hancock county
opioid & addictions
task force

Committee Chairs Meeting Report
Meeting Date: October 17, 2022
Meeting Time: 1:00-2:30p.m.
Meeting Location: ADAMHS Office

From *A Community Position on the Value of Life in Hancock County*

As a community, we embrace these truths:

1. No person is expendable.
2. Addiction is a chronic disease of the brain.
3. Each member of our family serves as the best hope for ending this crisis.
4. Prevention and treatment work, and recovery is real.

When we speak this common language,
we break down barriers and allow our community to heal. (2/21/17)

Committee Members:

>	**Debra Parker** ***Chair*** **The University of Findlay**	>	**Mark Miller** ***Community Awareness*** **Ohio Third District Court of Appeals**	>	**Carla Benjamin** ***Community Awareness*** **Welcome to a New Life**
>	**Stefan Adams** ***Community Awareness (Education)*** **Findlay City Schools**		Rick Van Mooy *Community Awareness (Education)* Hancock County Schools	>	**Michael Pepple** ***Legislative*** **Hancock County Commissioner**
>	**Dr. William Kose** ***Medical*** **Blanchard Valley Health System**	>	**Gary Bright** ***Medical*** **Hancock Public Health**	>	**Jamie Decker** ***Peers*** **Hancock Public Health**

Invited Guests/Staff:

>	**Zach Thomas**	>	**Precia Stuby**	>	**Jennifer Swartzlander**
	Ann Woolum ADAMHS Chair		Jim Darrach ADAMHS Vice-Chair	>	**Jodi Firsdon** **Hancock County Community Partnership Chair**
	Taylor Coote Hancock County Community Partnership Vice-Chair	>	**John Malacos** **Strategic Planning Facilitator**	>	**Mark Rimelspach** **ADAMHS**

DISCUSSION:

1. **Guiding Principles** – A draft Guiding Principles document, developed by a small workgroup, was offered for deliberation. The Guiding Principles will create a framework for the Task Force/Committees to determine how to effectively plan and implement strategies to address substance use disorder in Hancock County.
2. **Infrastructure** – As part of the Strategic Planning process, the Chairs will also determine if the current leadership structure and by-laws may need to be modified to reflect the work of the Task Force.

NEXT STEPS:

1. To assist in setting direction of the Task Force, it was decided that each Committee (Community Awareness, Legislative, Medical) will be surveyed to ask its members for feedback on purpose, scope, and direction of the Committee. This feedback will then be taken back to the next Strategic Planning meeting to finalize the Guiding Principles.

NEXT MEETING:
Monday, December 12, 2022
9:00-10:30 a.m.
ADAMHS Office

hancock county
community
partnership

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

Council Meeting Report
Date: October 18, 2022, 9:00-10:30 a.m.
Location: ADAMHS Office

Representatives (Attendees in **BOLD**)

SECTOR	REPRESENTATIVE
BUSINESS	
CIVIC/VOLUNTEER GROUP	Kim Hiett (50 North), **Taylor Coote, Vice-Chair (United Way)**
GOVERNMENT AGENCY	Shawn Carpenter (Juvenile Court)
HEALTHCARE PROFESSIONAL	**Gary Bright (HPH), Jenn Reese (BVHS)**
LAW ENFORCEMENT	Brian White (FPD)
MEDIA	Mary Jane Yarris (Retired)
OTHER ORGANIZATION	**Triena Miller (JFS), Erin Mitchell (Lutheran Social Services),** Claire Osborne (FOCUS)
PARENT	**Sharona Bishop (Hancock Public Health)**
RELIGIOUS/FRATERNAL ORGANIZATION	Debra Pees-Arce (St. Andrew's UMC)
RECOVERY PEER	**Abbie Acord (Peer Support Advisory Board)**
SCHOOL	**Stefan Adams (FCS), Jodi Firsdon, Chair (UF), Angie Toland (ESC)**
YOUNG ADULT 18-25	
YOUTH	**Hope Salyers**
YOUTH SERVING ORGANIZATION	Stacy Shaw (CMC), **Chris Biltz (FRC), Abby Blanchard (FRC)**
BOARD/GUESTS	Ann Woolum (ADAMHS Vice-Chair), Jim Darrach (ADAMHS Vice-Chair), **Mark Rimelspach** (ADAMHS), Debra Parker (UF), **Paige Craft, Jessica Halsey, Karen Wood, Jessica Kickel**
STAFF	Zach Thomas, Steve Dillon

