Community Needs Assessment

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Overview of Lapeer County Mental Health Center

In the United States there are more than 500 Certified Community Behavioral Health Clinics (CCBHCs) operating in 45 states¹. This designation provides a standard for comprehensive range of mental health and substance use services and care regardless of payment source or diagnosis. In Michigan there are 34 total CCBHCs.² Lapeer County Community Mental Health (LCCMH) is a non-profit mental health organization and part of the Region 10 Prepaid Inpatient Health Plan (PHIP) consisting of Sanilac, St. Clair, and Genesee Counties. The catchment area is all of Lapeer County. Under the CCBHC grant there are nine primary services offered. These nine services are listed below.

- Screening, Assessment, Diagnosis
- Patient Centered Treatment Planning
- Outpatient Mental Health/ Substance use Disorder (MH/SUD)
- Crisis Services 24-hour Mobil Crisis, Crisis stabilization
- Peer Support
- Psychiatric Rehab
- Targeted Case Management
- Primary Health Screening & Monitoring
- Armed forces and Veterans Services

Description of service area



The geography of the county is 646.98³ square miles, and mostly rural. Total population is approximately 88,513 and the density in the county is approximately 137 people per square mile. There are 18 townships, seven villages, and three cities in Lapeer County. Burnside is the largest township at 54 square miles and each of the townships are approximately 36 square miles. ⁴

LCCMH services all of Lapeer County in three different service sites, all located in the city of Lapeer. LCCMH offers offsite services, such as mobile crisis stabilization, Assertive Community Treatment services (ACT), and Children's home visit services.

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https://migenweb.org/lapeer/Twp/Twp.html#:~:text=The%20county%20has%20663%20square,miles%2C%20except%20Burnside%20with%2054.

¹ <u>https://www.thenationalcouncil.org/program/ccbhc-success-</u>center/ccbhc-overview/

² https://www.thenationalcouncil.org/wp-content/uploads/2023/03/List-of-CCBHCs-by-State.pdf

 $^{^{3} \ \}underline{\text{https://www.census.gov/quickfacts/lapeercountymichigan}}$

Identification of the underserved population(s)

Lapeer County has significantly low racial and ethnic diversity with 96.1% of individuals identifying as White non-Hispanic. The next largest ethnicity identified is Hispanic or Latino at 4.7% and other races identified are; 1.2% Black/African American, .7% Asian, .5% American Indian or Alaska Native and 1.5% two or more races. The Kaiser Family Foundation (KFF) Reports suicide deaths in Michigan have increased fastest among people of color, younger individuals, and people who live in rural areas. Solation, relationship struggles, financial or housing insecurity, or problems with physical health are all considered risk factors for suicide.

Lapeer County has a large veteran population. According to the United States (U.S.) Census,⁶ about **9% of the population in Lapeer County holds a veteran status**; this is about one and a half times higher than the average rate in Michigan at 6% and in the U.S. at 6.4%. LCCMH serves 20 veterans form within the county.



Nationally, 6.2% of veterans 18 years and older were diagnosed with a substance used disorder and of those 4 in 5 struggled with alcohol use in 2019, according to National Survey on Drug Use and Health by the Substance Abuse and Mental Health Services Administration (SAMHSA).⁷ In the same report, 2.3% diagnosed with both a mental health and substance use condition. SAMHSA reports about 1 in 4 veterans are diagnosed with a mental health condition. In the U.S. veterans have elevated numbers of post-traumatic stress disorder at 7% compared to about 6% of the general population⁸. According to the 2022 National Veteran Suicide Prevention Annual Report, Veterans Affairs Suicide Prevention, in the United States 16% of suicide deaths are veterans and 71% of veteran suicides were a result of a firearm injury in 2022⁹.

https://www.samhsa.gov/data/sites/default/files/reports/rpt31103/2019 NSDUH-Veteran/Veterans%202019%20NSDUH.pdf

⁵ https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/michigan/

⁶ https://censusreporter.org/profiles/05000US26087-lapeer-county-mi/

^{8 &}lt;a href="https://www.ptsd.va.gov/understand/common/common_veterans.asp">https://www.ptsd.va.gov/understand/common/common_veterans.asp

⁹ https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf

In Michigan, approximately 4%¹⁰ of adult individuals identify as being part of the LGBTQ+ community. There is not currently a way to track youth that identify as LGBTQ+ in Lapeer County. Approximately 60% of those surveyed by the Trevor Project¹¹ are LGBTQ+ youth in Michigan who wanted mental health care in the past year and were not able to get it. Of those youth, about **45% seriously considered suicide**, and 15% had an attempt during the past year.

