

The Hancock County Community Partnership

Strategic Plan July 1, 2015 – June 30, 2020

including

Fiscal Year 2018 Work Plan
July 1, 2017 - June 30, 2018

Hancock County Opiate Task Force Work Plan
July 1, 2017 – June 30, 2018

Adopted June 16, 2015
Modified June 20, 2017

**The Community Partnership
Strategic Plan
July 1, 2015 – June 30, 2020**

INTRODUCTION:

The Community Partnership will focus this five year Strategic Plan on affecting the overall population health of Hancock County by creating individual and environmental change in the following areas: Substance Abuse; Mental Health and Suicide; and Gambling. The Community Partnership will identify specific, measurable, attainable, realistic, and time-bound objectives and will strive to achieve positive, measurable outcomes as evidenced through reduction of the following:

- 30-day use of alcohol, marijuana, and opiates among youth (age <18)
- High-risk use of alcohol, marijuana, and opiates among adults (age 18 & up)
- Suicide ideation and attempt (all ages)
- High-risk activities associated with gambling and participating in games of chance (all ages)

MISSION:

The Mission of The Community Partnership is to advance harmful substance use prevention and mental health promotion to all individuals living in Hancock County. The Motto of The Community Partnership is *“Prevention for a Lifetime.”*

THEORY OF CHANGE:

The Community Partnership believes that if harmful substance use prevention and mental health promotion strategies are implemented throughout Hancock County, then the overall health and quality of life in Hancock County will be improved.

THEORY OF ACTION:

The Community Partnership has adopted the Lifestyle Risk Reduction Model, the Developmental Asset Model, and the Risk and Protective Factor Framework as foundational models to guide its design and implementation of all prevention strategies. The Community Partnership will use only evidence-based prevention strategies that result in positive outcomes.

OVERARCHING GOAL:

To improve population health in Hancock County as it relates to harmful substance use, mental health and suicide, and gambling.

OBJECTIVE:

The Community Partnership will employ evidence-based prevention strategies throughout the course of this five year Strategic Plan which will lead to the following outcomes:

- Reduction of 30-day use of alcohol, marijuana, and opiates among youth (age <18)
- Reduction of high-risk use of alcohol, marijuana, and opiates among adults (age 18 & up)
- Reduction of suicide ideation and attempt (all ages)
- Reduction of high-risk activities associated with gambling and participating in games of chance (all ages)

ASSESSMENT:

These outcomes will be measured by the employment of the following instruments:

- 2015 Hancock County Community Health Assessment
- 2017 Ohio Healthy Youth Environments Survey (OHYES)
- 2018 Hancock County Community Health Assessment
- 2018 Ohio Health Youth Environments Survey (OHYES)
- 2019 Ohio Healthy Youth Environments Survey (OHYES)
- 2020 Ohio Healthy Youth Environments Survey (OHYES)

BUILDING CAPACITY:

The Community Partnership will maintain representatives from each of the thirteen community sectors, as described in its by-laws. The Partnership Council will utilize community volunteers to assist with the implementation of evidence-based prevention strategies which specifically address its objectives.

STRATEGIES AND OUTPUTS:

Evidence-based prevention strategies implemented by The Community Partnership will be focused on creating individual and environmental change and increasing public awareness as it relates to harmful substance use, mental health and suicide, and gambling (area of focus).

For each area of focus, the Partnership Council will create a logic model, as needed, to guide its efforts in implementing evidence-based prevention strategies.

For example: To address mental health and suicide, The Community Partnership will provide three Mental Health First Aid trainings annually which will increase the number of community members who are equipped with appropriate skills to intervene with someone who is experiencing a mental health crisis. (CSAP – Information Dissemination; Prevention Education; Problem Identification and Referral. CADCA – Provide information; Enhance Skills.)

EVALUATION:

Annually, the Partnership Council will review its Strategic Plan and Work Plan to measure its effectiveness and make any necessary changes to ensure it will result in positive outcomes. The Partnership Council will review its outputs on a quarterly basis to ensure it is moving toward accomplishing its objectives.

