, communitiesofpractice-rcorp.com, and reviewed the current Needs Assessment; provided comments and input; reviewed for gaps and services' needs; and reviewed the project's Strategy Description Form.

At the first 90-minute session, each team provided input to the needs assessment to ensure it addresses all local conditions. They then worked to identify priority needs and determine causal factors using the guidance form provided. The workgroups reviewed the Core Implementation Activities, samples of strategies/plans from other communities and brainstormed other possible strategies to meet our identified priorities and local conditions. Strategies were selected based on practical and conceptual fit to ensure successful implementation. Strategy leads were assigned and asked to complete a draft Strategy Description Form prior to the second workgroup session. Group members were asked to review sample Strategic Plan Maps as homework. The final workgroup sessions allowed for completion of the Strategy Description Forms and Strategic Plan Maps.

Once the Strategy Description Forms and Strategic Plan Maps were completed, each team member had a chance to review for additional comments and changes. These were shared with all Health Partner members at or prior to the August 7, 2019 Health Partners meeting for their comments and input.

Results and Findings

Health Partners of Sandusky County inventoried available data in the areas of prevention (including supply reduction, demand reduction, and harm reduction), treatment, and recovery. Using the needs assessment template provided by the COP-RCORP master consortium, local consortia used this information to determine available prevention, treatment, and recovery services, as well as gaps, assets, and resources in these areas. Below are tables detailing the impact of the opioid crisis in each area, as well as the available data to back up each claim. Where noted, data to support the impact stated is unavailable. Areas of missing data highlight additional gaps in data collection and data collection infrastructure.

Prevention: Assessing Community Needs and Resources

After communities filled in the template provided by the master consortium, the COP-RCORP TTAE team organized the Health Partners answers to the prevention template by demographic age ranges and how each age group was affected. Consortium responses to the prevention template were then inserted into a table (see Table 1) to better delineate the impacts of opioid use on each specific population and the data that each local consortium had to support their specific claims. A summary of Sandusky Health Partners' work in the area of prevention is also included.

Table 1. Prevention Needs Assessment

Population	Impact	Data
<p><i>Young Children</i> Defined: Children up to the age of 11</p>	<p><u>Gap:</u> Need for increased care coordination of services for pregnant moms, specifically those testing positive for drugs. Many physicians hesitate to refer drug-addicted mothers to social service agencies due to the concern of consequences of referral as well as patient confidentiality.</p> <p><u>Gap:</u> Limited data on the number of Neonatal Abstinence Syndrome cases in Sandusky county.</p>	<p>According to Joli Yeckley, public health nurse and coordinator of the Maternal and Infant Health Coalition, there is limited data on the number of drug-addicted pregnant moms in Sandusky County. Currently there is no centralized coordination of services for drug-addicted pregnant women in Sandusky County. There is also limited data on the number of Neonatal Abstinence Syndrome (NAS) cases in Sandusky County. Currently, there is no data available at the state level on the number of NAS cases per county. According to the Hospital Council of Northwest Ohio, they have no current data available on the number of NAS cases. Physicians are documenting NAS in different ways making it difficult for hospitals to track. Hospitals are looking at streamlining this process in the future.</p>
	<p><u>Gap:</u> Sandusky County children need foster home placements.</p>	<p>According to Nate Koenig of the Department of Jobs and Family Services, Sandusky County currently has a shortage of foster care families for the needed placements. There are also a number of children being formally and informally placed in kinship homes, and those caring for these children lack resources.</p>
<p><i>School-aged Children</i> Defined: Youth between the ages of 12 and 18</p>	<p><u>Gap:</u> Sandusky County youth do not perceive that prescription drug misuse is harmful.</p>	<ul style="list-style-type: none"> ○ 6% of youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives. ○ 4% of youth used prescription drugs that were not prescribed for them during the past 30 days. ○ 53% of youth report Great Risk of harming themselves if they use prescription drugs; of these, 17% of youth report No Risk or Slight Risk
	<p><u>Gap:</u> Sandusky County youth do not perceive that peers disapprove of prescription drug misuse.</p>	<p>73% of youth reported their peers would disapprove of them misusing prescription drugs.</p>
	<p><u>Gap:</u> Youth report adverse childhood experiences (ACE).</p>	<p>Parents became separated or were divorced (36%); parents or adults in home swore at them, insulted them or put them down (25%); lived with someone who was depressed, mentally ill or suicidal (20%); lived with someone who served time or was sentenced to serve in prison or jail (19%); lived with someone who was a problem drinker or alcoholic (18%); parents were not married (17%); lived with someone who used illegal drugs or misused prescription drugs (17%); parents or adults in the home abused each other (9%); parents or adults in home abused them (7%); an adult or someone 5 years older than them touched them sexually (4%); an adult or someone 5 years older than them tried to make them touch them sexually (2%); and an adult or someone 5 years older than them forced them to have sex (<1%). 25% of youth had three or more adverse childhood experiences (ACEs).</p>
	<p><u>Gap:</u> Limited data on problematic classroom behaviors <u>Gap:</u> Lost instructional time in classroom</p>	<p>Increase in problematic behaviors and lost instructional time in the classroom, according to reports from school personnel</p>

