

Date Approved: 9-27-2022  
Presiding Officer: Ann Woolum

## Hancock County ADAMHS Board Meeting Minutes

**Meeting Date:** August 23, 2022

**Meeting Time:** 3:30 p.m. – 5:00 p.m.

**Meeting Location:** Blanchard Valley Center – 1700 East Sandusky Street

**Recorder:** Cheryl Preston

### Board Member Attendance:

x	Ann Woolum, Board Chair	x	Brandon Daniels	x	Rosalie King
x	Jim Darrach, Vice Chair	x	Mary Beth Dillon	x	Cheryl Lentz
x	Melanie Aldobaiki	x	John Drymon		Greg Meyers
x	Dave Beach		Rick Eakin	x	Susan Pancake
x	Susan Bunn	x	Josh Eberle	x	Mark Rimelspach
x	Seth Butler	x	Rachael Helms	x	Jim Stahl

### Guests Attending:

x	Precia Stuby	x	Rob Verhoff		
x	Jennifer Swartzlander	x	John Bindas		
x	Cheryl Preston	x	Derek Puchta		
x	Deb Twining				

Ann Woolum, Board Chair called the meeting to order at 3:30 p.m.

### PROGRAM

Ann introduced Gary Bright and Jamie Decker from Hancock Public Health to share an overview of the Bloodborne Infectious Disease Prevention Program (BIDPP) that operates in accordance with the Ohio Revised Code as part of harm reduction that is provided in the community. The program currently offers supply distribution of Narcan and fentanyl test strips, service referrals, and education on Narcan. Gary shared there are 85 participants currently in the program and 40% overdose reversal reports have been from participants. Additionally, 43% of the naloxone kits distributed have gone to participants. Over 40,000 syringes have been dispensed (this year) and over 29,000 have been disposed of safely with take home sharps containers (87 sharps containers have been distributed). In 2022 the program has referred 7 participants to substance use treatment, 3 mental health treatment, 10 medical and 6 for basic needs. Gary provided stats on HIV testing, Hep C testing and communicable disease nursing visits. Participants of the program are given surveys and some of the results were shared; participants shared they don't want to live this way and just want people to care about them and not judge them. Jamie presented on his personal experience and what he does as a Peer Support Outreach – having direct contact with the participants and the importance of trust he builds with each one. He shared that he was a former IV user. When he meets with people, he gives them the information and resources with no judgement and no lectures; they get treated normal and with respect. They don't feel good about what is going on in their lives and want treated like they are part of our community. Many of them are 3<sup>rd</sup> floor - (not willing/able to engage in treatment); with the program they begin to open up and eventually engage in treatment. Jamie goes to treatment agencies in the community to engage and try to keep people as healthy as possible, some of the health issues are not from sharing needles, but from reusing them. Precia noted that the Board has a contract to purchase supplies for the program, as well as funding the

position of overdose fatality review coordinator with funds from the State Opioid Response (SOR) dollars. Gary thanked the Board for the funding. Gary answered questions from Board members. Referrals come from agencies such as Family Resource Center, OhioGuidestone, Spero, Findlay Treatment Center, Emergency Department, and the management withdrawal program at Blanchard Valley. The program was started July 2020. Many participants hear about the program through a friend and trust is established that they won't be arrested. Participants are tracked by a unique number - not by name so they have no way of reporting who has sought treatment or who has died. Statistics say that those in this type of program are 5 times more likely to enter treatment. One participant shared with Gary on her 13<sup>th</sup> visit that she uses (and it's so hard to stop) because of trauma so deep she will not even share it with anyone. Because of the stigma they are only touching a small population and it is going to take time.

### CHAIRPERSON'S REPORT

Newly appointed Board members introduced themselves: Melanie Aldobaiki studied business and human resources. She is a recruiter for a financial company. Dave Beach shared that he has spent 45 years working in the criminal justice system. Seth Butler, formerly of the University of Findlay is now self employed as a consultant. The remaining Board members introduced themselves and welcomed the new members.

Ann shared that Board staff will be providing the Opioid and Addictions Task Force Outcome Chart at monthly Board meetings since we are meeting off-site (the chart hangs on the wall in the Putnam room of the Board office). Stats will be updated as staff receives them; updates are dependent on who the source is. Hancock Public Health provides information on death certificates, Blanchard Valley Hospital provides stats on babies born prenatally exposed and those with neonatal abstinence syndrome; Jen reported that nothing has been received since March 2022 from the hospital.

Commissioner's Meeting Report of June 22, 2022 – Ann shared the following updates from the meeting: The Board capital request was rejected; legal questions are tying up the OneOhio progress; overview of CHESS.

OhioGuidestone Chair Meeting Report of July 11, 2022 – Workforce shortage continues; Agency is back at the hospital serving MOMS program; implementation of SOR grant was discussed.

Family Resource Center Chair Meeting Report of August 11, 2022: Agency is in a positive financial position; grant received from commissioners to increase access to broadband; FY 23 allocations package; Garlock Brothers will be doing renovations to the Agency at the Carlin Ave. location beginning in September.

NAMI Chair Meeting Report of August 18, 2022 – meetings have taken place to address concerns regarding referral to The Steady Path; increased capacity needs for youth was discussed; increase in number of walk ins; recipient of Marathon Classic funds and Agency is in a good financial position; Agency involvement in suicide prevention events and fair booth.

Board Retreat: A short Board meeting (there will be no program) will take place on September 27, 2022, followed by a Board retreat 3:30 – 7:30 p.m. Dinner will be served. Precia noted, the meeting will be facilitated by John Malacos; a detailed discussion will take place on the Community Partnership, Opioid and Addictions Task Force and ROSC Leadership reports and how they are all related to the Board (the reports from these meetings are emailed to all Board members following the Board meeting under Board Information Reports). School shootings will not be a part of the discussion but will be added as a new priority for future.

## DIRECTOR'S REPORT

Follow-up items from the June Board meeting: Ideas for the memorial at The Steady Path were well received. A tree will be planted at the end of September and a bench and markers will be placed in memory of David Scruggs and Cayla Fortman.

Precia reviewed FY 22 4<sup>th</sup> quarter scorecard; noting only the items that require further attention: follow through with referral for Kan Du employment services is still very low. Outreach to the Peer Advisory Board for recommendation as to how to improve this has been made.

The Board has two final contracts from the FY 23 allocations process to complete, Family Resource Center and FOCUS. The September 14<sup>th</sup> Program Committee meeting will be an Allocations Committee and be extended by 30 minutes to allow for the agencies to present their proposal packages. All Board members are encouraged to attend.

Precia gave background information on the Board's award of the 1<sup>st</sup> federal criminal justice grant when Cayla worked at the Board, resulting in the involvement in the Stepping Up Initiative. The initiative is to decrease incarceration of those with mental illness; screenings were put in place to assess mental health/addiction/ risk of re-offending. If the individual scores low risk, they would not be linked with treatment staff and treatment funds; the resources would be used for those that score higher and need engaged in treatment services. At the end of the grant Cayla was approached to apply to become an Innovator County; in honor of Cayla the application was completed, and Hancock County has been awarded an Innovator County Designation. We are the 22<sup>nd</sup> county in the country to receive this designation and only the second county in the state of Ohio. The commissioners will accept the designation and will do a resolution this week along with a press release. As an innovator county, we will be placed on a national website making us available for other counties to come and learn from us. Precia shared she went to California to visit an innovator county to see their newly built jail and treatment services. Brooke Nissin is credited for taking the application across the finish line. This recognition sets us apart; the infrastructure is built.

Zach Thomas will follow up with information regarding fair passes and shifts for the booth.

The Opioid Addictions Task Force will be holding an event for people in the community to share how addiction is affecting them. It will be held September 7 and 8 at St. Marks. A survey will also be going out to get as much information on what is working and what is not. This information will be used for the development of the next strategic plan for the Task Force.

A Hope and Healing event has been planned in collaboration with the faith-based community with the Alcohol Use Disorder grant funds. The event will be held September 16<sup>th</sup> and 17<sup>th</sup>.

