



# Community Health Needs Assessment Report

**Saline County, Nebraska**

12/31/2021

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## I. Introduction

This Community Health Needs Assessment Report is prepared and submitted by Crete Area Medical Center in collaboration in part by Public Health Solutions. For the purposes of this report, the communities served include the Cities of Crete, Friend, Wilber and Saline County.

## II. Description of Community Served

<b>Saline County Overview</b>	
Land area, 2015 (square miles)	574
Total population (estimated)	14,224

The three largest communities, by population, in Saline County are Crete, Wilber, and Friend. Saline County has experienced a relatively consistent population over the last two years however; the county is projected to show a slight population growth in years to come.

Saline County's demographics include 68% non-Hispanic white and 27% Hispanic. The Hispanic population is higher in Saline County as compared to the state of Nebraska at 11%. As a comparison, in 2016, Saline County had a Hispanic population of 23%. This demographic contributes to the 9% of residents not proficient in English compared to the state's average of 3%.

The majority of Saline County's population is between the ages of 19 and 64 with the median average being 35.5 years. Individuals below the age of 18 make up 26% of the population while adults over the age of 65 years old contribute to 15% of the population.

The median household income is \$51,502 annually, which is less than the median annual income of \$65,712 across the United States. Compared to the previous year, Saline County did show a slight increase (0.7%) annual median income growth. The most common jobs include production, office and administrative support, and construction. Saline County also has an unusually high number of residents working farming, fishing, and foresting as well as material moving and production when compared to other counties.

Healthcare is provided in Crete by Crete Area Medical Center, Crete Medical Clinic, and Saline Medical Specialties. Crete Area Medical Center also operates the Wilber Medical Clinic in Wilber and the Friend Medical Clinic in Friend. The Friend Community Healthcare System also provides healthcare for Saline County. In addition to these healthcare organizations, Public Health Solutions District Health Department serves a five county area in the region, which includes Saline County.

According to the Nebraska Health information System Inpatient and Outpatient Data from 2019, 94% of Crete Area Medical Center's inpatient discharges and 81% of its outpatient visits originated from patients living in Saline County.

The major employers in Crete/Saline County include Bunge Milling, Smithfield Foods, Nestle Purina, and Crete Public Schools among others. In addition, Crete is home to Doane University, a private, Liberal Arts University.

### III. Crete Area Medical Center and Community Healthcare Assets

**Crete Area Medical Center**, a subsidiary of Bryan Health, features 24 private patient rooms, two surgery suites, labor and delivery services, a wide variety of specialty services, physical, occupational therapy and cardiac rehabilitation space, and an emergency department. The hospital serves approximately 300 inpatients per year with approximately 70,000 outpatient visits. Crete Area Medical Center delivers approximately 85 babies per year, provides care to over 3,000 Emergency Room visits, and performs 375 surgeries annually. In addition to hospital care, Crete Area Medical Center family practice clinics are fully staffed Rural Health Clinics that provide primary care to the residents of Crete and surrounding areas. The Crete Medical Clinic provides an estimated 19,000 visits per year, Wilber Medical Clinic provides an estimated 4,500 visits per year, and Friend Medical Clinic provides an estimated 3,500 visits per year.

**Saline Medical Specialties**, a fully staffed medical clinic located in Crete, is independently owned. It serves residents of Crete and surrounding areas.

**Friend Community Healthcare System**, located in Friend, provides acute, emergency, and primary care as well as outpatient services and surgery.

**Crete Public Schools**, located in Crete, offers education for preschool through high school. It also offers numerous special programs for adult students including adult basic education, GED preparation and testing, English language acquisition, Migrant Education Program, family literacy and the Sixpence parenting program.

**Blue Valley Community Action Partnership (BVCA)** operates over 30 programs that interact and complement each other. Their programs encompass basic needs, education, family development, health and nutrition (including Women, Infants & Children (WIC)), housing, transportation, and volunteer opportunities.

**Tabitha of Crete** is a skilled nursing, rehabilitation, long-term care and assisted living facility affiliated with Tabitha in Lincoln. Tabitha of Crete provides residential-style houses designed to offer elder-centered care along with an assisted living facility.

