

# The Champion

for Community Alcohol, Drug Addiction, and Mental Health Services



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# The Champion

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For inquiries about the material contained within this edition of the The Champion or for information about future editions of The Champion, please contact Liz Henrich at [ehenrich@oacbha.org](mailto:ehenrich@oacbha.org) or (614)224-1111.

## Introducing *The Champion*

### Dear Behavioral Health Partners:

As the statewide trade association representing Ohio's Alcohol, Drug Addiction and Mental Health Boards, the Ohio Association of County Behavioral Health Authorities (OACBHA) continually strives to be a conduit of information and resources between local Boards, the Administration, the General Assembly, and others. Ongoing and open communication pathways allow state leaders, policymakers and others the opportunity to interact with those individuals on the local level who are working to implement rules and policies, foster evidence-based and promising practices, and truly effect change in communities throughout Ohio.

This year, more than ever, the need exists to share what local Boards are doing to benefit citizens in each of their communities. *The Champion* was envisioned as a platform to highlight innovative and promising practices from throughout Ohio, illuminate the great work being done by Boards in every corner of the state, and provide local and statewide information to policymakers, professionals, and the public. *The Champion* is designed to foster and support programs and initiatives that will help bolster and enhance mental health and substance abuse prevention, treatment and support services in Ohio.

In this inaugural edition of *The Champion*, you will find articles highlighting a variety of topics: promising prevention practices in Board areas working to benefit entire generations and communities by effectively changing behaviors, an innovative workforce initiative that is working to assist individuals with obtaining gainful employment, the importance of recovery supports as a critical component of a community system of care, lessons learned in responding to a community crisis, an update on the status of the consolidation of the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services, as well as a series of brief highlights from local Boards throughout Ohio.

At OACBHA, we believe that to best serve Ohio's children and adults with a mental illness and/or substance use disorder, prevention, treatment and recovery support services are best determined close to home, and that the strength of Ohio's alcohol, drug addiction and mental

health system comes from local Boards and the local volunteers who serve on these Boards. These volunteer leaders know best the local issues and concerns, and have a vested interest in tailoring programs and services that will work in their community to meet local needs in a way that a one size fits all approach from Columbus never could.

Through *The Champion*, OACBHA hopes to develop a better understanding of Ohio's community alcohol, drug addiction, and mental health services system. We sincerely hope that you find this publication to be valuable and that you learn something new about the innovative and unique programs and initiatives that Boards throughout Ohio are developing and supporting in order to benefit their citizens and help Ohio thrive.

Sincerely,



Cheri L. Walter, CEO  
OACBHA



Cheri L. Walter,  
Chief Executive Officer  
OACBHA

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***People Recover.***

***Recovering People Work.***

***Working People Pay Taxes.***

***Invest in Ohio's Recovery.***

***Support Community Alcohol,  
Drug Addiction and Mental  
Health Services.***



## The Chardon High School Shooting: *Responding to a Community in Crisis*

By: Jim Adams, Chief Executive Officer, Geauga County Board of Mental Health and Recovery Services

There are moments, even days in everyone's life that will live on as if frozen in time, a snapshot in history that seems as clear as crystal. Hard and unchanging. Unchangeable. That day for many in this Chardon, Ohio community was February 27, 2012, the day six Chardon High School students were shot while waiting for classes to start, three fatally. And while the day remains a series of tragic moments frozen in time to many of the survivors, families, and community members, the healing response to the tragedy continues to evolve and change as the needs of the community come to light and the recovery of the community continues.

Chardon, Ohio is a city of just over 5,000 in northeast Ohio, approximately 40 miles from downtown Cleveland. February 27th started out in the high school as any other day. Classes had started early and students continued to arrive by bus, some for classes in the school, others waiting to be bussed to other schools in the area. Students had gathered in the school cafeteria waiting for their day to begin when shots rang out at approximately 7:35 am. Within 38 seconds, six victims had been shot and the shooter was fleeing the building. First responders were on the site within minutes, securing the facility and providing first aid to the victims. News of the tragedy struck the airwaves of Cleveland television and radio stations, and the world suddenly knew of Chardon.

