



COP - R C O R P

Communities of Practice for Rural Communities Opioid Response Program

Core Activity 2: Needs and Gaps Assessment

Seneca County, OH

Seneca County Opiate Task Force

**Mental Health and Recovery Services
Board of Seneca, Sandusky and Wyandot Counties**

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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 Seneca's Opiate Task Force (local consortium); the Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties (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)
Seneca County, OH
Seneca County Opiate Task Force
Mental Health and Recovery Services
Board of Seneca, Sandusky and Wyandot Counties
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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.communitiesofpracticercorp.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.

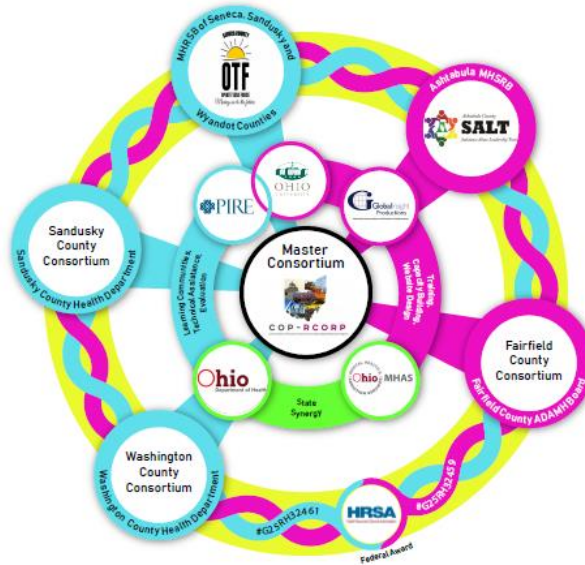


Figure 1. COP-RCORP Organizational Chart.

Seneca County Opiate Task Force



Local consortium. The Seneca County Opiate Task Force was formed in the spring of 2015 as a result of the number of overdoses that were occurring in Seneca County due to opioids. The initiative was led by the Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties, along with the Seneca County Common Pleas Court. The task force aims to bring the necessary treatment, recovery and prevention resources to the community in order to prevent the overdoses. Efforts initiated under the task force have included the availability of treatment at the local jail, Narcan training, recovery housing, joint recovery drug court, fatality review committee and numerous educational and awareness events. Current membership includes the Board, law enforcement, treatment and prevention providers, hospitals, health department and the local jail administration.

Backbone organization and project director. The Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties is statutorily empowered to plan, develop, fund, administer and evaluate the local system of mental health and addiction services within the Board district. The Board is to serve as the hub of the local communities and facilitate partnerships and relationships with organizations throughout the district in order to address community needs and to respond to crisis situations. The opioid epidemic was considered a crisis situation and, therefore, the Board took the lead to address the problem by forming a task force in each of the three counties within the Board district. Robin Reaves is a Licensed Professional Clinical Counselor – Supervisor with over 20 years of experience in the mental health and addiction field. She is currently the Deputy Director of the Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties. She has experience with providing prevention, treatment and recovery support services and supervision of such services.



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

- Seneca County Common Pleas Court
- Tiffin-Fostoria Municipal Court
- Seneca County Juvenile and Probate Court
- A Little Faith Ministries
- Seneca County Department of Job and Family Services

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. Seneca County is located in Northwest, Ohio and comprises 553 total miles, of which 551 is land and 1.8 square miles is water. Almost 80% of the county’s total area is agriculture. Almost the entire county belongs to the Sandusky River Basin and the river itself bisects the county from north to south slightly west of its middle, running through the county seat of Tiffin as it does so. There are several cities and villages in the county including Fostoria, Bloomville, Attica, Bettsville, Republic, New Riegel, Green Springs, Bascom, Flat Rock, Fort Seneca, Kansas, McCutchenville, Melmore, and Old Fort.



Population. Seneca County has an estimated population of 55,929. Of the total estimated population, 4,899 residents are between 12-17 and 6,477 residents are between the ages of 18-25. The population is predominantly Caucasian (94%), with a small African American population (2%) and approximately 2% of the population identifies as multiracial. A small percent (5%) of the county’s population reports being of Hispanic or Latino origin. English is the predominant language, with 2.9% of residents reporting that another language is spoken at home.

Among residents above 25 years of age, 90.5% have a high school diploma and 14.2% have a bachelor’s degree or higher. The high school graduation rate is similar to that of the state (90%) and the percentage of higher education egress is slightly lower than the state average (18%).

The median household income (2011-2015) is \$45,444, which is below the state median of \$49,429. The five-year (2011-2015) estimated percentage of the county population below poverty level is 17%. This is above the estimated state percentage (14%).

Population of focus. Our Population of focus are Adults in Seneca County, Youth in grades 9-12 and Adults in Seneca County with OUD.