**Public Health Solutions District Health Department (PHS)** is a district health department serving Fillmore, Gage, Jefferson, Saline, and Thayer counties. As a health department, it covers a wide range of activities, including immunizations, family and individual health services, community training, community services, and population protection. Public Health Solutions has been in existence since January 2002.

**Wilber Care Center**, located in Wilber, is a city owned skilled nursing and assisted living facility.

## IV. Evaluation of Previous Implementation Plan

Following the completion of the community health needs assessment in 2018, Crete Area Medical Center (CAMC) worked with its community partners to outline goals for addressing each community priority as well as implementation actions that would work toward achieving each of these goals within the communities of Saline County. The following evaluation of the implementation plan shows the progress by CAMC and other community partners to address the four key priorities established in the previous community health needs assessment.

### *Goal A: Reduce the incidence of metabolic syndrome*

CAMC improved diabetic outcomes as evident by a reduced number of patients with A1C greater than nine (9). In 2020, 78.1% of CAMC patients had an A1C less than nine (9). This was an improvement from 2019 in which only 76.5% of patients had an A1C lower than nine (9). In 2018, 82.2% of patients had an A1C lower than nine (9). The change from 2018 to 2019 may be explained by a change in Provider staff and processes. CAMC continues to monitor this measure monthly.

Additionally, CAMC has focused on the management of hypertension outcomes. In 2020, 69.7% of patients had blood pressure <140/90. This was slightly lower than the 2019 data indicating 74.4% but increased from 2018 data of 70.5%. The 2020 data can be attributed to fewer patients regularly scheduling medical appointments due the COVID-19 pandemic.

### *Goal B: Increase awareness of behavioral health along with increasing access to behavioral health services*

CAMC increased Behavioral Health Services by collaborating with clinicians to provide the services onsite weekly. CAMC also has an established telehealth program to provide emergent Behavioral Health services for individuals arriving in the Emergency Room. Additionally CAMC has collaborated with the community of Wilber as well as the Wilber Public Schools to create the Suicide Awareness Coalition. The Coalition has created dialogue to assist with the needs to youth in regards to suicide prevention and other mental health diagnoses.

Depression screenings have been a focus as a way to measure improvement with the Behavioral Health of the community. Depression screening is successfully completed on 62.8% of patients

in 2020, which was an increase from 2019 of 51.3%. CAMC will continue to monitor the completion of depression screenings.

*Goal C: Increase walkability of the City of Crete*

CAMC completed the Crete Carrier Walking Trail on the campus, which includes almost 2 miles of walking trails, a pavilion, and gliders. This walking trail allows a safe place for community members to walk, run or relax. In addition, sidewalks were extended to the corner of the property to allow for future expansion within the City of Crete's walking system.

## V. 2021 Community Health Needs Assessment

Information reviewed for the community health needs assessment included population demographics, health status indicators from the County Health Rankings & Roadmaps, Data USA, Nebraska Health information System Inpatient and Outpatient Data, National Cancer Institute, and information gathered in collaboration with Public Health Solutions, Crete Area Medical Center, and community groups /individuals. Specific community groups and dates of meetings included:

- Community Members. A survey was conducted with community members to encourage true community feedback. The community survey remained anonymous. An online link was shared and feedback was gathered.
- Crete Area Healthcare Foundation. The Foundation meets monthly throughout the year. The Foundation was invited to a specific discussion on strategic healthcare for our community on April 29, 2021.
- Crete Area Medical Center Board of Trustees. The Board meets six (6) times each year. The Board was invited to a specific discussion on strategic healthcare for our community on April 20, 2021.
- Crete Area Medical Center Leadership. The Leadership teams meets multiple times throughout the month to discuss internal and external community health needs and to implement actionable items to address each. The Leadership team is also responsible for ensuring the operations of the only hospital in the county as well as outreach family practice clinics in the Wilber and Friend communities. In 2021, the Leadership team met with the specific purpose of creating a strategic approach to the communities' healthcare needs.
- Key Communicators Group. This group, organized by Crete Public Schools, primarily focuses on the priorities, needs, and plan for the school system, which brings to light challenges the school faces that correlates, at times, to community health needs. Accessibility to the schools and healthcare services, meeting the needs of the diverse population, and other general topics are discussed each month.