The local mental health center, Ravenwood, immediately sent clinical counselors on-site to help in any way

possible. When the school was secured, students were moved to another facility across the road, and parents started to arrive, desperate for news of their children. Since the schools were in "lock down," all students had to be matched with their parents to be released. Counselors, first responders, and school personnel helped to reunite families as one scene after another unfolded in tears and kisses and hugs of relief. But not all of the scenes were joyful. At least one of the victim's mothers couldn't be reached, and she didn't learn of her child's injuries until arriving on school grounds, where she heard the devastating news, and raced to the hospital where her child had been taken.

Grief and trauma counseling was immediately established in an adjacent middle school building, utilizing the school library for temporary triage. Counselors from throughout the region called or just appeared on-site to offer their services. Agencies from around northeast Ohio sent teams of professionals that proved indispensable in those first hours and days. Other counselors called or just showed up with no known credential or background in trauma or grief, some handing out business cards offering to treat victims and family members in their own offices – soon to be opening on Chardon Square. The Geauga County Board of Mental Health & Recovery Services worked quickly to try and stop those individuals from taking advantage of the community in the midst of this tragedy, and for the most part, was successful.

In the first days following the shooting, grief and trauma counseling continued as funerals and memorials were held and a schedule was established for the return of the students to the school. United Way of Geauga County provided enormous support in scheduling



counselors and coordinating the influx of donations from local businesses. Hospice, Beechbrook, the American Red Cross, Catholic Charities and many other organizations provided staff and resources to meet the immediate needs of the school staff, students, and family members. Within two days, teacher trainings were held to debrief staff and provide information on what to expect as students returned to classes. A parents' night was also held in the middle school to give specific help in identifying children who may have mental health issues directly or indirectly related to the school shooting. The presenters also prepared a reference list of resources in the community where families could find counselors, psychiatrists, and other mental health professionals. To reach more people in the community the evening's presentations were broadcast over the local television station.

The Board of Mental Health and Recovery Services contacted local, state, and federal mental health professionals to help design a strategic plan for the ongoing recovery of the community. Officials from Columbine High School, Virginia Tech, the Substance Abuse and Mental Health Services Administration, the Centers for Disease Control and Prevention, and many

others provided technical and historical information about how school shootings had affected other districts and what issues those school districts had faced as a result of their own tragic events. We quickly learned that ours was not just a Chardon tragedy, but one that affected the school, the city, and far beyond. Providing oversight for the county showed just how wide the devastation reached. Every one of the seven school districts we served had issues with students related to the shooting, whether it was a bomb threat, suicide attempt, or grief and depression, no school was left untouched.

The tragedy also affected adults throughout the region. Veterans called Ravenwood Mental Health Center seeking help for depression and Post Traumatic Stress Disorder care. This was a trigger event for many individuals, some that

had never been in treatment before. Individuals already at-risk of increased mental health or emotional problems in the area sought treatment through our local mental health system. Consumers already receiving treatment saw their psychiatric symptoms increase and their level of care rise as the system attempted to maintain them in their own homes. The number

of calls to our 24-hour mental health crisis line soon hit a record high for a single month, and continues at near that level to this day.

An outline of a recovery plan was established within days and circulated for evaluation and input to all of those who had a part in its design. There were several components, based in large part on identified populations, and here is a very brief summary of each:

#### ***School-Aged Youth:***

Our first goal was to continue crisis counseling availability and assure that anyone in need of counseling got whatever was needed, whether youth or adult. We also worked with a clinical team to help identify the similarities and differences between trauma care and grief counseling to increase the quality of the services youth and adults were receiving. Care to students also meant creating a protocol for all clinicians to utilize that would help in the referral process, should treatment



that was more intensive prove to be necessary.

School groups were soon started, and access to in-home therapy and psychiatric care was increased. Advertising about our 24-hour Copeline was included in all materials shared with students, parents, and school staff. Contact was made with all 7 school district



superintendents and their designees to assure that the needs of all the schools in the county were being met to the greatest extent possible.

#### ***Parents and Family Members:***

Contact was made immediately with all family members of the victims of the shooting, and many came into our mental health center for treatment. Group counseling and individual counseling were increased to meet the much higher demand, and a family group soon started. The school sponsored parents' nights to help keep parents informed about issues they may encounter with their children and as a resource for the community. In addition, parents were provided with a wide variety of appropriate written resources relevant to parenting and trauma.