FY23 HCCP Focus – *Connection.*
FY23 HCCP Goal – *Create healthy behaviors, individuals, and communities.*
FY23 HCCP Prevention Priorities – *Delay onset; protect the brain; protective and promotive factors; support the family; deliver services in the community.*

DISCUSSION:

1. **OHYES! Presentation – Jessica Kickel, Ohio Department of Mental Health & Addiction Services (OMHAS).** The Partnership Council is considering collecting additional youth data to inform its prevention initiatives. Currently, youth data is only collected every three years through the Community Health Assessment. Due to the pandemic, youth data was not collected in 2021, and will result in a gap of six years between when data was collected in 2018 and the next collection process in 2024. The OHYES! survey is a free youth survey managed through OMHAS, that can be administered at a more frequent rate, including yearly. The survey collects data on both mental health and substance use issues. Jessical Kickel provided a thorough overview of the OHYES! survey to assist the Partnership Council in determining the most appropriate way to increase data collection efforts. A workgroup will be established to explore more deeply this opportunity, determine advantages and disadvantages of the OHYES! survey, and provide recommendations to the Partnership Council.

2. **HIPS Program Needs – Jessica Halsey, Hancock Public Health.** Jessica Halsey, manager of the HIPS Program, provided a report to the Partnership Council on needs to bring the program up to date. The HIPS trailer needs brake repair ($800-1400), new/updated paraphernalia ($200). The Partnership Council is committed to financially supporting the HIPS Program (see Actions Items).

3. **DFC Grant Considerations.** The DFC (Drug Free Communities) Grant is a federal program that provides up to ten years of funding ($125,000/year) to support coalition work in substance use prevention strategies. Although the Community Partnership is well suited for such a grant, there has been reservation in applying for the grant due to the limitations is can place on a coalition in its scope of practice. In working with Brandeis (evaluator for ADAMHS federal grants) it has been suggested that the Community Partnership explore the DFC grant more fully. Later in October, ADAMHS staff will meet with Brandeis staff to discuss the DFC grant and bring recommendations back to the Partnership Council's November meeting.

ACTION ITEMS:

1. Sharona Bishop – motion to approve September 2022 meeting report. Stefan Adams – second. Motion carried.
2. Taylor Coote – motion to award $2000 to Hancock Public Health to support HIPS Program updates. Abbie Accord – second. Motion carried.

FOR NEXT MEETING:

1. Report of recommendations from OHYES! Workgoup.
2. Report of recommendations from DFC discovery meeting.
3. Review of 2023-2024 Prevention & Wellness Grant Program.
4. Strategizing promotion of adolescent brain development education.
5. Updates on Suicide Prevention strategic plan.

CONSIDERATION FOR NEXT MEETING:

1. Updates on Opioid & Addictions Task Force Strategic planning.
2. Youth Thrive for Youth.

NEXT MEETING:

Tuesday, November 15, 2022
9:00-10:30 a.m.
ADAMHS Office

Hancock County Community Partnership Workplan – Fiscal Years 2023-2028

The Hancock County Community Partnership has made a commitment to advancing the Youth Thrive Protective and Promotive Factor Model. This model emphasizes the importance of understanding adolescent brain development; building strong social connections; providing concrete supports in times of need; increasing social, emotional, and cognitive competence, and strengthening youth resilience. All strategies employed and or supported by the Partnership are evaluated through the Model to ensure the protective and promotive factors are continuously reinforced.

