

TRINITY COUNTY

Health Equity Strategic Plan

A plan addressing health equity challenges impacting communities within Trinity County

May 4, 2024

We respectfully acknowledge that what is now called Trinity County is the ancestral homelands of the Nor Rel Muk Wintu Nation, Tsungwe, Shasta, and Chimariko people, and recognize the longstanding significance of these lands for Indigenous Peoples past, present, and future.



Public Health



Data Strategy Consulting



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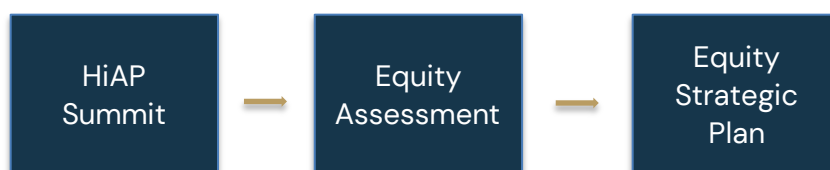
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Introduction and Rationale

The Trinity County Health Equity Strategic Plan is a collaborative and dynamic initiative designed to confront and lessen health disparities across the community. This plan is founded on the principles of health equity, bolstered by data, and commits to the goal that all residents should have the chance to reach their fullest health potential. It acknowledges the fundamental causes of health inequalities and strives to forge a community where health outcomes do not differ unfairly among different groups.

The rationale behind the Health Equity Strategic Plan is deeply rooted in the understanding that health is influenced by a complex interplay of social, economic, and environmental factors. Disparities in access to healthcare, social determinants of health, and systemic injustices all contribute to health inequities within the community. This plan is a proactive response to the ethical imperative of ensuring that every individual, regardless of their background or circumstances, has the opportunity to lead a healthy life.



The Trinity County HHS Public Health Branch (TCPHB) developed its own Strategic Plan as a component of the public health accreditation process and equity was identified as the first priority. In November of 2019, TCPHB convened a Health in All Policies (HiAP) Summit to explore the environmental conditions, historical trauma, and social determinants of health that contribute to inequities in Trinity County. The future onset of the pandemic further reinforced the need for innovative solutions to the complex equity issues facing county health systems, businesses, and schools. The Health Equity Assessment offered the county an opportunity to begin operationalizing HiAP policies and align efforts with the timing of the county General Plan update. Findings from that assessment informed the direction of the Health Equity Strategic Plan.

Reference: Appendix Exhibit C

Alignment with Existing Community Equity Efforts

The Health Equity Strategic Plan is designed to complement and align with existing community equity efforts. By leveraging the strengths of established initiatives, partnerships, and advocacy groups, we seek to create a unified front against health disparities. This plan is not meant to



exist in isolation but rather to synergize with existing programs, policies, and community-driven initiatives that promote equity in various aspects of residents' lives.

Community Assets and Partnerships

Oral Health Advisory Committee	
<i>Mission</i>	Creating better oral health for the Trinity community of all ages, cultures, and resources by supporting fair access to oral health prevention with a special emphasis on the needs of the underserved population
<i>Partners</i>	Trinity County Office of Education, Trinity County Board of Supervisors, Human response Network, Smile CA, Health and Human Services (Public Health), We Care (Southern Trinity Health Services), Local Dental Practitioners
Perinatal Coalition	
<i>Mission</i>	Promoting the health of women and newborns in Trinity County
<i>Partners</i>	Behavioral Health, Health and Human Services (Public Health, Child Welfare Services, Eligibility), Mountain Communities Healthcare, Partnership Health Plan, Trinity County Office of Education, Human Response Network, North State Doulas, Redding Rancheria – Trinity Health Center
Trinity Opioid Safety Coalition	
<i>Mission</i>	Build sustainable community partnerships committed to preventing overdose deaths and reducing opioid misuse through education, prevention, treatment, and recovery support
<i>Partners</i>	Behavioral Health Services, Health and Human Services (Public Health, Adult Services, Housing) Mountain Communities Healthcare District, TC Board of Supervisors, Trinity County Sheriff's Office, Redwood Adult & Teen Challenge, Trinity County Probation, Human Response Network
Health Systems Collaborative	
<i>Purpose</i>	Improve overall health outcomes for individuals, communities, and populations in Trinity County through a collective approach to: deliver data driven interventions to improve health equity; identify priorities around access to services and resources; strengthen and build partnerships and collaborations; establish common areas of



	focus; facilitate communication and relationships among partners; and expand collective impact
<i>Partners</i>	Partnership Health Plan, Behavioral health Services, First 5 Trinity, Health and Human services (Public Health, Housing, Social Services) Trinity County Office of Education, Jail Health, Trinity County Environmental Health, Human Response Network, Delta Dental, Mountain Communities Healthcare District, Redding Rancheria – Trinity Health center, Trinity County Board of Supervisors, Trinity Together, Trinity County Animal Control, Southern Trinity Health Services