- Public Health Solutions. Meetings with Public Health Solutions are scheduled ad hoc. Ongoing collaboration with Public Health Solutions has yielded to verbal commitments of creating a Community Health Needs Assessment for the five county Public Health Solutions District. Collaboration specifically with Kim Showalter has been ongoing.
- Saline County Medical Providers. The Providers meet six times throughout the year and ad hoc to identify and address healthcare topics. Additionally the Providers were invited to a specific discussion on strategic healthcare for our community on March 30, 2021 and September 17, 2021.
- Welcoming Committee. This Committee meets the first Tuesday of each month with the primary focus on the needs of the diverse community and ways to ensure we meet the needs.
- Additional meetings with key community members (listed in Appendix A) were also held to better understand their perspective, gain insight, and collaborate on potential action plans for the future.

The participants of the community groups can be found in Appendix A.

Public Health Solutions led a focus group for Substance Abuse and created the Rural Communities Opioid Response Program Community Needs Assessment and Gap Analysis. A summary of the group's findings can be found in Appendix B. Through collaboration on this project, the key findings identified included a continued stigma around substance misuse, barriers to receiving substance services, and unavailable services.

As with the findings around Substance Abuse, one of the key findings throughout the review of the communities' health needs was a general access to care challenge. Saline County's poverty level is 15.3%, which is higher than the national average of 12.3% with Saline County showing an increase in the percentage (14.6) of uninsured residents. The poverty level as well as lack of health insurance have a direct impact on the health and wellness of community members.

As shared in Section 2, Saline County has a high number of individuals employed in production, which results in shift work, which has been noted, by the community, to make it challenging for those individuals to receive care since healthcare is often not open when they are not working. This specific topic was identified by the Welcoming Committee, the Crete Area Medical Center Board, and the Crete Area Medical Center Leadership. Topics including transportation, sidewalks, ease of access to healthcare providers and appointment availability were all discussed. Historical and ongoing conversations have, and will continue to, occur with the communities to promote walkability and safe options for community members to be able to access healthcare needs.

As a healthcare provider, analysis of current and historical quality metrics is constantly reviewed. Through feedback from community groups, the topic of cancer was brought up as a requested focus due to the historical lack of oncology services being provided requiring

community members to travel 30+ miles to receive oncology care. This healthcare need was identified by the Crete Area Healthcare Foundation, Saline County Medical Providers, and the general community. Per the State Cancer Institute, Saline County is rated 12<sup>th</sup> for prevalence of cancer. While this is considered stable for the past 5 years, the average annual count is 82 cases. In conjunction with current cancer measures, CAMC has also focused on the prevention of cancer by reviewing our youth population vaccination rates as we know this assists in preventing cancers and diseases in adults. One of the measures providing support for the need for more focus on cancer prevention in the youth is the CAMC internal data indicating only about 25% of applicable youth are receiving the HPV, which prevents cancer.

In conjunction with the above health care topics discussed during the Community Health Needs Assessment process, social and economic factors were also reviewed and the impact on the county's health needs. The county has a lower education level than other areas with 17.8% of the population having completed a Bachelors degree or higher. Additionally, as discussed in the above sections, the median household income and uninsured rates have an impact on the care the county receives.

## VI. Summary: Assessment and Priorities

The process for identifying the community health needs was multifaceted as demonstrated by the various group discussions. As noted in the previous section, many data resources and community groups assisted in the creation of the assessment and provided valuable information. Based on the data and feedback from the community groups, the following priorities were identified. Goals and a detailed implementation process will be developed based on these priority items. The proposed goals and implementation actions recommended are as follows:

- I. Opioid and Substance Abuse  
Opioid and substance abuse has been a long standing concern in the community although the awareness tends to be disguised by stigmas. With Public Health Solutions targeted focus on this and collaborative efforts, this will be a key priority for the community. This need impacts all ages of the community which makes it a valuable, focused, priority.

**Goal:** Reduce opioid and substance abuse

**Implementation Action:**

1. Participate in the Public Health Solutions Rural Communities Opioid Response Program. The program's goal is to increase awareness of substance abuse while providing resources to manage and decrease substance abuse. The plan includes education, creating and using screening tools, increasing resources, decreasing barriers to receive substance abuse treatment.
2. Create processes to ensure substance abuse patients receive the care needed. This includes initial care as well as follow-up care.

