

2023-2025 HENRY COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Published: April 2023



Henry County Health Partners

Community Health Improvement Plan (CHIP)

2023-2025

Henry County Community Health Improvement Plan has 4 priority areas to improve health: 1) Access to care, 2) Housing, 3) Mental Health and 4) Substance Misuse. Each Priority has a coalition comprised of social service, health professionals, education, private industry, residents, and other community representation. Each group reviewed local, state, and national data to collectively determine an objective. Utilizing local data to determine levels of success, targets were set in 3, 6, and 9 year increments. Strategies to achieve success were chosen by reviewing community resources and looking at evidence-based program highlighted in Ohio Department of Health's State Health Improvement Plan. Each priority has its own plan outlined in the following pages.

Four Priorities-One Goal

1. Access to Care
2. Housing
3. Mental Health
4. Substance Misuse



**Improve
Health
in Henry
County**

Access to Care



Access to Healthcare

What shapes our health and well-being?

Health insurance improves access to care, limits out-of-pocket spending on healthcare services and makes healthcare costs more predictable. People with health insurance are less likely to delay or forgo needed care, seek care in emergency departments and experience financial hardship from medical debt. Expanding access to health insurance coverage reduces disparities in access to care, a critical factor for achieving health equity for all Henry County residents.



Objective: Increase the number of Henry County residents getting preventative care by providing equitable health care services people use and understand by 2028.

*Designates Indicators linked to Ohio State Health Improvement Plan

Desired Outcome	Indicator (source)	Trend	Baseline1 (2018 & 2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce the percentage of uninsured adults in Henry County to 4.0% by 2028.	Uninsured working aged adults. *Percent of adults, ages 19-64, who are uninsured (ACS 5-yr est.)	Uninsured Adults Under the Age of 64 	6.0% (n = 926)	5.5	5.5	4.0
	HC priority populations Unemployed (among those in the labor force) civilian noninstitutionalized population 19 to 64 years	Uninsured Among the Unemployed 	8.9% (n = 33)	8.0	8.0	8.0

Commented [KP1]: Ohio (2021) = 26.2%
U.S. (2021) = 20.7%

	Part-time employed civilian noninstitutionalized population 19 to 64 years	Uninsured Among the PT Employed 	11.4% (n = 437)	11.0	6.0	4.0
	Ohio		8.4%	6.2%	5.1%	4%
	United States		12.4%			

Commented [KP2]: Ohio (2021) = 12.1%
U.S. (2021) = 16.2%

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce the percentage of uninsured children in Henry County to less than 1% by 2028.	Uninsured children.* Percent of children, ages 0-18, who are uninsured (ACS 5-yr est.)	Uninsured Children 	1.9% (n = 127)	Monitoring	Monitoring	<1%
	Ohio		4.4%	2.9%	2%	<1%
	United States		5.1%			

Commented [KP3]: Ohio (2021) = 4.6%
U.S. (2021) = 5.3%

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce the percentage of uninsured within priority populations in Henry County to 4.0% by 2028.	Uninsured population. Percent of civilian noninstitutionalized population who are uninsured (ACS 5-yr est.)	Uninsured Civilian Noninstitutionalized Population of All Ages 	4.0% (n = 1,058)	4.0	4.0	4.0
	HC priority populations					
	Those aged 26 to 34 years (Data from 2015 and 2016 had an age range of 25 to 34 years)	Uninsured Among Those Aged 26-34 	10.9% (n = 314)	9%	6.0	4.0
		Percentage Uninsured Among Those Aged 19 to 64 by Age Group 				

Commented [KP4]: Ohio (2021) = 6.3%
U.S. (2021) = 8.8%

Commented [KP5]: Ohio (2021) = 11.7%
U.S. (2021) = 15.4%

Uninsured racial minorities	<p>Uninsured Racial Minorities</p>	7.3% (n = 126)	7.0	6.0	4.0
Hispanic or Latino (of any race)	<p>Uninsured Hispanics/ Latinos</p>	10.4% (n = 217)	8.0	6.0	4.0
Foreign born, non-citizens	<p>Uninsured Foreign Born</p>	8.8% (n = 37)	8.0	6.0	4.0
Ohio*		6.1%			
United States		8.8%			

Commented [KP6]: Ohio (2021) = 8.5%
U.S. (2021) = 11.7%

Commented [KP7]: Ohio (2021) = 14.7%
U.S. (2021) = 17.7%

Commented [KP8]: Ohio (2021) = 15.3%
U.S. (2021) = 19.1%

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
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Reduce the number of non-emergent visits to the ER to ___ by 2028.	Emergency Room visits for non-emergent issues. (Henry County Hospital, 2019)	Still gathering trend data and corresponding state and nat'l level data.	Level 1 35 Level 2 481																																							
	Ohio																																									
	United States																																									
	Hospital Emergency Room Visits per 1,000 Population (KFF State Indicators)																																									
	Ohio	<table border="1"> <caption>Hospital Emergency Room Visits per 1,000 Population (2009-2019)</caption> <thead> <tr> <th>Year</th> <th>U.S.</th> <th>Ohio</th> </tr> </thead> <tbody> <tr><td>2009</td><td>415</td><td>538</td></tr> <tr><td>2010</td><td>415</td><td>538</td></tr> <tr><td>2011</td><td>415</td><td>538</td></tr> <tr><td>2012</td><td>415</td><td>538</td></tr> <tr><td>2013</td><td>415</td><td>538</td></tr> <tr><td>2014</td><td>415</td><td>538</td></tr> <tr><td>2015</td><td>415</td><td>538</td></tr> <tr><td>2016</td><td>415</td><td>538</td></tr> <tr><td>2017</td><td>415</td><td>538</td></tr> <tr><td>2018</td><td>415</td><td>538</td></tr> <tr><td>2019</td><td>437</td><td>589</td></tr> </tbody> </table>	Year	U.S.	Ohio	2009	415	538	2010	415	538	2011	415	538	2012	415	538	2013	415	538	2014	415	538	2015	415	538	2016	415	538	2017	415	538	2018	415	538	2019	437	589	589 per 1,000			
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Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Increase preventive care services by 2028.	Preventive care service utilization.					

Maintain flu vaccination rate of 78% through 2028.	Flu shot. Percentage of adults who received the flu vaccine among those aged 65+ (Henry County CHA, 2019)	Had a Flu Shot in the Past Year Among Those Aged 65+	78% (Aged 65+) 65% (Aged 18+)	78%	78%	78%
	Ohio	Had a Flu Shot in the Past Year Among Those Aged 65+	63% (2019)			
	U.S.		64% (2019)			
Increase mammogram to 80% by 2028.	Mammogram. Percentage of women over the age of 40 who reported a mammogram in the past 2 years (Henry County CHA, 2019)	Women Aged 40+ Who Report a Mammogram Within the Past 2 Years	70%	Monitor	75%	80%
	Ohio (BRFSS)		74% (2016-2018)			
	U.S. (BRFSS)		72% (2016-2018)			

Commented [KP9]: Ohio (2020) = 78%

Commented [KP10]: U.S. (2020) = 78%

<p>Increase the percentage of women who have had a pap smear in past year to 80% in 2028.</p>	<p>Pap smear. Percentage of women ages 21 – 65 who had a Pap smear in the past three years (Henry County CHA, 2019)</p>	<p>Women Aged 18/21-64 Who Report Having a Pap Smear within the Past 3 Years</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>76%</td> </tr> <tr> <td>2016</td> <td>67%</td> </tr> <tr> <td>2019</td> <td>65%</td> </tr> <tr> <td>2022</td> <td>81%</td> </tr> </tbody> </table>	Year	Percentage	2012	76%	2016	67%	2019	65%	2022	81%	<p>65%</p>	<p>Monitor</p>	<p>75%</p>	<p>80%</p>		
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2022	81%																	
	<p>Ohio (BRFSS)</p>	<p>Women aged 21-65 who have had a pap test in the past three years</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Ohio (%)</th> <th>U.S. (%)</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>82%</td> <td>80%</td> </tr> <tr> <td>2017</td> <td>79%</td> <td>80%</td> </tr> <tr> <td>2021</td> <td>77%</td> <td>78%</td> </tr> </tbody> </table>	Year	Ohio (%)	U.S. (%)	2015	82%	80%	2017	79%	80%	2021	77%	78%	<p>79% (2018)</p>			
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2017	79%	80%																
2021	77%	78%																
	<p>U.S. (BRFSS)</p>		<p>80% (2018)</p>															
<p>Maintain 73% of adults visiting the dentist or dental clinic in past year.</p>	<p>Dental. Percentage of Henry County adults who had visited a dentist or dental clinic in the past year (Henry County CHA, 2019)</p>	<p>Adults Who Visited a Dentist or Dental Clinic in the Past Year, Henry County</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2009</td> <td>69%</td> </tr> <tr> <td>2013</td> <td>72%</td> </tr> <tr> <td>2017</td> <td>69%</td> </tr> <tr> <td>2019</td> <td>73%</td> </tr> <tr> <td>2023</td> <td>66%</td> </tr> </tbody> </table>	Year	Percentage	2009	69%	2013	72%	2017	69%	2019	73%	2023	66%	<p>73%</p>	<p>73%</p>	<p>73%</p>	<p>73%</p>
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2023	66%																	
	<p>Ohio (BRFSS)</p>		<p>67% (2018)</p>															

	U.S. (BRFSS)	Adults Who Visited a Dentist or Dental Clinic in the Past Year 	68% (2018)			
Increase the percentage of adults who had routine checkup in past year to 80% by 2028	Checkup. Percentage of Henry County adults who visited a doctor for a routine checkup in the past year (Henry County CHA, 2019)	Percentage Who Have Visited a Doctor for a Routine Checkup in the Past Year 	72%	75%	77%	80%
	Ohio (BRFSS)	% Who Have Visited a Doctor for a Routine Checkup in the Past Year 	78% (2019)			
	U.S. (BRFSS)		78% (2019)			
Maintain 76 % of adults ages 50 and over who had a colonoscopy in last 10 years.	Colonoscopy. Percentage of adults ages 50 and over had a colonoscopy in the past ten years (Henry County CHA, 2019)	Percentage Aged 50+ Had a Colonoscopy in the Past 10 Years 	76%	76%	76%	76%
	Ohio (BRFSS)		63%			

Commented [KP11]: Henry County (2022) = 63% aged 50+ had in the past 5 years; 87% had ever had one