Population	Impact	Data
<p><i>Young Adults</i></p> <p>Defined: Persons aged 19-25</p>	<p><u>Gap:</u> Unstable employment, inability to pass drug-screens, lack of stable housing and inability to meet their own personal needs.</p>	<p>Local businesses have reported they are unable to obtain clean urine screens at hire or unable to stay clean during employment and are lost due to drug use. This has led to many jobs going unfilled in our area.</p>
	<p><u>Gap:</u> We have seen young parents experience loss of custody of their children to protective services, which has impacted the foster care system within the county as a result of the opiate issue.</p>	<p>As of August 30, 2019, Sandusky County Children Services had 26 children in the foster care system and 35 children placed with kin providers. There is a small population of our caseload of young parents who lost custody of their children due to opioid drug use. The trend currently been seen are parents 25 and older losing custody of children and many are on their second round of cases and second set of children lost to custody.</p>
	<p><u>Gap:</u> Arrests and incarceration</p> <p><u>Gap:</u> Need hard data on criminal activity, arrests and incarceration rates.</p>	<p>According to reports from local law enforcement, this population has been impacted by the opiate epidemic as evidenced by increased criminal activity, arrest records and incarceration.</p>
<p><i>Families</i></p> <p>Defined: A group consisting of children and their parents, grandparents and/or guardians living together in a household.</p>	<p><u>Gap:</u> OUD has impacted the child welfare system.</p>	<p>In 2012, SCCS had an average of 54 cases open each month. That number has risen to an average of 63.8 cases open each month in 2018.</p> <ul style="list-style-type: none"> ○ As of 2/28/19, 66% of ongoing cases had drug concerns. ○ Number of kids in custody: 30 kids in 2012; 79 in 2015; 69 in 2018 ○ From 2011-2013 – took Permanent Custody of 3 children and finalized a total of 9 adoptions ○ From 2014 to present – took 54 children into PC and finalized 34 adoptions
<p><i>Adults</i></p> <p>Defined Individuals age 25+</p>	<p><u>Gap:</u> Adults in Sandusky County are misusing prescription medication.</p>	<p>Sandusky County adults who reported misusing prescription medication obtained their medication from the following sources: primary care physician (96%), from ER or urgent care doctor (4%), free from friend or family member (4%), from multiple doctors (4%), and bought from a drug dealer (2%).</p>
	<p><u>Gap:</u> Sandusky County adults lack of knowledge of proper disposal methods.</p>	<p>According to the Health Assessment, adults indicated they did the following with their unused prescription medication: 13 % kept them; 13% threw them in the trash; 10% flushed them down the toilet; and 2% kept them in a locked cabinet.</p>
	<p><u>Gap:</u> OUD deaths and overdoses</p>	<p>From 2009-2018, there have been 96 unintentional overdose deaths in Sandusky County. These include a combination of heroin, fentanyl, carfentanil as well as a combination of legal and illegal drugs.</p> <p>Per EPIC reports, ProMedica Memorial Hospital Emergency Department had 19 patients with opioid OD from May to December in 2017; 31 in 2018; and 7 in the first two months of 2019.</p>

Population	Impact	Data
<p><i>Aging Adults</i></p> <p>Defined: Persons 65 years of age and older</p>	<p><u>Gap:</u> Older adults are unable to have their prescriptions filled because of the opioid epidemic, although there are patients who have pain and need the medications to function.</p> <p><u>Gap:</u> Opioid use and misuse educational programs specifically tailored for middle-aged and older adults have not been developed.</p> <p><u>Gap:</u> Limited local data on use among older adults</p>	<ul style="list-style-type: none"> ○ Adults aged 50+ are the greatest consumers of prescription drugs, and due to their increased rates of chronic pain, they are three times more likely to be prescribed opioids (Patel et al., 2013). ○ One in three Medicare Part D beneficiaries received a prescription opioid in 2016, and approximately 500,000 beneficiaries received high amounts of opioids (U.S. Office of the Inspector General, 2017). ○ Between 2002 and 2016, prescription opioid misuse increased 66% for those aged 50-64 and more than doubled for those aged 65 and older (Schepis & McCabe, 2016). ○ Physicians and other health care practitioners may have inadvertently “created a culture of overprescribing” because they receive less education about opioid use and abuse among middle-aged and older adults (Brodwin, 2017). ○ Nonmedical use of prescription pain relievers among older adults has been associated with negative health outcomes including falls, hip fractures, traffic accidents (Buckeridge et al., 2010), confusion (Gold, 2017), and cardiac events (Vozoris et al., 2017). ○ The stigma related to drug addiction prevents many middle-aged and older adults from seeking treatment (Cochran et al., 2017). ○ Older adults on the traditional treatment for opioid addiction (e.g. methadone-maintenance-treatment) may become increasingly vulnerable (Cotton et al., 2017). ○ Opioid abuse and/or fatal opioid overdoses of adult children is the primary reason that individuals aged 45+ assume primary caregiving of their grandchildren (Pew Charitable Trust, 2016). ○ Despite the research that has documented opioid misuse amongst the general population, there is a dearth of research regarding opioid misuse amongst middle-aged and older adults (Cochran et al., 2017).