SUSTAINABILITY:

The Community Partnership will continue to remain a Charter Committee of the Hancock County Board of Alcohol, Drug Addiction, and Mental Health Services. As such, it will receive an annual grant award to fund its activities. The Community Partnership will pursue any appropriate local, state, and federal level funding that will reinforce its sustainability. The Partnership Council will play an active role in cultivating and sustaining relationships throughout the community to demonstrate the organization's relevance to current issues; the need for such an organization to exist to address current issues; and how the organization is pivotal in creating in community-level change to create a healthier and safer environment. Staff will serve as a liaison to the community to assist with maintaining these relationships and the development of local policies and procedures that create community-level change.

CULTURAL COMPETENCY:

The Community Partnership will ensure that all evidence-based prevention strategies implemented are culturally relevant and address the individual needs of the various Hancock County populations it serves.

OUTCOMES:

Baseline Data – 2011 Hancock County Community Health Assessment

Youth (6-12 Grade)

- 17% have used alcohol in the past month
- 9% have had a binge-drinking episode (5 or more drinks on any one occasion) in the past month
- 7% have used marijuana in the past month
- 7% have used a prescription drug without a prescription (lifetime)
- 12% have contemplated suicide in the last year
- 9% have attempted suicide in the last year

Adults

- 30% have had a binge-drinking episode (5 or more drinks on any one occasion) in the past month
- 4% have used marijuana in the past six months
- 4% have used a prescription drug without a prescription in the past six months
- 3% have contemplated suicide in the last year
- <1% have attempted suicide in the last year

COMPARATIVE DATA:

- 2015 Hancock County Community Health Assessment – See Attached
- 2017 Ohio Healthy Youth Environments Survey (OHYES)
- 2018 Hancock County Community Health Assessment
- 2018 Ohio Health Youth Environments Survey (OHYES)
- 2019 Ohio Healthy Youth Environments Survey (OHYES)

INDIVIDUAL STRATEGIES

	Youth-Led Prevention Initiative	Protective Factor Project	Adult Prevention
<p><u>Provide Information</u> <i>Educational presentations, workshops or seminars, and data or media presentations (e.g., PSA, brochures, billboard campaigns, community meetings, town halls, forums, web-based communication)</i></p>	<ul style="list-style-type: none"> • Youth-Led Prevention Initiative – <i>School Presentations/Research Resources</i> • CHIP Priority 2, Action Step 5, Year 2 – <i>Expand Youth-Led Prevention Programming</i> 	<ul style="list-style-type: none"> • Start Talking! – <i>Parent Meetings</i> • Know! – <i>Workbooks</i> • Parents Who Host Lose the Most – <i>Parent Meetings</i> • CHIP Priority 2, Action Step 2, Year 2 – <i>Increase Community Awareness and Education of Substance Use Issues and Trends</i> • CHIP Priority 3, Action Step 8, Year 2 – <i>Promote the Hancock County Texting Hotline Program</i> • CHIP Priority 4, Action Step 3, Year 2 – <i>Increase Awareness and Education of Social Media Issues and Trends</i> 	<ul style="list-style-type: none"> • Alcohol Usage Guidelines – <i>Mailing to Community Organizations</i> • Drug-Free Workplace Community Initiative – <i>Resources to Local Businesses</i>
<p><u>Enhance Skills</u> <i>Workshops, seminars or activities designed to increase the skills of participants, members and staff (e.g., training, technical assistance, distance learning, strategic planning retreats, parenting classes, model programs in schools)</i></p>	<ul style="list-style-type: none"> • Youth-Led Prevention Initiative – <i>Family Resource Center Prevention Staff Support</i> • CHIP Priority 2, Action Step 5, Year 2 – <i>Expand Youth-Led Prevention Programming</i> 	<ul style="list-style-type: none"> • Annual Cultural Competency Training • Mental Health First Aid – <i>Training</i> • CHIP Priority 3, Action Step 3, Year 2 – <i>Promote Mental Health First Aid Trainings</i> 	<ul style="list-style-type: none"> • Lifestyle Risk Reduction/Minimize Risk- <i>Maximize Life - Training</i> • CHIP Priority 2, Action Step 4, Year 2 – <i>Implement a Community Based Comprehensive Program to Reduce Alcohol Abuse (Seller/Server Trainings)</i>