Integration in Local Community Policies

To ensure the sustainability and impact of the Health Equity Strategic Plan, we are committed to integrating its principles into local community policies. By collaborating with policymakers, government agencies, and community leaders, we aim to embed health equity considerations into decision-making processes. This involves advocating for policies that address the social determinants of health, promoting equitable access to healthcare services, and working to dismantle systemic barriers that contribute to health disparities.

Expanding Community Awareness and Involvement

Central to the success of the Health Equity Strategic Plan is the active involvement and awareness of Trinity County residents. We recognize the power of community engagement in driving change. Through targeted outreach, educational campaigns, and community forums, we aim to raise awareness about health disparities, their root causes, and the potential interventions illustrated within this plan and beyond. By fostering a sense of shared responsibility, we seek to empower community members to actively participate in the identification and implementation of strategies to address health inequities. Recognizing the dynamic and evolving landscape of public health, the health equity planning process is committed to *sustainability* and *adaptability*. Sustainability, in this context, means not only the endurance of the plan itself but also lasting impact on health outcomes. This first iteration of the plan provides a framework for development and progression into an ever-changing future, ensuring that its strategies and interventions can be built upon in whatever manners are necessary to continue addressing emerging challenges in health equity.

Furthermore, adaptability is a core principle guiding the implementation of the plan. We understand that community needs, resources, and priorities may shift over time. Therefore, the plan is structured to be flexible and responsive to changing circumstances. Regular assessments and evaluations will be conducted to gauge the effectiveness of interventions, and adjustments will be made as needed to ensure that the plan remains relevant and impactful.



By incorporating a feedback loop that involves ongoing stakeholder input, monitoring of health indicators, and collaboration with local partners, we can proactively modify and adapt the plan's goals. This ensures that our strategies remain aligned with the evolving needs of the community, allowing us to address new challenges and capitalize on emerging opportunities for promoting health equity.

Establishing a Steering Committee

The Health Equity Strategic Plan Steering Committee was carefully assembled to ensure diversity and broad representation from various community sectors. The planning team actively sought out and included voices from local healthcare providers, community health organizations, representatives from marginalized and underrepresented groups, educators, business sector representatives, and policymakers. This deliberate inclusion fosters a multi-perspective approach to understanding and addressing health disparities. Each member brings unique insights and experiences, ensuring that our strategies are culturally sensitive, inclusive, and effectively tailored to meet the unique needs of Trinity County. Their collective expertise and shared commitment to health equity form the backbone of our strategic planning process both as an advisory body and a conduit to constituent communities.

Desired Future State

In developing a shared vision for the Health Equity Plan, the Steering Committee identified the following characteristics as part of their desired future state:

Retaining Talent: As part of the strategic vision for Trinity County's Health Equity Strategic Plan, the focus on retaining talent is paramount. This commitment to nurturing and maintaining a skilled workforce is critical for the delivery of exceptional healthcare services. A community that values and invests in its healthcare professionals not only enhances the quality of care but also serves as a beacon for attracting additional talent. The retention of talent ensures continuity of care and the accumulation of community-specific knowledge, which is invaluable.

Improved healthcare access is another cornerstone of the vision. By ensuring that all members of Trinity County have equitable access to healthcare services, we are taking a vital step towards reducing disparities in health outcomes. Better access means addressing physical, financial, and cultural barriers that prevent community members from receiving vital services. This involves not only the expansion of services but also striving to improve affordability and cultural sensitivity.

Leveraging existing resources, such as technology, speaks to the innovative spirit of the strategic plan. By optimizing what is already in place, Trinity County can enhance efficiency and effectiveness without necessarily incurring significant new costs. The integration of technology



in healthcare can facilitate telemedicine services, streamline processes, making health services more accessible and personalized.

Addressing broadband gaps is an acknowledgement of the modern necessities for healthcare delivery and information access. Broadband is no longer a luxury but a utility as essential as electricity and running water, especially when considering the rise of telehealth and virtual service delivery. Closing these gaps will ensure that all community members have access to the digital tools necessary for managing their health and overall well-being, particularly in remote or underserved areas.