Prevention: Summarizing Local Context and Conditions

In 2015, the county passed a levy to fund a local drug task force whose goal is supply reduction. This task force is coordinated by the local county prosecutor's office. Sandusky County Public Health receives funding through OhioMHAS to purchase a limited amount of Narcan for first responders throughout the community. All local law enforcement in the county, along with EMS, have received this life-saving medication. Nurses from SCPH have provided in-person training to these first responders to ensure proper administration. Public Health Nurses also provide Confidential Preconception Health Service offering confidential free birth control and STD testing for minors without the need for parental consent. Although the service is available, it is not well known and underutilized by young adults. Limited data exists in our community when it comes to the young adult population. But this population has been impacted by the opiate epidemic, as evidenced by increased criminal activity, arrest records and incarceration.

Ohio law does not permit the State Board of Education to adopt Health Education Standards (Ohio Department of Education). Schools do not have a standardized framework for teachers, administrators, and policymakers in designing or selecting health curricula, allocating instructional resources, and assessing student achievement and progress. Health education related to substance abuse across the region is not standardized, and with limited access to certified prevention professionals in the local communities, schools are left their own devices and are in great need of prevention professional guidance. Without health education standards, school-age children are not receiving evidence-based education on mental, emotional, and physical health across the lifespan. The PAX movement in Sandusky County began in 2018. Currently there are over 200 teachers trained and implementation is taking place in all Sandusky County elementary schools. There are currently 3 trained staff providing community education on PAX Tools. In order to create community change, parents and community groups need to be trained in PAX Tools. Referrals for Help Me Grow's home visiting and early intervention services come from local hospitals, children's services and other community agencies. These services provide in home support for families of young children. Although services are available, referrals are low and services are being underutilized.

Prevention: Finding Opportunities, Gaps, and Resources

As part of the template provided by COP-RCORP TTAE team, the Health Partners of Sandusky County reviewed the prevention needs assessment and identified opportunities and gaps in Sandusky County, as well as existing and potential federal, state, and local resources that could be used to address OUD with the RCORP funding award. The opportunities, gaps, and resources for prevention-related service systems were then organized in a table (see Table 2).

Table 2. Prevention Service Systems: Opportunities, Gaps, and Resources

Prevention	
Opportunities	<ul style="list-style-type: none">• Health-related and social service initiatives in place to address OUD and has a high degree of ongoing interagency collaboration to address OUD.• Sandusky Health Partners, a group of hospital CEOs and agency directors who collect data every three years to assess the health needs of the community and set priorities for services and intervention activities.• Sandusky County Combined Coalition is a local collaboration among 3 existing coalitions (Prevention Partnership, Mental Health, and Reentry) and has significant reach in Sandusky County.• Sandusky County Public Health and the Prevention Partnership Coalition is educating the community and partners about the importance of prevention, working to increase the number of credentialed prevention specialists providing services within the county, and increasing local capacity to implement PAX in all local elementary schools.

Prevention	
Gaps	<ul style="list-style-type: none"> • Lack of information sharing. • Duplicate strategies being implemented within the same priority population, and these projects seeking funding from the small pool of local resources (i.e. youth mentoring projects). • Partners attend coalition meetings to receive information, rather than share information that could help the cause. At times the coalition feels more like a professional meeting, rather than a community coalition. • Lacking credentialed prevention professionals. • No local agencies providing Project Dawn kits to individuals or families. • Need for increased parental education and outreach in the area of PAX Tools. • Through an allocation from OhioMHAS, the Sandusky County Public Health distributes Narcan to area first responders, but this allocation alone isn't enough. Local police departments still have to buy additional units to finish out the year. • Secondary traumatic stress among first responders from witnessing overdose deaths. • Many of the programs to combat OUD in Sandusky County are not well known and are underutilized by the community.
Resources	<ul style="list-style-type: none"> • HRSA Rural Communities Opioid Response Program-Implementation grant to help build local capacity to address OUD needs. • SAMHSA's SPF-PFS grant to build regional capacity to implement effective prevention programs. • Collaborate with Great Lakes Community Action Partnership (GLCAP) to provide PAX Tools trainings throughout the county. • Utilize national-level Training and TA resources (ie. CADCA, PTTC, etc.) to build local capacity. • Staying abreast on OhioMHAS funding opportunities to enhance our ability to build capacity to implement PAX Good Behavior Game in grades K-5 and other evidence-based prevention strategies. • Collaborate with ProMedica Memorial Hospital on a grant to provide Project Dawn Kits to community members in need. • Ohio Department of Health funding opportunities to continue to assist in Narcan distribution to local first responders. • Utilize state-level Training and TA resources (i.e. OhioMHAS, Prevention Action Alliance, etc.) to build local capacity. • Local Mental Health Levy funding to provide county-wide prevention services. • Utilize local experts to provide Training and TA to build local capacity. • Staying abreast on the mission and goals of local foundations and funders such as the United Way, ProMedica Foundation, Sandusky County Community Foundations, and large corporations such as Whirlpool, Style Crest, Crown Battery and Heinz.