II. Access to Care

Access to care was identified in some manner by every group that assisted with the Community Health Needs Assessment. In the rural healthcare environment, there can be challenges to receiving the applicable care needed. When considering the statistics and socioeconomic topics mentioned throughout this assessment, it strongly validates the importance of this priority.

**Goal:** Increase access to healthcare services

Implementation Action:

1. Collaborate with the communities and county to ensure adequate transportation for community members to access healthcare.
2. Evaluate telehealth options and implement additional telehealth services as applicable.
3. Explore options to collaborate with local businesses to assist in healthcare needs of their employees.

III. Cancer Care and Prevention

Cancer care and prevention was selected at a top priority as the diagnosis of cancer continues to rise and the impact of this such diagnosis impacts the community in a variety of ways. By being one of the topics identified throughout the group discussions, and with the resources/focus that have already been initiated, this will be a key priority for the community.

**Goal:** Increase prevention methods for cancer

Implementation Action:

1. Create an educational marketing campaign for cancer prevention
2. Promote Cancer Awareness
3. Increase Care Management Services to assist patients with appropriate care
4. Evaluate process when children come to CAMC to ensure immunizations are reviewed and provided as applicable
5. Collaborate with the schools and Public Health Solutions to assist in increasing the number of children vaccinated in the community.

## VII. Next Steps

Crete Area Medical Center will incorporate the priority health needs identified in the Community Health Needs Assessment into their strategic planning process. An Implementation Strategy Report will be developed, which outlines how CAMC will work with the community to address the priority health needs of Saline County

## **VIII. Adoption/Approval**

This Community Health Needs Assessment was approved and adopted by the Crete Area Medical Center Board of Trustees on Tuesday, November 23, 2021.

# Appendix A

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## **Crete Area Healthcare Foundation Board Members**

- Deb Bessler
- Manny Dimas
- Jim Fahrnbruch
- Linda Homan
- Brad Kalkwarf
- Tom Klein
- Justin Kozisek
- John Lentell
- Dan Papik
- Jeff Schultz
- Shirley Siedhoff
- Jenei Skillett
- Abbie Slater
- Tom Sorensen
- Robert Tuma
- Lambert Zoubek

## **Crete Area Medical Center Board of Trustees**

- Tom Kozisek
- Mike Pavelka
- Lupe Avelar
- Linda Stones
- Bob Ravenscroft
- David Reese

## **Crete Area Medical Center Leadership**

- Lori Baumann
- Cathie Boyle
- Mitch Ebke
- Sarah Forsgren
- Shanan Fuhrman

- Chuck Fuller
- April Gaines
- Stephanie Hollman
- Jan Hough
- Julie Lacy
- Katie McManus
- Jeff Shultz
- Mandy Steuer
- McKensie Stutzman
- Rosie Weber

### **Cardinal Communicators Group**

- Jennifer Banos, Crete Public Schools
- Dwayne Bennett
- Kim Showalter, Public Health Solutions
- Jared List, Doane University
- Steven Schmidt, Smithfield
- Brent Braunberger
- Tom Ourada, City of Crete
- Marty Fye, Doane University
- Josh McDowell, Crete Public Schools
- Eric Ragorshek, Bunge
- Jenny Beck, Crete Public Schools
- Jodi Erickson, Crete Public Schools
- Sam Stecher, Crete Public Schools
- Justin Kozisek, City Bank
- Paul Heath, Heath's Sports
- Justin Kuntz, Crete Public Schools
- Sarah Post, Lorthrop Vet Clinic
- Mike Pavelka, Pinnacle Bank
- Dave Bauer, Mayor of Crete
- Wayne Reynolds, Pastor
- Steve Hensel, Crete Police Chief
- David Solheim, Solheim Law
- Bill Lorenz, Crete Public Schools
- Meagan Kershner, Crete Public Schools