Community history. In Seneca County, there is great collaboration across agencies and sectors. Seneca County has plenty of opportunities and capacity to work on a comprehensive prevention plan. The unique approach in Seneca County is the collaboration across sectors. The Mental Health and Recovery Services Board has developed a county-wide partnership that includes many partners who are recommended for this grant process. Partners include the METRICH Task Force, Seneca County Sheriff's Office, Seneca County Common Pleas Court judges, Tiffin-Fostoria Municipal Court, Seneca County Health Department, Seneca County Job and Family Services, A Little Faith Ministries, Firelands Counseling and Recovery Services, Tiffin Mercy Hospital, Fostoria ProMedica Hospital and Rigel Recovery Services. Bringing community agencies together is a common practice that frequently happens in our community. An example was when the community came together to apply and receive the Drug Free Communities Grant and form the CARSA Coalition that continues to be in existence today.

The county is named after an Indian tribe, and the county seat, Tiffin, is named after the first governor of Ohio. There are two universities in Tiffin, Tiffin University and Heidelberg University, that has led to the community being referred to as the education community. The universities have grown and prospered over the years.

Community culture. Seneca County tends to be a conservative community. Our community is greatly affected by stigma. While the stigma towards addiction has improved, we still see this as a barrier in our community for those seeking treatment. An additional norm that occurs in Seneca County is social consumption/acceptance. There are many public activities that you can go to and find a "beverage tent." This, in turn, is teaching our youth that it is normal and acceptable to consume alcohol.

In Seneca County, we are most proud of the various sectors coming together to work on the opiate issue. They put aside their own agendas and focus on the issue at hand. The opiate epidemic is not seen as an issue tied to any one culture.



Figure 2. Cherry Alley

Figure 2 is of Cherry Alley. We selected it because it sits across the street from the Ritz Theater, a renowned and restored 1928 movie palace that hosts music and theatrical performances. Cherry Alley represents the revitalization of downtown Tiffin. This newly renovated area is being used as a gathering spot for our community to enjoy all our downtown has to offer.

Figure 3 is of the Seneca County Justice Center. We selected it because it is a first of its kind in Ohio. The

approximately \$14.4 million courts facility will serve both the city and county, housing the city of Tiffin's Municipal Court and Clerk of the Courts, as well as the county's Common Pleas Court, Clerk of the Courts and Probation Department. The facility was built on the same site as the former historic Seneca County Court House.



Figure 3. Seneca County Justice Center



Figure 4. Sandusky River downtown

Figure 4 is of the Sandusky River downtown. We selected it because of the beautiful river view that runs through our community and divides the south and north end of our town. Just north of the river is the All Patriots Memorial, which includes a gathering area, and all three sites from the terrorist attack of 9/11 are represented.

Figure 5 is of a red barn. We selected it because it is representative of our rural heritage here in Seneca County.



Figure 5. A Red Barn.



Figure 6. The Indian Maiden.

Figure 6 is of The Indian Maiden. We selected it because the history of Tiffin and Seneca County dates back to 1812. The familiar bronze statue of The Indian Maiden standing on Frost Parkway near Miami Street marks the site of Fort Ball, which was a military depot of the war of 1812. Fighting an engagement of the war, Erastus Bowe first sighted the location upon which Tiffin now stands.

Figure 7 is of the Sandusky River. We selected it because of our Indian heritage, and the Sandusky River has historical value to our community. It was once used by American Indians and Ohio's early white settlers for transportation.

Figure 7. The Sandusky River.



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. "A drug free community that values health and wellness."

Mission. "To have a partnership of stakeholders who seeks to create OUD awareness to reduce stigma, embrace opportunities for treatment and recovery to forge a stronger, healthier Seneca County."

Planning values. The Seneca County Opiate Task Force was formed in the spring of 2015 as a result of the number of overdoses that were occurring in Seneca County due to opioids. Membership includes local stakeholders such as: judges, county commissioners, treatment providers, faith-based community, law enforcement, hospitals and the health department. The lead of this task force is the Mental Health and Recovery Services Board, which is the county hub to combat the opioid addiction issue.

The Seneca County Opiate Task Force has taken a leadership role in addressing the opiate issue over time, including the implementation of the first multi-jurisdictional drug court called PIVOT Drug Court. This project required a change in legislative language at the state level and the task members were committed to going through the process to make the project come to fruition. The Opiate Task Force has been in existence prior to this grant; however, it focused primarily on treatment and recovery. This task force has been effective in implementing MAT at the jail and expansion of the treatment in the county. It has also assisted most recently with opening a recovery home for women in the county. The prevention work was historically addressed by CARSA as the prevention coalition. Our efforts will be to combine the prevention work with the task force to help further prevention in the county.

1. **Collaborative Effort:** We value collaborative effort; we all have a need and commitment to address the issues. This leads us to be more apt to share our resources and work together.
2. **Data-Informed Process:** Using a data-informed process is critical when undergoing a strategic planning process. By utilizing qualitative and quantitative data, resource assessments and gauging the community's readiness, it will guide us in the strategic planning process.
3. **Trauma- Informed Care:** A trauma- informed approach begins with understanding the physical, social, and emotional impact of trauma on the individual, as well as on the professionals who help them. Considering trauma-informed care in the planning process creates a safer physical and emotional environment for the community.