#### ***Chardon School Staff:***

Just two days after the shooting, the school staff met with mental health professionals to discuss how to integrate these traumatic events into the school year and how to identify students in need of help. Additional trainings were held to educate the staff on children's long-term response to trauma through coordination with the National Center for School Crisis and Bereavement. Counseling was made available to all staff through an Employee Assistance Program and the public mental health system of care. The school district also provided teachers with support through the use of a ropes course which was successfully utilized later in the school year.

#### ***Geauga Community:***

The most vulnerable adult populations already experiencing mental health issues were addressed quickly after the crisis. Face-to-face meetings with mental health case managers were held with everyone experiencing severe and persistent mental illness who received services through Ravenwood Mental Health Center. These contacts showed that most consumers were experiencing higher levels of emotional problems

after the shooting, with several needing more intensive care.

As demand for outpatient services continued to increase, the Board approved additional resources to meet the increasing demand. Requests from new clients entering the mental health system increased by 20 percent per month for many months after the tragedy

and continue at record highs.

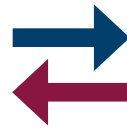
#### ***Administrative:***

Minimal funding for the recovery process and administrative changes being considered at the Chardon School District was available through the U.S. Department of Education. The Board also submitted a grant proposal on behalf of the community to the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services. The goal has been to reduce waiting lists while increasing the availability of qualified mental health professionals. Training of professionals in trauma-informed care has begun and will continue to be an integral part of the recovery process.

As we enter the new year, I have been struck many times over the past several months that these traumatic and tragic cases, though rare, do happen, and each is unique and devastating to the community where it occurs. If we have learned anything here, it is that these awful tragedies encompass a wide geographic area, and Boards have a distinct perspective on the needs of their communities – and therefore a unique ability to address those needs. To be prepared, our crisis plans must be flexible and wide ranging – to meet the needs of the populations that we serve. Ours continues to evolve as we learn and heal together. My wish is that you never need yours.



Jim Adams  
CEO  
Gauga County MHRB



## New in Just 7 Months:

# *Department of Mental Health and Addiction Services*

By: Tracy J. Plouck, Director, Ohio Department of Mental Health

When we announced last May that ODADAS and the Department of Mental Health would be combining into a new, single cabinet agency effective July 2013, I don't think anyone was terribly surprised. This possibility has been discussed on occasion since the two departments were designated as independent entities in 1989. Clearly, there is sufficient rationale to support consolidation: we have the same federal authority, share the vast majority of local ADAMH boards, regulate many of the same providers, and serve many of the same clients. In a time of scarce resources, it makes sense that we are approaching our customer service to the field in a way that makes judicious use of administrative dollars.

Recognizing all of these similarities, though, there are some very important distinctions that must be taken into account. Some people – and providers – are engaged with only one of the two delivery systems and value the uniqueness of that particular system. Treatment approaches and funding availability vary significantly between the two systems. Stigma challenges and access to services differ as well.

In light of our desire to support both systems – both their similarities and differences – in the newly consolidated department, I'd like to offer the following:

- Equal emphasis on both substance use and mental health is critical in policy development and prioritization. I characterize this consolidation as a marriage of two equals rather than a large agency incorporating a smaller one. In order to be successful with this vision, both types of services must be championed within the new department. This sounds fine in concept, but how do we make it happen? Assurances are being written into the Ohio Revised Code that require clinical leadership of the department to have background

in both mental health and addiction treatment. Taking an integrated approach to topics, where appropriate, is important as well. As leaders in a new organization we must challenge ourselves at every step to say, "What about addiction? What about mental health?"

- There is no movement afoot to drain resources from one system into another. I've heard this concern expressed by advocates from both systems. Rather than focus on concerns about losing resources across the systems, I'd like to focus the discussion on how we can be stronger in our overall advocacy for effective use of resources (existing or new) for the greatest areas of need in local communities.
- We have an opportunity to make things easier for the businesses operating in our field. One way that I plan to measure the success of this consolidation is to informally determine, at the end of the first year of the biennium, whether it is easier for a provider to exist and render services than it is today. Have bureaucratic requirements been streamlined? Is there greater opportunity to focus on the needs of the client rather than on administration? These are the kinds of questions that we must be asking ourselves as we design our new department.
- We value constructive input from clients and families, boards, providers and advocates during this consolidation process. This is going to be OUR new department, and its success depends on all of us contributing feedback. What should be improved, and HOW it can be improved. Based here in Columbus, we don't have all of the answers. We've been pleased with the level of



interest and amount of helpful ideas that people from all over Ohio have provided so far. Clearly, incorporating suggestions of people who are working in the system and/or receiving services is key to developing a high quality consolidated department.