### **Public Health Solutions Partners for a Health Community Strategic Plan**

- Jason Alexandar, Superintendent, Beatrice Public Schools
- Janet Anderson, Legislative Aide to Senator Myron Dorn
- Scott Bartels, Saline County Area Transit
- Jon Day, Executive Director, Blue Valley Behavioral Health
- Jean Engle, Emergency Manger, Fillmore County
- Kathy Erikson, Blue Rivers Area on Aging
- Megan Garcia, Public Health Solutions
- Dr. Josue Gutierrez, Medical Director, Saline Medical Specialties
- Steve Hensel, Crete Chief of Police
- Stephanie Knight, Fillmore County Hospital Behavioral Health Manger
- Jill Kuzelka, Facilitator, Public Health Solutions
- Kate Lange, Clinical Services Manager, Public Health Solutions
- Heather Lytle, Blue Valley Community Action, Inc
- Dr. Joshua McDowell, Superintendent, Crete Public Schools
- Mark Meintz, Safety Officer, Southeast Community College
- Sondra Nicholson, Nebraska Association of Health Directors
- Kim Showalter, Public Health Solutions
- Dr. John Skretta, ESU 6 Administrator
- Sonya Williamson, Public Health Solutions
- Deb Wendelin, Public Health Solutions
- Shari Wurtz-Miller, CEO, Blue Valley Community Action, Inc.

### **Saline County Healthcare Providers**

- Dr. Russ Ebke
- Dr. Josue Gutierrez
- Dr. Jason Hesser
- Dr. Kate Hesser
- Dr. Amy Vertin
- Abby Cole, PA
- Kim McMillan, PA
- Scott Schroeder, APRN
- Tammy Schroeder, APRN
- Kurt Scmeckpeper, PA
- Todd Sorenson, PA
- Anna Warnes, APRN

**Welcoming Circle Meeting Participants**

- Sonia Almodovar, Southeast Nebraska CASA
- Marci Fehlhafer, Southeast Nebraska CASA
- Maricela Flores, Crete Public Schools
- Maricela Galdamez (Nebraska Strong Recovery Project)
- Eric Garcia-Mendez, Heartland United Way
- Stephanie Hemje, Doane University
- Nick Knopik, Doane University
- Ana Martinez, Food Bank, SNAP intake
- Khenda Mustafa, Nebraska Appleseed
- Kim Parnell, Proteus Inc.
- Johanna Pesante-Daniel, Nebraska Children and Family Foundation
- Zoraida Ramos, Crete Public Library
- Eric Reiter, Lincoln Food Bank
- Sara Reyes, Latino Mental Health and Treatment, University of Nebraska- Lincoln
- Jenna Ripke, Immigrant Legal Center

# Appendix B

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Public Health Solutions' Rural Communities Opioid Response Program Community Needs Assessment and Gap Analysis Summary:

## Executive Summary

### Key Findings

#### *Primary Data Collection*

The following are key findings from the provider surveys and non-medical service provider focus group carried out by Schmeeckle Research:

- Stigma around substance misuse makes it difficult for people to acknowledge that they need help and seek opportunities for treatment.
- People who are seeking help face many barriers to getting substance use and mental health services, including but not limited to: being unable to meet their own basic needs, lack of insurance, services are not available or unaffordable, and lack of transportation.
- Service providers would like additional training on substance misuse, such as how to recognize if someone might be experiencing a substance use issue and what to do if someone is struggling with substance use or mental health concerns.
- Additional service availability would benefit most communities, including: 1) having mental health and substance use services available that other professionals can refer to; 2) more Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other support groups; and 3) more mental health supports in schools.
- Services that are largely or entirely unavailable within the PHS area include inpatient SUD/ODU treatment services, medication assisted treatment for opioid dependency, and HIV/HCV treatment.
- The top barriers for organizations to providing SUD/ODU services are lack of staff certification, lack of referral options in the community, lack of funding, limited or no bi-lingual staff, and lack of outside referral sources to the organization.
- A strong majority (82%) of providers perceive substance use treatment services as often being unable to be obtained by the consumers/patients.
- The top five barriers perceived by providers as hindering individuals and their families from accessing SUD/ODU services are: 1) cost of services (unable to pay); 2) transportation; 3) medical/health issues; 4) no support from family or friends; and 5) feelings of fear or embarrassment.