The next Camp Fun will be held November 19, 2022.

## CORRESPONDENCE

1. Funding for indigent inpatient psychiatric care has been renewed by Ohio Mental Health and Addiction Services through December 31, 2022.
2. Resolutions were received from the Hancock County Commissioners for the appointments of new Board members; Melanie Aldobaiki, Dave Beach and Seth Butler. The reappointment of Mary Beth Dillon, Susan Bunn and Brandon Daniels was also received.

3. New guidelines for the Community Plan were received from the Ohio Mental Health and Addiction Services. This is the document that serves as the Boards contract with the State Department. It is due in January 2023.
4. The Ohio Association of County Behavioral Health Authorities award of \$55,120 for Health Equity and Cultural Competence grant was received. Fifty thousand will be used to advance the You Belong campaign and the rest will go to hiring a consultant to help with a staff retention and recruitment plan.
5. The System of Care (SOC) 2.0 Grant was approved. We are the 2<sup>nd</sup> county in the state to be awarded a million dollars per year for 4 years to increase capacity of the children's system. FRC and Brandeis will be sub-recipients of the award just like the first SOC grant that is ending in September.

#### APPROVAL OF CONSENT AGENDA

- To approve the June 22, 2022, Board Meeting Minutes
- To approve the Program Committee Meeting Report of August 10, 2022
- To approve the Governance Committee Meeting Report of August 17, 2022
- To approve the Finance Committee Meeting Report of August 17, 2022, and the Agency Financial Pictures

**John Drymon moved to accept all items on the consent agenda. Jim Stahl seconded the motion. No further discussion. Motion carried.**

#### ACTION ITEMS BROUGHT FROM COMMITTEE

- To approve amending the Board Strategic Plan to include the development of a response to mass shootings. **Ann Woolum called for a vote. No questions; no further discussion. All were in favor. Motion passed.**
- To approve seeking a waiver on capital funding from the Ohio Department of Mental Health and Addiction Services. **Ann Woolum called for a vote. No questions; no further discussion. All were in favor. Motion passed.**
- To approve the June and July 2022 Board financial statements. **Ann Woolum called for a vote. No questions; no further discussion. All were in favor. Motion passed.**
- To approve allowing Family Resource Center to apply additional costs for May and June 2022 (\$71,532) associated with the Hancock County Enrollment and Call Center to their FY '22 grant expenditures. **Ann Woolum called for a vote. No questions; no further discussion. All were in favor. Motion passed.**
- To approve allowing Family Resource Center to retain revenue generated beyond what is projected in the approved Board grant for FY '23. **Ann Woolum called for a vote. No questions; no further discussion. All were in favor. Motion passed.**
- To approve allowing Family Resource Center to apply their federal indirect cost rate to Board grants in their FY '23 proposal package. **Ann Woolum called for a vote. No questions; no further discussion. All were in favor. Motion passed.**

John Bindas thanked the Board for working with the Agency and supporting them for the community.

#### ACTION ITEMS BROUGHT TO THE BOARD

- None

### POSITIVE ACTION

Precia shared that for the first time since 2019 Family Resource Center are fully staffed with case workers. Zach Thomas and FRC staff will be presenting the Youth Thrive Framework at their staff retreat the end of September.

### INFORMATION REPORTS

- Hancock County Opioid and Addictions Task Force Meeting Report of August 8, 2022
- Community Partnership Meeting Report of August 16, 2022
- Ohio Suicide Prevention Foundation: Making the Life Saving Switch to 988; Talking about Suicide: A How-To for Content Creators

### AGENCY/PUBLIC COMMENT

None

### POSITIVE ACTION

Zach Thomas shared that the Youth Thrive framework is being used in the development of the Hancock Youth Leadership curriculum. Brittany Schindler (Youth Programs Coordinator, NAMI) is assisting the Chamber of Commerce (the organization that leads Hancock Youth Leadership) in the development of the curriculum. This initiative was driven by a need to help address areas of concern presented by the youth in their Hancock Youth Leadership applications (e.g., anxiety, depression, bullying). The intent is that as the youth learn about protective and promotive factors in practice, they will be able to support their peers.

### FOLLOW-UP NEEDED:

Zach will email entrance details for the fair to Board members.

The next Board meeting will be September 27, 2022 (Board member Retreat) at this same location.

**The meeting was adjourned at 5:00 p.m.**



## **FY'22 Allocations Meeting Report**

**Meeting Date:** Wednesday, September 14, 2022

**Meeting Time:** 4:00 p.m.- 5:50 p.m.

**Meeting Location:** Zoom

**Recorder:** Jennifer Swartzlander

**Committee Members Attending (The Program Committee and the Finance Committee make up the Allocations Committee, however, all Board members receive the notice and are welcome to participate):**

X	Brandon Daniels, Chair		Seth Butler		Cheryl Lentz
X	Greg Meyers, Chair		Mary Beth Dillon		Jim Stahl
X	Jim Darrach		John Drymon	X	Susan Bunn
X	Rick Eakin	X	Josh Eberle	X	Susan Pancake
X	Rosalie King	X	Ann Woolum	X	Rachael Helms
	Melanie Aldobaiki	X	Mark Rimelspach	X	Dave Beach

### **Invited Staff Attending:**

X	Precia Stuby	X	Jennifer Swartzlander	X	Rob Verhoff
X	Zach Thomas	X	Deb Twining	X	Paige Craft

### **Guests Attending:**

X	Brooke Nissen (Focus)	X	John Bindas (FRC)	X	Aeryn Williams (FRC)
X	Dan Harmon (Focus)	X	Kelly Webster (FRC)	X	Joe St. Angelo (FRC)
X	Jaime De La Cruz (Focus)	X	Dr. Westhead (FRC)		

### **Items Discussed:**

- 1. Brooke presented on behalf of Focus.** Their request is for \$337,897. Brooke reviewed the budget with the committee. The Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) is a 3-year grant to enhance peer support and recovery housing. The goal is to help people walk through the doors at Focus for recovery support. The Substance Abuse Mental Health Services Administration (SAMHSA) grant is currently ending in September; however, the Agency has applied for a renewal grant. If not awarded, Focus will request \$69,766 for continuing the staff put in place by the current grant. Focus anticipates hearing within 8 days. The State Opioid Response (SOR) grant request will be the same amount for The Center and The Loft as the fiscal year 2022, and if needed, may include some of the shortfall from the loss of the SAMHSA grant.

Brooke provided detail on changes in line items of the budget and reviewed the

Agency organizational chart that indicated which positions are funded by which funding source.

Precia reminded the group that Focus manages The Center, 3 recovery homes, The Loft, and the outreach team which is funded by the new COSSAP grant. They have a total of 15 staff now.

Brooke shared that she has been emphasizing team building and that her personality type is a Collaborator. Brooke has begun weekly team meetings and weekly supervision. As a staff, they are reviewing policies. Brooke also is getting staff more involved in the community by rotating responsibilities of community event resource tables. Focus is planning a Strategic planning session this fall.

Brooke shared that her current Board members are strong, and they are working to attract others. Additional steps that she is taking is to be more involved with the Chamber. They have also added Board recruitment at resource tables. An agenda item for board development has been initiated. Brooke is also working with the Community Foundation on board development.

Brooke's responses to the Committee questions: Brooke indicated that the increase in the hours would be possible under budget as presented. Brooke and Jaime indicated that Capital plans will be reviewed in the current strategic planning process as well as a development of a policy regarding donations direct to reserves/capital. Precia indicated the Agency has a healthy financial balance, indicating a need to review the Agency cash reserve policy. The current building could be sold but the ADAMHS Board will have to pay off the balance on the loan and then it is up to ADAMHS Board what to do with the balance from the sale.

Allocation Committee discussion – The Committee indicated they think that community awareness of Focus and services is low, the allocation ask was conservative, and no objections from the Committee on the request.