Strategic Imperative	**Tactics**	**Anticipated Outcomes**	**Target Audience**
Creating Connections Between Youth and Trusted Adults	• Prevention & Wellness Program • Community-Based Toolkit	*Youth Thrive PPF:* *-Concrete Supports* *-Social Connections* *-Youth Resilience*	• Youth • Adults
Promotion of Positive, Healthy, Alternative Activities	• Provide scholarships to attend activities • HIPS – Include meals • Community Dinners/Millstream Café/Family Dinner Vouchers • Strengthening Families	*Youth Thrive PPF:* *-Social Connections* *-Youth Resilience* *-Cognitive and Social-Emotional Competence*	• Youth • Families
Altering Your Mind Can Change Your Life	• Community-based education opportunities • CSSP/Youth Thrive • Video about adolescent brain development • Presentations at school sports/PTO/open house meetings • HIPS – Include education regarding adolescent brain development	*Youth Thrive PPF:* *-Knowledge of Adolescent Brain - Development* *-Cognitive and Social-Emotional Competence* • Increased awareness and understanding of adolescent brain development	• Youth • Families • School-based groups (coaches/teachers)
Data Collection	• Implement OHYES Survey	• Increased youth-based data accessible to HCCP for planning purposes	• Youth

October 2022

OHIO SUICIDE PREVENTION FOUNDATION

Bullying & Suicide Prevention

Bullying and its often-tragic consequences have made headlines for years. But bullying is nothing new. In fact, bullying is as old as mankind itself. Still, researchers have only been delving into bullying and its effects for the better part of the past 40 years.

So, what is bullying? How does it contribute to mental health issues and suicide among our youth? Most importantly, what can be done to stop it? Keep reading to find out.

Bullying: A Definition

There is no single definition of bullying, however, most agree on one thing: Bullying is intended to harm. Here's how the PACER Center, a non-profit organization dedicated to helping educators and families of young people with disabilities, defines it:

Bullying is an intentional behavior that hurts, harms, or humiliates a student, either physically or emotionally, and can happen while at school, in the community, or online."[1]

Consequences of Bullying

Research shows that bullying increases the likelihood of mental health issues, substance misuse, poor school performance, and suicide. While the media and others typically focus on bullying victims, any student involved in bullying – perpetrator, victim, or witness – is at an increased risk for negative outcomes, including depression and anxiety.[4] There's even evidence to suggest that those who have both bullied others and been bullied themselves are at the highest risk for suicide-related behavior.[4]

Fast Facts: Bullying in Ohio

According to the Ohio Healthy Youth Environments Survey of 35,000+ students in grades 7-12, nearly one-third say they experienced bullying during the 2019-2020 school year.2 Compare that to the national average of 1 in 4 students,3 and it's easy to see why Ohio's students are more likely to be the victims of bullying than their out-of-state peers.

In addition, of those surveyed in Ohio, 31.8% reported some being subjected to some type of bullying, including:

- Cyberbullying (6%)
- Violence or theft (7%)
- Being the subject of rumors, taunting, or social exclusion (42%)

Perpetuating the idea that suicide is a natural response to bullying not only normalizes suicide, it can also lead to a copycat response.

Suicide and Bullying: A Complex Relationship

When a young person dies by suicide, everyone wants to understand what happened. But when bullying is identified as a culprit, it's not only doing a disservice to the victim and their family, it also doesn't take into consideration the interwoven web of factors that contribute to youth suicide. Further, it promotes a false and dangerous perception that suicide is the only way out of a bullying situation.

The truth is, most students who are involved in bullying do not die by suicide. Yes, bullying should be investigated as a potential contributor. But other factors, including poverty, abuse, discrimination, death of a loved one, and loss of relationships also should be considered.[5]

How Reducing Bullying Can Help Prevent Suicide

Because bullying is a risk factor for suicide, communities that address bullying also support youth suicide prevention. Here's how:

- Schools can promote inclusivity and kindness, helping students feel safe and supported.
- Parents can model healthy problem solving and conflict management skills.

Peers can stand up to bullies and offer help to anyone involved in bullying – including the bully.