	U.S. (BRFSS)	<p>Percentage Aged 50-75 Had a Colonoscopy in the Past 10 Years</p> <p>Legend: U.S.* (red), Ohio (purple)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>U.S.*</th> <th>Ohio</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>64%</td> <td>64%</td> </tr> <tr> <td>2018</td> <td>64%</td> <td>63%</td> </tr> </tbody> </table>	Year	U.S.*	Ohio	2016	64%	64%	2018	64%	63%	(2018)			
Year	U.S.*	Ohio													
2016	64%	64%													
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			(2018)												
	Adult vision screening in the past two years (Henry County CHA, 2019)	<p>Vision</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>80%</td> </tr> <tr> <td>2022</td> <td>84%</td> </tr> </tbody> </table>	Year	Rate	2019	80%	2022	84%	80%	80%	80%	80%			
Year	Rate														
2019	80%														
2022	84%														
Increase Adults getting hearing test in past 2 years by 10% in 2028.	Adult hearing tested in the past two years (Henry County CHA, 2019)	<p>Hearing</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>31%</td> </tr> <tr> <td>2022</td> <td>32%</td> </tr> </tbody> </table>	Year	Rate	2019	31%	2022	32%	31%	Monitor	32.5%	34%			
Year	Rate														
2019	31%														
2022	32%														
Increase Adults getting skin test in past 2 years in 2028.	Adult skin test in the past two years (Henry County CHA, 2019)	<p>Skin</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>24%</td> </tr> <tr> <td>2022</td> <td>20%</td> </tr> </tbody> </table>	Year	Rate	2019	24%	2022	20%	24%	Monitor	25%	26.4%			
Year	Rate														
2019	24%														
2022	20%														

Increase adults getting bone density test by 10%.	Adult bone density in the past two years (Henry County CHA, 2019)	<p style="text-align: center;">Bone Density</p> <table border="1"> <caption>Bone Density Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>12%</td> </tr> <tr> <td>2022</td> <td>11%</td> </tr> </tbody> </table>	Year	Percentage	2019	12%	2022	11%	12%	Monitor	12.7%	13.2%
Year	Percentage											
2019	12%											
2022	11%											

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)												
Increase childhood vaccination rates for Henry County to 95% and get data from NAS.	Kindergarteners Single Antigen Up-To-Date Rates, 2019-2020 School Year (ODH, School Immunization Level Assessment) <i>Note: *Does not include Napoleon Public Schools)</i>	<p style="text-align: center;">Kindergarteners Single Antigen Up-To-Date Rates, Henry County* Ohio</p> <table border="1"> <caption>Kindergarten Single Antigen Up-To-Date Rates, Henry County* Ohio</caption> <thead> <tr> <th>Antigen</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>Varicella</td> <td>92%</td> </tr> <tr> <td>Hep B</td> <td>95%</td> </tr> <tr> <td>MMR</td> <td>93%</td> </tr> <tr> <td>Polio</td> <td>93%</td> </tr> <tr> <td>Dtap</td> <td>92%</td> </tr> </tbody> </table>	Antigen	Rate (%)	Varicella	92%	Hep B	95%	MMR	93%	Polio	93%	Dtap	92%	←	95%	95%	95%
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	Ohio (ODH, School Immunization Level Assessment)	<p style="text-align: center;">Kindergarteners Single Antigen Up-To-Date Rates, Ohio</p> <table border="1"> <caption>Kindergarten Single Antigen Up-To-Date Rates, Ohio</caption> <thead> <tr> <th>Antigen</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>Dtap</td> <td>92%</td> </tr> <tr> <td>Polio</td> <td>93%</td> </tr> <tr> <td>MMR</td> <td>93%</td> </tr> <tr> <td>Hep B</td> <td>95%</td> </tr> <tr> <td>Varicella</td> <td>92%</td> </tr> </tbody> </table>	Antigen	Rate (%)	Dtap	92%	Polio	93%	MMR	93%	Hep B	95%	Varicella	92%	Dtap 92% (2019-2020) Polio 93% (2019-2020) MMR 93% (2019-2020) Hep B 95% (2019-2020) Varicella 92% (2019-2020)			
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Varicella	92%																	

	United States (Seither, et al., 2021)	Kindergarteners Single Antigen Up-To-Date Rates, U.S. 	←			
Completion of Adult vaccine objectives: Maintain: Tdap-75% Pneu-80% Increase: Shingles-30%	Completion of Adult Vaccine-TDAP, Pneumonia, Shingles	Tdap Booster in the Past 10 Years 	Tdap in the past 10 years-75% (2019)	Tdap-maintain	Tdap-maintain	Tdap-maintain
		Pneumonia Vaccine in Lifetime 	Pneumonia vaccine aged 65+-80% (2019)	Pneu-maintain	Pneu-maintain	Pneu-maintain

		<p>Shingles Vaccine in Lifetime</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>20%</td> </tr> <tr> <td>2022</td> <td>32%</td> </tr> </tbody> </table>	Year	Percentage	2019	20%	2022	32%	Shingles vaccine-20% (2019)	Shingles-30%	Shingles-30%	Shingles-30%
Year	Percentage											
2019	20%											
2022	32%											
	Ohio (BRFSS)	N.A.	Tetanus Shot since 2005-70.4% (2019) Pneumonia vaccine aged 65+-74.7% (2019) Shingles vaccine-28.9% (2017)									
	United States (BRFSS)	N.A.	Tetanus Shot since 2005-72.7% (2019) Pneumonia vaccine aged 65+-73.3% (2019) Shingles vaccine-28.9% (2017)									

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
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Increase completion of COVID Vaccine to 70%.	Completed COVID-19 vaccine (ODH COVID-19 Vaccine Dashboard, 2/16/2023)	Percentage Who Received at Least One Valid Dose of COVID-19 Vaccine 	39% (6/28/2021)	70%	70%	70%
	Ohio (ODH COVID-19 Vaccine Dashboard)	N.A.	44% (6/28/2021)			
	United States (CDC)	N.A.	46% (6/28/2021)			

Commented [KP12]: According to the dashboard (and some math), 68% of Henry County residents aged 20 and older had at least one COVID-19 vaccine.

Among our CHSA adult respondents, 82% reported receiving at least one COVID-19 vaccine.



Health Partners

This section outlines the individuals and organizations that have participated in the working groups and/or accepted responsibility for implementing strategies.

Kristi Barnd	Henry County Hospital
Sheana Behringer	NOCAC
Phil Brock	NOCAC

Pamela Bunch	Paramount Advantage
Kristen Campos	HC Job and Family Services
Susan Davis	HCHD
Lee Ann Druhot	Henry County Hospital
Joy Ermie	Commissioner Henry County Health Department
Tracy Gerken	Henry County Hospital – Social Worker
Jennifer Hernandez	HCHD
Jan Hoffer	Henry County Hospital - Discharge Nurse
Jill Keller	HCHD
Tiffany Kennerk	Henry County Hospital
Sharon Meece	HCHD
Bev Palmer	A Renewed Mind – Program Manager
Krista Payne	HCHD
Cathy Price	Filling Home
Angel Robinson	Henry County Hospital
Jessica Schultz	Mercy Health
Allyson Smith	HCHD
Victoria Taylor	Community Health Services
Linda Thiel	Community Health Services Federally Qualified Health Center



Community Resources

Below is a list of existing community resources for addressing access to care. The working group will continue to research and add new resources to this list during the implementation process.

Program/ Strategy/ Service	Responsible Agency	Population(s) Served
Transportation Network	Henry County Transportation Network	All
Hospital	Henry County Hospital	All
Medical care	Napoleon Clinic Henry County Family Medicine Henry County Family Medical Care Promedica Physicians	All
FQHC	Community Health Services	All-sliding fee scale
Henry County Cares	Henry County Health Department	Medicaid
Immunizations	Henry County Health Department	All
Children with Medical Handicaps	Henry County Health Department	Families with Children who have medical handicaps
Help Me Grow	Henry County Health Department	WIC families, prenatal to 3 years of age



Ohio State Health Improvement Plan (SHIP) Strategies

The following is an outline of the strategies from the Ohio State Health Improvement Plan related to this priority area.

HEALTH INSURANCE COVERAGE	
ODH Recommended Strategies	Includes
Insurance enrollment assistance for adults and children	<ul style="list-style-type: none"> Utilize existing resources such as Community Health Workers (CHWs) to raise awareness of health insurance enrollment assistance
LOCAL ACCESS TO PROVIDERS	
OHD Featured Strategies	Includes
Culturally competent workforce in underserved communities	<ul style="list-style-type: none"> Community health workers
Additional strategies	
Healthcare workforce professional development	<ul style="list-style-type: none"> Health career recruitment for minority students and other underrepresented or disadvantaged students (for example, Career Academies)
Other access supports	<ul style="list-style-type: none"> Health literacy interventions
Culturally competent workforce in underserved communities	<ul style="list-style-type: none"> Certified community health workers Support and expand the role of peer support specialists



Strategies

Items in blue text designate strategies and/or action steps that address health inequities.

*Designates strategies linked to Ohio State Health Improvement Plan

Community Health Priority: Access to Healthcare			
Objective: Increase the number of Henry County residents getting preventative care by providing equitable health care services people use and understand by 2028.			
Measure(s): Uninsured Population, Non-emergent ED Visits, Preventive Care Utilization			
<i>Henry County Improvement Strategies</i> (What We Want to Do)	<i>Henry County Action Steps</i> (How We're Going to Do It)	<i>Local Partners</i> (Who Needs to Work Together on This)	<i>Completion date</i>

			(when will work be accomplished)
a. Increase culturally competent healthcare workforce across the county including in underserved communities*	<ol style="list-style-type: none"> 1. Identify Community Health Workers (CHW)/patient navigators/patient advocates in Henry County 2. Create a robust CHW network for information sharing, networking, and support with the ultimate goal of improving healthcare services in HC. 3. Develop culturally/linguistically effective tools and processes to assist HC resident to access healthcare. 4. Determine the social determinants and subsequent barriers to accessing care. 5. Create policies within the local health care system to utilize CHW services to increase health equity. 	<p>Susan Davis, HCHD Christine McVay, A Renewed Mind Bev Palmer, A Renewed Mind Jen Leonard, CHS Victoria Taylor, NP CHS Kristen Campos, JFS Jan Huffer, Discharge Nurse HCH Tracy Gerken, Social Worker, HCH</p>	12.31.25
b. Develop healthcare workforce *	<ol style="list-style-type: none"> 1. Identify ways to recruit minority students and other underrepresented or disadvantaged populations to the local healthcare workforce. 2. Develop educational/career awareness for entry into health care fields for local students. 	<p>Joy Ermie, HC HCHD Allyson Smith, DON HCHD Kristi Barnd, CEO HCH Linda Thiel, CHS Cathy Price, Filling Home</p>	12.31.2025
c. Mental Health Urgent Care	<ol style="list-style-type: none"> 1. Establish a clinic to provide mental health care on an as needed or “urgent” basis 	<p>Alex Garcia, Guidestone</p>	12.31.2025

<p>d. Increase Healthcare access through a mobile unit for use by health department and partners in meet individuals where they are.</p>	<ol style="list-style-type: none"> 1. Purchase a Mobile unit 2. Utilize a Mobile unit 	<p>Joy Ermie, MPH, HC Henry County Health Department</p>	<p>12.31.2025</p>
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Housing



Housing

What shapes our health and wellbeing?