The CDC reports suicide as the 3rd leading cause of death in adolescents ages 15-19¹². In the LCCMH 2022 Satisfaction Report, completed by persons served and family members, it was clear that there needs to be more diverse services offered at the children's level in Lapeer County Youth Programs. Parents commenting:

"Having only one option in our county forces us to deal with situations that are not in our child's best interest. We often feel trapped because it's "this" or nothing". – Parent

In early 2023, a community focus group of non-profit leader's from the area met to discuss community needs. A theme centered on youth identified that there is a limited amount of provider services for **children and teens**. Additionally, low access to counseling for children and teens often with long waitlists and lack of diverse services. A direct idea that centered on this theme included: Teens

who are not severe but still need help do not get it and there is a lack of follow up care for children with Mental Illness (MI) who leave a facility.

The factors listed above indicate that culturally competent materials, evidence based training, and targeted service approaches are needed in support of youth, LGBTQ+, and veteran populations.

Input from key informants

Primary informants in the community include families of persons served, persons served, and aware community members. This report meaningfully involves qualitative and quantitative data collected directly from primary informants in Lapeer County via surveys and a focus group.

The key informants chosen were community partners and leaders from non-profit organizations consisting of schools, housing, medical, food, transportation, human services, and health department. The non-profit group met in person and participated in a voluntary focus group. All together, the groups consisted of a total of 22 members (N= 22).

In the focus group, six open-ended questions asked in a way to provide qualitative insights to the community needs. The focus group lasted approximately 35 minutes. There were two trained professionals taking notes and an online chat provided to those not

 $[\]frac{\text{10 https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=26\#economic}$

¹¹ https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-Michigan.pdf

¹² https://www.cdc.gov/nchs/fastats/adolescent-health.htm

in person. A question was asked and then opportunity to discuss this as a group in a casual town hall like forum. Some of the questions included:

What do you see as being the most significant physical and/or mental health needs that are not currently being addressed in our community?

Are there any support groups or community education topics needed in Lapeer County?

Each question with responses and a codebook can be provided upon request. Some of the major themes form the focus group were; barriers and accessibility, awareness, lack of mental health access for lower levels of care, health education and promotion, housing, food accessibility, services for children and teens, community and social engagement, and lack of treatment diversity. A codebook can be provided upon request.

LCCMH completes an annual Accessibility Report and Satisfaction Report. The intention of the survey is to seek feedback from individuals in services and supporting family members. This is a mailed survey focused on gathering information about persons served accessing services and satisfaction with the services received. There were 85 participants that responded. Some of the questions asked included:

Have you had difficulty getting services due to any barriers?

What would make services better for you or the community as a whole?

The above information is utilized throughout this report and is helpful to inform the community needs on a local level.

Cultures and languages in the service area

This section will review the cultures and languages spoken in the primary area catchment for LCCMH. The options for non-English speaking individuals to access a primary language are a third party phone language service line, and CyraCom virtual translation services. Internal service data indicates CyraCom during 2023 in the first quarter, there were 399 minutes of American Sign Language used and 34 minutes of Spanish used. There are also Spanish-speaking staff members who can translate.

According to the US Census data on limited English proficiency¹³, approximately 4.7% of people who live in Lapeer County speak a language other than English at home. About 1.7% of people speak English less than very well and 3.2% of people speak Spanish at home.

¹³ https://www.census.gov/acs/www/about/why-we-ask-eachquestion/language/

The above indicates due to the high percentage of Spanish speakers, materials and services need to continue to be offered in the language most easily accessible and culturally competent.

Prevalence of Related Health Needs

The CCBHC addresses both behavioral health and physical health conditions. The target person served consists of individuals in the catchment area with treatment needs. In Lapeer county has 14,248 individuals eligible for Medicaid and 6,499 are eligible for healthy Michigan plan in 2021¹⁴. This section will provide an overview of mental health, substance use, and related health needs.