2. **Family Resource Center (FRC)**– Precia indicated the review from staff is unusual as the recommendation doesn't match the FRC request due to the inability to fill positions. John Bindas indicated they are requesting increased funding for 1 FTE adult prevention, 1 FTE school case manager, 1 FTE youth case management supervisor (this position would become self-sustaining in the future), 1 FTE Occupational Therapist position, 1 FTE – Site director to handle operational needs in Hancock, and 1 FTE – community relations to serve as the face of the Agency in the community, address any complaints and needs in the community. An additional request of \$10,000 to hire a consultant to design adult prevention and that person would also provide some of the prevention training i.e., Working Minds and fund the Companioning the Mourner facilitators. The staff recommendation was \$2,770,230 (flat funding) due to a lack of filling positions and spending full allocation last year. If all positions were filled, they would need \$3,188,898. Staff also recommended that all funds from ADAMHS be cost reimbursement. If they use funds up to \$2,770,230 and need more, then they



will come back to the Board to request additional funds.

FRC staff shared that there are 76 openings across all FRC counties and 12 openings currently in Hancock County. The Site Director and Community Liaison do not need to be licensed clinical staff. FRC is expanding telehealth providers and focusing on an internship program to address workforce needs. They have gone from 1.5 to 11 telehealth providers across FRC. Dr. Westhead is helping to redesign the case management, so it is assigned at the beginning of services vs. later.

Responses to Committee questions - Problems with service delivery are due to staff shortages and not being able to implement changes. Total number of FRC employees is 164.

Allocation Committee discussion – Precia indicated the Board would not fund positions not there using a reimbursement model. The group indicated that funding could be flexible across the total within categories (fee-for-service and grants). There was a discussion about the Finance Committees' vote on allowing the Agency to keep the revenue that exceeds the projected revenue. Logistics need to be worked out by Rob and can be discussed at next week's Finance Committee.

The Committee indicated that no additional Allocation Committee meeting is needed.

**Action Items:**

- 1. A motion was made by Susan Pancake and seconded by Greg Meyers to approve the proposed FY'23 allocation request from Focus of \$337,897. Motion passed unanimously.**
- 2. A motion was made by Greg Meyers and seconded by Dave Beach to approve a FY'23 allocation for Family Resource Center of \$2,770,230. The details of the allocation will be reviewed by the Finance Committee. Motion passed unanimously.**

**To Do:**

1. The logistics of the Family Resource Center vote need to be determined and presented at the next Finance meeting for further consideration and inclusion in the Board/Agency contract.



# Governance Committee Meeting Report

**Meeting Date:** September 21, 2022

**Meeting Time:** 8:00 a.m. – 9:25 a.m.

**Meeting Location:** Board Office, 438 Carnahan Avenue

**Recorder:** Precia Stuby

## Committee Members Attending:

X	John Drymon, Committee Chair		Jim Stahl
	Mary Beth Dillon, Committee Vice Chair	x	Seth Butler
x	Melanie Aldobaiki		

## Board Members Attending:

x	Ann Woolum, Board Chair	x	Jim Darrach, Board Vice Chair
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## Invited Staff Attending:

x	Precia Stuby		
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## Items Discussed:

1. Board Meeting Evaluation Results for August 2022 and Board Member Exit Survey – Based on the results, the table set up for the Board will provide more space between tables. After reviewing the Board member exit survey, Ann will encourage Board members to speak up and/or ask questions at Board meetings.
2. Board Retreat Agenda/Evaluation Questions – The retreat agenda was finalized and will be sent with the Board packets. Staff will prepare a survey monkey evaluation, using the same questions from the last retreat.
3. Capital Plan Update/Discussion – As a result of the need for financing, there was a discussion on the need to explore all options related to the Board office before a final recommendation is made regarding the renovation of the existing building.
4. Board Travel Policy Revision – The Committee recommended adopting the revisions to the policy, moving to a per diem rate of reimbursement for out of state travel.
5. Workforce Recruitment/Retention Update – There was a discussion regarding salary adjustments. A recommendation was made to discuss this with the Finance Committee before implementing.
6. Paid Student Internships – Precia will develop a Board policy regarding paid student internships prior to the next meeting.

7. PAC (Political Action Committee) – Precia Shared that the PAC letter was received from the Board Association. PAC dues are \$300 per Board. The Committee will discuss the best way to raise funds from our Board members at the next meeting.

Action Items:

1. A motion was made by Seth Butler and seconded by Melanie Aldobaiki to approve revisions to the Board Travel Reimbursement Policy, moving to a per diem reimbursement for out of state travel. Motion carried.

To Do List:

1. The Retreat agenda will be sent with the Board packets.
2. Board staff will contact Kelli Grishman at Blanchard Valley Center and a real estate agent regarding the Board office.

## Finance Committee Meeting Report

**Meeting Date:** September 21, 2022

**Meeting Time:** 3:33 p.m. – 5:56 p.m.

**Meeting Location:** Board Office, 438 Carnahan Avenue

**Recorder:** Rob Verhoff

### Committee Members Attending:

X	Greg Meyers, Comm. Chair	X	Josh Eberle, Comm. Vice-Chair	X	Rick Eakin
X	Mark Rimelspach				

### Invited Board Leadership Attending:

X	Ann Woolum, Board Chair	X	Jim Darrach, Board Vice Chair
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### Invited Staff Attending:

X	Precia Stuby (via Zoom)	X	Rob Verhoff	X	Deb Twining
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### Guests Attending:

X	Matt Hull (UIS Insurance)	X	Greg Hull (UIS Insurance)	X	John Bindas
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### Items Discussed:

1. Presentation of Board Insurance Coverage – Matt and Greg Hull reviewed current board policy coverages and industry conditions.
2. Review of Account Fund Balance and Board Financial Statements for August 2022 - No issues identified.
3. Agency Financial Report – July 2022 report was reviewed. No issues identified.
4. Review of Board Financial Audit – No findings were reported.
5. FY'23 Allocation Implementation Details – Committee recommended FRC's Allocation Board Grant Clarification with the following changes:
  - a. Change "total grant amount" to "Total Agency Reimbursement Grant amount" in item b, first sentence,
  - b. Change "total proposed amount" to "total Original Agency Proposal amount" in item b, second sentence,
  - c. Change "original Agency proposed grant amount" to "Original Agency Proposal individual grant line-item amount" in item c.
6. FFY'23 System of Care Notice of Awards – Rob reported the Board received a four-year \$4 million grant. Family Resource Center will be awarded \$738,518 for FFY'23 and Brandeis University will be awarded \$600,000 for FFY'23 thru FFY'26.

7. FFY'23 BJA Notice of Award – Family Resource Center will be awarded \$375,656 for the 3<sup>rd</sup> year of the BJA The Steady Path grant. This amount was included in the board's FY'23 budget.

**Action Items:**

1. A motion was made by Josh Eberle and seconded by Mark Rimelspach to approve the August 2022 Board Financial Statements as presented. Motion carried.

**To Do List:**

1. UIS Insurance will investigate the savings to the board's premium by increasing the property deductible from \$2,500 to \$5,000.
2. Board staff will ask RCR Technology Group about its exposure to ransomware.
3. Board staff will make the recommended changes to FRC's Allocation Board Grant Clarification and send a copy to John Bindas at FRC.
4. Board staff will change "Staff Recommendation" to "Board Recommendation" in the column heading on Family Resource Center's FY'23 Allocation sheet.