Measuring Community Capacity and Readiness

COP-RCORP Capacity and Readiness Survey

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 Seneca 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 TTAE team provided project leaders 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

Seneca County Opiate Task Force collaborated with Sandusky Public Health to utilize 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 project leads a template 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

CARSA coalition members reviewed the assessment information during Opiate Task Force meetings and selected the top priorities. The Opiate Task Force meeting is the County Hub, as required by the Ohio Revised Code. The next full task force meeting was held August 2, 2019. The task force members were encouraged to review the website communitiesofpractice-rcorp.com. The meeting was used to help select priority needs and to determine evidence-based strategies that best fit the community in reducing opiate use, misuse and the harmful effects. The task force has reviewed the assessment results at prior meetings, so a brief review of those results occurred during the meeting.

The task force will then select five strategies addressing prevention, treatment and recovery. There will be three prevention strategies, one to cover each of the following prevention issues: supply reduction, demand reduction, and harm reduction. The group will also use community forums to share the priorities and to further solicit the community's input. Strategies will be selected by using the Guidance on Strategic Plans for

Commented [MC1]: Do we need to send this out to Seneca to have them put it in past tense? It would need to go to Nicole as Robin is out this week on a personal issue.

Commented [CB2R1]: Not sure what to do with this.

Health Resources and Services Administration Rural Communities Opioid Response Program Planning Grantees document. The group will use SAMHSA’s evidence-based practices or promising practices resources as it brainstorms strategies, keeping in mind what is feasible with resources and the community of Seneca County. Discussion will occur on what resources the community partners have to commit in order to help make any selected strategy feasible and an inventory will be kept of those commitments. The members will use the strategic planning tools within the above document and complete a logic model for each priority. This process will assist with completing projected outcomes as well.

The lead grant coordinators will then compile the information and complete the Strategy Description Forms and the Strategic Maps. Upon completion of the strategy forms and the strategic maps, each task force member will be provided an opportunity to review and give input to the rough drafts. All final forms will be completed and submitted by August 9, 2019.

Results and Findings

The Seneca County Opiate Task Force 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 Seneca County Opiate Task Force’s 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 Seneca County Opiate Task Force’s work in the area of prevention is also included.

Table 1. Prevention Needs Assessment

Population	Impact	Data
Young Children Defined: Children up to the age of 5	<u>Gap:</u> Living in foster care or in kinship care (grandparent) due to parental incarceration	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, These children are impacted in a variety of ways, including but not limited to: Insufficient supervision, inadequate provision of basic needs, removal from parent(s), exposure to drugs (prenatal and/or after birth), kinship placement, foster care placement, incarcerated parent(s), death of parent(s), developmental concerns due to drug exposure, and exposure to unsafe persons and conditions. PCSA involvement.
	<u>Gap:</u> Living in low income areas/poverty	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders.
	<u>Gap:</u> Behavioral challenges/ developmental concerns due to drug exposure	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders.
	<u>Gap:</u> Young children experiencing childhood trauma	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, These children are impacted in a variety of ways, including but not limited to: Insufficient supervision, inadequate provision of basic needs, removal from parent(s), exposure to drugs (prenatal and/or after birth), kinship placement, foster care placement, incarcerated parent(s), death of parent(s), developmental concerns due to drug exposure, and exposure to unsafe persons and conditions. PCSA involvement.
	<u>Gap:</u> Exposure to drugs (prenatal or after birth)	59 Hospitalizations among Ohio Newborns for Neonatal Abstinence Syndrome from 2013-2017 (Ohio Hospital Association)
School-aged Children Defined: Youth between the ages of 6 and 18	<u>Gap:</u> Trauma/foster care/kinship care	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, these children are impacted in a variety of ways, including but not limited to: Insufficient supervision, inadequate provision of basic needs, removal from parent(s), exposure to drugs (prenatal and/or after birth), kinship placement, foster care placement, incarcerated parent(s), death of parent(s), developmental concerns due to drug exposure, and exposure to unsafe persons and conditions. PCSA involvement.
	<u>Gap:</u> Legal involvement	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, in addition: Difficulties with peers, authority, school. Some youth are being served by probation/juvenile court, due to their delinquent behaviors. Some receive discipline from school, including detentions, suspensions or expulsions. Some attend alternative schools. Some of

Population	Impact	Data
		the youth also use substances themselves. Some are in counseling services to address trauma related to exposure and/or their use. PCSA involvement.
	<u>Gap:</u> Low family communication around substance use	Qualitative data from youth focus groups indicated very little communication between parents and youth. Focus groups with parents produced similar results. Seneca County's Average Overall Stage of Readiness related to prescription drug misuse is: 3.3. This score indicates that the community is in Stage 3: Vague Awareness.
	<u>Gap:</u> Exposure to substances	We identified 12% of youth in Seneca County grades 9-12 used prescription medication to get high or feel good in their lifetime. Prescription abuse increases with age and ends with 19% of those over the age of 17 using more than prescribed and taking medications not prescribed to them. According to Seneca County Job and Family services, some of the youth also use substances themselves.
	<u>Gap:</u> Loss of a parent/incarcerated parent	Police reports- We monitor local police reports and keep track of relevant reports. According to the 2017 Ohio Department of Health there were 18 Overdose deaths in Seneca County.
	<u>Gap:</u> Difficulties with peers, authority, schools.	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, these children are impacted in a variety of ways, including but not limited to: Insufficient supervision, inadequate provision of basic needs, removal from parent(s), exposure to drugs (prenatal and/or after birth), kinship placement, foster care placement, incarcerated parent(s), death of parent(s), developmental concerns due to drug exposure, and exposure to unsafe persons and conditions. PCSA involvement.
<i>Young Adults</i> Defined: Persons aged 18-25	<u>Gap:</u> Criminal activity/incarceration	In the 2016 Seneca County Health Assessment, it was reported that 8% of adults used medication not prescribed to them or took more than was prescribed to feel good or get high. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Data from Ohio Department of Health, DJFS, PIVOT program
	<u>Gap:</u> Underemployability/ unemployment	According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Ohio Department of Health, data from DJFS, and the PIVOT program
	<u>Gap:</u> Unstable housing or lack of housing	According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Ohio Department of Health, data from DJFS, and the PIVOT program