Mental Health

According to the Behavioral Health Barometer report by SAMHSA, about 4.7% of Michiganders are diagnosed with a Serious Mental Illness (SMI)¹⁵. In the same report, it is noted that the annual prevalence of service use is 45.5% (or 696,000) are for those diagnosed with any mental illness (AMI), similar to the national average at 43.6%. The KFF Reports 29.9% of Michigan residents

reported symptoms of an anxiety disorder or depressive disorder February 1 to 13, 2023 compared to 32.3% of adults in the U.S.¹⁶ and 27.8% reported that they had an unmet need for counseling or therapy. In 2019, 68% of Michigan adults¹⁷ and 63% of high school students¹⁸ reported having one or more Adverse Childhood Experience (ACE). ACEs are potentially traumatic experiences that occur before the age of 18. The higher the ACE score the more likely the individual will engage in risky health behaviors leading to chronic disease, mental health conditions, stroke, and cancer¹⁹.

The Thumb Regional Community Health Data and Planning Dashboard broadly overseas a vast amount of data related to mental health and physical health conditions and covers four counties located in Michigan's thumb, including Lapeer, Tuscola, Huron, and Sanilac. The data is collected to support a report that informs the Community Health Improvement Plan (CHIP). There are targets for two major categories: behavioral health and obesity related chronic disease. Through this Thumb Regional Community Health Data and Planning Dashboard²⁰ it is reported that behavioral health suicide rates increased 2% from 2016-2020, and **Middle**

<u>Adult Infographic FINAL DRAFT.pdf?rev=46739d6194804590941b1819c0</u> 47a82f

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https://www.thumbhealth.org/_files/ugd/dc955f_1d4d3f2b8660477886bb 0e6c0f64ee71.pdf

/media/Project/Websites/mdhhs/Folder50/Folder2/2021_10_GreenBook.pdf?rev=45c65d4bbae84d8eb43440205a536a38

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https://www.samhsa.gov/data/sites/default/files/reports/rpt32839/Michigan-BH-Barometer Volume6.pdf

¹⁹ https://www.miacedata.org/

¹⁴ https://www.michigan.gov/-

 $^{^{16}}$ $\underline{\text{https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/michigan/}$

¹⁷ https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder50/Folder8/2019 ACEs Michigan

School & High School students reporting depression had a 5% increase, with a total of 39-46% reporting depression in 2022²¹. According to this same dashboard, 11% of individuals in 2017-2019 reported 14 or more poor mental health days.

LCCMH anticipates serving 890 individuals throughout the duration of the CCBHC project and annually serves about 1,800 people with severe and persistent mental illness. About 2% of the county's population are enrolled in LCCMH services. In 2022, analysis of initial contacts showed 1,506 individuals walked in or called to request services and of those 1,341 met criteria to be in services and scheduled an intake appointment, 103 individuals were referred to another health provider and 167 were put on a waiting list. There were 123 individuals did not meet eligibility criteria. The number of individuals denied LCCMH services is 17.18% for children and adults and the primary reason for denial of service is due to low severity need. This means that individuals who were denied primarily fell into the mild to moderate mental health level and often sought services elsewhere or received no services. Additionally, there were 375 hospital inpatient psychiatric admissions of LCCMH enrollees and the average length of stay was 6.64 days.

FY22	Denied	Opened	Kept Intake	% Denied
Children	87	206	296	29.39%
Adults	48	445	492	9.76%
Total	135	651	786	17.18%

This table indicates the number of children and adults who were *denied* services at initial assessment, created an *open* case at assessment, and *kept their intake* appointment with the agency. The percentage of individuals who were denied services is the *% denied* column.