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:** September 20, 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	<b><u>Shawn Carpenter (Juvenile Court)</u></b>
HEALTHCARE PROFESSIONAL	<b><u>Gary Bright (HPH), Jenn Reese (BVHS)</u></b>
LAW ENFORCEMENT	<b><u>Brian White (FPD)</u></b>
MEDIA	<b><u>Mary Jane Yarris (Retired)</u></b>
OTHER ORGANIZATION	Triena Miller (JFS), Erin Mitchell (Lutheran Social Services), <b><u>Claire Osborne (FOCUS)</u></b>
PARENT	<b><u>Sharona Bishop (Hancock Public Health)</u></b>
RELIGIOUS/FRATERNAL ORGANIZATION	<b><u>Debra Pees-Arce (St. Andrew's UMC)</u></b>
SCHOOL	Stefan Adams (FCS), <b><u>Jodi Firsdon, Chair (UF), Angie Toland (ESC)</u></b>
YOUNG ADULT 18-25	Sebastian Baker (United Way)
YOUTH	Abbyjo Howard (Arlington High School)
YOUTH SERVING ORGANIZATION	<b><u>Stacy Shaw (CMC), Chris Biltz (FRC), Abby Blanchard (FRC)</u></b>
BOARD/GUESTS	Ann Woolum (ADAMHS Vice-Chair), Jim Darrach (ADAMHS Vice-Chair), <b><u>Mark Rimelspach (ADAMHS)</u></b> , Debra Parker (UF), Margaret Osborne (OMHAS), Cheryl Miller (Hancock Public Health), Abbie Accord
STAFF	<b><u>Zach Thomas, Steve Dillon</u></b>

**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. **Suicide Prevention – Preliminary Workplan:** The Council reviewed the proposed suicide prevention workplan. Recommendations were offered for modification/additional activities. The workplan will be taken to the suicide prevention workgroup for finalization and implementation.
2. **Logic Model – Update on Strategic Imperatives:** Staff presented a status update on the strategic imperatives listed on the Logic Model. The Council will begin attending to two initiatives, HIPS and the OHYES! survey, through gathering additional information on what is necessary to begin implementation.
3. **You Belong Campaign Implementation Grant Program:** The Hancock County Cultural Humility & Health Equity Delegation has launched a grant application program to encourage community organizations to advance the *You Belong* Campaign. Council members are encouraged to share the grant opportunity within their sectors.

### ACTION ITEMS:

1. Claire Osborne – motion to approve June 2022 Meeting Report. Brian White – second. Motion passed.
2. Mary Jane Yarris – motion to approve August 2022 Meeting Report. Claire Osborne – second. Motion passed.

3. Brian White – motion to allocate \$5,000 toward 2023 Prevention and Wellness Grant Program. Claire Osborne – second. Motion passed.
4. Sharona Bishop – motion to add 14<sup>th</sup> sector to Council, Recovery Peer. Claire Osborne – second. Motion passed.

#### TO-DO FOR NEXT MEETING:

1. Connect with Jessica Halsey to determine specific needs for HIPS.
2. Connect with OMHAS OHYES! staff to request an informational meeting with Council.
3. Abby Accord will inform the Peer Support Advisory Board of the Council's decision to include Recovery Peer as a 14<sup>th</sup> sector, and confirm representation.

#### NEXT MEETING:

Tuesday, October 18, 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	<ul style="list-style-type: none"> <li>Prevention &amp; Wellness Program</li> <li>Community-Based Toolkit</li> </ul>	<i>Youth Thrive PPF:</i> -Concrete Supports -Social Connections -Youth Resilience	<ul style="list-style-type: none"> <li>Youth</li> <li>Adults</li> </ul>
Promotion of Positive, Healthy, Alternative Activities	<ul style="list-style-type: none"> <li>Provide scholarships to attend activities</li> <li>HIPS – Include meals</li> <li>Community Dinners/Millstream Café/Family Dinner Vouchers</li> <li>Strengthening Families</li> </ul>	<i>Youth Thrive PPF:</i> -Social Connections -Youth Resilience -Cognitive and Social-Emotional Competence	<ul style="list-style-type: none"> <li>Youth</li> <li>Families</li> </ul>
<i>Altering Your Mind Can Change Your Life</i>	<ul style="list-style-type: none"> <li>Community-based education opportunities</li> <li>CSSP/Youth Thrive</li> <li>Video about adolescent brain development</li> <li>Presentations at school sports/PTO/open house meetings</li> <li>HIPS – Include education regarding adolescent brain development</li> </ul>	<i>Youth Thrive PPF:</i> -Knowledge of Adolescent Brain -Development -Cognitive and Social-Emotional Competence <ul style="list-style-type: none"> <li>Increased awareness and understanding of adolescent brain development</li> </ul>	<ul style="list-style-type: none"> <li>Youth</li> <li>Families</li> <li>School-based groups (coaches/teachers)</li> </ul>
Data Collection	<ul style="list-style-type: none"> <li>Implement OHYES Survey</li> </ul>	<ul style="list-style-type: none"> <li>Increased youth-based data accessible to HCCP for planning purposes</li> </ul>	<ul style="list-style-type: none"> <li>Youth</li> </ul>



# hancock county opioid & addictions task force

## Committee Chairs

### Strategic Planning Meeting Report

**Meeting Date:** September 21, 2022

**Meeting Time:** 9:00 a.m. – 1:00 p.m.

**Meeting Location:** Center for Civic Engagement/University of Findlay

#### **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 <i>Chair</i> The University of Findlay	>	Mark Miller <i>Community Awareness</i> Ohio Third District Court of Appeals	>	Carla Benjamin <i>Community Awareness</i> Welcome to a New Life
>	Stefan Adams <i>Community Awareness (Education)</i> Findlay City Schools	>	Rick Van Mooy <i>Community Awareness (Education)</i> Hancock County Schools	>	Michael Pepple <i>Legislative</i> Hancock County Commissioner
>	Dr. William Kose <i>Medical</i> Blanchard Valley Health System	>	Gary Bright <i>Medical</i> Hancock Public Health	>	Jamie Decker <i>Peers</i> 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	>	Michael Flaherty ROSC Consultant
>	Meelee Kim Brandeis Evaluator		Carol Prost Brandeis Evaluator	>	Paige Craft ADAMHS Intern

### **STRATEGIC PLANNING OUTLINE** **NOTES FROM MEETING FOLLOW ON BACK**

- I. Themes from Community Meetings
- II. Mission, Goals, Structure, and Leadership
- III. Community Guidelines
- IV. Logic Model and Priorities

\*\*\*\*\*

(Lunch – 12:00 p.m.)

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## **NEXT MEETING:**

Monday, October 17, 2022

1:00-2:30 p.m.

ADAMHS Office

# hancock county opioid & addictions task force

## HCOATF STRATEGIC PLANNING MEETING 9/21/22

- Welcome and instructions
- Acknowledged front page article this morning; congratulations should be shared with The Courier
- Acknowledged Chairs, Debra Parker, Zach Thomas for leadership
- Review of agenda, logistics

## THEMES FROM THE COMMUNITY MEETINGS

- **STIGMA**
  - Seems to be the overriding concern for all people. Connects with all other themes. Can interfere with seeking help – for both people with SUD/family members seeking help. (RIMELSPACH)
  - Frustration is sometimes displaced – considering supporting people who have attempted suicide vs. people with SUD (BRIGHT)
  - **Continued education about what SUD/addiction is (BRIGHT)**
  - Stigma exists in medical committee; has inhibited advancement of treatments for SUD, particularly MAT (FLAHERTY)
  - Is this an education issue or a values issue (KOSE)
  - Willful stigma vs. ignorance (SWARTZLANDER)
  - How to address denial (FLAHERTY)
  - Creating an opportunity to reach wellness and resiliency; solutions must come from community; community demonstrates value (FLAHERTY)
  - Communities can/must provide wrap around services to embrace people (BENJAMIN)
  - What is different with SUD is that it is different than other illness; building this understanding is critical (MILLER)
  - Peers have been placed in the silos (FLAHERTY)
  - Addiction is not a casserole disease (DARRACH)
  - Is abstinence only considered the only possible way to be considered in recovery? (FLAHERTY)
  - It is hard to educate/change a lifetime of values; when people with stigmatizing views are in leadership/law enforcement/etc. positions, it can have a harmful/trickle down effect (PARKER)
  - Must be mindful of when something is stigma or discrimination, and discrimination must be called out (STUBY)
- **INCLUSION OF PEER/RECOVERY VOICE**
  - More is always necessary; actively engage people in recovery; “ask us” (DECKER)
  - What are the three things we need to ask peers; what are our action items (KOSE)
    - Continued involvement of Peer Advisory Board in every decision
    - Reduce stigmatizing language
    - Treat opinions and action recommendations from Peers as equal (DECKER)
  - Treat everyone like a family member; language is so important (ADAMS)
  - Increase employment opportunities for people in recovery (MALACOS)
  - Secret shopper to recognize recovery support faux pas (similar to identifying non trauma-informed spaces) (SWARTZLANDER)
  - **What are the actionable steps; CT community provided a deck of training slides to community (on addiction) to be used to provide education (KIM)**
  - Training is still one of the top three issues; there is a disconnect between the science and people who deliver services to create common language (KIM)
  - Important to have uncomfortable/difficult conversations (BRIGHT)
- **ACCESS TO SERVICES**