Lack of well-maintained and affordable housing contributes to a range of physical and mental health problems, including toxic and persistent stress and exposure to harmful contaminants such as lead and mold. High housing costs make it more difficult for families with low incomes to pay for other necessities, such as food and medical care, which also has a direct and negative impact on health.



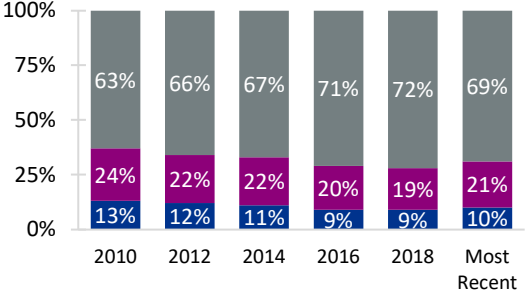
Objective: Increasing the availability of temporary housing solutions and develop quality affordable housing by 2028.

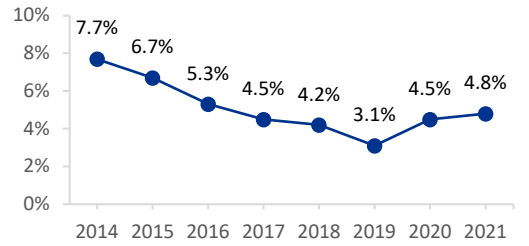
*Designates Indicators linked to Ohio State Health Improvement Plan

Desired Outcome	Indicator (source)	Trend	Baseline1 (2021)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
	Child poverty. Percent of children (< age 18) below the poverty level (ACS 5-yr est.)	Child Poverty 	17.3% (n = 1,109)			
	Ohio		18.6%			
	United States		17.0%			

	Adult poverty. Percentage of adults aged 18 and older below the poverty level (ACS 5-yr est.)	Adult Poverty 	8.3% Aged 18-64 (n = 1,324)			
	Ohio aged 18-64		12.7%			
	United States aged 18-64		11.8%			
HC priority populations – ALL AGES (9.7%)						
	Some other race alone		19.5% (n = 173)			
	Two or more races		20.9% (n = 190)			
	Hispanic or Latino of any race		17.9% (n = 386)			
HC priority populations – Aged 25+ (7.1%)						
	< H. S. graduate		15.4% (n = 179)			

Desired Outcome	Indicator (source)	Trend	Baseline (2021)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)																								
	Family poverty. Poverty status in the past 12 months of families (ACS 5-yr est.)	<p>Family Poverty</p> <table border="1"> <caption>Family Poverty Data (2010-2020)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2010</td><td>8%</td></tr> <tr><td>2011</td><td>~8.5%</td></tr> <tr><td>2012</td><td>~9.5%</td></tr> <tr><td>2013</td><td>~10.5%</td></tr> <tr><td>2014</td><td>~9.5%</td></tr> <tr><td>2015</td><td>~8.5%</td></tr> <tr><td>2016</td><td>~7.5%</td></tr> <tr><td>2017</td><td>~6.5%</td></tr> <tr><td>2018</td><td>~7.5%</td></tr> <tr><td>2019</td><td>~7.5%</td></tr> <tr><td>2020</td><td>~7.5%</td></tr> </tbody> </table>	Year	Percentage	2010	8%	2011	~8.5%	2012	~9.5%	2013	~10.5%	2014	~9.5%	2015	~8.5%	2016	~7.5%	2017	~6.5%	2018	~7.5%	2019	~7.5%	2020	~7.5%	7.1% (n = 520)			
Year	Percentage																													
2010	8%																													
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2020	~7.5%																													

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
	ALICE households. The share of households that are asset limited, income constrained, yet employed plus the share of household below the poverty level (Unitedforalice.org)	Economic Well-being Thresholds for Households 	31%			
	Ohio		39%			
	United States		42%			

Desired Outcome	Indicator (source)	Trend	Baseline (2021)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
	Unemployment Rate. Percent not employed among the population aged 16 and over in the labor force (ACS 5-yr est.)	Unemployment Rate 	4.8%			
	Ohio		5.3%			
	United States		5.5%			

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)																											
	Median household income. (ACS 5-yr est.)	<p>Median Household Income</p> <table border="1"> <caption>Median Household Income and Inflation Adj. 12/2022 (2014-2021)</caption> <thead> <tr> <th>Year</th> <th>Median Household Income</th> <th>Inflation Adj. 12/2022</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>\$52,526</td> <td>\$65,327</td> </tr> <tr> <td>2015</td> <td></td> <td></td> </tr> <tr> <td>2016</td> <td></td> <td></td> </tr> <tr> <td>2017</td> <td></td> <td></td> </tr> <tr> <td>2018</td> <td></td> <td></td> </tr> <tr> <td>2019</td> <td></td> <td></td> </tr> <tr> <td>2020</td> <td></td> <td></td> </tr> <tr> <td>2021</td> <td>\$64,513</td> <td>\$70,473</td> </tr> </tbody> </table>	Year	Median Household Income	Inflation Adj. 12/2022	2014	\$52,526	\$65,327	2015			2016			2017			2018			2019			2020			2021	\$64,513	\$70,473	\$64,513			
Year	Median Household Income	Inflation Adj. 12/2022																															
2014	\$52,526	\$65,327																															
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2020																																	
2021	\$64,513	\$70,473																															
	Ohio		\$61,938																														
	United States		\$69,021																														



Health Partners

This section outlines the individuals and organizations that have participated in the working groups and/or accepted responsibility for implementing strategies.

Kelly Aldrich, Hope Services

Jennifer Arps, Henry County Community Improvement Corp

Kristi Barnd, Henry County Hospital

Caren Bauer, New Home Development

Kelli Burkhardt, Together We Can Make a Difference

Tracy Busch, HC Emergency Management Agency

Susan Cheeseman NOCAC

Susan Davis, HCHD Henry County Cares

Heather Dunzweiler, YWCA CCR&R

Joy Ermie, Henry County Health Department

Denise Etzler, Together We Make A Difference
Angie Franklin, NOCAC
Bob Hastedt, Henry County Commissioner
Jamie Huber, NOCAC
Wendy Jenkins, NAMI
Shannon Jones, Job and Family Services
Jill Keller, Henry County Health Department
Sharon Meece, Henry County Health Department
Joel Miller, Henry County Chamber of Commerce
Krista Payne, Henry County Health Department
Kelsey Peterson, NOCAC
Cecily Rohrs, Non-profit housing Fulton County
Pastor Janine Shearer, Emmanuel Lutheran Church
Levi Stuckey, Crossroads church
Cathy Zwyer, Henry County Health Department

ODH Recommended Strategies	Includes
Rental Assistance	<ul style="list-style-type: none"> • Expand affordable housing programs for the lowest-income renters, including the Housing Choice Voucher Program (Section 8) <ul style="list-style-type: none"> ◦ Collaborate with state and local U.S. Department of Housing and Urban Development agencies to access local data and coordinate efforts to direct assistance to renters with lowest incomes ◦ Advocate for increased federal funding of rental assistance programs • Increase state investment in rental and housing assistance and housing solutions for Ohioans with low incomes
Affordable housing development and preservation	<ul style="list-style-type: none"> • Maintain and increase incentives for affordable housing developers that partner with healthcare and social services agencies to leverage federal funding.

	<ul style="list-style-type: none"> • Advocate for increased funding for housing trust funds*** = to provide gap financing for affordable housing development. • Advocate for local inclusionary zoning and housing policies to expand the areas where affordable housing can be built. • Preserve and develop affordable housing in neighborhoods with increasing land values through community land trusts.
Neighborhood improvements	<ul style="list-style-type: none"> • Develop and/or expand land banking. • Prioritize Community Development Block Grant (CDBG) = funding for neighborhood improvements and affordable housing development and preservation.



Community Resources

Below is a list of existing community resources for addressing substance misuse. The working group will continue to research and add new resources to this list during the implementation process.

Program/ Strategy/ Service	Responsible Agency	Population(s) Served
Non-profit	Together We Can Make a Difference	Those in poverty with toiletry, food, and other needs
Non-profit	Henry County United Way	Those in poverty with temporary financial needs
Non-profit	St Vincent De Paul	Those in poverty with temporary needs and food
Non-profit	Northwest Ohio Community Action Coalition	Homeless, transitional housing, food and other needs
Government Agency	Henry County Job and Family Services	Residents in need of services related to employment, housing, childcare etc.
Nonprofit	Pillars	Transitional housing



Strategies

The following is an outline of the strategies we will implement. If well-implemented and targeted to meet the needs of priority populations, the following evidence-informed strategies are likely to achieve the CHIP objectives for increasing economic stability in Henry County. Those in blue represent the strategies discussed in HC working group meetings.

Community Health Priority: Housing

Objective: Increasing the availability of temporary housing solutions and develop quality affordable housing by 2028.

Measure(s): Poverty rates, income, Alice Thresholds housing burden, unhoused population, Number of available resources

<i>Henry County Improvement Strategies</i> (What We Want to Do)	<i>Henry County Action Steps and Performance Measures</i> (How We are Going to Do It)	<i>Local Partners</i> (Who Needs to Work Together on This)
A. Increase availability of temporary housing for Henry County Residents	a. Get data regarding homelessness in Henry County	NOCAC Susan Davis, Henry County Cares
B. Increase quality of affordable housing in Henry County	b. Move the development of quality affordable housing to a reality in Henry County through communication with elected officials, developers, and others.	Joy Ermie Sharon Meece

Mental Health



Mental Health

How will we know mental health and well-being is improving in Henry County?

Unmet need for mental health care (under Access to Care in the SHIP)

There will be fewer days of sadness and hopelessness reported among youth and adults.

There will be fewer contemplations of suicide among youth and adults and there will be fewer suicides among youth and adults.