In early 2023, a community focus group of non-profit leaders from the area met to discuss community needs. A theme centered on lack of **mental health access** for lower levels of care, because in the past individuals have been denied access to mental health care. Previously, LCCMH only accepted severe and persistent cases and denied low to moderate cases. A direct quote from this theme is:

"Some are; [aware] a number will say they called but didn't qualify" – Community member

In the LCCMH 2022 Satisfaction Survey Report, a parent discusses their son being denied for services: "Got denied so many times for son not being severe enough when he was." and another experience of being denied services, "Don't deny people [and] make us walk away." Another theme surfaced related to lack of treatment diversity for mental health and substance use. Mental health conditions with low severity needs are not being met with services like support groups, family support services, non-alcohol related recovery groups. Paraphrased ideas to this theme were; lack of providers for mental health and any groups other than AA- there

²¹ https://www.thumbhealth.org/healthdata

are not a ton of different options out there if someone does not connect with the AA modality. The CCBHC grant will allow for the expansion of services to all levels of mental health support and reduce the amount of denials.

Substance Use

In an opioid overdose report from University of Michigan Injury Prevention Center, there are two points of data being tracked: EMS Naloxone administrations and suspected fatal overdoses. These two data points are tracked from January 1, 2022 to March 19, 2023, it is reported that there were 16,813 EMS naloxone administration and 2,611 suspected fatal overdoses²². In Lapeer County there were 18 deaths in 2020 related to opioid overdoses and 2, 171 total in Michigan²³according to Michigan Department of Health and Human Services (MDHHS) substance use reports. The information on substance use from the Behavioral Risk Factor Survey (BRFS) Annual Report²⁴ focuses on alcohol consumption and does not have any additional information about other substances. The data indicates 17.4% of Michiganders reported binge drinking in at least one occasion within the past month. The highest prevalence of binge drinking is within the 25-34 year old age group (25.3%) followed by

18-24 (25.2%) and 35-44 year old age group (22.7%). In the 2023 community focus group, a theme raised on **Community and social engagement** and describes not many social opportunities for health education, support, or recovery. This primarily discusses opportunities for individuals in recovery to have the support they need. A direct quote outlined:

"Healthy social opportunities and community support. People often report boredom in recovery and having nothing to do. A recovery community organization in Lapeer would be great. The nearest RCO's are Port Huron and Flint." — Community Member

Physical Health

Michigan BRFS Data offers insight on Lapeer County residents reporting²⁵ 24.4% fair or poor general health, 28.9% reported poor physical health, and 17.7% poor mental health. Approximately **81% of those surveyed reported to be obese or over weight**. Almost 20% had no routine checkup over the past year. Additionally, in Michigan in 2020²⁶ Cardiovascular Disease (CVD) increased as wage decreased, and those with disability were statically more likely to

<u>Healthy/Communicable-and-Chronic-Diseases/Epidemiology-Services/2019-2021_MiBRFSS_Reg-LHD_Tables.pdf?rev=4f60510eb5b14b468d5c20ffba573afb&hash=087A2B</u>CBE39A4EFC375E4FD1A2F114E3

²² https://systemforoverdosesurveillance.com/

²³ https://mi-suddr.com/blog/2018/09/26/opioid-heroin-poisonings/

https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder50/Folder16/MiBRFS_Annual_Rep ort_2020.pdf?rev=3aca3dcbd3584f4a9bec553cb9749017&hash=68DFB3D 82A5AF3B6F1EC9ACB46F575C7

²⁵ https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-

²⁶ https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder50/Folder16/MiBRFS Annual Rep ort_2020.pdf?rev=3aca3dcbd3584f4a9bec553cb9749017&hash=68DFB3D 82A5AF3B6F1EC9ACB46F575C7

develop a CVD. Adults with disabilities had a significantly greater chance of told they ever had cancer at 19.7% compared to those with no disabilities 9.8%. In Michigan **E cigarette use is an emerging issue among young adults 21.1% reporting usage** compared to 6.4% of overall adult reporting usage. The Thumb Regional Community Health Data and Planning Dashboard²⁷ for obesity and related chronic disease nearly all categories (diabetes mortality rate, BMI rates over 85th percentile-youth, adequate physical activity-youth, BMI rates –adults, and no leisure time physical activity- adults) had a poor outcome with rates between 5-25%.