Treatment: Assessing Community Needs and Resources

After local consortia completed the treatment needs and gap assessment template provided by the COP-RCORP master consortium, the TTAE team organized the Health Partners' answers by three categories—availability, accessibility, and affordability—and inserted them into a table (see Table 3) to better delineate the impacts of opioid use in the treatment sector. For treatment, data was not separated by demographic age range, as it was for prevention. A summary of Health Partners' work in the area of treatment is also included.

Table 3. Treatment Needs Assessment

Access to Treatment	Narrative	Data
Availability	<p><u>Gap:</u> Housing - individuals often return to the same environment; staying with drug users.</p> <p><u>Asset:</u> Great Lakes Community Action Partnership (GLCAP)</p>	<p>Many patients have no funds for an apartment. Great Lakes Community Action Partnership (GLCAP) can help with this but may not always be easily accessible to the client.</p>
	<p><u>Gap:</u> Medical Needs - clients are waiting too long for medical/psychologist appointments and to get medications filled.</p>	<p>Treatment providers in Sandusky County report that wait time for a doctor appointment is anywhere from 2 weeks to a month. Dentist is 6 months minimal, eye care two weeks. Assessment for Mental health or AOD two weeks.</p>
	<p><u>Gap:</u> Lack of sober living or transitional housing during treatment period</p>	<p>Various treatment providers in Sandusky County reported clients feel their home environment is insufficient due to the lack of resources and ultimately relapse due to an unsupportive environment.</p>
	<p><u>Gap:</u> Lack of appropriate medication management and education</p>	<p>With medication management, clients are often prescribed medications that can be a factor in relapse if not appropriately managed and educated (provider reports).</p>
	<p><u>Gap:</u> Waitlists for SUD treatment</p>	<p>Providers reported various responses on wait times; depends on the individual agency and the service requested. It was reported that clients are seen for assessments anytime between 1-5 days following referral/call.</p>
Accessibility	<p><u>Gap:</u> Transportation – Loss of drivers license makes it difficult for patients to travel to treatment providers for appointments</p> <p><u>Asset:</u> GLCAP TRIPS Public Transportation</p>	<p>Many individuals have lost their license, or the license is being held because of past court costs.</p> <p>GLCAP offers TRIPS Public Transportation. TRIPS provide low-cost general public transportation for Sandusky County residents, offering curb-to-curb service available 5 a.m.-7 p.m., Monday through Friday, and 5 a.m.-noon on Saturdays. Rides must be scheduled 24 hours in advance and the pick-up location for the beginning trip must be in Sandusky County. TRIPS Fremont Shuttle takes you where you need to go in town. Beginning in July 2019, GLCAP now offers a Fremont Shuttle, which runs weekdays 8 a.m.-6 p.m. and stops at nine locations throughout Fremont every hour, including: Department of Job & Family Services, the Liberty Center, ProMedica Memorial Hospital and Community Health Services, as well as other locations.</p>

Access to Treatment	Narrative	Data
Affordability	<p><u>Gap:</u> Many individuals have issues with their children that affect their ability to cover the cost of treatment.</p>	<p>According to reports from local treatment providers, patients have lost custody, are behind in child support and are looking for ways to reconnect with their kids.</p>
	<p><u>Gap:</u> Patients drop out of treatment due to money concerns. They are concerned about a job, child support, paying bills, etc.</p>	<p>According to reports from local treatment providers, patients may be actively engaging with IOP, sober support, and other services, but concern over finances has them quit attending their outpatient appointments and meetings.</p>
	<p><u>Gap:</u> Health Insurance – gaps in coverage following incarceration; other uninsured individuals</p> <p><u>Gap:</u> Lack of hard data tracking insurance loss</p> <p><u>Asset:</u> Local providers assist with obtaining coverage. Some providers have grant funding or sliding fee scale to assist with services.</p> <p><u>Asset:</u> Local funding is provided by Mental Health Levy to support local agencies in providing necessary treatment services, most notably when individuals cannot afford treatment and do not have the eligible insurance coverage.</p>	<p>Various treatment providers in Sandusky County reported gaps in insurance coverage upon re-entry from incarceration.</p> <p>8% of Sandusky County Adults were uninsured. (2016-2017 Sandusky County Health Assessment)</p>

Treatment: Summarizing Local Context and Conditions

Existing treatment efforts and resources include behavioral health providers: Oriana House, Firelands Counseling and Recovery Services, Lutheran Social Services, Surest Path Recovery, ProMedica Physicians Behavioral Health, The Bellevue Hospital and Summit Psychological Associates. Services include: MAT, detox and residential treatment, partial hospitalization program, IOP, and mental health services. There are also local services that assist with housing, educational needs, housing assistance and also pastoral counseling. The services that exist for co-occurring disorders include Firelands Counseling and Recovery Services, Surest Path Recovery Center, Summit Psychological Associates, and Community Health Services. Various treatment providers in Sandusky County report that in addition to dealing with their addiction, those participating in treatment tend to have a lot of social service needs. These include employment, transportation, housing, and health insurance. Other needs reported include general health problems and co-occurring disorders. For being a rural service area, there are lots of resources available and providers collaborate well together. For those individuals fully committed and motivated to their sobriety, treatment efforts and recourses are sufficient. For those not fully committed, it is difficult for any approach to have sustained effectiveness, though we do recognize that relapse is part of the recovery process.