## hancock county opioid & addictions task force

- Access to services is getting better; the world revolves around the ED; there is a lot more collaboration, particularly from the ED; but general access (outside of regular business hours) (KOSE)
- The range of services is broad, but the depth is lacking (workforce shortage) (STUBY)
- Consistency is a challenge; lack of recovery friendly community events (MILLER)
- Medicaid card, insurance card is an open passport; levy dollar is linked to residence (STUBY)
- **Structured way to express gratitude to workforce (STUBY)**
- **Give people an opportunity for long-term feedback loop as part of institutionalized gratitude; it helps to let front line workers know what happened to someone who was served (KIM)**
- We must think of “out-of-box” ways to reach people on the third floor (FLAHERTY)
- We are not going to hire our way out of the workforce challenge (KOSE)
- **STARTING POINT TOWARD RECOVERY FOR FAMILIES**
  - **Who is communicating/what is communicated to a loved one of a person with SUD how to be helpful to that person (STUBY)**
  - If a person has had a lot of ACEs, how effective can the family be to help the person with SUD? (KOSE)
  - “Is there someone in your life who can accompany you to a follow-up appointment? If no, can we offer you a peer? (PARKER)
  - What does surround and support look like? (STUBY)
  - The ED sees third floor (KOSE)
  - Addictivegenic (FLAHERTY)
- **PREVENTION-TREATMENT-RECOVERY-HARM REDUCTION: WHAT IS THE FOCUS OF THE TASK FORCE?**
  - 2010 - focus was bringing awareness to challenges of opioid crisis; Community Awareness committee is becoming unwieldy, perhaps the committee needs to be broken into sub-committees (MILLER)
  - Does name need to be changed? (MALACOS)
  - There are more services that are helping which has impacted the focus of the Task Force; the name may be intimidating (BENJAMIN)
  - PWUD fear that Task Force is a law enforcement (DECKER)
  - It is important to include additional voices (non-recovery perspective) to help steer direction (MILLER)
- **CRIMINAL JUSTICE**
  - We do not have uniformity across law enforcement with carrying naloxone; education around the issue of addiction (STUBY)
  - Law enforcement see the social consequences of a biological disease (STUBY)
  - What is the current policy related to law enforcement carrying naloxone? (DARRACH)
  - OSHP (yes); HCSO (no policy); FPD (no policy) (STUBY)
  - There is some cooperation (SOAR/alerts about high incidents of overdose); there are other law enforcement who see using naloxone as reinforcing behavior (BRIGHT)
  - **None of us are in charge of any other system; we can share information; we must respect our boundaries; difference systems are bound by other boundaries and we must practice control and not build animosity (STUBY)**
  - Three measures to ROSC – access, retention, and outcomes. 284% access, 51% retention to 90 days, 85% are reporting in recovery at 90 days; now we must measure health/wellness, not just pathology; individual/family/community strength in recovery capital (next phase of ROSC) (FLAHERTY)

## hancock county opioid & addictions task force

- When we started the Task Force, it did not revolve around death. First discussion was about what agencies are seeing – saw opioids everywhere, which lead to need to create a prevention component. We don't want to lose vision and hope that there are fewer people in the path to recovery (prevention), but also improving the lives of those that are working to achieve recovery (ROSC) (STUBY)
- Is it time to revisit the conversation about law enforcement carrying naloxone; new jail model; new drug court model (marijuana as MAT?) (MILLER)
- We should continue the conversation with law enforcement (in reference to how long it took to get MAT at BHVS); sometimes a charge is the only way to help get someone into treatment (MILLER)
- The views express are the views of peers; you keep talking, and we die (DECKER)
- **Franklin County Jail has a community resource room, people can receive naloxone, referrals. Could the Task Force develop and staff a community resource room in local jail as people leave? (STUBY)**
- Task Force should keep in mind what is in the scope/capacity of what can be accomplished by the Task Force (BENJAMIN)
- **OTHER THEMES**
  - Delaying the onset, education of youth, recognizing that youth have trauma and what is the response to that (MILLER)
  - What can private providers do to contribute to connect to work of the Task Force (MALACOS)
  - Prevention in ROSC is very specific to what we have learned what works in the community; what has worked. (FLAHERTY)

### MISSION, STRUCTURE, GOALS, LEADERSHIP

- **MISSION**
  - "...respond to opioid crisis..." Do we even have an opioid problem right now? The scope of the Task Force has expanded (KOSE)
  - Could also include/change to population health/social determinants (FLAHERTY)
  - Add harm reduction (BRIGHT)
  - Hancock County Recovery Coalition (MALACOS)
  - Should the name/mission focus about population health; should the name/mission be reviewed by the Peer Advisory Board? (SWARTZLANDER)
  - Proposed mission statement: "A community committee dedicated to the recovery and health of individuals and families impacted by addiction and/or mental illness." (STUBY)
  - Mental disAbility (FLAHERTY)
  - "A Community Committee dedicated to the recovery and health of individuals impacted by substance use and/or mental disAbility." (FLAHERTY)
  - **"A c(C)ommunity c(C)oalition dedicated to the recovery and health of individuals and families impacted by substance use." - Dr. Kose – Motion, VanMooy – Second. Approve mission statement as presented.**
  - **What is our vision/values/guiding principles – we want to use best practices/common practice (KOSE) – KOSE/BENJAMIN/PARKER/JAMIE TO WORK ON THIS FOR NEXT MEETING**
  - We are not the disease, we are not the treatment (FLAHERTY)
- **GOALS**
  - Once guiding principles are established, how are we reviewing our priorities/goals on a regular basis to ensure that we are using best practices. (STUBY)
  - Goals will be formed from the guiding principles. (KOSE)

# hancock county opioid & addictions task force

## DATABASE REVIEW

### STRUCTURE AND LEADERSHIP

- Positions in our groups are stagnant – do people have opportunity to change/stepdown (STUBY)
- Medical Committee has not been challenged with directives; the Community Awareness Committee has been challenged with a very broad scope; Legislative Committee has helped to increase the ability to talk with elected leaders, but what is something current and tangible can we work on (areas of support, what can we provide education on, etc.) (STUBY)
- Must be better defined structure (RIMELSPACH)
- Do we need to have a formalized process to have by-laws, chairs, decision process (BRIGHT)
- **BYLAWS (BRIGHT)**

### COMMUNITY GUIDELINES

- Feedback requested on Community Guidelines, as submitted by Peers

### LOGIC MODEL

- The Task Force is the liaison to the community – knowing where to go to get best practices (FLAHERTY)
- We must still be responsive – caution when creating a boxed logic model (STUBY)
- Mission, Guiding Principle, Structure, and Leadership (PARKER)

### FINAL THOUGHTS

- Fortification vs. duplication – we must be cognizant of this (not all duplication is duplication, it can be fortification) (STUBY)
- What do we want to prioritize, how do we use the Logic Model to get to a common theme (KOSE)
- No matter what we do, it must always be grounded (STUBY)
- Continue to advance ROSC (FLAHERTY)

### NEXT STEPS:

1. **Guiding Principles – for next chair meeting (Kose, Benjamin, Parker, Decker, Thomas)**
2. **Vision/Guiding Principles, Discuss Leadership Structure, Develop Logic Model Goals (10/17/22)**