Population	Impact	Data
	<u>Gap:</u> Inability to meet personal needs	According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Ohio Department of Health, data from DJFS, and the PIVOT program
	<u>Gap:</u> Loss of children to county or kinship custody	We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Ohio Department of Health, data from DJFS, and the PIVOT program
	<u>Gap:</u> Lack of appropriate, personal supports, rejection from family, strain from family	We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Ohio Department of Health, data from DJFS, and the PIVOT program
	<u>Gap:</u> Mental health needs	We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Ohio Department of Health, data from DJFS, and the PIVOT program
	<u>Gap:</u> PCSA involvement	We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Ohio Department of Health, data from DJFS, and the PIVOT program
	<u>Gap:</u> Legal issues	We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Ohio Department of Health, data from DJFS, and the PIVOT program
	<u>Gap:</u> Overdose	According to the 2017 Ohio Department of Health there were 18 Overdose deaths in Seneca County.
	<u>Gap:</u> Culture of failure	According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. This population may face a waiting period to access AOD services and minimal acceptance of missed appointments before discharge, to start the waiting period again
Families Defined: A group consisting of children and their	<u>Gap:</u> Loss of income in household	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the

Population	Impact	Data
parents, grandparents and/ or guardians living together in a household.		following data sets in the future: Ohio Department of Health, data from DJFS, and the PIVOT program
	<u>Gap:</u> Strained relationship with user	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Community Health Assessment, PIVOT court data, DJFS data, treatment agency data.
	<u>Gap:</u> Stigma and denial	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Community Health Assessment, PIVOT court data, DJFS data, treatment agency data.
	<u>Gap:</u> Don't know what to do or how to initiate help	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Community Health Assessment, PIVOT court data, DJFS data, treatment agency data.
	<u>Gap:</u> Housing options limited due to prior evictions, ability to maintain and pay	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Community Health Assessment, PIVOT court data, DJFS data, treatment agency data.
	<u>Gap:</u> Number of kids in custody	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Community Health Assessment, PIVOT court data, DJFS data, treatment agency data.
	<u>Gap:</u> Need for crisis services and/ or inpatient services	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Community Health Assessment, PIVOT court data, DJFS data, treatment agency data.
	<u>Gap:</u> Difficulties with schooling	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training.

Population	Impact	Data
		Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Community Health Assessment, PIVOT court data, DJFS data, treatment agency data.
Adults Defined: Adults ages 25-64	<u>Gap:</u> Overdose Deaths	According to the 2017 Ohio Department of Health there were 18 Overdose deaths in Seneca County.
	<u>Gap:</u> Jail	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: PIVOT court data, DJFS data, treatment agency data.
	<u>Gap:</u> Loss of job	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Community Health Assessment, PIVOT court data, DJFS data, treatment agency data.
	<u>Gap:</u> Employment environments not supportive of recovery	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Community Health Assessment, PIVOT court data, DJFS data, treatment agency data.
	<u>Gap:</u> Strained relationships	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Community Health Assessment, PIVOT court data, DJFS data, treatment agency data.
	<u>Gap:</u> Caregiver burden	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Community Health Assessment, PIVOT court data, DJFS data, treatment agency data.
Aging Adults Defined: Persons 65 years of age and older	<u>Gap:</u> Grandparent/caregiver burden	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Community Health Assessment, Ohio Department of Health data

Population	Impact	Data
	<u>Gap:</u> Housing in jeopardy due to caring for others who are addicted or their children	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Community Health Assessment, Ohio Department of Health data
	<u>Gap:</u> Dependency on pills	According to the 2017 Ohio Department of Health there were 18 Overdose deaths in Seneca County. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: OARRS, Community Health Assessment, Ohio Department of Health data
	<u>Gap:</u> Can be victims/theft of medications by those addicted	We do not have any numerical data. We are utilizing data that came from a survey that was filled out by local stakeholders. According to Seneca County Job and Family Services, case service provision to said population. Formal and informal training. Consortium and collaborative state, county and local agencies. We will access the following data sets in the future: Police reports, OARRS, Ohio Department of Health data

Prevention: Summarizing Local Context and Conditions

There are many existing prevention related programs in Seneca County provided by CARSA prevention specialists, the Mental Health and Recovery Services Board, school personnel, FCFC, Hancock County Project DAWN, Firelands Counseling & Recovery Services (1 Certified Prevention provider) and Prevention Connections (1 Certified Prevention provider) and funded by CARSA/MHRSBD/Hospitals/Law enforcement agencies/State Grants/BRASS. There have been additional resources added for families and grandparents raising their grandchildren. We have increased the locations in our community for drug take back boxes. Targeted prevention efforts for opioids to help increase protective factors and decrease the risk factors of substance abuse later in life such as the PAX Good Behavior Games. The mentoring program through Family and Children First Council are looking for tools and resources to use with this age group.