Learn what else you can do to reduce bullying and prevent suicide:

- PACER Center: pacer.org/bullying
- U.S. Department of Health and Human Services: stopbullying.gov
- CDC Strategies: cdc.gov/healthyyouth/protective/pdf/connectedness.pdf
- Youth mental health and wellness: BePresentOhio.org

References

1. National Bullying Prevention Center. "How is bullying defined? Questions answered.". Accessed 14 September 2022.
2. Ohio Healthy Youth Environments Survey. "OHYES! entire state report for 2019-2020." Accessed 14 September 2022.
3. CDC. "Youth Risk Behavior Surveillance – United States, 2019." Accessed 14 September 2022.
4. CDC. "The relationship between bullying and suicide: what we know and what it means for schools." Accessed 14 September 2022.
5. CDC. "Risk and protective factors." https://www.cdc.gov/suicide/factors/index.html. Accessed 14 September 2022.

ABOUT
OHIO SUICIDE PREVENTION FOUNDATION

OSPF gives hope to those in crisis, strength to those in the struggle, and comfort to those in grief. OSPF is a non-profit organization that works tirelessly to help all of Ohio's communities reduce the risk of suicide. Our work includes supporting those impacted by suicide, raising awareness of mental health issues, and coordinating community resources and evidence-based prevention strategies across the state.

(614) 429-1528 / OhioSPF.org

This resource is brought to you by the Ohio Suicide Prevention Foundation (OSPF) with funding from the Ohio Department of Mental Health and Addiction Services.

FRC Infrastructure Advancements

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Key Infrastructure Investments

Chief Medical Officer Role

Rapid Access & Centralized Scheduling

Just In Time Scheduling

Data Utilization

Compliance & Training Departments

FAMILY RESOURCE CENTER

Open Access & Centralized Scheduling

- **Open Access continues at the following locations**
  - Findlay
  - Lima
  - Sidney
  - St Marys
- **Standardized Open Access times across the organization go into effect 10/31 and times will be:**
  - Monday, Wednesday, Friday 9:30 – 11:30 AM
  - Tuesday and Thursday 2:30 – 3:30 PM
  - This standardization allows us to maximize capacity of tele counseling options
- **Centralized Scheduling is a client focused practice that allows rapid response to changing client needs & helps to reduce no show rates.**
  - Support clinicians by removing administrative burdens
  - Added new role, CSS, Client Support Specialists who work with non engaged clients and managing provider case loads.
  - Technology & data advancements with "Backfill List"

FAMILY
RESOURCE CENTER

Centralized Scheduling Report -

app.powerbi.com/groups/me/reports/d702a8f6-bdc5-4474-8465-111c3d22f7b6/ReportSection27ada5c488e40a229906

Gmail | ADP | Carelogic Enterprise | Counselor, Social W... | Lawriter - ORC | CARF International... | How to Successfully... | Organizational Pers... | Microsoft Office Ho... | Guide to Continuou...

Power BI | My workspace | Centralized Scheduling Report | Data updated 10/21/22 | Search

Show the pages pane. Current page: DNS Tracker | Chat in Teams | Get insights | Subscribe

Centralized Scheduling - DNS Tracker

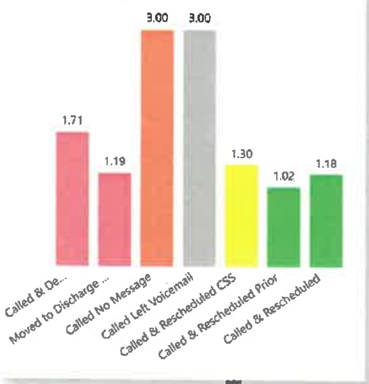
This report is linked to the Backfill list and reflects the information entered in it. It is refreshed several times per day.