## ROSC Leadership Team Minutes

**Meeting Date:** September 22, 2022

**Meeting Time:** 12-1:31 p.m.

**Meeting Location:** St. Andrew's Annex

**Recorder:** Jennifer Swartzlander

### ROSC Leadership Team Members:

X	Abbie Acord	X	Maggie Brown
X	Aeryn Williams	X	Meelee Kim
	Andrea Sensel	X	Margaret Osborne
	Angela DeBoskey	X	Mark Rimelspach
X	Ann Woolum	X	Michelle McGraw
X	Brooke Nissen		Nancy Hutchinson
	Carl Etta Capes	X	Nichole Coleman
X	Carla Benjamin	X	Pastor Gregg Fox
	Claire Osborne		Pastor Dutch VanderVlucht
X	Cristina Christensen	X	Rachel Walter
	Derek Puchta	X	Rosalie King
X	Gary Bright		Ryan Kidwell
X	Ginny Williams	X	Scott Lammers
X	Heidi Barilla	X	Stacy Shaw
	James Baker	X	Thom Bissell
	Jessica Bittner		Tricia Valasek
X	Jodie Firsdon	X	Wendy McCormick
X	John Bindas		
	Kim Switzer		
	Liana Gott		

### Staff/Consultant:

X	Precia Stuby (by phone)	X	Zach Thomas	X	Jennifer Swartzlander
X	Dr. Flaherty				

### Items to be Discussed:

1. Dr. Flaherty provided a national picture of substance use and ROSC. Dr. Meelee Kim from Brandeis University presented on preliminary results of the System of Care work. The preliminary results demonstrated positive outcomes of the SOC project. (all slides attached)

### Summary of Follow-up Needed for the Next Meeting:

1. Jennifer will email the slides from Dr. Kim and Dr. Flaherty's presentations.
2. Jennifer will provide updates on the rest of the agenda in the email

**Adjourn:** The meeting was adjourned at 1:31 p.m.





## Recovery Today

### Where are we today in America?

Michael Flaherty, Ph.D., Clinical Psychologist  
Hancock ROSC Consultant  
September 22, 2022

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## Gratitude

Precia Stuby, Jennifer Swartzlander and the  
ADAMHS Board and ADAMHS staff and each of  
you here for your continued dedication to building  
recovery in Hancock County

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## Today's Presentation

Three parts:

1. Where we were
2. Where we are
3. Where we're headed

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## In the Beginning ...



Courtesy James O'Connell, Jr.  
**Kieley Patients Standing in Line for their Injections**

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## In the Beginning ...



Courtesy United Program Support Center  
**Addict Receiving Electroshock Treatment at Lexington**

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## Where we were

### Our Mission

To create an environment that brings hope and improves the quality of life for persons affected by mental illness and substance use and promote wellness and recovery.



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## Our ROSC Measuring Formula Now

Three measures of ROSC success with individuals:

- Increased access to care (>284% since 2014)
- Increased retention in care (51% = 90 days)
- Improved outcome or recovery (85% @ 90 days)

Progress in outcome is also be measured by improved recovery measures or gained recovery capital.

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## Individual Recovery Measures\*

Reduced or eliminated AOD use/stabilization

Improved living environment

Improved personal health

Improved emotional health

Improved family/personal relationships

Improved citizenship (legal, education,  
employment, community service)

Improved quality of life (spirituality, purpose)

\* W. White (2008): Recovery Management and Recovery-Oriented Systems of Care

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## Building Recovery Capital

Recovery Capital is the volume of internal and external assets that can be brought to bear to attain or sustain recovery <sup>(1)</sup>.

Recovery capital can be measured in an individual, a family or a community.

By increasing or building recovery capital the individual, family or community builds resilience and overall population health.

(1) Granfield, R. & Cloud, W. (1999). Coming clean: Overcoming addiction without treatment. New York, NYU Press.

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## Recovery Capital Scales

Research validated recovery capital scales and are published in:

Groshkova, T., Best, D. & White, W. (2012). Assessment of Recovery Capital, The (SARC) Properties and psychometrics of measure of addiction recovery strengths, *Drug and Alcohol Review* 32(2), 187-194. (score 175)

Vilsaint, C., Kelly, J.F., Bergman, B.G., Groshkova, T., Best, D., & White, W. (2017). Development and validation of a brief assessment of recovery capital (BARC-10) for alcohol and drug use disorder. *Drug and Alcohol Dependence*, 177 (1), 71-76. (score 10)

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## Future of Recovery Capital\*

1. Individual progress and strength
2. Family strength
3. Community health, resilience and recovery

\* The aggregation of scores or improvement in each of the above equals community recovery capital or overall community resilience.  
(note: #2 and #3 are still to be developed)

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## Why is ROSC so critical today?

America's emerging split conscience on SUD

Treatment as Usual (TAU)

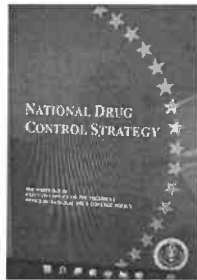
VS

TAU with an opportunity for recovery

Integrating Hancock's grants into it's ROSC

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## Where are we today in America?



.... "making America recovery ready" (2022 President/White House National Drug Strategy) <https://www.whitehouse.gov/strategy>

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## Where are we today in America?

Overdose deaths continue to rise

20.4 million people (8.1%) in U.S. diagnosed with SUD in past year – only 10.3% received treatment (NIDA)

Drug use is highest in aged 18-25 (39%)

73% of SUD dx. also struggle with alcohol

4% have co-occurring mental health dx.

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## Where are we today in America?

Age if first use in lower: 8% of eighth graders

20% of tenth graders

24% of twelfth graders

Two million or 12% of prescription drug users have a drug addiction; 4% augment with heroin

96% of opioid misusers use prescription opioids

2 million use methamphetamines

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## Where are we today in America

Adults: 8 Of 10 Americans feeling very emotional  
(84%: anxious (47%), Sad 44%, Angry (39%))

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## Part II - Where we are

20-35 million Americans are in recovery today. 11% of adult Americans now live in recovery. One in four families struggle with MH/SU or have someone in recovery.

- J. Kelley, Harvard Recovery Research Institute, January 13, 2022  
([www.recoverynews.org](http://www.recoverynews.org))

Three out of every four people who experience addiction eventually recover. (ibid)

A recovery science is emerging daily that, beyond treating the pathology of addiction or mental disability, builds on achieving a life in the community, achieved via measures of recovery.

Unique population pathways to recovery are emerging.

- Flaherty, Kurtz, White & Larson, ATQ, 2014

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## Definition of Recovery

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. (SAMHSA, 2022, retrieved 5.9.22)

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### RECOVERY Message #3

Recovery isn't just the reduction of symptoms; its  
returning to a full and meaningful life.

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### A Recovery Workforce Emerges

A new workforce has emerged, bringing those in recovery or experiencing a life with MH or SU into the team.

Peers are now paid support workers in health care in 48 states.

Silos of care are now connected by peers with *warm handoffs* to ensure continuing care.

MH and SU length stays in treatment are reaching 90 and 180 day efficacy goals.

Payers are beginning to pay for outcomes (Valued Based Care)

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### So, TODAY

**We don't have a mental health system; we have a mental sick system.** U.S Surgeon General Richard Carmona, Press Conference, 2000.

**Our zip code better predicts our health status more than our genetic code.** Thomas Insel, M.D., NIMH Dir. Healing, 2022

Health care explains only 10% of health outcomes.

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## We have Diseases of Despair

Suicide has now increased to 47,000/yr. with veterans, minorities, youth and males highest. One every eleven minutes. (NIMH, 2022)

People with severe mental illness die 20 years sooner than their peers. (Insel, above)

One in four teenagers who identified as LGBTQ+ reported they attempted suicide in first half of 2021. 46.8% reported thinking about it.

(- CDC, Posted April 5<sup>th</sup>, 2022, <https://www.kxan.com/cdc/>)

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## Recovery Challenge #1

Today's BH challenge is not one of access but of  
personal engagement and connection.

We need an expanded workforce for connection.

23

## Part III – Where are we going?

Preventing and illness while building  
health and recovery

- **Social** determinants – eliminate health inequity
- Mental and Spiritual determinants of health
- Population health (value-based payment)
- Health care will be driven by local measures and local leadership groups.

BH capacity and workforce will be greatly expanded and designed to meet the person where he/she is at, e.g. Oregon.