Seneca needs more resources for younger-aged children, including age appropriate prescription drug misuse educations and prevention resources and supports for children born to addicted parents. School-aged children may receive services within the school setting, which would be limited to the scope of the school calendar. Additionally, transportation to and from services may be a barrier, as well as time away from a job for adults. This potentially causes loss of job and any insurance. Similarly, persons on Medicaid may lose coverage if they no longer have a dependent child. When any one of these things occur, a young person may not always know what to do to navigate a system or to seek help/support. The aging population faces a large part of the burdens caused by opiate use. Many grandparents are raising their grand/great-grandchildren. They are generally on a “fixed-income,” which does not cover the additional expenses to raise children. They may sacrifice their health, finances and personal life in attempts to meet the needs of the children. This population also faces the dilemma of supporting their child or protecting their grandchildren; often these two matters conflict. Parental buy-in may also be a barrier for children. People are unaware of resources that are available within our community.

Prevention: Finding Opportunities, Gaps, and Resources

As part of the template provided by COP-RCORP TTAE team, the Seneca County Opiate Task Force reviewed the prevention needs assessment and identified opportunities and gaps in Seneca 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"> • Great collaboration across agencies and sectors. • The Mental Health and Recovery Services Board is committed to investing in evidence-based programming and they have a good history of finding partners and agencies willing to invest their resources as well. • The Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties also conducts a quarterly overdose fatality review meeting where law enforcement, Fire/EMS and key health leaders meet to discuss trends and plans of action in addressing the drug overdose deaths. • CARSA Coalition, which is partially funded by the Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties. The coalition also receives funding from the SPF-PFS grant, as well as the CCIM4C Cohort 2 grant (both of which are contracts through the Board). • The HOPE Coalition is a grass roots group out of Fostoria that is funded through donations, as well as The Board. • The Seneca County Opiate Task Force meets monthly and is comprised of key stakeholders invested in addressing the opiate epidemic in Seneca County. • Five “drug take back box” locations: Seneca County Sheriff’s Office, Tiffin Police Department, Fostoria Police Department, Mercy- Health Tiffin and Fostoria ProMedica Hospital.

Prevention	
Gaps	<ul style="list-style-type: none"> • Different systems seem to be overwhelmed with responsibilities. • There are currently only two certified prevention specialists in the county. • Workforce shortage.
Resources	<ul style="list-style-type: none"> • HRSA Rural Communities Opioid Response-Implementation grant to help build local capacity to address OUD needs. • Drug Free Communities grant. • Utilizing national-level Training and TA resources (Community Anti-Drug Coalitions of America, Prevention Technology Transfer Center, etc.) to build capacity. • Project DAWN. • OhioMHAS opportunities. • Utilizing state-level Training and TA resources (OhioMHAS, Prevention Action Alliance, etc.) to build capacity. • Local Mental Health and Recovery Services Board funds. • Partnership with Health Department. • There are local human resources of time and donations of items that can be leveraged to help build capacity and work toward our mission. • National Machinery. • Tiffin Community Foundation.

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 Seneca County Opiate Task Force 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 Seneca County Opiate Task Force’s 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 issues/ Sober living – few options: It is often difficult to motivate the client for sustained sober housing, and there are few options. Clients who do not have sufficient housing often relapse and require more intensive treatment. They often return to the same unhealthy environment.</p>	<p>(MAT PDOA Data) 4% Homeless /20% Institution</p>
	<p><u>Gap:</u> Co-occurring Disorders</p>	<p>Lack of psychiatrists for medication. Currently 3 psychiatrists and 9 advanced practice nurse practitioners practicing in Seneca County. (Adult Parole Authority (APA)/ Treatment Providers/Vocational Rehabilitation Specialists/Hospital personnel/Family and Children First Council (FCFC) Director. We also used data from the MAT/PDOA Project/JRIG Grant outcomes).</p>
	<p><u>Gap:</u> Waitlists</p>	<p>Depending on the provider, clients can be seen for an assessment with same day access or between 1-5 days. Some agencies provide monthly waitlist reports to the MHRBSSW to help monitor access and waitlist-related issues. The waitlists have allowed for access within a day, and up to four weeks, depending on staffing available to provide services, client availability and readiness for treatment.</p>
Accessibility	<p><u>Gap:</u> Transportation issues/lack of public transportation</p>	<p>Agency Transportation (SCAT) Transportation can be difficult to schedule/use and can at times be misused by clients resulting in no access. Clients will often cancel or no-show for treatment due to a lack of a ride.</p> <p>(Adult Parole Authority (APA)/ Treatment Providers/Vocational Rehabilitation Specialists/Hospital personnel/Family and Children First Council (FCFC) Director. We also used data from the MAT/PDOA Project/JRIG Grant outcomes)</p>
Affordability	<p><u>Gap:</u> Employment is difficult to keep and maintain when trying to work through all the expectations of the Participating in Victory of Transition (PIVOT Program). Stigma and previous legal involvement (felonies) can sometimes prevent people from obtaining and keeping jobs. It also can mean that they must choose between employment and intensive treatment.</p>	<p>(MAT PDOA Data) 39% looking for work</p>