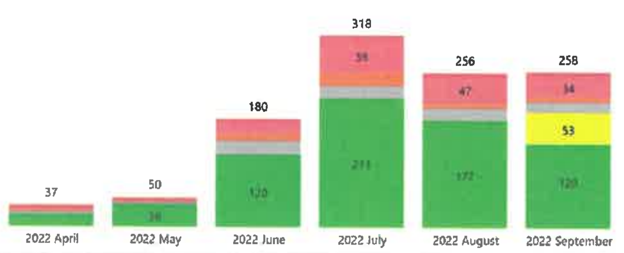
FAMILY

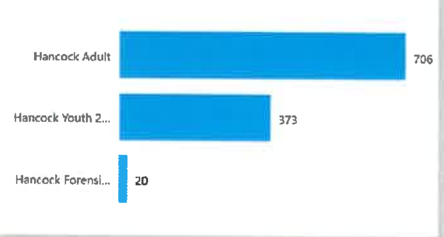
Records	Attempts
1099	1560
Staff	**AVG Attempts**
29	1.42
Orgs	**DNS Hours**
3	1,019.98

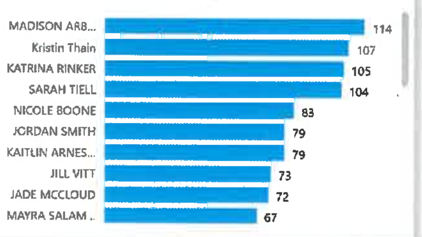
Follow-up Status

Called & Rescheduled | Called & Rescheduled Prior | Called & Rescheduled CSS | Called Left Voicemail | Called No Message | Moved to Discharge Process | Called & Declined Service









97%

Just In Time Scheduling

- Clients call in to schedule their medical appointment as their current prescription is coming to an end. They are provided an appointment 3-5 calendar days from when they call.
- Allows for more immediate access for new psychiatric evaluation appointments.
- Helping to reduce no show rates
- Opportunities are provided for those who do not call for appointment and/or miss appointment for walk in clinic times

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Compliance & Training Departments

- Addition of Director of Training and Director of Quality & Compliance
- Enhanced emphasis on improving onboarding and training process to improve retention
  - Training plans
  - Standardizing training process
- Compliance currently focused on upcoming CARF accreditation preparation, annual policy and procedural review, advancement of technology platforms that support virtual waiting rooms for telehealth clients.

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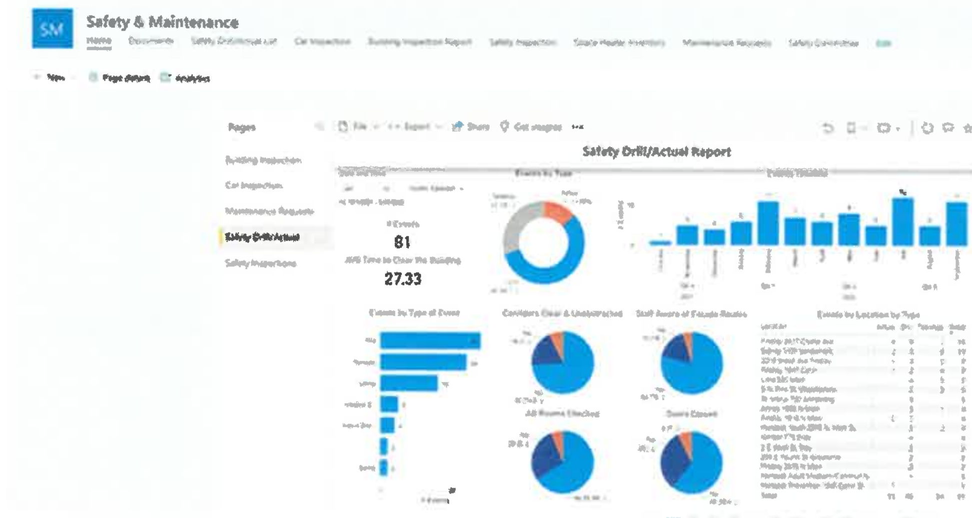
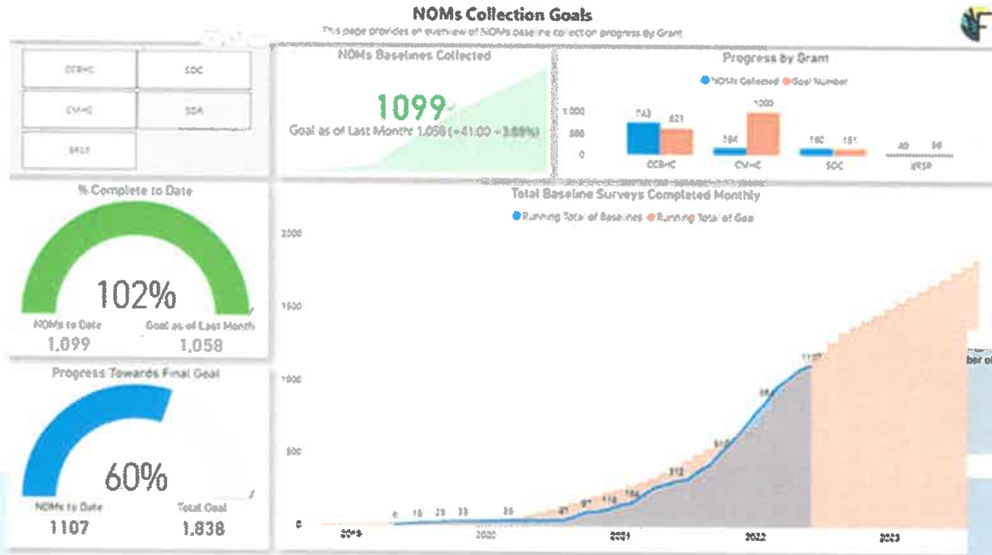
Data Driven Decision Making