24



## Where are we going?

We will regret the liberalization of social and  
medical marijuana, use of stimulants in youth.  
(Flaherty personal prediction)

Recovery is not just from an illness but the measure of  
who we are as a people. It is our path to healing for our  
community, our friends, our family, ourselves.

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# Hancock County ROSC Leadership



## Federal Grant Funded Evaluations


September 22, 2022

Meelee Kim, PhD  
Institute for Behavioral Health  
Brandeis University  
mlkim@brandeis.edu

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# CONTENT

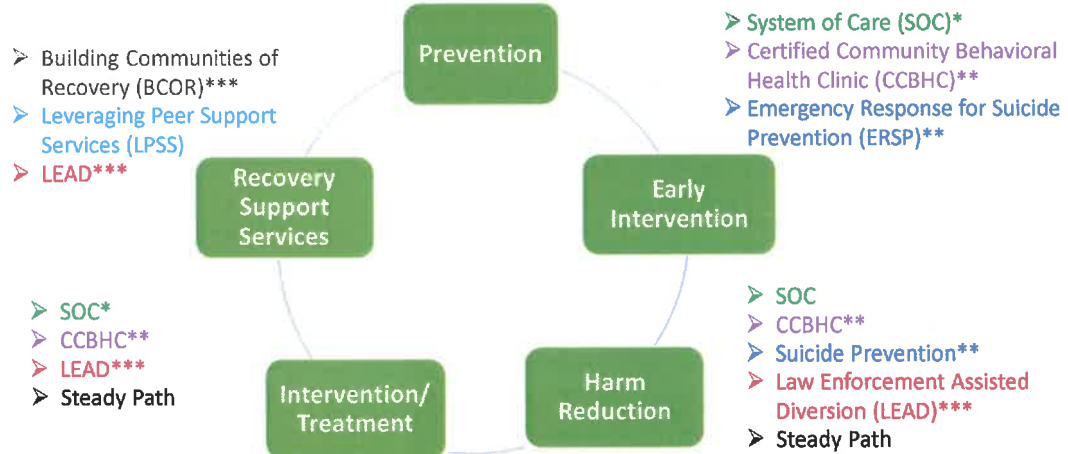


- Overview: Projects
- Preliminary Findings
- Lessons Learned
- Discussion

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## Evaluation Projects in Hancock County

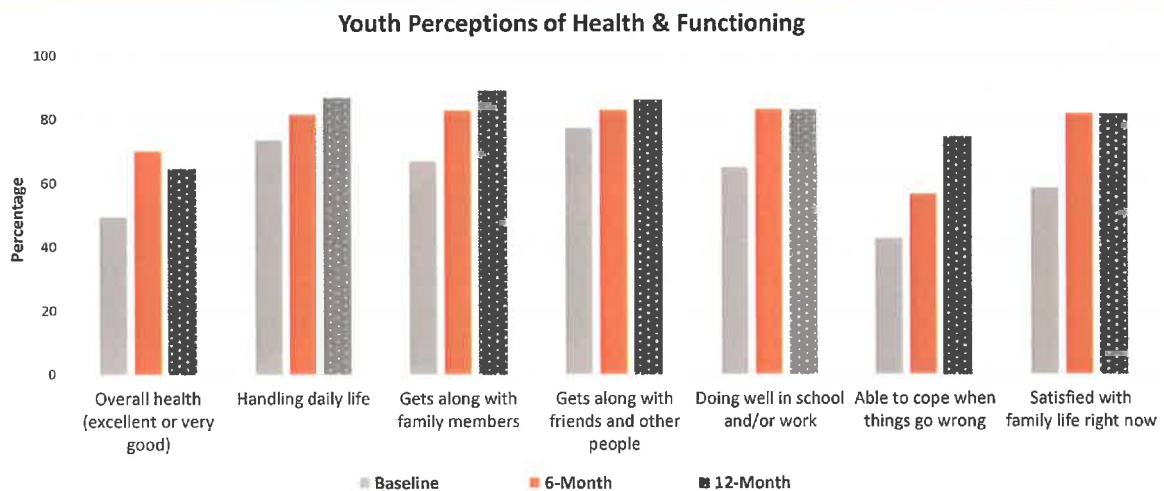


\*Grant awarded for next phase  
 \*\*Grant ended recently  
 \*\*\*Grant ending at end of September

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## Youth: Preliminary Findings\*

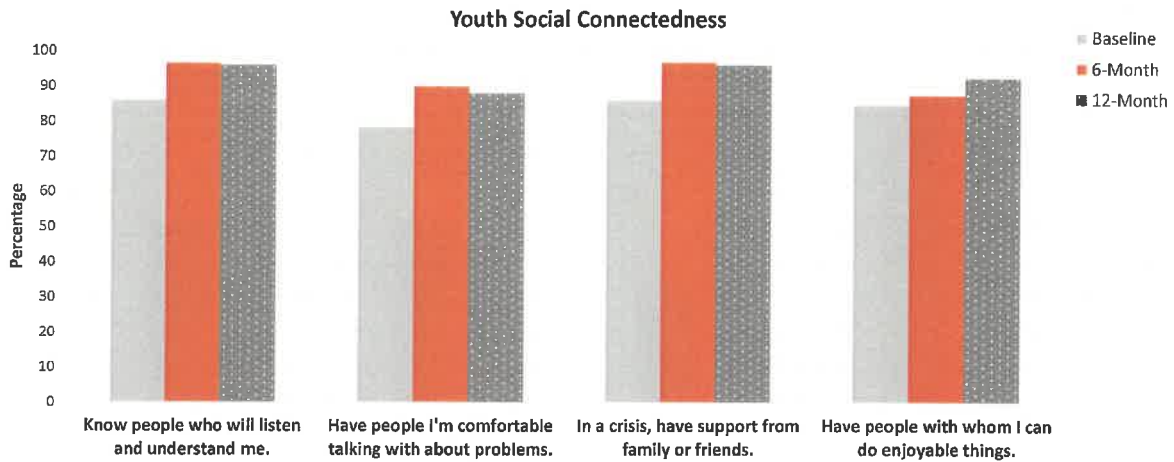


\*Data based on System of Care (SOC) evaluation.

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## Youth: Preliminary Findings\*

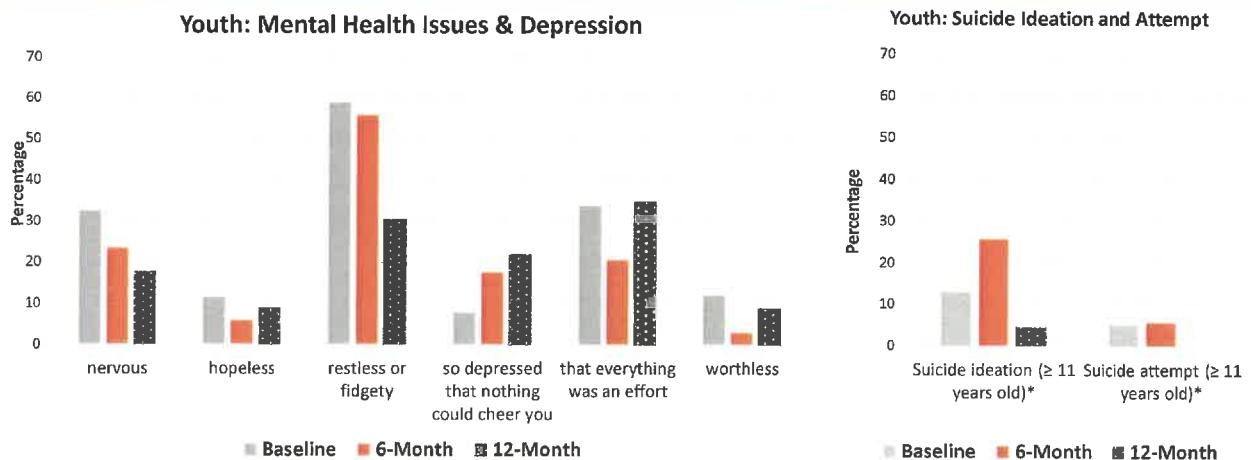


\*Data based on System of Care (SOC) evaluation.