Treatment: Finding Opportunities, Gaps, and Resources

As part of the template provided by COP-RCORP TTAE team, the Health Partners of Sandusky County reviewed the treatment needs assessment and identified opportunities and gaps in Sandusky County, as well as existing and potential federal, state, and local resources that could be used to address OUD with the RCORP funding award. The opportunities, gaps, and resources for treatment-related service systems were then organized in a table (see Table 4).

Table 4. Treatment Service Systems: Opportunities, Gaps, and Resources

Treatment	
Opportunities	<ul style="list-style-type: none"> • The Sandusky County Combined Coalition provides a collaborative approach to addressing the treatment needs associated with OUD, SUD and other behavioral health related issues. • Many view other treatment providers as allies versus competitors. • The recent passage of the Mental Health levy will allow for continued funding support for local agencies and has initiated a new opiate response initiative which will provide quicker response and treatment referral for those individuals in need.
Gaps	<ul style="list-style-type: none"> • Stigma of addiction. • Lack of education on mental health issues and available services. • Personnel shortages. • Large caseloads. • Lack of local/accessible psychiatric care and MAT providers and obtaining support for those individuals dealing with co-occurring disorders.
Resources	<ul style="list-style-type: none"> • Federal funding seems to be readily available, but it tends to focus on opiate use only and should also include the other substances of abuse. • Same as above, state funding seems to be available, but focuses on opiate use only and should also include the other substances of abuse. • The Sandusky County Public Health provides Narcan to First Responders. • Great Lakes Community Action Partnership (GLCAP) provides affordable transportation throughout the county and nearby communities.

	<ul style="list-style-type: none">• Sandusky County Community Foundation, the United Way and the ProMedica Hospital Foundation have provided support for services in the past and remain available upon request.
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Recovery Supports: Assessing Community Needs and Resources

After local consortia filled in the recovery template provided by the master consortium, the TTAE team organized the Health Partners’ answers by three categories—availability, accessibility, and affordability—and inserted them into a table (see Table 5) to better delineate the impacts of opioid use in the recovery sector. For recovery, data was not separated by demographic age range, as it was for prevention. A summary of Health Partners’ work in the area of recovery is also included.

Table 5. Recovery Supports Needs Assessment

Access to Recovery	Narrative	Data
Availability	<p><u>Gap:</u> There are not as many facilities, programs, physicians, peer supports and funding in comparison to larger cities and counties.</p>	<p>Psychiatrists - 5 Psychologists - 0 Licensed Clinical Social Workers - 0 Licensed Substance Use Disorder Counselors - 18 Peer Support Specialists - 2 Physician prescribing buprenorphine - 3</p>
	<p><u>Gap:</u> Treatment of co-occurring diseases is multifaceted and therefore underprovided.</p>	<p>Survey of Recovery Care Providers report there is a shortage of providers that understand and are willing to provide treatment for co-occurring diseases like mental health conditions. This reduces the effectiveness of treatment and increases the chances of relapse.</p>
	<p><u>Gap:</u> Housing – Waiting lists for sober living and homeless shelters</p>	<p>Survey of Recovery Care Providers report that one of the biggest problems is housing for clients when they leave treatment. With limited resources, there are waiting lists. This also depends on the type of support needed. Sober living and homeless shelters can have someone waiting anywhere from two weeks to a few months before they can get the support they need.</p>
	<p><u>Gap:</u> Youth in recovery face many issues regarding the legal system.</p>	<p>(Survey of Recovery Care Providers) Many children are in constant contact with children services, parole officers, and in and out of juvenile court, all while in treatment programs. This also plays a major role in education disruption.</p>
	<p><u>Gap:</u> Employment – Lack of appropriate employment</p>	<p>According to reports from local treatment providers patients choose to get jobs where the environment isn't the best for someone new in recovery and put themselves at a high risk for relapse.</p>
Accessibility	<p><u>Gap:</u> Lack of transportation</p>	<p>(Survey of Recovery Care Providers) Public transportation is not as readily available or financially feasible with some of our consumers that need to make multiple trips weekly. Distance is also a factor for individuals that have family to take care of that cannot be left alone for long periods of time.</p>
	<p><u>Gap:</u> Limited options for recovery programs</p>	<p>(Survey of Recovery Care Providers) There are specific shortages in inpatient and partial hospitalization or day treatment programs in rural counties. Many individuals seeking help have very few places to go for options if they want to stay local and close to their families. Some of those in recovery have exhausted all their resources because of addiction and have nowhere to go as well.</p>
Affordability	<p><u>Gap:</u> Individuals in recovery cannot afford housing and funds are not easily accessible</p> <p><u>Asset:</u> WSOS can help with funding</p>	<p>Many have no funds for an apartment. WSOS can help with this but are not always easily accessible to the client.</p>