Treatment: Summarizing Local Context and Conditions

Treatment options in Seneca consist of Oriana House/PIVOT/Rigel Recovery Services offering group and individual therapy, Intensive Outpatient Program (IOP), Aftercare, Detox, MAT, case management, ambulatory detoxification and access to inpatient detoxification and residential treatment services, Summit Psychological, Inc., Firelands Counseling and Recovery Services, Dr. Rana- Mental Health, Tiffin Community Health- medical needs/MAT, Firelands- Substance Abuse Mental Illness (SAMI) Group, anger management, AOD Groups, assessments, MAT, and Surest Path for detoxification and residential treatment services. Treatment options are good for those fully committed and motivated but could do better to address barriers to treatment.

Services are being provided, including a jail adjustment group, diagnostic assessments, individual or group therapy, case management, psychiatric services, access to medications/MAT and crisis services for adults. Youth who are incarcerated receive individual and group therapies, case management, crisis, and psychiatric services. Services can be accessed due to funding from the Mental Health and Recovery Services Board of SSW.

Treatment: Finding Opportunities, Gaps, and Resources

As part of the template provided by COP-RCORP TTAE team, the Seneca County Opiate Task Force reviewed the treatment needs assessment and identified opportunities and gaps in Seneca 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"> • Financial support for those who do not have the means. • CARSA/Opiate Task Force. • Mental Health and Recovery Services Board. • Firelands Counseling and Recovery Services. • Rigel Recovery Services. • Surest Path. • Certified nurse practitioners to fill the gaps of psychiatrists. • Partial Hospitalization Program implementation has begun to offer more intensive services for adults.
Gaps	<ul style="list-style-type: none"> • Funding to maintain and expand services. • Shortage of personnel qualified to provide quality treatment services. • Shortage of personnel equipped to work through Medicaid reimbursement challenges. • Inpatient resources for youth.
Resources	<ul style="list-style-type: none"> • Substance Abuse and Mental Health Services Administration (SAMHSA). • State training and technical assistance. • MHRBSSW. • National Machinery Foundation, Tiffin Charitable Trust.

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 Opiate Task Force’s 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 Seneca County Opiate Task Force work in the area of recovery is also included.

Table 5. Recovery Supports Needs Assessment

Access to Recovery	Narrative	Data
Availability	<u>Gap</u> : Housing	There is only one male home in the county. A female home opened in July of 2019.
	<u>Gap</u> : Waitlist	Depending on the services, there may be a waitlist. The female recovery home has a wait list as females are being moved into the home in the first few operating months.
Accessibility	<u>Gap</u> : Transportation - clients cannot afford local taxis, which at times can also be unreliable.	The public transportation, Seneca Crawford Agency Transportation (SCAT), has limited hours of operation and has barriers to access in a timely matter.
Affordability	<u>Gap</u> : Employment is difficult to keep and maintain when trying to work through all the expectations of the PIVOT Program.	This information was provided by our local Adult Parole Authority (APA)/ Treatment Providers/Vocational Rehabilitation Specialists/hospital personnel/Family and Children First Council (FCFC) Director. We also used data from the Medication-Assisted Treatment (MAT)/PDOA Project/JRIG Grant outcomes. We are also utilizing data that came from a survey that was filled out by local stakeholders.
	<u>Gap</u> : Stigma and previous legal involvement (felonies) can sometimes prevent people from obtaining and keeping jobs. It also can mean that they must choose between employment and intensive treatment.	This information was provided by our local Adult Parole Authority (APA)/ Treatment Providers/Vocational Rehabilitation Specialists/hospital personnel/Family and Children First Council (FCFC) Director. We also used data from the Medication Assisted Treatment (MAT)/PDOA Project/JRIG Grant outcomes. We are also utilizing data that came from a survey that was filled out by local stakeholders.

Recovery: Summarizing Local Context and Conditions

In Seneca County, the recovery community is about 50/50 male and female. The average age is between 25-34, and the majority of patients reported identifying as white/Caucasian. Individuals pay for recovery services via self-pay, sliding fee scale, MHRBSB SSW funding, donations, and Medicaid for recovery peer supportive services. The needs identified in the table make the recovery process a challenge to juggle the requirements and maintain sobriety. This results in many different issues. We have obtained this information from reports from parole officers and treatment providers. The needs that are met in the recovery community in Seneca County are on an individual basis. Some of the supports have been in existence for some time while other supports are newer to the community. Overall, peer-related supports have been slower to grow in demand, perhaps due to some stigma in the community and due to comfort levels with local professionals.