<p><u>Provide Support</u> <i>Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals for services, support groups, youth clubs, parenting groups, AA or NA)</i></p>	<ul style="list-style-type: none"> • Mini-Grant Program • I Am Enough Youth Advisory Board • Youth-Led Prevention Initiative – <i>Grant Funding</i> • CHIP Priority 2, Action Step 5, Year 2 – <i>Expand Youth-Led Prevention Programming</i> 	<ul style="list-style-type: none"> • CHIP Priority 5, Action Step 4, Year 2 – <i>Increase Efforts to Engage the Community</i> 	<ul style="list-style-type: none"> • UF I Am Enough
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ENVIRONMENTAL STRATEGIES			
	Youth-Led Prevention Initiative	Protective Factor Project	Adult Prevention
<p><u>Enhance Access/Reduce Barriers</u> <i>Improving systems and processes to increase the ease, ability and opportunity to utilize systems and services (e.g., access to treatment, childcare, transportation, housing, education, special needs, cultural and language sensitivity)</i></p> <p><u>Reduce Access/Enhance Barriers</u> <i>Establish barriers to underage drinking or other illegal drug use to decrease accessibility (e.g., when more resources are required to obtain illegal substances, accessibility is decreased)</i></p>			

<p><u>Change Consequences (Incentives/Disincentives)</u> <i>Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business awards, taxes, citations, fines, revocations/loss of privileges)</i></p>		<ul style="list-style-type: none"> • Alcohol and Tobacco Compliance Checks • CHIP Priority 2, Action Step 4, Year 2 – <i>Implement a Community Based Comprehensive Program to Reduce Alcohol Abuse (Sobriety Checkpoints)</i> 	
<p><u>Change Physical Design</u> <i>Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density)</i></p>			
<p><u>Modify/Change Policies</u> <i>Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within governments, communities and organizations)</i></p>			<ul style="list-style-type: none"> • Drug-Free Workplace Community Initiative – <i>Opportunities for Local Businesses to Develop Comprehensive Drug-Free Workplace Policies</i> • CHIP Priority 2, Action Step 9, Year 2 – <i>Expand Drug Free Workplace Policies</i>

Hancock County Opiate Task Force

Fiscal Year 2018 Work Plan
July 1, 2017 – June 30, 2018

COMMITTEE GOALS

- Committee Chairs
 - To bring emerging issues related to the opiate epidemic for discussion
 - To determine which Opiate Task Force Committee is best suited to address emerging issues
 - To discuss current challenges experienced by each Opiate Task Force Committee
 - To review data relevant to the opiate epidemic
- Medical Committee
 - To gain insight of challenges experienced by the medical system related to the opiate epidemic
 - To address issues concerning the medical system related to the opiate epidemic
 - To inform, educate, and advance the work of the Opiate Task Force to the medical system
 - To provide professional development opportunities to the medical system specific to the opiate epidemic
- Community Awareness Committee
 - To keep the community up-to-speed of the changing landscape of the opiate epidemic
 - To address issues concerning the community related to the opiate epidemic
 - To inform, educate, and advance the work of the Opiate Task Force to the community
 - To promote the use of permanent medication collection boxes
 - To organize and implement community-wide medication collection events
- Education Committee
 - To gain insight of challenges experienced by the education system related to the opiate epidemic
 - To address issues concerning the education system related to the opiate epidemic
 - To inform, educate, and advance the work of the Opiate Task Force to the education system
 - To provide professional development opportunities to the education system specific to the opiate epidemic
- Legislative Committee
 - To promote proposed legislation addressing the opiate epidemic
 - To suggest legislation that addresses the opiate epidemic
 - To work with state and national legislators to advance identified needs related to the opiate epidemic that can be addressed through legislation

OBJECTIVE
In response to opiate epidemic education, prevention, intervention, and treatment:
To increase public awareness;
To engage education, legislative, medical, and general communities;
To work collaboratively to develop and implement solutions to reduce the number of overdose deaths, overdoses, individuals in treatment, promote recovery, and provide supports to increase opiate addiction prevention.