Access to Recovery	Narrative	Data
	<p><u>Gap:</u> The recovery facilities offer different options regardless of whether a consumer has health insurance.</p> <p><u>Asset:</u> Recovery staff are trained to assist patients with Medicaid enrollment.</p>	<p>(Survey of Recovery Care Providers)</p> <p>Medicaid is the number one option for most of the consumers. If an individual is not enrolled in Medicaid, staff members are trained to help them with the enrollment process.</p>
	<p><u>Gap:</u> The cost of recovery treatment varies widely depending on the level of care needed. Some are not affordable.</p>	<p>(Survey of Recovery Care Providers)</p> <p>Outpatient treatment programs may cost less but may not provide enough support for sustained recovery. Residential treatment programs offer the highest level of care and are often the most expensive as a result.</p>

Recovery: Summarizing Local Context and Conditions

Sandusky County has the following recovery supports: recovery housing, peer support, 12 step programs, wraparound referrals, medication, mental health services, case management, MAT assistance, housing assistance, AA, NA, homeless and domestic violence shelters, IOP, and some programs even offer educational services and outreach. The Mental Health Recovery and Services Board supports many individuals seeking treatment recovery support in Sandusky County. Local 12 step groups, counseling services, nonprofit agencies, churches, and other civic organizations provide these services. These recovery supports are available both in and out of county. All these services are available, yet because of a lack of resources and perceived barriers, treatment and recovery are a difficult task for consumers in a rural environment. Per discussion with local hospital staff, there is a lack of peer supports available and access to those who are peer supporters is limited.

Sandusky County recovery care facilities offer services to a wide range of demographics. Local services treat consumers generally ranging from ages to 12-45. Some agencies focus on youth only up to age 24, while placing a major focus on transition age youth. Some of the sites are grant funded through other health organizations and mental health boards. This allows them to offer services free of charge to individuals who cannot afford or do not have Medicaid or Medicare. Rural areas are at a disadvantage regarding treatment and recovery. Unfortunately, because of a lack of resources, many of those seeking services must be placed in sober living elsewhere away from a good support system. A lot of individuals do not have a place to go to get integrated back into the community and tend to drift towards people and old habits they know, whether they are good for them or not, which could lead to relapse. Having a place to live seems to be the grounding point. If they have a secure place to live, they are more apt to go to IOP, 12 step meetings, seek employment, etc.

Recovery Supports: Finding Opportunities, Gaps, and Resources

As part of the template provided by COP-RCORP TTAE team, Sandusky Health Partners reviewed the recovery supports needs assessment and identified opportunities and gaps in Sandusky County, as well as existing and potential federal, state, and local resources that could be used to address OUD with the RCORP funding award. The opportunities, gaps, and resources for recovery-related service systems were then organized in a table (see Table 6).

Table 6. Recovery Supports Service Systems: Opportunities, Gaps, and Resources

Recovery Supports	
Opportunities	<ul style="list-style-type: none"> • The Mental Health and Recovery Services Board is arguably the biggest asset in regard to recovery supports. • Other important agencies include Sandusky County TASC, Corporate Anointing Ministries, Firelands Counseling and Recovery Services, BRASS, and Surest PATH. These organizations, as well as others, are instrumental in introducing other treatment providers in our area, guiding through regulatory sources, and offering financial support to provide treatment to those that otherwise would not have received it. • The REN program assists first responders and emergency personnel and will be a place to refer individuals and ensure that they are equipped to handle treatment aspects of recovery.
Gaps	<ul style="list-style-type: none"> • Funding is the number one constraint when planning programs for recovery support. • Lack of education about addiction is another barrier related to recovery supports. • Waiting lists. • Limited number of peer support groups.
Resources	<ul style="list-style-type: none"> • Reentry grants can be an important resource to help leverage and bolster recovery efforts and supports. • Local efforts are aware of state training and technical assistance when it comes to finding resources at the state level.

	<ul style="list-style-type: none"> • Locally, the mental health board is a major contributor in the efforts of recovery and treatment. Even though they do not offer services, this agency provides funding, trainings, resources and advocates for all other organizations in the area working on this issue. • Sandusky County Job and Family Services has received state funding to increase opportunities for individuals in recovery to gain education and skills and to reduce barriers to employment. • Sandusky County has some smaller foundations and businesses that contribute financially to the efforts of recovery and treatment including the United Way.
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Workforce Development Planning

Workforce development is a key part of both the planning and implementation phase of the COP-RCORP initiative. The focus of the needs and gap assessment process was to gather data on impacts, gaps, and assets in the areas of prevention, treatment, and recovery as they affect different populations in each local consortia and the relevant service systems. Each local consortium can now use the needs assessment to guide the strategic planning process by identifying priorities in their community. Given the importance of the needs assessment to guiding strategic planning, the workforce development components of the RCORP-P grant were shifted into their own process and deliverable. Workforce development needs and strategic plans will be addressed in a separate, stand-alone document that complements the prevention, treatment, and recovery needs and gaps identified in this document.

Conclusion

COP-RCORP is focused on selecting evidenced-based strategies that are culturally competent and sustainable at a community level. The COP-RCORP initiative will use a strategic planning process grounded in logic chains and the strategic planning framework to guide this process. Using such a process sets each consortium up for success by ensuring that strategy selection is tied to data at a local level. Each local consortium will develop 5 strategic plan maps to connect the information from their needs assessment to the strategies that make the most sense for their community in the three areas of prevention (reducing supply, reducing demand, and reducing substance related deaths), as well as treatment and recovery. In developing these plans, local consortia will determine the root causes of the substance use related problems in each of these five areas and be able to identify solutions that are linked directly to community-specific and culturally relevant contexts.