The vision of **ensuring everyone in the community feels supported and welcomed** is a testament to the inclusive ethos of Trinity County's strategic plan. Health equity is not just about providing services but also about fostering an environment where every individual feels they belong and can seek help without fear of discrimination or judgment.

Finally, **building trust** is the foundation upon which all other goals rest. Trust between healthcare and other service providers and the community leads to increased engagement in preventative care, higher rates of treatment adherence, and overall better health outcomes. It is earned through consistent, transparent actions and policies that put the well-being of community members first. Trust is a crucial component in the mission to achieve true health equity.

In summary, these six desired future states—retaining talent, better access to healthcare, leveraging technology, addressing broadband gaps, ensuring a welcoming community, and building trust—are interwoven to form a robust future framework for health equity in Trinity County. Each plays a unique role in crafting a healthcare landscape that is fair, accessible, and effective for all its residents.

Plan Vision

The Steering Committee established a collective vision for the Health Equity Strategic Plan that encompasses multiple statements reinforcing their shared values of community, opportunity, self-direction, and access:

- *“To have a thriving community that welcomes others and has opportunities for success within”*
- *“All persons, families, and communities will have an opportunity to be self-directed and the resources to live their best lives”*
- *“Residents know the supports available to them and how to engage”*
- *“A county with supports that are available in the local community and are trusted and easily accessed”*



Priority Areas of Focus

The process for selecting priority areas of focus was both data-informed and community driven. Specifically, a detailed Health Equity Assessment was developed in the year prior to the formation of the planning committee. The assessment was performed by analyzing data on numerous health and socio-economic indicators. Emphasis was placed on identifying disparities in health outcomes across different populations and regions, with a keen focus on vulnerable and underserved groups. Focus groups and surveys were also performed, engaging community members directly to understand their unique health concerns and experiences. This approach allowed for a more accurate and nuanced understanding of the county's health landscape. Equipped with these findings, the Steering Committee was able to identify key areas such as access to primary care, broadband expansion, and chronic disease management as most in need of intervention. This data-driven and community-informed process helped ensure that the Equity Strategic Plan is both responsive and targeted, addressing some of the most pressing health challenges faced by the county's residents. Informed by the assessment, the Steering Committee ultimately elected to focus on 1) Mobilizing healthcare units to reach underserved regions and 2) Substance Use Disorder prevention resources for the initial scope of this strategic plan. The target populations for these efforts will include constituents residing in geographically remote regions of the county and those most at risk of substance misuse, particularly school age youth.

Environmental Impacts

Reference Appendix Exhibit A & B: SWOT Analysis Expanding Mobile Healthcare Units & Substance Use Disorder Prevention Programs and Resources

To better understand the environmental, systemic, and institutional influences impacting the potential success of interventions related to both priority areas of focus, detailed SWOT (Strengths, Weaknesses, Opportunities, Threats) analyses were developed. These analyses were used to guide the development of targeted strategies that seek to effectively leverage opportunities within these domains and mitigate weaknesses and risks.

The SWOT analysis for *expanding mobile healthcare units* provides a nuanced perspective of the actions needed to support the effort's viability. The strengths of the initiative lie in the established models of existing mobile units, which offer a blueprint for expansion, and the potential for increased healthcare access in remote and underserved areas. These units are



versatile, capable of adapting to different healthcare needs, and play a significant role in community engagement and trust-building. They also promise cost-efficiency and technology integration, reducing the financial strain on families and supporting older adults and those with limited transportation. Likewise, opportunities emerge in the form of government supports, potential partnerships, telehealth integration, and an emphasis on preventive care. Mobile units can facilitate data collection for public health surveillance and serve as a linkage point to other community services.

Conversely, weaknesses include limited resources, sustainability challenges, and logistical complexities. Maintaining consistent quality of care is a concern, alongside the lack of infrastructure in rural areas, potential stigma around accessing public services, and a general lack of health awareness and education. Threats to the initiative include economic challenges, infrastructural limitations, regulatory hurdles, community resistance, and safety concerns in severe weather conditions. The risk associated with unsuccessful implementation is also a significant factor as it may impact future pursuits.

Overall, the analysis reveals that while expanding mobile units has considerable potential to enhance healthcare delivery in Trinity County, the successful implementation of these units will require addressing the diverse set of identified strengths, weaknesses, opportunities, and threats in a balanced and strategic manner. This approach is crucial for ensuring long-term sustainability and effectiveness.