A 2023 community focus group of non-profit leaders met to discuss community needs. A theme centered on the many **barriers** to care that emerged; Dentists who accept Medicaid, timely Doctor appointments, shortage of psychiatrists, low immunization rates, affordable care, lack of doctors, and prescription cost. Additionally, **accessibility** for medical appointments including transportation, insurance coverage, building accessibility, and doctor availability. A direct quote from this theme:

"I'm wondering if the issue is more accessing them (for multiple reasons - getting there, coverage, recognizing &/or admitting need, etc.), more than availability of services." – Community Member

An additional theme related **awareness** of services insights on the local population may not be aware of all of the services that are available through LCCMH. A direct quote to support this is

"I think that they know there are services, but I don't know if they know the depth and breadth of services provided" – Community Member

The factors listed above support the need for integrated and coordinated health care for individuals at risk for behavioral health physical health, and substance use conditions.

Social Determinant Health Needs

Social determinants of health (SDoH) for instance income, employment, housing, food security, and transportation are all factors that contribute to the overall health and wellbeing of the community.

According to the U.S. Census Bureau²⁸ data for Lapeer County, the median income 2017-2021 is \$69,194, and per capita in the last 12 months is \$33,815. An estimated **9.8% are persons in poverty** this is disproportionately affecting children 15.6% aged 0-5. As reported by the US Census Bureau, \$324,029 total health care and

²⁸ https://www.census.gov/quickfacts/lapeercountymichigan

social assistance of services receipts and revenue in 2022. The KFF Reports that in Michigan on average adults with a mental health condition spent \$996 in out of pocket health care costs, compared to \$494 of those without a mental health condition. ²⁹ In the 2022 LCCMH Accessibility Survey Report, 40% of children and 6% of adults reported barriers to service due to money or insurance problems and additional comments related to transportation costs as a barrier. Thirty -one percent of households fall under United Way Assets Limited Income Constrained Employment (ALICE) threshold.

In the first quarter of 2023, Lapeer County had an approximately 4% unemployment rate according to the Michigan Department of Technology, Management, & Budget³⁰. There were 39,202 of employed in Lapeer County in September 2022. The 2022 LCCMH Accessibility Survey Report reveals nearly 46% of individuals who responded to the survey had experienced barriers with getting a job.

Housing availability information gathered from U.S. Census data³¹ on the total owner occupied housing units, detailed that housing is primarily occupied with an estimated **86% of occupied housing units**. The median gross rent in 2021 was \$840. Approximately 13% of households³² in Lapeer County, experience at

least one of the following housing problems; overcrowding, high cost, lack of plumbing or kitchen facilities. Point in Time count from the Housing Development Commission 2022 reveals 193 individuals living in a shelter, couch surfing, or who are unsheltered, LCCMH internal service data indicates of those 51 individuals were receiving services in 2022. A theme of the community focus group centered on **housing**, describing the difficulty of finding housing in the area and the support needed. This focus area also describes the lack of desirable housing in the area, lack of availability to rent, waitlists, difficulty with group living situations, lack of senior housing, and support needed with hoarding situations. Paraphrased ideas inform this theme include difficulty living in group housing situations, and long wait for housing once vouchers received.

Food insecurity is affecting a portion of the population in Lapeer County. This means there may be low access to food and individuals ate less because there was not enough money for food. Food benefit programs like Supplemental Nutrition Assistance Program (SNAP) reports to have the highest use in Eastern Michigan. About 11% of Lapeer County residents utilize a food

²⁹ https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/michigan/

³⁰ https://milmi.org/DataSearch/Unemployment-by-County

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https://www.census.gov/quickfacts/fact/dashboard/lapeercountymichigan,MI,US/PST120221

³² Lapeer, Michigan | County Health Rankings & Roadmaps

assistance program. ³³ The community focus group of non-profit leaders identified community needs. **Food** accessibility was a topic of discussion and describes availability of healthy and nutritious food through soup kitchens and pantries. The organizations in the focus group reported low stock on nutritional items. A direct quote from this theme include:

"[Difficulty] educating the community about the food pantries... location, hours of service etc." – Community Member

Transportation in the county is an ongoing concern with the low amount of public transportation options. In this mostly rural environment medical, housing, and food locations separated by miles of landscape not easily traversed by foot or bicycle. In 2021 there was a public transportation survey conducted by Great Lakes Transportation Authority (GLTA). The survey found that most of the individuals using the service in the county reported difficulty with transportation to recreational/social outing, mental healthcare, medical offices/clinics/hospitals, and shopping. More transportation services are needed Monday to Friday from 10 am to 6 pm. The public transportation survey found Lapeer County medical and mental health providers reported 75% of patients had difficulty getting transportation to appointments.³⁴