Performance Dashboard tracking for individual staff members



Streamlined tracking mechanisms related CARF Standards & other Compliance items

Data Driven Decision Making



Grants Management Platform Design

Treatment Recommendations/ Assessed Needs

#1 Recommendation/Need:

#1 Recommendation/Need to Address:

#1 Recommendation/Need Decision: ☐ Deferred ☐ Referred ☐ Decline

Other Recommendations: Include Natural Support Engagement, Referrals, or other Health Needs

Max: 4000 characters

Client/Family Preferences for Treatment

Client/Family Preferences for Treatment:

Max: 1000 characters

Assessment Release

To whom will this Assessment be released: ☐ None ☐ Probation/Parole ☐ Guardian/ Family Member ☐ CPS/UFS ☐ Service Provider ☐ Other ☐ Court/Attorney ☐ Physician

Comments:

Max: 1000 characters

Updated Diagnostic Assessment Format for Adult & Youth that incorporates DLA-20

Data Driven Decision Making

Productivity Calculator
Smart Productivity Calculator

Inputs	Current Productivity		Time Period Information	
Current Hours Achieved: 492 — Please select how many productivity hours you achieved so far this fiscal year as of today.	Current Productivity %: 41.00%	Current Production Rate per Work Day: 06:18 (Breakeven Hours per Day: 05:00)	Start Date 07/01/2022 · Today's Date 0/21/2022 · End Date 06/30/2023	
Productivity Goal: 1200 — Please select your productivity goal as listed in Carelogic.	Current Hours: 492 · Goal: 1200	Hours Outstanding: 708	Calendar Days Passed: 113	Calendar Days Left: 252
Taken Days Off: 1 — Please select how many days off you already took this current fiscal year in whole days.	Forecasted Period-End Results		Holidays Passed: 2	Holidays Left: 8
Projected Days Off: 10 — Please select how many days off you anticipate taking this fiscal year after today, in whole days.	Hours Produced at Current Rate: 1513.85 · Productivity % at Current Rate: 126.15%	Payout at Current Rate: $3,130	Taken Days Off: 1	Projected Days Off: 10
Additional Minutes: 0	Estimated Productivity with "Additional Minutes": Production Rate 06:18 · Productivity Hours 1,513.85 · Productivity % 126.15%	Payout: $3,130 ($0)	Work Days Passed: 78	Work Days Left: 162

Analysis
Based on current 492 hours achieved in 78 workdays passed you averaged 06:18 per work day. Based on that, it is projected that you will achieve 1513.85 hours in the next 162 work days or 126 % of your productivity goal yielding $3,130 payout (if eligible).