The SWOT analysis for *substance use disorder prevention programs and resources* also illuminates various forces influencing implementation and effectiveness. At its core, the effort's strengths include strong existing partnerships with healthcare providers, government support, a prevention focused lens, and numerous educational resources. Additionally, new legislation aimed at expanding substance misuse and opioid prevention within educational systems could benefit proposed interventions in this domain. These strengths are further reinforced by strong community interest and support. Additional opportunities that a substance use disorder prevention program can capitalize on include the expansion of telehealth which presents a promising avenue to extend services, particularly into remote settings, and couplings with mental health services to deliver even greater impact.

However, these strengths contend with a set of challenges that could hinder the program's success if not properly addressed. Limited funding is a significant barrier, potentially restricting the program's scale and reach. Stigma and denial surrounding addiction remain prevalent along with a pervasive culture of recreational drug use, which often deters individuals from seeking necessary help, thereby undermining prevention efforts. The county's healthcare infrastructure faces challenges, particularly in providing comprehensive addiction treatment, which amplifies the importance of prevention. Access to treatment facilities is limited, and workforce shortages in trained substance misuse prevention and treatment providers can further complicate the effort's ability to deliver quality services consistently.



Despite the weaknesses, the analysis reveals a focused and scalable substance misuse prevention effort in Trinity County has strengths and opportunities that could significantly benefit the community. Nevertheless, addressing the inherent challenges and navigating the external threats will be crucial for its sustained success and overall effectiveness.

Objectives and Strategies

Focus Area: **Mobilizing Units to Reach Underserved Communities**

Objective 1: *By the end of 2024 establish partnerships with local healthcare providers, clinics, and non-profit organizations to enhance the range of healthcare services provided by the mobile units*

Strategies

- 1. Conduct a stakeholder analysis** - Identify key healthcare providers, clinics, and non-profit organizations in Trinity County. Analyze their interests, needs, and capacity for collaboration.
- 2. Build relationships with local providers** - Initiate communication with local healthcare providers, clinics, and non-profit organizations to express the goals of the mobile healthcare initiative. Schedule meetings with key stakeholders to discuss potential collaborations.
- 3. Develop a financing plan** - Increase flexible and collaborative funding for range of healthcare services delivered via mobile units
- 4. Develop a resource guide/list** of what is available that can be shared with providers and community.
- 5. Coordinated outreach** efforts to maximize resource accessibility

Timeline: CY 2024



Partners: Trinity County Public Health (TCPH); Behavioral Health Services (BHS); Tribal Partners; Federally Qualified Health Centers (FQHCs); Rural Health Clinics (RHCs)

Objective 2: *By the Spring of 2025, have a mobile dental van that provides oral health services and dental treatment to all K-12 schools in Trinity County, operating in collaboration with TCPH-LOHP, TCOE, and a local dental provider team.*

Strategies

1. **Develop a marketing/communication plan** to build demand and establish trust with parents
2. **Assemble a team** of qualified dental professionals to staff the van
3. **Increase community buy-in** by hosting **learning collaboratives** for parents/guardians, and to gain feedback around mobile unit policies or implementation

Timeline: June 2024 to June 2025

Partners: Trinity County Office of Education (TCOE), TCPH, Dental and Medical providers, parent groups and organizations, First 5, State Office of Oral Health, Partnership Health Plan (PHP)

Objective 3: *Develop mobile unit service level policies and defined purposes. Codify mobile unit safety net services by integration into broader county level community plans as a component of a larger system of care.*

Strategies

1. **Monitor quality and compliance** - Institute routine meetings to review uses of the mobile units to ensure continued compliance. Discuss successes and potential pitfalls
2. **Pursue BOS policy** on new and/or existing healthcare services' requirement/incentive/recommendation to explore support of mobile units
3. **Review existing community plans** and draft policies that address specific needs and circumstances related to mobile units; ensure they are flexible and adaptable.

Timeline: June 2024 to June 2025

Partners: TCPH Leadership; BHS Leadership; HHS Leadership; County Board of Supervisors (BOS); County Administrator's Office (CAO); School Superintendents; TCOE

Focus Area: **Substance Use Disorder Prevention Programs and Resources**

Objective 1: *Coalesce all stakeholders to build a system of care this includes PHC, medical providers, hospital EDs, BHS, HRN, and other partners.*

Strategies

1. **Community partnerships** - Establish partnerships with local organizations, businesses, and faith-based groups, non-medical groups to create a network of support for youth and their families. Leverage existing community resources such as



prevention education, treatment and behavioral health services to enhance the effectiveness of substance misuse prevention efforts.