Objectives

1. Reduce Henry County youth and adults with depression by 2028.

2. Reduce Henry County youth and adults contemplating, attempting, and completing suicide by 2028.

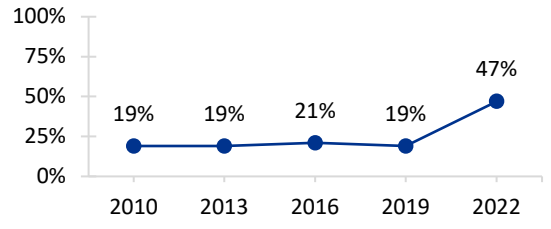
*Designates Indicators linked to Ohio State Health Improvement Plan

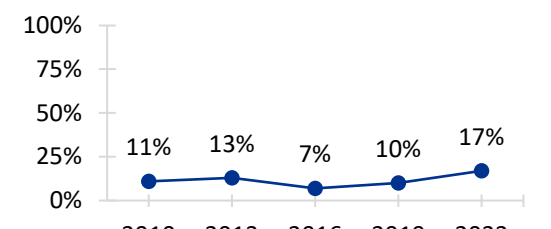
UNMET NEED FOR MENTAL HEALTH CARE						
Desired Outcome	Indicator (source)	Trend	Baseline	2022	Intermediate Target (2023-25)	Long-term Target (2026-28)
	Youth depression treatment unmet need.	ADAMhs Board is providing data	N.A.			
	Ohio (Percent of youth, ages 12-17, with major depressive episode who did not receive any mental health treatment within the past year (MHA analysis of NSDUH))		52% (2014-16)	49.0%	47.7%	46.4%
	Ohio (Percent of youth, grades 7-12, depressed as measured by the PHQ who did not receive any mental health treatment within the past year (OHYES))		61% (2018-19)			
	United States		N.A.			

Desired Outcome	Indicator (source)	Trend	Baseline	2022	Intermediate Target (2023-25)	Long-term Target (2026-28)
Increase the access to mental health services	Adult mental health care unmet need. Percent of adults, ages 18 and older, with mental illness in past year who reported perceived need for treatment/counseling that was not received (MHA analysis of NSDUH)	ADAMhs Board is providing data	N.A.			
	Ohio - Adult Unmet Need		8% (2018-19)			
	Ohio - Mild M.I.		68% (2018-19)			
	Ohio - Moderate M.I.		53% (2018-19)			
	Ohio - Serious M.I.		35% (2018-19)			
	U.S. - Adult Unmet Need		6% (2018-19)			
	U.S. - Mild M.I.		63% (2018-19)			
	U.S. - Moderate M.I.		51% (2018-19)			
	U.S. - Serious M.I.		31% (2018-19)			

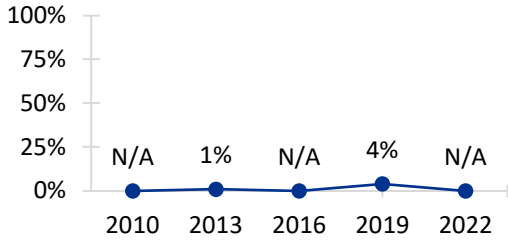
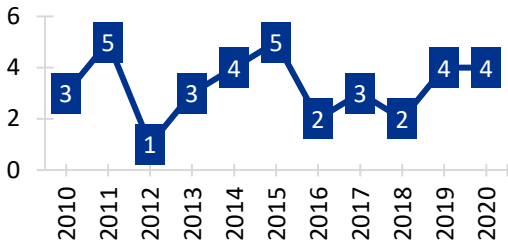
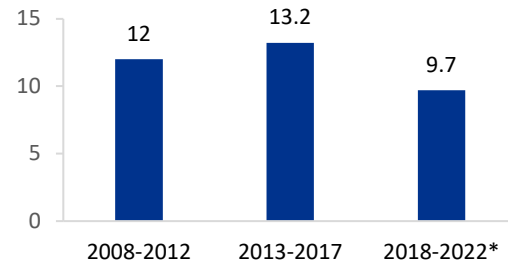
Note: M.I. stands for mental illness. These are updated numbers from <https://www.kff.org/statedata/> analysis of NSDUH data.

DEPRESSION																		
Desired Outcome	Indicator (source)	Trend	Baseline (2019)	2022	Intermediate Target (2025)	Long-term Target (2028)												
Reduce the percentage of girls reporting they felt sad or hopeless for 2 or more weeks from 26% to 21% by 2028.	Youth depression. Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months) (Henry County Youth CHA)	Youth Depression <table border="1"> <caption>Youth Depression Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2010</td> <td>21%</td> </tr> <tr> <td>2013</td> <td>21%</td> </tr> <tr> <td>2016</td> <td>18%</td> </tr> <tr> <td>2019</td> <td>21%</td> </tr> <tr> <td>2022</td> <td>33%</td> </tr> </tbody> </table>	Year	Percentage	2010	21%	2013	21%	2016	18%	2019	21%	2022	33%	21%	33%	Monitor	Monitor
Year	Percentage																	
2010	21%																	
2013	21%																	
2016	18%																	
2019	21%																	
2022	33%																	
Henry County Priority Populations																		

	Girls		26%	42%		
	Ohio (7 th -12 th)		24% (2018/19)			
	U.S. (9 th -12 th)		37% (2019)			
Desired Outcome	Indicator (source)	Trend	Baseline (2019)	2022	Intermediate Target (2025)	Long-term Target (2028)
Reduce the percentage of adults suffering from depression by 10% in 2028.	Adults depression. The percentage who reported their mental health was not good on four or more days in the previous month (Henry County Adult CHA)	Adult Depression 	19%	47%	18%	17.1%
Henry County Priority Populations						
	Women		25%	73%		
	Ohio		25% (2018)			
	United States		24% (2018)			

SUICIDE						
Desired Outcome	Indicator (source)	Trend	Baseline (2019)	2022	Intermediate Target (2025)	Long-term Target (2028)
Reduce youth reporting seriously considered attempting suicide by 10% in 2028.	Youth suicide contemplation. Seriously considered attempting suicide (in the past 12 months) (Henry County Youth CHA, 7 th -12 th)	Youth Considered Suicide 	10%	17%	9.5%	9%
	Ohio (7 th -12 th)		13% (2018/19)			
	U.S. (9 th -12 th)		19% (2019)			

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	2022	Intermediate Target (2025)	Long-term Target (2028)
	Adult suicide contemplation. Seriously considered attempting suicide (in the past 12 months) (Henry County Adult CHA)	Adults Considered Suicide 	2%	5%	Monitor	Monitor
	Ohio		6% (2017-19)			
	United States		5% (2019)			
Desired Outcome	Indicator (source)	Trend	Baseline (2019)	2022	Intermediate Target (2025)	Long-term Target (2028)
Reduce Youth attempted suicide by 20% in 2028	Youth attempted suicide. Percentage of youth who self-report they had attempted suicide in the past year (Henry County Youth CHA, 7 th -12 th)	Youth Attempted Suicide 	6%	9%	5.5%	4.8%
	Ohio (7 th - 12 th)		7% (2018/19)			
	U.S. (9 th - 12 th)		9% (2019)			

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Reduce the percentage of Adults who report attempting suicide by 25% by 2028.	Adults attempted suicide. Percentage of adults who self-report they had attempted suicide in the past year (Henry County Adult CHA)	Adults Attempted Suicide 	4%	N/A	2%	1%
	Ohio		N.A.			
	United States		0.6% (2019)			
Desired Outcome	Indicator (source)	Trend	Baseline (2019)	2022	Intermediate Target (2025)	Long-term Target (2028)
Reduce the number of suicide deaths from 4 to 2 by 2028.	Suicide deaths. Trend in the Number of Suicides Among Henry County Residents, 2007-2018. (HCHD analyses of Henry County Resident Mortality Files, 2007-2018)	Number of Suicides  Age-adjusted 5-year suicide rates 	4		3	2



Health Partners

This section outlines the individuals and organizations that have participated in the working groups and/or accepted responsibility for implementing strategies.

Emily Cordes	OSU Extension
Tiffany Day	HCHD
Joy Ermie	HCHD
Katie Frey	Resident
Ben Hartford	Napoleon Church of the Nazarene
Jill Keller	HCHD
Raegan Keller	Social Worker
Juli Lejman-Guy	St, Peters Lutheran Church Holgate
Tante Lovins	HCHD
Roberta Mack	CCFA
Christine McVay	A Renewed Mind
Kaitlyn Meece	Community Member
Sharon Meece	HCHD
Christie Metzner	Napoleon Area Schools Counselor
Dawn Miller	Maumee Valley Guidance Center
Ginny Minnick	St. Augustine School
Bev Palmer	A Renewed Mind
Krista Payne	HCHD
Lori Robison	A Renewed Mind Services
Bethany Shirkey	Four County Adams Board
Allyson Smith	HCHD
Karen VonDeylen	Maumee Valley Guidance
Kailie Williams	HCHD



Community Resources

Below is a list of existing community resources for addressing mental health (specifically depression and suicide prevention). The working group will continue to research and add new resources to this list during the implementation process.

*Designates strategies linked to Ohio State Health Improvement Plan

Program/ Strategy/ Service	Responsible Agency	Population(s) Served
4 Your Mental Health	Defiance, Fulton, Henry, and Williams County Health Departments Four County ADAMhs Board	Residents in Four-County area
Four County Suicide Prevention Coalition	Four County ADAMhs Board/ Maumee Valley Guidance	Youth and adults residing in Four-County area
Outpatient Counseling Services	Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center/ A Renewed Mind	Serves clients in Four-County area
Outpatient Counseling Services	Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center/ A Renewed Mind	Serves clients in Four-County area
Community Psychiatric Supportive Treatment Services	Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center/ A Renewed Mind	Serves clients in Four-County area
Psychiatric Services	Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center/ A Renewed Mind	Serves clients in Four-County area
Intensive Home-Based Treatment and Family Systems Therapy home-based model*	A Renewed Mind	Children and their families
General Outpatient Mental Health	Recovery Services of Northwest Ohio/ Maumee Valley Guidance Center/ Center for Child & Family Advocacy/ A Renewed Mind	Adults
Domestic Violence and Sexual Assault Counseling	Center for Child & Family Advocacy	Adults
Caregiver Support	Churches	Youth and adults
Caregiver Support	Hospice of Henry County/ Areas Office of Again	Caregivers
LOSS Team	Four County Suicide Prevention Coalition	Suicide survivors
Rox*	Patrick Henry/ Holgate	Youth girls

Depression Screening for children*	Maumee Valley Guidance	
Signs of Suicide (SOS)*	Maumee Valley Guidance-BJ Horner	staff
Mental Health First Aid*	Maumee Valley Guidance-BJ Horner	
Parent/ Teen Café*	Family Court	
1-800-GET-HELP and text "4HOPE"*		
Culture Project *	Toledo Catholic Diocese	St. Augustine school children
Ohio Youth Council*	Ridge Project	
Support Groups	NAMI	
Empowering families*	Renewed Mind Grant	Open to LC and NAS students and Medicaid families
Incredible Years-Dinosaur School -social and emotional learning *	Maumee Valley Guidance	K-1 st grade
Project Respect*	Ridge Project	6 th grade NAS and LC
PAX trauma info-classroom mgt*	NAS	Teachers
Pax Heroes*	NAS Laura Kamp	Teachers
2 nd Step SEL based *	NAS	School counselors
Crisis Intervention	Renewed Mind Crisis Line	All residents
Client Navigator	Renewed Mind	ALL residents-help finding right program.
Veteran Suicide	Maumee Valley Guidance	Veterans



Ohio State Health Improvement Plan (SHIP) Strategies

The following is an outline of the strategies from the Ohio State Health Improvement Plan related to this priority area.