BASELINE DATA	
ROSC OUTCOMES MEASURES - 2013	
SBIRT Use	Quarterly SBIRT Services Screens Completed Report
Overdoses	Monthly Overdose Report
Overdose Deaths Fatalities	Monthly Overdose Fatalities Report
Suicides	Monthly Suicide Report
Suicides While in Treatment	Quarterly Suicides While in Treatment Report
ER Visits	Monthly ER Visits Report
OPIATE TASK FORCE DATA BASE - 2009	
Medication Collection	Semi-Annual Report (Weight/Number of Cars/Permanent Collection Boxes)
Naloxone Access	Quarterly Prescriptions Filled/Distribution of Kits Report
Overdose Reviews	Quarterly Report
NAS	Monthly Prenatal/NAS Report
Criminal Justice	Quarterly Criminal Justice Report (Jail Admissions)
Treatment	Annual Persons (Youth and Adults) in Substance Use Disorder Treatment Report
Hepatitis-C/AIDS	Monthly Hepatitis-C/AIDS New Cases Report

INDIVIDUAL STRATEGIES				
	Community Awareness and Support	Education and Prevention	Legislation and Policy	Medical
<p><u>Provide Information</u> <i>Educational presentations, workshops or seminars, and data or media presentations (e.g., PSA, brochures, billboard campaigns, community meetings, town halls, forums, web-based communication)</i></p>	<ul style="list-style-type: none"> Community Guidelines: “A Community Position on the Value of Life in Hancock County” Treatment and Recovery Resources Handbook PSA Project Medication Collection Database Project Community Learning Series Opiate Task Force Brochure 	<ul style="list-style-type: none"> Student/Parent Athletic Meetings Start Talking! Student/Parent Meetings Continuing Education Opportunities for Education Professionals 		<ul style="list-style-type: none"> Educate and promote tools and resources to improve ICD10 reporting into EpiCenter at local hospitals
<p><u>Enhance Skills</u> Workshops, seminars or activities designed to increase the skills of participants, members and staff (e.g., training, technical assistance, distance learning, strategic planning retreats, parenting classes, model programs in schools)</p>	<ul style="list-style-type: none"> Naloxone Training 			
<p><u>Provide Support</u> Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals for services, support groups, youth clubs, parenting groups, AA or NA)</p>	<ul style="list-style-type: none"> You’re Not Alone Support Group 			

ENVIRONMENTAL STRATEGIES				
	Community Awareness and Support	Education and Prevention	Legislation and Policy	Medical
		<ul style="list-style-type: none"> • SBIRT • CHIP Priority 2, Action Step 3, Year 2 – <i>Increase the Number of Schools Screening for Substance Use</i> 		<ul style="list-style-type: none"> • Project D.A.W.N. • Overdose Review (Post Overdose Response Team) • Drug Addiction Response Team • SBIRT • CHIP Priority 2, Action Step 1, Year 2 – <i>Increase the Number of Primary Care Physician’s Offices Screening for Alcohol and Drug Abuse</i> • CHIP Priority 2, Action Step 8, Year 2 – <i>Increase Coordination of Services for Pregnant Women with Substance Use Disorders</i> • CHIP Priority 2, Action Step 10, Year 2 – <i>Introduce Withdrawal Management Services to Hancock County</i>
<p><u>Enhance Access/Reduce Barriers</u> <i>Improving systems and processes to increase the ease, ability and opportunity to utilize systems and services (e.g., access to treatment, childcare, transportation, housing, education, special needs, cultural and language sensitivity)</i></p> <p><u>Reduce Access/Enhance Barriers</u> <i>Establish barriers to illegal drug use to decrease accessibility (e.g., when more resources are required to obtain illegal substances, accessibility is decreased)</i></p>				

<p><u>Change Consequences (Incentives/Disincentives)</u> <i>Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business awards, taxes, citations, fines, revocations/loss of privileges)</i></p>				
<p><u>Change Physical Design</u> <i>Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density)</i></p>	<ul style="list-style-type: none"> • Permanent Medication Collection Boxes • Community Medication Collection Events 			
<p><u>Modify/Change Policies</u> <i>Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within governments, communities and organizations)</i></p>			<ul style="list-style-type: none"> • Support and advocate for legislation related to increased resources to combat opiate epidemic 	<ul style="list-style-type: none"> • Encourage local health care system or health care providers to adopt policy requiring the use of OARRS within their practice • Encourage adoption of pain management policies in health care systems that include alternative therapies in addition to prescription opioids • Encourage the adoption of policy for local law enforcement to carry naloxone