### Project Overview

The Public Health Solutions (PHS) District Health Department received a Rural Community Opioids Response Programs (RCORP) grant in 2020. As part of that opportunity, recipients conduct a community needs assessment and gap analysis with the intent of utilizing that information to develop a comprehensive strategic plan and action plan to reduce the morbidity and mortality associated with opioid overdose in rural communities. The needs assessment focused on the five counties served by PHS: Fillmore, Gage, Jefferson, Saline, and Thayer. An independent research group – Schmeeckle Research – was contracted to conduct the assessment in collaboration with the RCORP planning group.

### Data

A variety of data sources were utilized for the needs assessment and gap analysis, including local, state, and national sources. Schmeeckle Research also implemented a provider survey and a focus group with non-medical service providers. Additional data was anticipated but due to challenges with data collection (see Methodology section), those sources were unable to be incorporated into the report and ultimately the findings and recommendations. All available data was triangulated to inform the preliminary findings for the RCORP planning group.

### *Secondary Data Collection*

Summarized below are the noteworthy findings from the data compiled through local, state, and national sources.

- The population within the PHS service area is mostly white with a growing Hispanic/Latino segment. It also has a lower median and per-capital household income than the United States.
- There are insurance disparities by race and ethnicity throughout the five-county service area.
- A much higher percentage of the workers in the PHS service area – particularly Saline and Jefferson counties – are employed in areas that are more likely to lead to accidents and, subsequently, prescriptions for opioids, which could lead to misuse.
- Research indicates that while it is typically easy to access opioids in rural communities, it is much harder to find access to treatment and services for addiction.
- The US average for opioid prescriptions written is 51.4 opioid prescriptions per 100 persons. While Saline is lower than the average with 46.6 opioid prescriptions per 100 persons, Gage and Jefferson are higher. In fact, Jefferson is almost double with a rate of 109.3 opioid prescriptions per 100 persons.
- According to the 2018 Behavioral Risk Factor Surveillance System Survey, 2% of adults in the PHS area and 4% of adults statewide had misused opioids in the last year.
- Limited workforce creates a challenge for the PHS area for addressing SUD/ODU prevention, treatment, and recovery. The total number of behavioral health providers in the PHS service area was 30, with a total of 4 psychiatric prescribers (3 of whom practice in Gage County).
- In 2018, first responders in the PHS service area identified overdose as one of the biggest challenges. Other stakeholders also identified SUD/ODU as one of the largest community challenges in their 2018 Community Needs Assessment and Community Health Improvement Plan.

### **Conclusions & Recommendations**

- Additional training may be needed to assist a variety of employees (medical and non-medical) with addressing opioid and substance use with their clients. Specific recommendations included how to identify when there's a problem, knowing where to send people, support for recovery and crisis stabilization, co-occurring disorders, and family support models for clients in treatment for SUD.
- Promoting the use of screening tools among providers and social service providers for depression, anxiety and other mental health concerns may help with better identifying and addressing opioid and/or substance use earlier on for patients or clients.
- According to results from the Provider Survey (which should be interpreted with caution given the low response rate), screening and assessment for mental health conditions, outpatient mental health treatment services and screening and assessment were trauma as well as emergency/crisis services for mental health issues were seen as being more commonly available within the counties their organization serves. What was less available, however, were inpatient OUD/SUD treatment services, medication assisted treatment for opioid dependence, inpatient mental health treatment services, and HIV/HCV treatment.
- Beyond having additional mental health and substance use services available within the PHS area, exploring other community services, such as AA, NA and supports within schools, may help with mitigating the issue within the service area. Non-medical service providers also noted that informal supports, such as access to community activities and peer support groups, could be beneficial with preventing substance or opioid use issues as well as helping those in recovery.

- There are many barriers that exist to accessing mental health and substance use services. Among all the data sources, the most common include the cost of the service, services not being available, transportation issues, and the stigma. Those may be areas where community organizations can assist with mitigating some of the challenges that individuals face with accessing services.
- Particularly given some of the disparities that exist in the PHS area, it may be important to explore culturally and linguistically appropriate materials and tools to ensure there is a broader reach for prevention and recovery services.

As a result of this community needs assessment, the RCORP planning group will identify key strategies and steps to address opioid and substance use in the five-district service area.