UNMET NEED for MENTAL HEALTH CARE	
ODH Featured Strategies	Includes
Telehealth for mental health	<ul style="list-style-type: none"> • Tele-mental health services

Additional strategies	
Digital access to treatment services and crisis response	Includes <ul style="list-style-type: none"> • mHealth App for mental health • Crisis lines (for example, text “4hope”)

DEPRESSION	
ODH Featured Strategies	Includes
School-based	
Social and emotional instruction	<p>School-based social and emotional instruction, including comprehensive implementation of Ohio’s Social and Emotional Learning Standards</p> <p>For specific guidance on programs see:</p> <ul style="list-style-type: none"> • Ohio Department of Education’s Evidence-Based Clearinghouse • Collaborative for Academic, Social, and Emotional Learning (CASEL0 Guide to effective social and emotional learning programs)
Healthcare system	
Digital access to treatment services and crisis response	<ul style="list-style-type: none"> • Crisis lines (for example, text “4hope”) • Health services delivered through telephone or digital conference
Community-based	
Physical activity programs	<ul style="list-style-type: none"> • Activity programs for older adults • Community-based social support for physical activity
Parenting programs	<ul style="list-style-type: none"> • Group-based parenting programs • For some specific guidance on programs: The California Evidence-Based Clearinghouse for Child Welfare

Additional strategies	Includes
Community based	
Mental health education	<ul style="list-style-type: none"> • Mental health first aid courses for community members, school staff, first responders and others • Motivational interviewing training for those who may be trusted resources for people with mental health challenges, such as clinicians, providers, case managers, and community workers
Depression programs for older adults	<ul style="list-style-type: none"> • Programs to Encourage Active, Rewarding Lives (PEARLS) • Healthy IDEAS
Green spaces and parks	Increase, renovate or expand green spaces and parks

SUICIDE	
ODH Featured Strategies	Includes
Suicide awareness, prevention, and peer norm programs	<ul style="list-style-type: none"> • Universal school-based suicide awareness and education programs (included in Preventing Suicide: A technical package of policy, programs, and practices) • Youth peer mentoring (for example Sources of Strength, included in Preventing Suicide: A technical package of policy, programs, and practices) <p>For more specific guidance on programs see:</p> <ul style="list-style-type: none"> • SAMHSA’s Preventing Suicide: A Toolkit for High Schools
Limits on access to lethal means	<ul style="list-style-type: none"> • Child firearm access prevention

Additional strategies	Includes
Healthcare system	
Coordinated care for behavioral health	Integration of behavioral health services into primary care
Digital access to treatment services and crisis supports	<ul style="list-style-type: none"> • Crisis lines (for example, the National Suicide Prevention Hotline Lifeline at 10800-273-TALK (8255) or text “4hope”) • Tele mental health services
Community based	
Mental health education	<ul style="list-style-type: none"> • Mental health first aid courses for community members, school staff, first responders and others • Motivational interviewing training for those who may be trusted resources for people with mental health challenges, such as clinicians, providers, case managers, and community workers
Surveillance and data collection	Suicide Death Review Teams and other approaches to gathering data after a suicide has occurred



Strategies

Items in blue text designate strategies and/or action steps that address health inequities.

<p>Community Health Priority: Mental Health</p> <p>Objective: 1. Reduce Henry County youth and adults with depression by 2028. 2. Reduce Henry County youth and adults contemplating, attempting, and completing suicide by 2028.</p>		
<p>Measure(s): Unmet need for mental health care for youth and adults; depression among youth and adults; contemplating and attempting suicide among youth and adults, number completing suicide among Henry County residents</p>		
<p><i>Henry County Improvement Strategies</i> (What We Want to Do)</p>	<p><i>Henry County Action Steps</i> (How We're Going to Do It)</p>	<p><i>Local Partners</i> (Who Needs to Work Together on This)</p>
<p>A. Increase community awareness of mental health, depression, and suicide in Henry County.</p>	<ol style="list-style-type: none"> 1. Complete readiness assessment of suicide and depression within the county. 2. Presentations to businesses, community groups and media with results and opportunities for action (Readiness Assessment, CHA data and health briefs). 3. Community Event to inform Readiness Assessment, CHA data and health briefs. 4. Next cycle of the Readiness Assessment and Action Plan. 	<p>Karen VonDeylen, Maumee Valley Guidance Bethany Shirkey, ADAMh's Board Tante Lovins, Henry County Health Department</p> <p>Maumee Valley Guidance, ADAMh's Board and Henry County Health Department</p>
<p>B. Increase community awareness of mental health resources</p>	<ol style="list-style-type: none"> 1. Create a resource guide to provide equitable access to the many mental health services available in Henry County. 2. Promote mental health screening among Henry County Physicians. 	<p>Tara Leahy, Henry County Health Department</p> <p>Toni Long 4 County ADAMHs Tante Lovins Henry County Health Department</p>

<p>C. Increase Mental Health Resources in Henry County</p>	<ol style="list-style-type: none"> 1. Establish a Certified Community Behavioral Health Clinic in Henry County 2. Provide Grief Recovery educational programming 3. Increase the number of Adults, who serve adolescents) with Trauma Informed Care 	<p>Alex Garcia, Ohio Guidestone Bethany Shirkey, 4 county ADAMHS Board</p> <p>Tiffany Day, Henry County Health Department</p> <p>Tiffany Day, Henry County Health Department</p>
<p>D. Study social determinants impacting those who died by suicide or overdose</p>	<ol style="list-style-type: none"> 1. Establish a fatal review for suicide and overdose deaths to understand community impact and determine opportunities for improvement 	<p>Joy Ermie, Henry County Health Department</p>

Substance Misuse



Substance Misuse

How will we know if health is improving in Henry County?

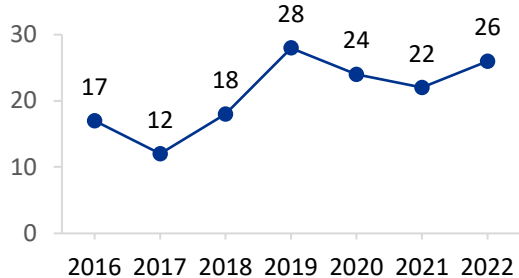
There will be fewer drug related deaths. There will be fewer drug related convictions. More individuals will successfully graduate from recovery programs.

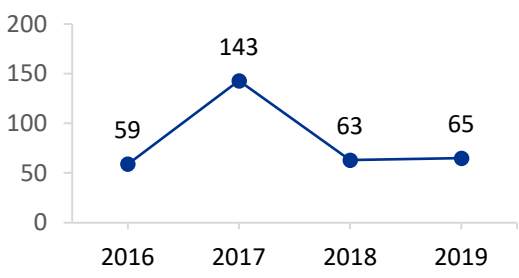


Objectives

Reduce the number of unintentional drug overdose deaths by 2028

Desired Outcome	Indicator (source)	Trend	Baseline (2018)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)																																	
Fewer unintentional drug overdose deaths.	Unintentional drug overdose deaths. Number of deaths due to unintentional drug overdose, per 100,000 population (ODH Vital Statistics)	Henry County Trend in Unintentional Drug Overdose Deaths, 2011-2020 <table border="1"> <caption>Henry County Trend in Unintentional Drug Overdose Deaths, 2011-2020</caption> <thead> <tr> <th>Year</th> <th>Number</th> <th>Age-Adj. Rate</th> </tr> </thead> <tbody> <tr><td>2011</td><td>0</td><td>0</td></tr> <tr><td>2012</td><td>2</td><td>2</td></tr> <tr><td>2013</td><td>1</td><td>1</td></tr> <tr><td>2014</td><td>2</td><td>2</td></tr> <tr><td>2015</td><td>6</td><td>6</td></tr> <tr><td>2016</td><td>5</td><td>5</td></tr> <tr><td>2017</td><td>3</td><td>3</td></tr> <tr><td>2018</td><td>10</td><td>10</td></tr> <tr><td>2019</td><td>5</td><td>5</td></tr> <tr><td>2020</td><td>5</td><td>23.3</td></tr> </tbody> </table>	Year	Number	Age-Adj. Rate	2011	0	0	2012	2	2	2013	1	1	2014	2	2	2015	6	6	2016	5	5	2017	3	3	2018	10	10	2019	5	5	2020	5	23.3	36.9/42.3	15	10	2
	Year	Number	Age-Adj. Rate																																				
	2011	0	0																																				
	2012	2	2																																				
	2013	1	1																																				
	2014	2	2																																				
	2015	6	6																																				
	2016	5	5																																				
2017	3	3																																					
2018	10	10																																					
2019	5	5																																					
2020	5	23.3																																					
Priority populations																																							
Adults, ages 25-34			64.9																																				
Adults, ages 35-44			154.2																																				
Adults, ages 55-64			50.6																																				
Men			52.3																																				
Ohio			32.2/34.2	28.7	24.6	20.5																																	
United States			20.7																																				

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)																
Fewer drug overdoses.	All drug overdoses. Number of overdose cases in Henry County (Man-unit Stats, 2019)	<p>Henry County Trend in Over Dose Cases, 2016-2021</p>  <table border="1"> <caption>Henry County Trend in Over Dose Cases, 2016-2021</caption> <thead> <tr> <th>Year</th> <th>Overdose Cases</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>17</td> </tr> <tr> <td>2017</td> <td>12</td> </tr> <tr> <td>2018</td> <td>18</td> </tr> <tr> <td>2019</td> <td>28</td> </tr> <tr> <td>2020</td> <td>24</td> </tr> <tr> <td>2021</td> <td>22</td> </tr> <tr> <td>2022</td> <td>26</td> </tr> </tbody> </table>	Year	Overdose Cases	2016	17	2017	12	2018	18	2019	28	2020	24	2021	22	2022	26	28			
Year	Overdose Cases																					
2016	17																					
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Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)										
Fewer drug related charges.	Drugs charges. Total number of charges in Henry County (Man-unit Stats, 2019)	<p>Henry County Trend in Total Drug Charges, 2016-2019</p>  <table border="1"> <caption>Henry County Trend in Total Drug Charges, 2016-2019</caption> <thead> <tr> <th>Year</th> <th>Total Drug Charges</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>59</td> </tr> <tr> <td>2017</td> <td>143</td> </tr> <tr> <td>2018</td> <td>63</td> </tr> <tr> <td>2019</td> <td>65</td> </tr> </tbody> </table>	Year	Total Drug Charges	2016	59	2017	143	2018	63	2019	65	65			
Year	Total Drug Charges															
2016	59															
2017	143															
2018	63															
2019	65															

Desired Outcome	Indicator (source)	Trend	Baseline (2019)	Short-term Target (2022)	Intermediate Target (2025)	Long-term Target (2028)
Increase the percentage of residents completing recovery programs.	Recovery program graduates.					