This needs assessment process has helped us to realize the wide variety of programs, services and partners working to this issue within our small rural community. It has also helped us to see the big picture by incorporating all the information into one document. This helps us to understand what our gaps and needs are in relation to OUD.

While collecting qualitative data is valuable, we found that several partners were not able to provide quantitative data to support our findings. The committee will encourage partners to begin compiling certain data to help provide a better picture of our local conditions, and to be able to gauge if we are improving in certain areas, see areas that need more concentrated effort.

Our next step will be to share the Needs Assessment with our Combined Coalition, as well as the community. Local partners who work in the specific areas of prevention, treatment, recovery will be more readily equipped to address needs and gaps. This will lead to the support of existing and the creation of new programs and services in priority areas.

Our community is in the process of collecting data for our next community health assessment; this is done on a 3-year cycle. The committee will revisit this Needs Assessment once new data is available updates and revisions will be made as necessary.

APPENDIX

Table 1. Consortium Readiness.

Survey Item	N	Aggregate	
		Mean	S.D.
Consortium Readiness			
Our consortium's initiative for this project seems better than what we were doing in planning to address opiate use disorder (OUD).	6	4.00	0.63
Our consortium's initiative for this project is important compared with other things we do in planning to address opiate use disorder (OUD).	6	4.00	0.63
Participants are engaged in this process.	6	4.17	0.41
Stakeholders are open to change.	6	4.17	0.98
Our consortium's initiative for this project can adequately acquire and allocate resources (including time, money, effort and technology).	6	4.17	0.75
Meeting facilitators and interviewers for this project are culturally competent and speak the language(s) spoken by interviewees.	6	4.17	0.75
Facilitators and interviewers for this project are trained in moderating interviews, including keeping participants on topic, facilitating concurrence, and maintaining neutrality.	6	4.33	0.82

Table 2. Consortium Planning Capacity.

Survey Item	N	Aggregate	
		Mean	S.D.
Consortium Planning Capacity			
Communication			
Members of our consortium think it is important to engage in regular structured open communication with community members and other participating organizations.	6	4.33	0.82
Members of our consortium have knowledge of or experience in engaging in regular structured open communication with community members and other participating organizations.	6	4.50	0.55
Members of our consortium regularly engage in structured, open communication with community members and other participating organizations.	6	4.33	0.82
Shared Vision / Common Agenda			
Most members of our consortium think it is important to share with other participating organizations a common understanding of a problem.	6	4.00	0.63
Members of our consortium share a common understanding of the problem.	6	4.67	0.52
Performance Management / Evaluation			
Members of our consortium think it is important to agree with other participating organizations on the ways success will be measured and reported.	6	4.33	0.52
Our consortium knows how to evaluate if our initiatives are reaching our desired outcomes and goals.	6	4.33	0.82
Our consortium has agreed with other organizations on the ways success will be measured and reported.	6	4.00	0.89
Our consortium members regularly make minor adjustments to our initiative to improve its success.	6	4.50	0.55
There is evidence that this consortium is benefiting our community.	6	4.33	0.52
Collaboration			
Members of our consortium think it is important to work with a diverse set of stakeholders to coordinate a set of activities using a plan of action.	6	4.67	0.52
Our consortium members have experience in working with a diverse set of stakeholders to coordinate a set of activities using a plan of action.	6	4.67	0.52
Members of our consortium have knowledge of or experience in using a joint approach to solve a problem through agreed-upon actions.	6	4.67	0.52
Consortium members have good relationships with others inside our organization.	6	4.67	0.52
Most members of our consortium have worked with a diverse set of stakeholders to coordinate a set of activities using a plan of action.	6	4.50	0.55
The consortium is able to use a joint approach to develop strategic plans to solve a problem.	6	4.67	0.52

Table 3. Strategic Planning Capacity.

Survey Item	N	Aggregate	
		Mean	S.D.
Strategic Planning Capacity			
Consortium Capacity for Use of Evidence-Based Strategies & Strategic Planning			
Our consortium knows how to select an evidence-based initiative that best fits with our organization and community's needs.	6	4.33	0.52
Using evidence-based strategies and strategic planning is one of the three main priorities of our consortium.	6	4.50	0.55
Most members of our consortium view evidence-based strategies and strategic planning as difficult to understand.	6	3.17	1.83
Using evidence-based strategies and strategic planning has been better than other strategies that could have been implemented to address the same problems/issues.	6	4.17	0.75
Most members of our consortium view evidence-based strategies and strategic planning as consistent with the needs of potential users in the community.	6	4.50	0.84
Most members of our consortium view evidence-based strategies and strategic planning as difficult to implement.	6	2.33	0.52
Members of our consortium have the knowledge or experience needed to implement evidence-based strategies and strategic planning.	6	4.50	0.55
Our consortium includes leaders who will use their influence to advocate for implementation of evidence-based strategies and strategic planning.	6	4.67	0.52
Strategic Prevention Framework			
Members of our consortium have the concrete skills to perform the tasks needed to implement the Strategic Prevention Framework (SPF).	6	4.33	0.52
Most members of our consortium view the Strategic Prevention Framework (SPF) as consistent with the community's values and norms.	6	4.17	0.75
Our consortium includes individuals who will be strong advocates for implementing the Strategic Prevention Framework (SPF).	6	4.67	0.52

Table 4. Factors.