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## Youth: Preliminary Findings\*

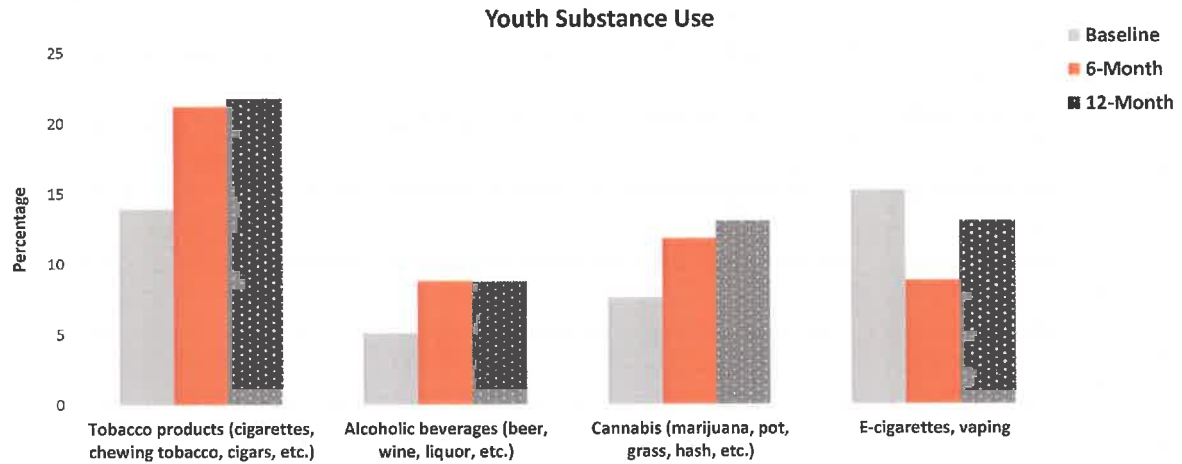


\* Data based on System of Care (SOC) evaluation.

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## Youth: Preliminary Findings\*

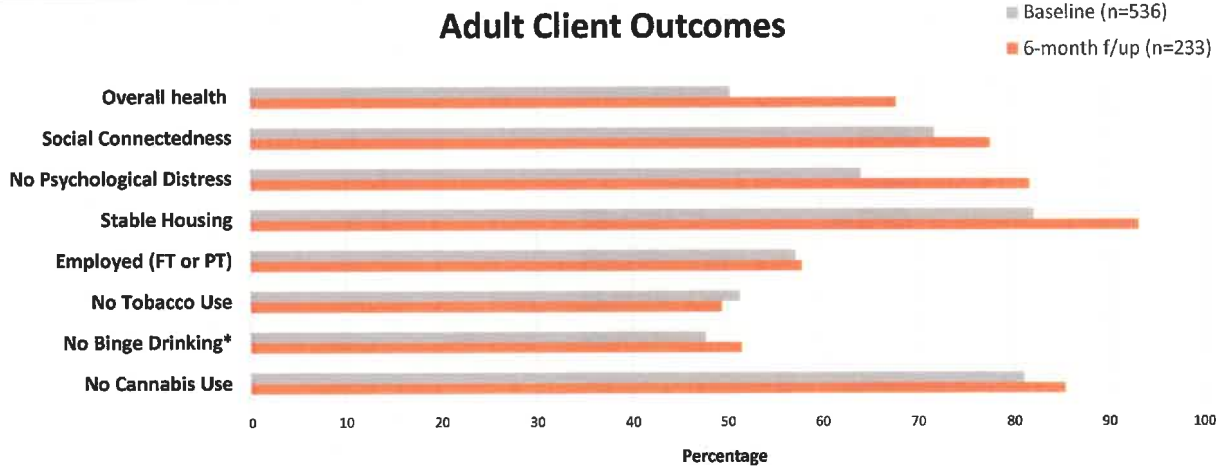


\* Data based on System of Care (SOC) evaluation.

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## Adults: Preliminary Findings\*



\*Based on adults who participated in the CCBHC evaluation.

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## Adult Deflection Program: Preliminary Findings\*

- About 35% of LEAD participants were not previous FRC clients.
- Average number of days it took to contact a client after a referral = 29 days (0 – 355 days).
- About 50% of all referred connected with a LEAD case manager within 2 days of being referred (65% met with a case manager within 7 days).
- Case managers made at least 1 contact with 95% of potential participants.
- Average number of contacts per participant = 41 (1 – 177 contacts).
- Almost half of all contacts (47%) were conducted in-person with the program participant.
- The top 3 primary reasons for contacts :
  - 41% of contacts were to provide ATOD/recovery guide or coaching
  - 38% were for case management services
  - 17% were for transportation assistance

\*Based on 40 adults who participated in LEAD (pre-arrest deflection program).

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## Lessons Learned (so far)

- Front-end planning & strategizing existing resources and revisit what was proposed vs. what's relevant
- Marketing strategies (incl. common language) for difference audiences
- Continued efforts to communicate with other providers (incl. schools)
- Workforce issues (recruitment, retention, and engagement)
- Outreach to those not typically seeking services
- A lot of data – how to make it more accessible and user friendly?

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OHIO SUICIDE PREVENTION FOUNDATION

# Seniors and Older Adults: Tips for Preventing Suicide

We live in a world where people are living longer, which means the population of older adults is growing faster, too. According to the World Health Organization, 1 in 6 people will be 60+ by the year 2030.<sup>1</sup>

Older adults are among the most vulnerable to suicide. The fact is, the rate of suicide among our aging population is growing, and white males age 85+ are the most at-risk group of all.<sup>2</sup> In Ohio, men age 75+ have the highest suicide rate among all populations.<sup>3</sup> This means each of us must do our part to help prevent suicide in the lives of the older adults in our familial, social, and spiritual groups.

## The Mental Health Connection

Research shows that mental health is key to well-being. But it be hard to ask for help ... and even harder for older adults, thanks to the stigma associated with mental health disorders and ageism.

## Risk Factors & Warning Signs

Suicide is preventable. Here's what to look for:

- Demonstrates frustration over the loss of independence
- Appears to feel hopeless, anger, or aggressive
- Seems isolated, lonely, or socially distant
- Has a medical condition that limits functionality or life expectancy
- Is cognitively impaired and has trouble with impulse control
- Has lost interest in normal activities or planning for the future
- Has previously attempted suicide
- Lacks a sense of purpose
- Has a history of depression

Adapted from Mental Health America and the National Council on Aging

## Navigating the Losses of Aging

Mental health and suicidal thoughts are of particular concern to seniors. As a population, older adults experience far too many age-related losses, such as the death of a spouse, chronic illness or pain, financial setbacks, and changes in living situations. Each of these losses can lead to feelings of profound grief, loneliness, and isolation.

Talking about grief, loss, and the issue of suicide is an act of lovingkindness.

Don't be afraid to reach out and ask them the hard questions, such as "Are you thinking of hurting yourself?" or "How satisfied are you with your life right now?"

Older men have the highest suicide rate of any age group – four times the national average.<sup>2</sup>



## Other ways you can help

Talking, being there for someone, and keeping them safe is a good start toward preventing suicide in older adults. Here are some other things you can do to help prevent suicide in seniors:

- Connect older adults to resources and support systems
- Stay in touch by phone, text, cards, and visits
- Ensure they maintain good physical and mental health
- Encourage social relationships and connections that instill a sense of purpose
- Promote leaning into spiritual beliefs, especially those that encourage resiliency

## Resources

1. 9-8-8: Call or text the National Suicide Prevention Lifeline 24/7.
2. 741741: Text "4hope" to connect with a trained Crisis Counselor within 5 minutes.
3. QPR: Learn more about the three steps anyone can learn to prevent suicide: Question. Persuade. Refer. Contact OSPF today to schedule your next training.
4. Aging.ohio.gov: Get tips, advice, and how-tos on caring for older Ohioans.



## Reference List

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### 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](https://ohiospf.org)