- a. **Establish an educational partnership** with Public Health and LE to build out age-appropriate curriculum for the 24-25 school year
- 2. Align stakeholder priorities**
- 3. Advocate for local treatment bridge** policies and programs in the local healthcare system

Timeline: June 2024 to June 2025

Partners: Trinity Opioid Safety Coalition (TOSC), Mountain Communities Healthcare District, Redding Rancheria Trinity Health Center, Southern Trinity Health Services, Behavioral Health Services (BHS) leadership, Partnership Health Plan (PHP)

Objective 2: *Prevent opioid-related fatalities in all K-12 students on school campuses and expand fentanyl/opioid/Narcan education to all 6-12th graders and school staff*

Strategies

- 1. Engage youth leadership groups**, such as FNL, in developing education and outreach for youth
- 2. Research evidence-based curriculum** and strategies
- 3. Increase services to children and youth** - Determine how county and school systems will be able to provide services to kids through the Children and Youth Behavioral Health Initiative. Also ensure that all involved are set up to bill for services rendered through the multiplayer fee schedule beginning in 2024.
- 4. Partner with law enforcement, TCPH, and TCOE to provide education/awareness** to 6-12th grade students.

Timeline: CY2024

Partners: Trinity County Office of Education (TCOE), Trinity Opioid Safety Coalition (TOSC), Human Response Network (HRN), BHS Peer groups

Objective 3: *Increase access to treatment, education, and prevention services for underserved, hard to reach and high-risk populations*

Strategies

- 1. Expand Incentives**- Offer transportation or gas vouchers or other incentives
- 2. Leverage coalition funding** to enhance treatment and prevention services in mobile units that serve high-risk and hard to reach populations

Timeline: June 2024 – Dec 2025

Partners: Partnership Health Plan (PHP), Trinity Opioid Safety Coalition (TOSC), BHS Leadership and SUD Program Coordinator; In-patient treatment centers, State systems (funding, policy, etc.), Mountain Communities Healthcare District, Redding Rancheria Trinity Health Center, County Board of Supervisors (BOS), County Administrator's Office (CAO)



Evaluating Success

To support the realization of the Health Equity Strategic Plan, evaluation strategies will be employed, encompassing both quantitative and qualitative measures. Initially, a set of indicators directly linked to the plan objectives will be developed. These indicators will facilitate the tracking of progress in the priority areas identified in the plan. Data will be collected and examined periodically throughout implementation allowing for the measurement of both immediate and long-term impacts, and for real-time plan adjustments. Surveys and interviews will be integral components of the qualitative analysis, providing valuable insights into community member experiences and perceptions. Outcome evaluations will be conducted after specific milestones and at the one and two-year marks to assess the direct effects of the strategic objectives. Some additional evaluation strategies may include a cost-benefit analysis to ensure that financial investments are yielding proportional outcomes, thereby addressing the plan's economic sustainability. Evaluation Oversight will be managed by the Health Systems Collaborative.



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Appendix

Exhibit A: SWOT Expanding Mobile Healthcare Units

Strengths	Weaknesses
<ol style="list-style-type: none">1. Existing Models: Existing mobile units establish blueprints for expansion.2. Increased Healthcare Access: Mobile health units can significantly improve healthcare access in remote and underserved areas promoting better health outcomes.3. Versatility: Mobile units can adapt to changing healthcare needs, offering a wide range of services from preventive care to more urgent care4. Community Engagement: Mobile units can foster community engagement and trust, creating a stronger sense of health awareness and support within local communities5. Cost-Efficiency: Mobile units may reduce the need for building and maintaining more permanent healthcare facilities, potentially saving costs over time.6. Technology Integration: mobile health units can incorporate new/or advanced technologies, expanding the reach and capabilities of healthcare services.7. More weather resistance	<ol style="list-style-type: none">1. Limited Resources: Mobile units may have constraints regarding space, equipment, and staff, which can limit the range and quality of services provided.2. Sustainability: Securing long-term funding and financial sustainability can be challenging, particularly in rural areas.3. Logistical Challenges: Licensing requirements, coordinating schedules, transportation, and maintenance of mobile units can be complex and may lead to service interruptions.4. Quality Assurance: Ensuring consistent quality of care and adherence to healthcare standards can be challenging in a mobile healthcare environment.5. Lack of Infrastructure: Rural areas may lack necessary infrastructure, such as reliable internet connectivity.6. Limited capacity due to the size of the county and siloed use7. Stigma around accessing public services8. Lack of awareness and education on the importance of health