"Lack of public transportation in Almont, MI" – Person Served

In 2021, LCCMH completed a gap analysis report which provided feedback from persons served, staff, providers, and community partners. Many of the focus areas from this report continue to persist in 2022. There continues to be a lack of appropriate useable space in the Maple Grove campus for the Children's Mental Health Service Programs. This results in lack of space, poor building conditions, and lack of therapeutic milieu environment. In the 2021 LCCMH Accessibility Survey Report, there are direct quotes form parents about the state of the building:

"Maple Grove could use some work." – Parent

Additional comments include the smell of the building and air conditioning issues.

Some common reasons individuals cannot drive is older age, disabilities, or income is not adequate to afford a reliable vehicle. Lastly, there is a lack of public transit outside of GLTA service area of Lapeer. In the 2022 LCCMH Accessibility Survey Report, there are barriers due to transportation and a direct quote includes:

³³ https://poverty.umich.edu/poverty2021/files/2022/04/MI-map-regional-factsheet-East.pdf

³⁴ Lapeer County Transportation Needs Assessment (2022)

The 2023 community focus group a theme arose on **Health education and promotion** this describes the lack of general health education awareness in the community and difficulty engaging public. The desired health education courses are parenting classes, education about smoking, vaping, marijuana use, and medical advocacy. A paraphrased quote: difficulty getting information out to general public.

Accessibility of services to address different areas of SDOH need to increase for the population in the county. The above factors indicate need for a more fluid and connected health education and referral system for individuals to access the services.

Staffing

Accessibility and availability are concerns surrounding staffing for the CCBHC program. Approximately 18% of LCCMH Masters Level Clinician positions are vacant (as of 3/29/23) including outpatient children's, case management, IDDT, ACT, and triage. According to Health Resources Services Administration (HRSA) Data,³⁵ there is a Mental Health Professional shortage in the **moderate range with a score of 17 units**. The threshold for low shortage is 1-13 units, moderate is 14-17 units, and >18 units for high shortage of mental health professionals in the area. The data is from Tuscola, Sanilac, and Genesee Counties with no directly available information for Lapeer County. The amount of providers in the county of 17 units is close to the workforce-shortage cutoff value >18 units indicating there is a lack of providers to fill all of the available positions. In the

annual 2022 Customer Satisfaction Survey Report, persons served report the need for additional staff members. When asked;

What would make services better for you or the community as a whole?

The response was, "More counselors so they do not have such a case load." and "More ABA options – providers, etc. "

In 2021, LCCMH completed a gap analysis which provided feedback from persons served, staff, providers, and community partners, many of the focus areas continue to persist in 2023. Staffing shortages are result in staff turnover, waitlists for individuals and limited access to providers. There are 11 existing private mental health providers and two private substance use disorder providers in Lapeer County.

The staffing plan currently helps to address the need for clinicians, SDOH connected referral system, coordination between mental and physical health, and medical supports needed. Staffing plan attached in separate document.

Detailed Staffing Plan provided in attachment A.

³⁵ https://data.hrsa.gov/maps/map-tool/

Plans to update the community needs assessment every 3 years

LCCMH Quality Improvement Department collects both quantitative and qualitative data annually, through surveys and focus groups with persons served, families, key informants, and relevant stakeholders. LCCMH will use this data to review and update the community needs assessment every three years.

Identified areas of need

- Due to individualized risk factors, support is needed for youth, veteran, LGBTQ+ populations:
 - Culturally competent materials
 - o Evidence based training
 - Targeted service approaches
- Due to the high percentage of Spanish speakers, materials and services need to continue to be offered in a language that is most easily accessible and culturally competent
 - Materials
 - Services
- Need for supportive care for those at risk for behavioral health physical health, and substance use conditions. Mild to moderate population needs services appropriate for their level of care.
 - o Integrated and coordinated care
 - Mild to Moderate services
- Need services to address different areas of SDOH for the population in the county.
 - Connected health education
 - Referral system
 - Easy service accessibility