Strategies

The following is an outline of the strategies we will implement. If well-implemented and targeted to meet the needs of priority populations, the following evidence-informed strategies are likely to achieve the CHIP objectives for reducing drug overdose deaths in Henry County. To effectively reduce drug overdose deaths, CHIP partners should also implement community conditions, health behaviors, and access to care strategies.

ODH Recommended Strategies	Includes
Overdose prevention and reversal programs	
Naloxone education and distribution programs	<ul style="list-style-type: none"> • Become a Project DAWN community sites that can distribute naloxone • Use state funds to purchase naloxone for first responders
Addiction treatment access	
Culturally competent workforce in underserved communities	<ul style="list-style-type: none"> • Certified community health workers • Support and expand the role of peer support specialists
Digital access to crisis supports	<ul style="list-style-type: none"> • Crisis lines (for example, text “4hope” or 211)
Recovery supports	
Resource/Peer Support	Support recovery friendly communities including: <ul style="list-style-type: none"> • Peer recovery organizations for recovery drug addicts • Peer recovery organizations for friends and family/those personally affected by those who abuse drugs • Availability of “Support Kits” for friends and family

The following should be considered under strategies to ensure alignment with re-accreditation:

- Considerations of social determinants of health, causes of higher health risks and poorer health outcomes, and health inequities.
- Plans for policy and system level changes for the alleviation of identified causes of health inequity. Policy changes may address social and economic conditions that influence health and health equity including, for example, housing, transportation, education, job availability, neighborhood safety, and zoning.
- Add specific partner associated with each strategy.



Health Partners

This section outlines the individuals and organizations that have participated in the working groups and/or accepted responsibility for implementing strategies.

Katie Baden	Henry County Family Court
Abbie Badenhop	Henry County Family Court
Sue Barnes	Resident
Brent Bischoff	Veterans Services
Michael Bodenbender	Henry County Sheriff
Scott Buddelmeyer	Chief -South Joint Ambulance District
Michael Cavanaugh	County Prosecutor Office
Chelsea Diedrich	Arrowhead Behavioral Health
Joy Ermie	HCHD
Joel Frey	Napoleon Fire Department, Asst. Chief
Jason Goldswer	A Renewed Mind
Stephanie Herndon	The Ridge Project
Jill Keller	HCHD
Dave Mack	Napoleon Police Chief
Denise McColley	Judge, Family Court
Sharon Meece	HCHD
Heidi Mekus	Napoleon Area School Counselor
Bev Palmer	Renewed Mind
Clayton O'Brien	Napoleon Fire Chief
Krista Payne	HCHD
Ruth Peck	Recovery Services of NW Ohio
Bethany Shirkey	Four County Adams Board
Bethany Wachter	HCHD
Jodi Waldron	Scarborough Pharmacy Deshler
Shae William	Equitas Health
Maggie Westrick	The Ridge Project

Community Health Priority: Substance Misuse Objective: Reduce the number of adults in Henry County using drugs.		
Measure(s): Unintentional Drug Overdose Deaths, Number of Drug Overdoses, Drug Charges, Recovery Program Graduates		
<i>Henry County Improvement Strategies</i> (What We Want to Do)	<i>Henry County Action Steps and Performance Measures</i> (How We are Going to Do It)	<i>Local Partners</i> (Who Needs to Work Together on This)
A. Harm Reduction to reduce overdose deaths-Naloxone	a. Naloxone -Continue to be Project DAWN community site that can distribute naloxone b. Increase partners for distribution c. Focus groups with those with lived experience to increase distribution effectiveness	Tante Lovins Sharon Meece Ohio Guidestone
B. Increase those entering by continuing to develop a Quick Response Team	a. Maintain relationships with Law Enforcement and Recovery for established QRT team b. Continue to develop the process and effectiveness c. Develop resources for leave behind kits	Nicole Shank, LPN Nicole Ferguson, Sheriff Deputy Sherifff Napoleon PD
C. Harm Reduction to reduce Overdose Deaths-Fentanyl test strips	a. Consider community workgroup support for fentanyl test strips and possibilities for distribution.	Nicole Shank Tante Lovins
D. Provide a Support group for loved ones of those lost due to addiction	a. Continue to support Finding Our Way support group	Sue and Scott Barnes
E. Youth Prevention Grades 6-12	a. Promote Dead on Arrival Video through schools and social media b. Community wide initiative to promote healthier coping skills-Henry County Let's Talk	Sharon Meece, HCHD Tante Lovins

<p>F. Fatality Review Board</p> <p>G. Reduce stigma through community education.</p>	<p>c. School Programming through School resource officers, Maumee Valley Guidance</p> <p>a. Establish a fatality review board to study community impacts and opportunities to prevent overdose deaths.</p> <p>a. Pursue funding for community campaign</p> <p>b. Develop community campaign -One Pill can Kill</p> <p>c. Create educational booth to educate on substance misuse and accidental use.</p>	<p>Joy Ermie, HCHD HC</p> <p>Tante Lovins, HE Sharon Meece, CHS director</p>
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Community Resources

Below is a list of existing community resources for addressing substance misuse. The working group will continue to research and add new resources to this list during the implementation process.

Program/ Strategy/ Service	Responsible Agency	Population(s) Served
OMAHS Naloxone to 1 st Responders	Health Department	Henry County
Substance abuse and psychiatric treatment including inpatient and outpatient services	Arrowhead Behavioral Health	Northwest Ohio and Southeastern Michigan
Crisis Care Line 1800-468-4357	A Renewed Mind (ARM)	Northwest Ohio Region
A full continuum of care for both adult mental health and substance misuse disorders. Youth ages 6 and up	A Renewed Mind (ARM)	Northwest Ohio Region
General mental health agency with clinical therapeutic	Center for Child and Family Advocacy	Henry, Williams, Fulton and Defiance Counties

interventions and victim advocacy		
Care for the whole person: mind, body, spirit. Integrated model of care with multiple health care providers working together to address individual's health.	Health Partners of Northwest Ohio	Northwest Ohio
Mental Health agency providing assessments and treatment for youth and adults.	Maumee Valley Guidance	Henry, Williams, Fulton and Defiance Counties
Behavioral health service for adolescents and adults	Recovery Servicey of Northwest Ohio	Henry, Williams, Fulton and Defiance Counties
Deterra Bags	Henry County Health Department	ALL



Ohio State Health Improvement Plan (SHIP) Strategies

The following is an outline of the strategies from the Ohio State Health Improvement Plan related to this priority area.

ODH Recommended Strategies	Includes
Overdose prevention and reversal programs	
Naloxone education and distribution programs	<ul style="list-style-type: none"> • Become a Project DAWN community sites that can distribute naloxone • Use state funds (Community Innovation fund) to purchase naloxone for first responders
Addiction treatment access	
Culturally competent workforce in underserved communities	<ul style="list-style-type: none"> • Certified community health workers • Support and expand the role of peer support specialists
Digital access to crisis supports	<ul style="list-style-type: none"> • Crisis lines (for example, text "4hope" or 211)
Recovery supports	
Recovery communities and peer support	Support recovery friendly communities including: <ul style="list-style-type: none"> • Peer recovery organizations for recovery drug addicts • Alternative Peer Groups

Annual Update Reports



Access to Healthcare Year End Report 2023

Community Health Priority: Access to Healthcare
Objective: Increase the number of Henry County residents getting preventative care by providing equitable health care services people use and understand by 2028.

Measure(s): Uninsured Population, Non-emergent ED Visits, Preventive Care Utilization

STRATEGY	PROGRESS REPORT	BETTER OFF (who and how many?)	2024 IMPROVEMENTS and PLANS																											
<p>A. Increase culturally competent healthcare workforce across the county including in underserved communities*</p>	<ol style="list-style-type: none"> 1. Continued to develop Henry County Cares, a community health worker program through HCHD, to increase access to healthcare for those who experience barriers through language, literacy, mental health, etc. <ol style="list-style-type: none"> a. Community awareness of the CHW program has brought more referrals to those who can benefit. b. Increasing both CHW caseloads as well as participant engagement in the process has increased efficiency and results. 2. Create culturally and linguistically effective tools. <ol style="list-style-type: none"> a. CHW identified provider information and prescription documentation were not provided in clients 1st language creating a barrier. b. HCH worked with health care providers and local pharmacies to create an electronic process to ensure prescription documentation is provided in the client's 1st language. c. The workgroup learned of accessibility services available through Genoa Pharmacy. Genoa serves Ohio Guidestone and Community Health Services. d. HCH and HCHD increased access to many languages by using Language Line with a tablet allowing both parties to see each other increasing trust and understanding. 	<table border="1"> <thead> <tr> <th>Referrals Received</th> <th>2023</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>HCH</td> <td>31</td> <td>11</td> </tr> <tr> <td>JFS</td> <td>0</td> <td>2</td> </tr> <tr> <td>CHS</td> <td>5</td> <td>12</td> </tr> <tr> <td>Total Referrals</td> <td>171</td> <td>206</td> </tr> <tr> <td colspan="3">Support Provided to Clients</td> </tr> <tr> <td>Medical Referral</td> <td>65</td> <td>20</td> </tr> <tr> <td>Health Insurance</td> <td>36</td> <td>34</td> </tr> <tr> <td>Medical Home</td> <td>14</td> <td>9</td> </tr> </tbody> </table>	Referrals Received	2023	2022	HCH	31	11	JFS	0	2	CHS	5	12	Total Referrals	171	206	Support Provided to Clients			Medical Referral	65	20	Health Insurance	36	34	Medical Home	14	9	<ol style="list-style-type: none"> 1. Continue to grow CHW program to improve equitable health care services throughout Henry County. 2. Continue to work with health care providers, pharmacists, and other health professionals to improve health literacy.
Referrals Received	2023	2022																												
HCH	31	11																												
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Total Referrals	171	206																												
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Medical Referral	65	20																												
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<p>B. Develop healthcare workforce*</p>	<ol style="list-style-type: none"> 1. Identify ways to recruit minorities and other underrepresented or disadvantaged population to the local Health Care workforce. <ol style="list-style-type: none"> a. Community Health Services has added 2 bilingual staff. b. HCHD increased bilingual staff to include 2 in CHW and 2 in HMG. c. HCH continues work with high school students through Four County and CIC. d. HCH and HCHD attended local high school career events. e. NAMI 4 County is working with Henry County School Counselors to promote career options for students in mental health and behavioral health fields. f. HCHD became an academic health department with BGSU; had 3 interns and improved internal policies to attract collegiate interns. g. HCHD continues to develop Peer to Peer programming in area school districts to educate and spark interest in healthcare and public health professions. 	<p>4 events attended.</p> <p>3 public health interns.</p> <p>2 schools with Peer to Peer.</p>	<ol style="list-style-type: none"> 1. HCH will plan with CIC to bring students into the hospital to learn about the many job opportunities available. 2. Continue to develop healthcare career opportunity awareness in schools throughout the county. 3. HCHD will continue to grow the intern program.
<p>C. Reduce barriers and improve local access to health services.*</p>	<ol style="list-style-type: none"> 1. Increase access to Urgent Behavioral Health Care to lessen emergency department's burden. <ol style="list-style-type: none"> a. Ohio Guidestone through funding from 4 County ADAMhs Board established a Behavioral Health Urgent Care to increase access to mental and behavioral health care. b. Facility opened August 21st at 600 Freedom Drive hours are M-F 9am-1pm c. 2nd Urgent Care opened for alcohol related treatment. 2. Acquire a mobile health care unit to provide services throughout Henry County. <ol style="list-style-type: none"> a. Mobile Unit was purchased by HCHD with grant funding and is being prepped to put in service. 	<p>25 clients using urgent care.</p> <p>1 mobile unit acquired.</p>	<ol style="list-style-type: none"> 1. Support the growth of Ohio Guidestone's Behavioral Health Urgent Care. 2. Utilize mobile unit to provide health services throughout Henry County. 3. Provide school-based health care services