What If: Additional Minutes
Adding 0 minutes of kept services to the remaining 162 work days will produce a 1,513.85 hours or 126.15% of your productivity goal. In return, your payout will increase by $0 to $3,130. To achieve that, you will need to provide 06:18 of kept services each work day.

FAMILY

Productivity Calculators

Quarterly Reporting: Peer Reviews Conducted

Quarterly Report

This report shows the distribution of Yes/No answers by Section of the Peer Review and by each individual question

Slicers
Select FY and FQ
- FY21-22
- FQ2

Peer Reviews Submitted: 202
\# Staff Participated: 47
\# Yes/No Questions: 4391

Average Score by Fiscal Year and Quarter

	AAH	Hancock Adult	Hancock Youth	Tricounty
FY21-22 FQ2	87.79%	83.48%	78.64%	85.76%

Organization Group: AAH · Hancock Adult · Hancock Youth · Tricounty

Scores by Section and Questions

Value Sections	No Count	No %	Yes Count	Yes %
Section A: Assessments	159	12.64%	1099	87.36%
Comprehensive Assessment Completion	22	12.87%	149	87.13%
Does the Level of Care summary state the recommended LOC and if the client declines that LOC what services they are being referred to?	2	4.65%	41	95.35%
If the client has an SUD diagnosis was the Level of Care completed?	6	12.24%	43	87.76%
Was a mental status exam completed?	10	5.85%	161	94.15%
Was it documented that the client was actively involved in making decisions whether or not they were referred to services?	16	9.36%	155	90.64%
Was the Crisis Intervention and Assessment Report completed within 7 days?	15	83.33%	3	16.67%
Was the Crisis Intervention Assessment report complete and thorough?	15	83.33%	3	16.67%
Was the DA completed within 7 days or 30 days with reason for delay documented?	22	12.87%	149	87.13%
Was the diagnosis completed including justification for the diagnosis given?	20	11.70%	151	88.30%
Was an independent co-signature for the assessment included if required?	7	4.96%	134	95.04%
Was the Crisis Intervention and Assessment co-signed when required?	6	66.67%	3	33.33%
Were the risk factors adequately addressed based on the C-SSRS screener?	18	14.40%	107	[illegible]
Section B: Treatment Plan	244	19.69%	995	80.31%
Section C: Progress Note	128	15.84%	680	84.16%
Section D: Other	216	19.89%	870	80.11%
Total	747	17.01%	3644	82.99%

Questions

FAMILY
RESOURCE CENTER

AS OF 10/19/22

Hancock County Opioid and Addictions Task Force (HCOATF) Data

PRENATALLY EXPOSED	CURRENT YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YEAR TO DATE	
	2022	7	7	9	4	11	6	6	13	7				70	
CALENDAR YEAR	2021	TOTAL	97												
CALENDAR YEAR	2020	TOTAL	86												