There is a tremendous amount of work underway as we prepare to become the Department of Mental Health and Addiction Services. Our legal consolidation will be included as part of the Governor's biennial budget proposal, which will be introduced February 4th and is expected to be signed into law by June 30th. As such, many technical changes in the Ohio Revised Code are being drafted at this time with input from stakeholders. The consolidation work group recommended new budget line items for consideration in the budget bill, and we're also working with boards, providers and others to discuss options related to subsidy allocation approaches. Work is underway to streamline certification and other regulatory processes. Other discussions are focused on how existing advisory bodies for both departments

might be modified in order to reflect the objectives and responsibilities of a new, consolidated department.

These two vital state agencies can effectively be combined only with the input of all stakeholders in Ohio's mental health and substance abuse systems. Through collaboration, open discussion, and creativity, on July 1, 2013 the Ohio Department of Mental Health and Addiction Services will be open for business to more effectively and efficiently address the needs of citizens of the State of Ohio.

Please visit [www.adamh.ohio.gov](http://www.adamh.ohio.gov) to obtain detailed information regarding the consolidation work plan, and take a moment on the site to sign up for the **Behavioral Health Update**, our electronic newsletter.



Tracy J. Plouck  
Director  
Ohio Department of  
Mental Health

## Save The Date



**April 29-30, 2013**  
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# Come In, We're Hiring: Helping Individuals Obtain Gainful Employment in Montgomery County

By: Andrea Hoff, Director of Community Engagement and Special Initiatives, and  
Carrie Rogge, Planning Administrator,  
ADAMHS Board for Montgomery County

**P**assing a drug screen is often a contingent factor for employment, and a workforce shortage is created when there is a sizeable number of failed drug screens. The inability of potential employees to pass a pre-employment drug screen negatively impacts individuals, families, businesses, and the viability of a community's workforce and economic development. In response to this issue, the *Montgomery County ADAMHS Board* is initiating a pilot project to assist individuals with obtaining gainful employment and becoming self-sufficient. In collaboration with the Ohio Chamber of Commerce, the Ohio Department of Job and Family Services, Senators Peggy Lehner and Bill Beagle, and the Montgomery County Commission, the ADAMHS Board plans to work with local businesses and industries to implement the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model.

Fully endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal government, SBIRT is an evidence-based, cost-effective model that has been found to reduce substance abuse problems. The SBIRT model begins with the administration of a brief **screening** questionnaire designed to identify an individual's history and pattern of alcohol and drug use. The screen's strength lies not only in its ability to identify those who are actually alcohol and/or drug dependent, but also those who are at **risk** of developing alcohol and/or other drug abuse-related problems.



A **brief intervention** is provided to those individuals whose screenings have identified them as engaging in behaviors that place them at a moderate to high risk for abuse. Requiring only five to fifteen minutes, a brief intervention educates individuals about the potential consequences of their behaviors. This education includes an awareness of the negative impacts the individual has experienced – and will continue to experience – in his or her pursuit to seek and secure employment. It also highlights the health risks associated with continued alcohol and other drug use, as well as the correlation to the other societal problems linked to drug abuse and addiction, such as problems with maintaining healthy relationships, unstable housing, and financial and legal problems, including criminal justice involvement.

The **brief intervention** also identifies the individual's motivation to change his/her current alcohol and other drug use behavior. Utilizing the theories behind the stages of change model and motivational interviewing, the intent of the brief intervention is to identify the individuals' specific motivation to change and to encourage them to think differently about their use with the ultimate goal of behavior change. For some individuals, this may lead to total abstinence. For others, it could simply mean decreasing their risky behaviors.

A **referral to treatment** is appropriate for individuals that have been screened as being at high risk and in need of more extensive services. Every referral takes into consideration the need to identify a qualified treatment provider who is available to receive referrals and begin the provision of treatment services in a timely manner.