General Summary: Access to Healthcare is about getting people the health care they need. 96% of Henry County adults have health insurance coverage. However, not everyone uses or accesses the healthcare they deserve by getting the preventative care and essential services they should. This workgroup is reducing barriers through community health workers, health care workforce development, improved access through urgent cares and a mobile unit, and providing those services in the clients' 1st language. This group membership has grown from 15 in 2019 to 25 members in 2021 to 35 members in 2022. In 2023, 41 members are collaborating to increase the access to healthcare by reducing barriers to equitable health care services.

*Designates strategies linked to Ohio State Health Improvement Plan.



Housing Year End Report 2023

Community Health Priority: Housing

Objective: Increase the availability of temporary housing solutions and develop affordable quality housing by 2028.

Measure(s): Homelessness; temporary housing; supportive housing; quality and affordable housing.

STRATEGIES	PROGRESS REPORT	Better Off (who and how many)	2024 improvements and plans												
<p>A. Increase availability of temporary housing* to reduce homelessness.</p>	<ol style="list-style-type: none"> Met with the Executive Director at Northwestern Ohio Community Action Commission to learn more about their services for 6 counties for homelessness and supportive housing: emergency shelter, rapid rehousing, permanent supportive housing and Path Center. Data collection to determine temporary housing needs began. 	<table border="1"> <thead> <tr> <th colspan="3">Homeless Data</th> </tr> <tr> <th></th> <th>2nd Qtr</th> <th>3rd Qtr</th> </tr> </thead> <tbody> <tr> <td># households identified as homeless</td> <td>6</td> <td>15</td> </tr> <tr> <td># homeless households that established stable housing</td> <td>0</td> <td>1</td> </tr> </tbody> </table>	Homeless Data				2 nd Qtr	3 rd Qtr	# households identified as homeless	6	15	# homeless households that established stable housing	0	1	<ol style="list-style-type: none"> Identify sources of data to determine the number of Henry County residents who are homeless and receive help through NOCAC and other service organizations. Determine if there are gaps in local resources.
Homeless Data															
	2 nd Qtr	3 rd Qtr													
# households identified as homeless	6	15													
# homeless households that established stable housing	0	1													
<p>B. Increase affordable quality housing. *</p>	<ol style="list-style-type: none"> Henry County has a shortage of housing units including both rentals and privately owned homes. The workgroup continues its work with local leadership on housing development in Henry County. Learned about Housing and Urban Development’s (HUD) Housing Choice Vouchers. Discussions continue with Robert Bender, The Provident Companies for the expansion of Oakwood Village Apartments. 	<p>No one yet</p>	<ol style="list-style-type: none"> Will continue to look for opportunities to expand housing in Henry County. 												

General Summary: This group was newly formed from the Economic Stability Workgroup from last CHA cycle. Initially, the workgroup struggled to gain a footing on how to strategize related to housing. It was determined that housing needs fell into 2 categories: homelessness and availability of affordable quality housing. Since June the group has been studying data to determine the everchanging number of people who are homeless in Henry County and to determine if those deemed homeless are getting their housing needs met. Conversations at local and state level continue regarding affordable quality housing. This group meets quarterly and currently has 25 members.

*Designates Indicators linked to Ohio State Health Improvement Plan.



Mental Health Year End Report 2023

Community Health Priority: Mental Health

Objective: 1) Reduce Henry County youth and adults with depression by 2028.

2) Reduce Henry County youth and adults contemplating, attempting, and dying by suicide by 2028.

Measure(s): Unmet need, self-reporting of sadness or hopelessness, depression, attempting suicide, number of suicide deaths.

STRATEGIES	PROGRESS REPORT	BETTER OFF (who and how many?)	2024 IMPROVEMENTS and PLANS																																				
<p>A. Increase community awareness and break stigma of mental health, depression, and suicide in Henry County.</p>	<ol style="list-style-type: none"> 1. A health fair-type booth at community events to increase awareness, break stigma, and promote local resources through interaction with residents. Provided by #4YourMentalHealth & ADAMhs Board 2. Marketing campaign with Channel 13 including new messaging, through commercials, social media, billboards and website by #4YourMental Health & ADAMhs Board. 3. 3rd Annual Suicide Prevention Breakfast to promote suicide and mental health awareness focusing on businesses, schools, and youth. Organized by Four County Suicide Coalition and funded by ADAMhs Board. 4. Mental Health First Aid Classes for youth and adults provided by Maumee Valley Guidance and funded by ADAMhs board. 5. Peer to Peer education in Patrick Henry to increase youth resiliency around mental health and other public health programming utilizing students as health educators. 	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="1365 621 1873 656">#4YMH Community Education</th> </tr> </thead> <tbody> <tr> <td data-bbox="1365 656 1763 690">Henry County Events</td> <td data-bbox="1763 656 1873 690">21</td> </tr> <tr> <td data-bbox="1365 690 1763 724"># of Engagements</td> <td data-bbox="1763 690 1873 724">2,015</td> </tr> <tr> <td data-bbox="1365 724 1763 758">Social Media posts</td> <td data-bbox="1763 724 1873 758">33</td> </tr> <tr> <td data-bbox="1365 758 1763 792"># of Henry County FB impressions</td> <td data-bbox="1763 758 1873 792">63,165</td> </tr> <tr> <td data-bbox="1365 792 1763 826">Billboards</td> <td data-bbox="1763 792 1873 826">6</td> </tr> <tr> <td data-bbox="1365 826 1763 860">Website with MH content</td> <td data-bbox="1763 826 1873 860">1</td> </tr> <tr> <td data-bbox="1365 860 1763 915"># of users in 4 county area</td> <td data-bbox="1763 860 1873 915">5,482</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2" data-bbox="1365 954 1873 989">Mental Health 1st Aid</th> </tr> </thead> <tbody> <tr> <td data-bbox="1365 989 1763 1023"># of classes in HC</td> <td data-bbox="1763 989 1873 1023">6</td> </tr> <tr> <td data-bbox="1365 1023 1763 1057"># of people trained</td> <td data-bbox="1763 1023 1873 1057">117</td> </tr> <tr> <td data-bbox="1365 1057 1763 1091"># of classes in HC schools</td> <td data-bbox="1763 1057 1873 1091">4</td> </tr> <tr> <td data-bbox="1365 1091 1763 1125"># of students trained</td> <td data-bbox="1763 1091 1873 1125">59</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2" data-bbox="1365 1141 1873 1175">Suicide Prevention Breakfast</th> </tr> </thead> <tbody> <tr> <td data-bbox="1365 1175 1763 1209"># of Henry County attendees</td> <td data-bbox="1763 1175 1873 1209">21</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2" data-bbox="1365 1214 1873 1248">Peer to Peer</th> </tr> </thead> <tbody> <tr> <td data-bbox="1365 1248 1763 1282"># of schools</td> <td data-bbox="1763 1248 1873 1282">2</td> </tr> <tr> <td data-bbox="1365 1282 1763 1317"># of student peer educators</td> <td data-bbox="1763 1282 1873 1317">11</td> </tr> </tbody> </table>	#4YMH Community Education		Henry County Events	21	# of Engagements	2,015	Social Media posts	33	# of Henry County FB impressions	63,165	Billboards	6	Website with MH content	1	# of users in 4 county area	5,482	Mental Health 1 st Aid		# of classes in HC	6	# of people trained	117	# of classes in HC schools	4	# of students trained	59	Suicide Prevention Breakfast		# of Henry County attendees	21	Peer to Peer		# of schools	2	# of student peer educators	11	<ol style="list-style-type: none"> 1. Continue to meet the needs of the community by providing information on available mental health and behavioral health resources. 2. Continue to do population level education on strategies and tools to maintain one's mental health including Fatality reviews for Suicide and Overdose. 3. Continue 4th Annual Suicide Prevention Breakfast . 4. Peer to Peer Programming continue in Patrick Henry and Napoleon. Establish in Holgate and Liberty Center.
#4YMH Community Education																																							
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<p>B. Increase awareness of mental health resources.</p>	<ol style="list-style-type: none"> 1. Resource Guide available electronically on NOCAC website. 2. Continued to provide printed resource guides as available and promote online availability through social media and through business cards by provided by Henry County Health Department. 3. Suicide Coalition completed visits to physician offices in Henry County to educate on mental health screenings during a patient visit. 	<table border="1"> <tr> <th colspan="2">Promote Mental Health Screenings</th> </tr> <tr> <td>Physician Offices visited</td> <td>2</td> </tr> <tr> <td>Health care providers educated</td> <td>8</td> </tr> </table>	Promote Mental Health Screenings		Physician Offices visited	2	Health care providers educated	8	<ol style="list-style-type: none"> 1. Continue to promote online availability through social media and through business cards. 2. Will revisit all physician offices in 2026 to educate on mental health screenings during patient office visits. 		
Promote Mental Health Screenings											
Physician Offices visited	2										
Health care providers educated	8										
<p>C. Increase community mental health resources.</p>	<ol style="list-style-type: none"> 1. Behavioral Health Urgent Care provided by Ohio Guidestone opened August 21st, 2023. This Certified Community Behavioral Health Clinic in Napoleon serves the 4-county area to provide urgent mental health care services and reduce barriers. 2. Grief Recovery Method Education provided by Henry County Health Department for adults and adults who work with youth. 	<table border="1"> <tr> <th colspan="2">Mental Health Urgent Care</th> </tr> <tr> <td>Patients served</td> <td>25</td> </tr> <tr> <th colspan="2">Grief Recovery Method Courses</th> </tr> <tr> <td>People educated</td> <td>28</td> </tr> </table>	Mental Health Urgent Care		Patients served	25	Grief Recovery Method Courses		People educated	28	<ol style="list-style-type: none"> 1. Increase Walk- In Mental Health urgent care clientele. 2. Continue to provide GRM courses throughout Henry County both in person and through Zoom. 3. Increase the number of “Trusted Adults” through education- Adolescent Health Grant.
Mental Health Urgent Care											
Patients served	25										
Grief Recovery Method Courses											
People educated	28										
<p>D. Fatality reviews for overdose and suicide.</p>	<ol style="list-style-type: none"> 1. Joy Ermie, Health Commissioner appointed by Henry County Commissioners to form a Drug Overdose and Suicide fatality Review Committee. A highly confidential review board to study root causes and identify patterns or opportunities to reduce harm and prevent deaths. 		<ol style="list-style-type: none"> 2. Initiate the Review Board in conjunction with Infant Mortality Review Board. 								