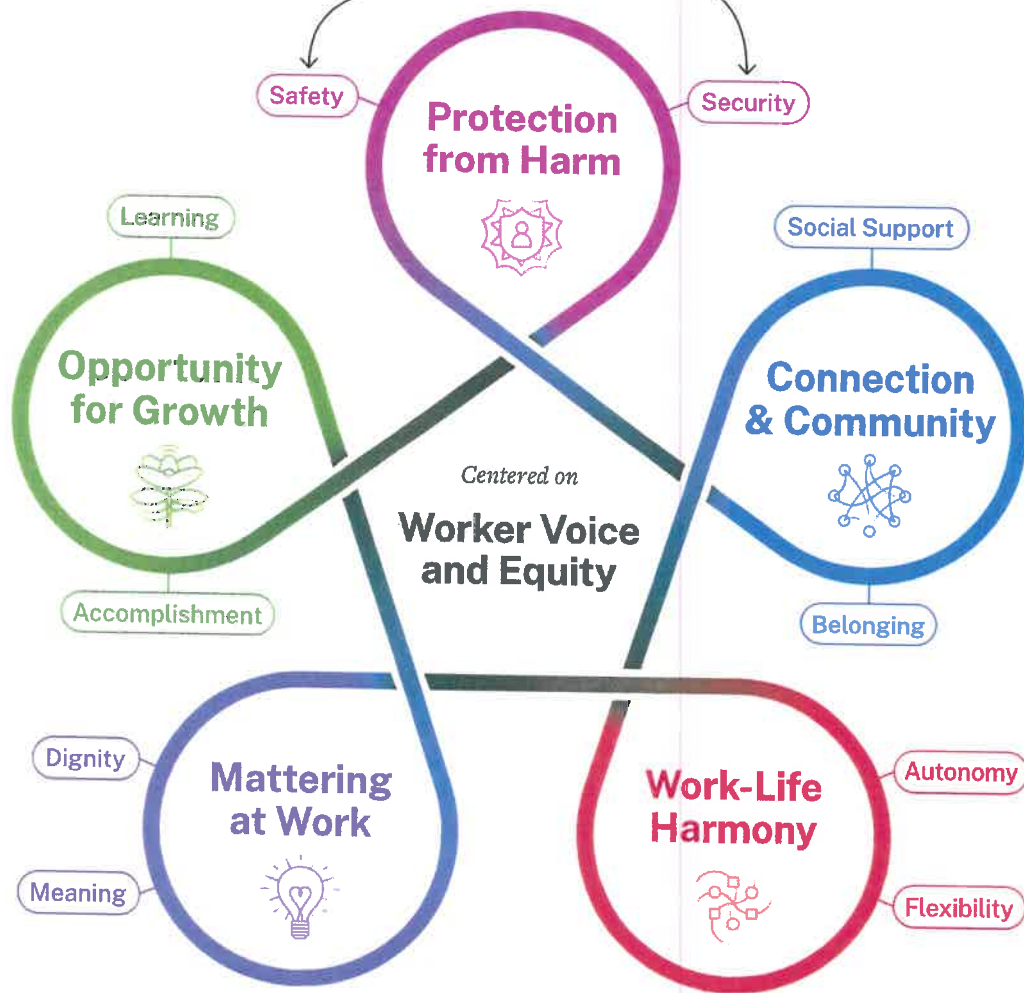
NEONATAL ABSTINENCE SYNDROME (NAS)	CURRENT YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YEAR TO DATE	
	2022	1	0	0	0	1	1	3	3	2				11	
CALENDAR YEAR	2021	TOTAL	31												
CALENDAR YEAR	2020	TOTAL	29												

SUICIDE	CURRENT YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YEAR TO DATE	
	2022	0	1	2	1	2								6	
CALENDAR YEAR	2021	TOTAL	5												
CALENDAR YEAR	2020	TOTAL	11												

OVERDOSE FATALITIES	CURRENT YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YEAR TO DATE	
	2022	1	5	4	3	1								14	6 PENDING
CALENDAR YEAR	2021	TOTAL	20												
CALENDAR YEAR	2020	TOTAL	22												

Five Essentials for Workplace Mental Health & Well-Being

Centered on the worker voice and equity, these five Essentials support workplaces as engines of well-being. Each Essential is grounded in two human needs, shared across industries and roles.



Components

Creating a plan with all workers to enact these components can help reimagine workplaces as engines of well-being.

Protection from Harm

- Prioritize workplace physical and psychological safety
- Enable adequate rest
- Normalize and support mental health
- Operationalize DEIA* norms, policies, and programs

Connection & Community

- Create cultures of inclusion and belonging
- Cultivate trusted relationships
- Foster collaboration and teamwork

Work-Life Harmony

- Provide more autonomy over how work is done
- Make schedules as flexible and predictable as possible
- Increase access to paid leave
- Respect boundaries between work and non-work time

Mattering at Work

- Provide a living wage
- Engage workers in workplace decisions
- Build a culture of gratitude and recognition
- Connect individual work with organizational mission

Opportunity for Growth

- Offer quality training, education, and mentoring
- Foster clear, equitable pathways for career advancement
- Ensure relevant, reciprocal feedback

Diversity, Equity, Inclusion & Accessibility

Office of the U.S. Surgeon General