<ul style="list-style-type: none">8. Reduced financial strain on families as families will not have to pay for gas or wear and tear on vehicles to access services9. Promotes independence for older adults and families with limited transportation	
Opportunity	Threats



1. Government Support: Public health initiatives, state funding, and grants can provide essential financial support for the creation and expansion of mobile health units in underserved areas.
2. Partnerships: Collaborating with local healthcare providers, clinics, non-profit organizations, and educational institutions can enhance the reach and impact of mobile health units.
3. Telehealth Integration: Leveraging telehealth technologies can extend the range of services provided and improve patient care, especially in areas with limited resources.
4. Preventive Care: Emphasizing preventive care and health education can reduce the burden of chronic diseases and improve the overall health of residents
5. Data Collection: Mobile units can facilitate data collection on community health, contributing to public health research and data-driven decision-making.
6. Align services: Can bring multiple services and communities together, linkage point to other supportive services such as housing, childcare and community resources
7. Capitalize on health interest generated by pandemic

1. Economic Challenges: Economic fluctuations or budget cuts can lead to reduced funding for mobile health units, affecting sustainability.
2. Infrastructure Limitations: Inadequate roads, poor connectivity, or severe weather conditions can hinder the mobility and functionality of mobile health units.
3. Regulatory Hurdles: Ensuring compliance with healthcare regulations, especially in rural areas
4. Community Resistance/Trust: Resistance or skepticism from the local community regarding the effectiveness and legitimacy of mobile health units can hinder their adoption.
5. Safety of clients and personnel during severe weather conditions
6. Availability of mobile units and supplies
7. If models is unsuccessful then it will be more difficult to try again



Exhibit B: SWOT Analysis Substance Use Disorder Prevention Programs and Resources

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Partnerships: Collaborating with local healthcare providers, nonprofits, and experts in addiction prevention/recovery 2. Government Support: Government grants, public health initiatives, and policies (MHSA) can provide financial and regulatory support for substance misuse prevention programs. 3. Preventive Focus: An emphasis on prevention can reduce the burden on local healthcare facilities and law enforcement, potentially saving costs in the long run. 4. Educational Resources: Access to educational materials and resources can be leveraged to increase awareness and understanding of substance misuse issues. 5. New Legislation expands substance misuse prevention and opioid prevention in education system 6. Community interest and support 7. MAT and other Treatment Infrastructure through FQHC's and rural health clinics 	<ol style="list-style-type: none"> 1. Limited Funding: Funding constraints can limit the scale and reach of substance misuse prevention programs in the county. 2. Stigma and Denial: Stigma associated with addiction can discourage individuals from seeking help, hindering the effectiveness of prevention efforts. 3. Healthcare Infrastructure Challenges: County may lack the necessary healthcare infrastructure to provide comprehensive addiction treatment, making prevention more critical. 4. Access to Treatment: The availability of addiction treatment facilities may be limited, making it challenging to provide necessary support to those already struggling with substance misuse. 5. Workforce Shortages: Shortages of trained providers in substance misuse prevention and treatment can affect program quality and reach. 6. Youth represents a large percentage of those impacted 7. Inconsistent stakeholder engagement 8. Challenges with getting MAT initiated in ED due to education requirements. 9. Lack of education about substance use in general population
Opportunity	Threats



1. **Telehealth Integration:** Leveraging telehealth technologies can help expand access to counseling and support services
2. **Early Intervention:** Focusing on early intervention programs can help identify at-risk individuals and provide support before addiction becomes severe.
3. **Mental Health Integration:** Coordinating substance misuse prevention with mental health services can address underlying issues contributing to addiction.
4. **Data-Driven Decision-Making:** Collecting and analyzing data on substance misuse patterns can inform program development and resource allocation.

1. **Budget Constraints:** Economic fluctuations or budget cuts can lead to reduced funding for substance misuse prevention efforts.
2. **Resistance and Opposition:** There may be opposition or resistance from those who do not see substance misuse as a significant problem or who are against certain prevention methods.
3. **Rural/environmental Challenges:** Access to remote areas, limited transportation options, and lack of infrastructure can hinder the delivery of prevention services.
4. **Regulatory Hurdles:** Ensuring compliance with healthcare regulations and privacy laws can present challenges.
5. **Recreational Substance Use:** The prevalence of recreational substance use may normalize or downplay the seriousness of addiction issues.

Exhibit C: Health Assessment Brief