Survey Item	N	Aggregate	
		Mean	S.D.
Factors			
Cultural norms, attitudes, or practices favoring substance use	6	3.83	0.41
Lack of community awareness of the extent or consequences of substance abuse	6	3.50	0.55
Community disorganization	5	2.20	0.84
High poverty rates/low socioeconomic status	6	3.00	0.63
High unemployment or underemployment	6	3.00	0.63
Low literacy, lack of education, education a low priority, or high dropout rates	6	2.17	0.75
Large recent refugee/immigrant population	6	2.00	0.63
Language barriers	6	2.00	0.63
Easy access to substances for underage youth	6	3.17	0.98
Easy access to substances for adults	6	3.33	0.82
Not enough funds for prevention interventions	6	2.83	1.17
Lack of relevant prevention interventions for specific populations at risk	6	2.67	1.03
Lack of transportation, difficulty reaching some parts of the community	6	3.33	0.82
Lack of trust in law enforcement, government, social services	6	2.67	1.37
Limited legal policies/laws or enforcement	6	2.33	1.37
Lack of drug-free activities for area youth	6	2.33	1.21
Lack of supervision for area youths	6	2.67	1.21
Events that included substance use and received local media coverage and influence public opinion	6	2.17	1.17
Stressful events affecting large portions of the target population, such as large fires, hurricanes, earthquakes, or terrorist attacks	6	1.33	0.52

Table 5. Consortium Capacity to Address Factors

Survey Item	N	Aggregate	
		Mean	S.D.
Consortium Capacity to Address Factors			
Economic Opportunities			
Members of our consortium think it is important to implement strategies to improve economic opportunities to counter the symptoms of community trauma.	6	4.50	0.55
Members of our consortium have knowledge of or experience in strategies to improve economic opportunities to counter the symptoms of community trauma.	6	4.00	1.10
Members of our consortium have skills to implement strategies to improve economic opportunities to counter the symptoms of community trauma.	6	4.00	0.63
Physical / Built Environment			
Members of our consortium think it is important to implement strategies within the physical/built environment to counter the symptoms of community trauma.	6	4.33	0.52
Members of our consortium have knowledge of or experience in strategies within the physical/built environment to counter the symptoms of community trauma.	6	4.00	0.63
Members of our consortium have skills to implement strategies within the physical/built environment to counter the symptoms of community trauma.	6	4.33	0.52
Social-Cultural Environment			
Members of our consortium think it is important to implement strategies within the social-cultural environment to counter the symptoms of community trauma.	6	4.33	0.52
Members of our consortium have knowledge of or experience in strategies within the social-cultural environment to counter the symptoms of community trauma.	6	4.33	0.52
Members of our consortium have skills to implement strategies within the social-cultural environment to counter the symptoms of community trauma.	6	4.50	0.55

Table 6. Impact.

<i>Note.</i> Responses were on a scale of 0 (not at all) to 10 (completely).					
Survey Item	N	Mean	Median	Mode	S.D.
Impact					
Influence					
People in the community listen to the opinion/position taken by the RCORP consortium.	6	7.83	8.00	8.00	1.72
The RCORP consortium has access to powerful people.	6	9.00	9.00	9.00	1.10
The consortium has relationships with public officials who can help the RCORP planning process in my community. (q0044_0004)	6	8.67	9.50	10.00	1.97
The RCORP consortium can gain support from political figures when needed.	6	8.67	9.00	9.00	1.86
The RCORP consortium works appropriately with influential community residents.	6	8.17	9.00	9.00	2.64
Participation					
The RCORP consortium gets its members outside the community to participate in activities when necessary. (q0044_0002)	6	8.67	9.00	9.00	1.86
The consortium gets community members to participate actively in the RCORP planning process.	6	7.83	8.00	8.00	1.72
Community members get involved in the RCORP initiative's activities.	6	8.00	9.00	9.00	2.97
The consortium has relationships with diverse groups (For example, local businesses, religious institutions, colleges, and universities.) that can help the RCORP initiative. (q0046_0005)	6	8.33	9.00	9.00	0.75
Use of Data					
Consortium members are committed to using data to set the agenda.	6	9.67	10.00	10.00	0.82
Consortium members are committed to using data to improve our work over time.	6	9.33	10.00	10.00	1.03
The RCORP consortium helps people in the community identify shared goals.	6	8.17	9.00	9.00	2.64
Community Focus					
The leadership communicates the RCORP consortium's concerns to community members.	6	7.67	9.00	9.00	2.50
The RCORP planning process helps to increase a sense of community.	6	8.33	9.00	9.00	1.75
The RCORP planning process helps people in the community work together.	6	8.67	9.00	9.00	1.03