The need to recruit and retain employees is an expensive and time intensive endeavor. Costs are incurred through travel and relocation costs, as well as through human resources staffing time as they conduct recruitment, post advertisements, review applications, and select the best candidate(s). (Aarons & Sawitzky, 2006) This is particularly burdensome for small businesses.

With the utilization of the SBIRT model, a cost-effective and time-efficient method becomes available to assist employers and job candidates in their mutual pursuit of job placement. With this goal in mind, the ADAMHS Board seeks to assist various Montgomery County businesses in the implementation of SBIRT services aimed at job candidates who have failed their pre-employment drug test. Job candidates who would have been offered an employment position had they not flunked their pre-employment drug test will be referred to an Employee Assistance Program (EAP). Trained EAP staff will conduct a screening to determine the extent of the alcohol/drug abuse, provide a brief intervention, and make a referral to treatment services when appropriate. After receiving SBIRT services, the individual is given a “second chance” opportunity by being allowed to take another drug test. Once passing the subsequent drug test, he or she will be reconsidered for employment.



Research provides ample evidence demonstrating the effectiveness of the SBIRT model. Not only has it shown to reduce alcohol and drug abuse in individuals who are not yet ready to seek total abstinence, additional benefits include fewer arrests, improved stability in the areas of housing and employment, and improved emotional and physical health. (Clay, 2009) Once the pilot project is implemented in Montgomery County, the Board will collect data to verify its efficacy and will establish and release project protocols for replication in other Ohio communities.

**References:**

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# Prevention Works: Science and Strategy

By: Philip D. Atkins, Associate Director, MHRB of Allen, Auglaize, and Hardin Counties

In 2009, the Institute of Medicine and the National Research Council published their most comprehensive and compelling report on prevention science to date. Known as the IOM Report, the publication is the work of over a dozen of the best prevention scientists, educators, physicians, researchers and clinicians. In more than 500 pages of research analysis and recommendations, the report affirmed what many in the field knew from their own experience: prevention works.

Central to the report are the core concepts of what makes prevention effective and how communities, policy-makers, and families must respond to keep kids and families safe and healthy. Prevention must be owned by everyone – it is of necessity an interdisciplinary activity that moves us away from looking at disease and focuses us on the coordinated community systems efforts that protect children and youth from ever experiencing the “problem.” Effective prevention does not split the concepts of mental health and physical health, but looks holistically at every individual – addressing each facet of their development as an integrated whole. Most importantly, prevention is completely doable.

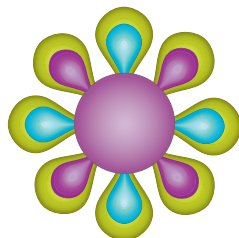
For the Mental Health and Recovery Services Board of Allen, Auglaize, and Hardin Counties, the report was radically validating. Since 2006, the Board has been reengineering its vision, mission, and priorities toward prevention and toward the understanding that we must not only treat the diseases of addiction and mental illness, we must find collaborative ways to inoculate our residents against them. And it’s not just about eliminating depression or decreasing substance abuse – it’s about helping people reach their maximum wellness. We believe that the psychological, physical, emotional, and spiritual health of our residents is our primary business.

Embedding this belief into our practice has taken considerable effort, and every day requires the Board to

think differently, challenge systems, work in partnership and advocate for a new model. It has demanded that we look critically at programs that have been in place for decades. It has inspired us to be creative and engage people and systems that we never would have in the past. We are fortunate that our family of funded agencies has joined with us in this vision and become champions of prevention. As an outstanding group of professionals, they know and see every day that we cannot simply tend the wounded; we must be agents of change, bringing services not merely to the few but creating hope and health for everyone.

There are many outstanding examples of this transformation in our communities. The Board has become a builder of coalitions – groups of like-minded people representing every area of our counties, from providers to media to law enforcement, from health care to education and social services and the faith community. With the help of our agencies we have created coalitions to prevent opiate abuse, to create environments where young people will never consider ending their own lives, to promote school bonding and excellence, and to advocate for strong, healthy families.