General Summary: Henry County is fortunate to have considerable mental and behavioral health resources. Through the workgroup it has been identified residents lack awareness of the services, programming, and/or how to access them. Educating to reduce the stigma of mental health issues and increase understanding of where and when to get help if needed is the focus of this initiative. This group has grown by 330% since 2020 with 10 members, 2021:25 members, 2022: 32 members. In 2023 there are 43 members who are collaborating and working to improve mental health in Henry County.

*Designates strategies linked to Ohio State Health Improvement Plan.



Substance Misuse Year End Report 2023

Community Health Priority: **Substance Misuse**

Objective: **Reduce the number of unintentional drug overdose deaths by 2028.**

Measure(s): Unintentional Drug Overdose Deaths, Number of Drug Overdoses, Drug Charges, Recovery Program Graduates

STRATEGIES	PROGRESS REPORT	Better Off (who and how many?)	2024 improvements and plans																																					
<p>A. Distribute Naloxone and provide education to reduce overdose deaths.</p>	<ol style="list-style-type: none"> HCHD received the ODH Integrated Harm Grant to increase naloxone education and distribution in Henry County and increase access to services promoting recovery. Created a shortened naloxone training video starring a local 1st responder. All Four School districts, Four County and Northwest State have naloxone in a first aid kit kept with nurses. Northwest State and Four County have trained and supplied their crisis teams. Napoleon has trained and supplied staff. Overdose Awareness Day on August 31st included a Henry County Commissioner signed proclamation and an event at the courthouse, including community involvement, resource booths, t-shirts, speakers, and a remembrance butterfly release. Henry County Hospital Emergency Department became a Project DAWN Distribution Partner allowing ED staff to train and distribute naloxone to patients. Conducted focus groups with those who have lived experience of substance use to determine strategic placement of naloxone. Trainings provided to the Rotary Club, ADAMhs Board, Family Court, Fire Chiefs' Meeting. Attended 38 events educating on substance misuse and providing naloxone utilizing the One Pill Can Kill display purchased with Opioid Settlement Funding through Henry County Commissioners. 	<p>Lives saved: 12 overdose reversals reported.</p> <table border="1" data-bbox="1419 639 1943 894"> <thead> <tr> <th colspan="5">Naloxone kits distributed:</th> </tr> <tr> <th></th> <th>2021</th> <th>2022</th> <th>2023</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Project Dawn Kits</td> <td>19</td> <td>266</td> <td>401</td> <td>686</td> </tr> <tr> <td># Educated</td> <td>19</td> <td>254</td> <td>512</td> <td>785</td> </tr> <tr> <td>Kits to 1st Responders</td> <td>64</td> <td>76</td> <td>60</td> <td>200</td> </tr> </tbody> </table> <table border="1" data-bbox="1419 932 1903 1040"> <thead> <tr> <th colspan="2">2023 Community events:</th> </tr> </thead> <tbody> <tr> <td># of events attended</td> <td>38</td> </tr> <tr> <td># of engagements</td> <td>1,070</td> </tr> </tbody> </table> <table border="1" data-bbox="1419 1078 1889 1224"> <thead> <tr> <th colspan="2">OD awareness day</th> </tr> </thead> <tbody> <tr> <td># attended</td> <td>150</td> </tr> <tr> <td># of community resources present</td> <td>16</td> </tr> </tbody> </table>	Naloxone kits distributed:						2021	2022	2023	Total	Project Dawn Kits	19	266	401	686	# Educated	19	254	512	785	Kits to 1 st Responders	64	76	60	200	2023 Community events:		# of events attended	38	# of engagements	1,070	OD awareness day		# attended	150	# of community resources present	16	<ol style="list-style-type: none"> Continue naloxone education and distribution. Increase the number of naloxone distribution partners in Napoleon. Reduce barriers for attaining naloxone by placing boxes containing naloxone in targeted locations. Continue to reduce stigma and educate the public on risks of substance misuse at community events utilizing the One Pill Can Kill display.
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<p>B. Continue Quick Response Team efforts to encourage admission to recovery.</p>	<ol style="list-style-type: none"> Ohio Deflection Day event at Speedway Gas station in Napoleon. Engaging with 9 people and handing out kits. Educated Henry County Sheriff, Defiance County Law Enforcement, Ohio Department of Public Safety, and Family Court on QRT purpose, process, and how to refer someone. Began accepting referrals from others in community outside of law enforcement. 	<table border="1"> <thead> <tr> <th colspan="3">Quick Response Team</th> </tr> <tr> <th></th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Law enforcement referrals</td> <td>5</td> <td>10</td> </tr> <tr> <td>Attempts to contact</td> <td>5</td> <td>14</td> </tr> <tr> <td>Contacts made</td> <td>1</td> <td>3</td> </tr> <tr> <td>Referred to treatment</td> <td>1</td> <td>2</td> </tr> <tr> <td>Resource/info. left behind</td> <td>3</td> <td>12</td> </tr> </tbody> </table>	Quick Response Team				2022	2023	Law enforcement referrals	5	10	Attempts to contact	5	14	Contacts made	1	3	Referred to treatment	1	2	Resource/info. left behind	3	12	<ol style="list-style-type: none"> Continue to respond to those who have overdosed. Continue to take community referrals.
Quick Response Team																								
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<p>C. Provide a Loved One's Support Group.</p>	<ol style="list-style-type: none"> Organized Awareness Billboard "One Pill Kills" funded by Opioid Settlement funding through Henry County Commissioners. Held monthly support group meetings, although attendance has been low. Attended community events and awareness days to educate the public: Senior health Day, OAD day, Henry County Let's Talk 4 events. 	<table border="1"> <thead> <tr> <th colspan="2">Finding our Way Support Group</th> </tr> </thead> <tbody> <tr> <td>Support group meetings held</td> <td>12</td> </tr> <tr> <td># of attendees</td> <td>5</td> </tr> <tr> <th colspan="2">Promotion to reduce stigma</th> </tr> <tr> <td># of events</td> <td>10</td> </tr> <tr> <td># of cards distributed</td> <td>3,000</td> </tr> </tbody> </table>	Finding our Way Support Group		Support group meetings held	12	# of attendees	5	Promotion to reduce stigma		# of events	10	# of cards distributed	3,000	<ol style="list-style-type: none"> Look at additional ways to promote the support group. Continue to educate the community on loss from an overdose. 									
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<p>D. Provide upstream initiatives to prevent substance misuse</p>	<ol style="list-style-type: none"> "Dead On Arrival" video shared by Henry County Sheriff and Napoleon Police Department to offices, SRO's, schools. Maumee Valley Guidance shared through Northwest Ohio Juvenile Detention and HCHD shared through social media from March until May 2023. Substance Use Breakfast for Awareness was held in cooperation with 4 counties targeting professionals from the following sectors: healthcare, faith based, behavioral health, education, local government, local health department, and law enforcement. This workgroup gave presentations regarding our work with naloxone distribution and QRT to reduce overdose death. Henry County Let's Talk Initiative to provide mental health education on positive and negative coping skills when faced with life's stressors. School assemblies were held at all 4 school districts for students 6-12th grade. Community programs were held in the evening at all 4 schools including a mental health fair with local resources. 	<table border="1"> <thead> <tr> <th colspan="2">Dead on Arrival Video</th> </tr> </thead> <tbody> <tr> <td>Social Media reaches</td> <td>3,021</td> </tr> <tr> <th colspan="2">Substance Use Breakfast</th> </tr> <tr> <td>Henry County representation</td> <td>49</td> </tr> <tr> <th colspan="2">Henry County Let's Talk</th> </tr> <tr> <td># of students educated</td> <td>2097</td> </tr> <tr> <td># school staff educated</td> <td>135</td> </tr> <tr> <td># of community members educated</td> <td>220</td> </tr> </tbody> </table>	Dead on Arrival Video		Social Media reaches	3,021	Substance Use Breakfast		Henry County representation	49	Henry County Let's Talk		# of students educated	2097	# school staff educated	135	# of community members educated	220	<ol style="list-style-type: none"> Continue to provide upstream programming at a population level to educate the community on risk of substance misuse. Utilize Peer to Peer programming to support school initiatives and other data driven programming for local youth. 					
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General Summary: Last year, we were concerned about sustainable funding and this year we attained funding through Opioid Settlement Funds and ODH Integrated Harm Grant. Through this funding the defensive strategy of naloxone education and distribution to reduce harm combined with the very direct QRT work has expanded and the upstream preventative strategies have been implemented to educate youth and adults to prevent substance misuse. The workgroup Substance membership increased from 15 members in 2020 to 34 in 2021 to 37 in 2022. In 2023 we have 43 community members collaborating and working to reduce substance misuse and overdose deaths in Henry County.

*Designates strategies linked to Ohio State Health Improvement Plan