Recovery Supports: Finding Opportunities, Gaps, and Resources

As part of the template provided by COP-RCORP TTAE team, the Seneca County Opiate Task Force reviewed the recovery supports needs assessment and identified opportunities and gaps in Seneca 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"> • Funding from the MHRBSBSSW levy, grants and state/federal allocations. • Community that seems to be more in support of recovery. • Collaboration amongst key stakeholders. • REN. • Seneca County Opiate Task Force. • CARSA. • HOPE in Fostoria. • Project Dawn. • Funding to sustain and/or expand services.
Gaps	<ul style="list-style-type: none"> • Transportation – clients cannot afford local taxis/and SCAT transportation is often difficult to schedule/use. There are no Uber options in the county. • Money – clients need help getting basic personal identification information and the cost hurts them with no money. They need this information and documentation to obtain a place of employment. • Additional peer supporters who are certified and far enough in their own recovery to be ready to formally provide peer support. • Additional funding to maintain or expand resources. • Recovery housing for families.

Table continues next page...

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

Recovery Supports	
Resources	<ul style="list-style-type: none"> • SOR grant. • Additional grants that may come out. • SAMHSA technical support. • CADCA (Community Anti-Drug Coalitions of America (CADCA) and Drug Free Communities DFC). • Technical supports. • Trainings. • OhioMHAS grants. • Statewide Prevention Coalition Association (SPECA) and Prevention Action Alliance • Other county coalitions. • Attorney General’s Office. • Ohio Family and Children First Councils. • MHRBSSW. • Increase support from business partners. • City councils who are exploring Downtown Outdoor Refreshment Act (DORA) options. • National Machinery Foundation. • Tiffin Charitable Trust.

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 prevent (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.

The Seneca County Opiate Task Force believes that the biggest thing that we realized about our community from the Needs Assessment is that our community is fortunate to have the resources that we do have available for those battling an Opiate Use Disorder, however, we need to do a better job of making sure the residents are aware of these resources. We want to reduce the confusion about where one can find help at the point that the person finally comes to the realization that s/he needs help. We were able to come to this realization after reading the results of the Needs Assessment Survey results, as well as from the comparison we did when reviewing what resources the other counties had from the website.

Seneca County has had a tendency to focus on the number of drug overdoses that have occurred in our community. However, having the various treatment providers provide some aggregate data regarding how many individuals with Opiate Disorder they have been serving, as well drop outs VS successful graduates would be helpful information. This would provide good information regarding what services or combinations thereof have been working well, and which ones have not proven as successful.

The information gathered from the answers from the Community Needs Assessments allows us to go beyond the data collectors' personal beliefs or hopes regarding how the community is doing to assist those with Opiate Use Disorders permitting a more objective review of what needs improved. This information will be referred back to as we implement our strategic plans.

We will return to the data as we attempt to convince our community treatment providers to assist with making the recommended improvements as we move forward. We will track progress as we proceed along to demonstrate the movement (or lack thereof) we are making. We were pleased with the valuable information that was gathered as a result of the community needs assessment that permitted us to identify what improvements were needed. In the future, we hope to increase the numbers of community leaders providing their input.

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).	4	4.25	0.50
Our consortium's initiative for this project is important compared with other things we do in planning to address opiate use disorder (OUD).	4	4.00	0.82
Participants are engaged in this process.	4	4.50	0.58
Stakeholders are open to change.	4	4.00	0.00
Our consortium's initiative for this project can adequately acquire and allocate resources (including time, money, effort and technology).	4	4.50	0.58
Meeting facilitators and interviewers for this project are culturally competent and speak the language(s) spoken by interviewees.	4	4.75	0.50
Facilitators and interviewers for this project are trained in moderating interviews, including keeping participants on topic, facilitating concurrence, and maintaining neutrality.	4	4.00	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.	4	4.75	0.50
Members of our consortium have knowledge of or experience in engaging in regular structured open communication with community members and other participating organizations.	4	4.50	0.58
Members of our consortium regularly engage in structured, open communication with community members and other participating organizations.	4	4.25	0.50
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.	4	4.50	0.58
Members of our consortium share a common understanding of the problem.	4	4.25	0.50
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.	4	4.25	0.96
Our consortium knows how to evaluate if our initiatives are reaching our desired outcomes and goals.	4	3.75	0.50
Our consortium has agreed with other organizations on the ways success will be measured and reported.	4	3.25	1.26
Our consortium members regularly make minor adjustments to our initiative to improve its success.	4	4.25	0.50
There is evidence that this consortium is benefiting our community.	4	4.50	0.58
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.	4	4.75	0.50
Our consortium members have experience in working with a diverse set of stakeholders to coordinate a set of activities using a plan of action.	4	4.50	0.58
Members of our consortium have knowledge of or experience in using a joint approach to solve a problem through agreed-upon actions.	4	3.75	0.50
Consortium members have good relationships with others inside our organization.	4	4.25	0.50
Most members of our consortium have worked with a diverse set of stakeholders to coordinate a set of activities using a plan of action.	4	4.00	0.00
The consortium is able to use a joint approach to develop strategic plans to solve a problem.	4	4.00	0.00

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.	4	4.25	0.50
Using evidence-based strategies and strategic planning is one of the three main priorities of our consortium.	4	4.25	0.50
Most members of our consortium view evidence-based strategies and strategic planning as difficult to understand.	4	2.00	0.00
Using evidence-based strategies and strategic planning has been better than other strategies that could have been implemented to address the same problems/issues.	4	4.50	0.58
Most members of our consortium view evidence-based strategies and strategic planning as consistent with the needs of potential users in the community.	4	4.25	0.50
Most members of our consortium view evidence-based strategies and strategic planning as difficult to implement.	4	2.00	0.00
Members of our consortium have the knowledge or experience needed to implement evidence-based strategies and strategic planning.	4	4.00	0.82
Our consortium includes leaders who will use their influence to advocate for implementation of evidence-based strategies and strategic planning.	4	4.25	0.50
Strategic Prevention Framework			
Members of our consortium have the concrete skills to perform the tasks needed to implement the Strategic Prevention Framework (SPF).	4	4.00	0.00
Most members of our consortium view the Strategic Prevention Framework (SPF) as consistent with the community's values and norms.	4	4.00	0.00
Our consortium includes individuals who will be strong advocates for implementing the Strategic Prevention Framework (SPF).	4	3.75	0.50

Table 4. Factors.

Survey Item	N	Aggregate	
		Mean	S.D.
Factors			
Cultural norms, attitudes, or practices favoring substance use	4	3.50	0.58
Lack of community awareness of the extent or consequences of substance abuse	4	3.50	0.58
Community disorganization	4	2.75	1.50
High poverty rates/low socioeconomic status	4	3.75	0.50
High unemployment or underemployment	3	3.33	1.15
Low literacy, lack of education, education a low priority, or high dropout rates	3	3.00	1.00
Large recent refugee/immigrant population	3	2.67	1.15
Language barriers	2	3.00	1.41
Easy access to substances for underage youth	4	3.50	0.58
Easy access to substances for adults	4	3.50	0.58
Not enough funds for prevention interventions	4	3.00	1.41
Lack of relevant prevention interventions for specific populations at risk	4	3.25	0.50
Lack of transportation, difficulty reaching some parts of the community	4	3.50	1.00
Lack of trust in law enforcement, government, social services	4	3.25	0.96
Limited legal policies/laws or enforcement	4	3.25	0.96
Lack of drug-free activities for area youth	4	3.25	0.96
Lack of supervision for area youths	4	3.25	0.96
Events that included substance use and received local media coverage and influence public opinion	4	3.00	0.82
Stressful events affecting large portions of the target population, such as large fires, hurricanes, earthquakes, or terrorist attacks	3	2.00	1.00

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.	4	3.50	1.00
Members of our consortium have knowledge of or experience in strategies to improve economic opportunities to counter the symptoms of community trauma.	4	4.25	0.96
Members of our consortium have skills to implement strategies to improve economic opportunities to counter the symptoms of community trauma.	4	4.00	0.82
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.	4	3.50	1.00
Members of our consortium have knowledge of or experience in strategies within the physical/built environment to counter the symptoms of community trauma.	4	4.25	0.50
Members of our consortium have skills to implement strategies within the physical/built environment to counter the symptoms of community trauma.	4	4.00	0.82
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.	4	4.25	0.50
Members of our consortium have knowledge of or experience in strategies within the social-cultural environment to counter the symptoms of community trauma.	4	4.25	0.50
Members of our consortium have skills to implement strategies within the social-cultural environment to counter the symptoms of community trauma.	4	3.50	1.00

Table 6. Impact.

Note. 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.	4	8.50	8.50	7.00	1.29
The RCORP consortium has access to powerful people.	4	9.75	10.00	10.00	0.50
The consortium has relationships with public officials who can help the RCORP planning process in my community.	4	9.25	9.50	10.00	0.96
The RCORP consortium can gain support from political figures when needed.	4	9.25	9.50	10.00	0.96
The RCORP consortium works appropriately with influential community residents.	4	9.00	9.00	8.00	1.15
Participation					
The RCORP consortium gets its members outside the community to participate in activities when necessary.	4	8.00	8.00	6.00	1.83
The consortium gets community members to participate actively in the RCORP planning process.	4	8.25	8.00	8.00	1.26
Community members get involved in the RCORP initiative's activities	4	8.25	8.00	8.00	1.26
The consortium has relationships with diverse groups (For example, local businesses, religious institutions, colleges, and universities.) that can help the RCORP initiative.	4	8.50	8.50	7.00	1.29
Use of Data					
Consortium members are committed to using data to set the agenda.	4	8.75	8.50	8.00	0.96
Consortium members are committed to using data to improve our work over time.	4	8.75	8.50	8.00	0.96
The RCORP consortium helps people in the community identify shared goals.	4	9.25	9.50	10.00	0.96
Community Focus					
The leadership communicates the RCORP consortium's concerns to community members.	4	8.50	8.00	8.00	1.00
The RCORP planning process helps to increase a sense of community.	4	8.75	9.00	10.00	1.50
The RCORP planning process helps people in the community work together.	4	9.25	9.50	10.00	0.96