These efforts have been borne out of radical community mobilization. Each September, the Board convenes a summit on an immediate need in our area. In 2011, more than 800 people attended our Summit on Bath Salts, Opiates, and Other Drugs of Abuse. More than 100 of those attendees committed to being part of the ongoing solutions to these issues, and each community has developed coalitions to produce environmental strategies to change how people perceive these substances and to create environments that support everyone – youth and adults – in creating lives that are so rich that they would not consider abusing these drugs. The coalition was instrumental in helping pass local legislation to ban bath



The MHRS Board of Allen, Auglaize, and Hardin Counties recently unveiled a new logo that represents many parts of the community coming together.

Mental Health & Recovery Services Board of Allen, Auglaize and Hardin Counties  
[www.wecarepeople.org](http://www.wecarepeople.org)

salts long before there was a statewide restriction. As a result, bath salts-related admissions to local emergency rooms decreased dramatically, and our youth and adults gained protection from not only the ingesting these substances, but from the violent behaviors of those who were using.

In September 2012, the summit was on suicide and suicide prevention. Like many communities, Allen, Auglaize, and Hardin Counties lose far too many of our residents to suicide. Now in each county there is a coalition of citizens representing every sector who are working on consistent messaging about suicide, creating resources for young people who are vulnerable to depression and suicidal ideation, and promoting activities that identify and engage youth who are struggling. For example, coalitions in Auglaize and Hardin Counties addressed environmental strategies through the development of shared protocols for schools, law enforcement, treatment services and health care. The protocols outline a consistent response to students who have suicidal ideation, those who have attempted, those who are at risk and response when a tragedy has occurred. Schools in the area are also implementing the evidence-based Lifelines curriculum.

Our Board believes that effective prevention is not only a good idea, it is an ethical imperative. We have the opportunity to prevent suffering and co-create individuals and communities that embody wellness in a way that is based on scientific research. To ignore the sophisticated scholarship that exists in documents like the Institute of Medicine (IOM) Report and opt for simplistic, “feel good” activities is arguably prevention

malpractice. Unfortunately, such broad environmental change takes resources – the most important of which is time. We have to ensure that our prevention attention span can go the distance, challenging policymakers and funders to stay with us through this process.

Creating healthy communities is not the sole responsibility of the schools or of behavioral health systems – it is the responsibility of everyone in the community. Prevention must happen in families, in churches and houses of worship, in schools, in government, and in every part of our daily environments. We need funding for more research, systems to bring the science of prevention into our local practice, and we need many more trained and impassioned professional preventionists to lead the charge.

It is a new day for prevention, and Allen, Auglaize, and Hardin Counties want to be a part of this reinvention. Ohio has unprecedented leadership in our state departments around the importance of prevention - aggressive, intelligent advocates who understand the importance of prevention and the research. We know that there will always be people in need of treatment, but we are making prevention our primary business with the goal of making our communities the healthiest, safest and most empowering places for us all to live. We are in this for the long haul, and we know that our investment has the potential to pay dividends beyond what we can imagine.



Philip D. Atkins  
Associate Director  
MHRB of Allen, Auglaize,  
and Hardin Counties

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# Moving Upstream:

## *Using Proven Methods to Benefit Entire Communities in Clark, Greene, and Madison Counties*

By: Dr. Kent Youngman, Chief Executive Officer, MHRB of Clark, Greene, and Madison Counties

Imagine you have an empty suitcase that you can fill with anything you would like to see more of in your community. Some of you will place attributes like kindness, empathy and thoughtfulness in the suitcase. Others will want to see more children successful in school, more job opportunities, healthier families or safer communities.

Now imagine you have an empty suitcase that you can fill with anything you want to see less of in your community. What do you pack? Physical and mental illness, poverty, hunger, violence and aggression, pollution, drug and alcohol problems, property crimes, school dropouts?

As limits on funding have become the new normal, many communities around Ohio are evaluating their resources and setting priorities. Cuts for behavioral health services in Clark, Greene, and Madison Counties mean that 1,200 fewer individuals received services last year alone. Fewer dollars mean reduced system capacity and fewer people getting the services they need.

In response to the limits on funding, the Mental Health & Recovery Board of Clark, Greene and Madison Counties has identified priorities and taken action to address these priorities. In the “see less of” suitcase we placed mental, emotional and behavioral problems in children and teenagers in our communities. That is, fewer youth involved with juvenile justice, dropping out of school, and having suicidal thoughts and attempts. In the “see more of” suitcase we placed resilient, drug-free children and teenagers equipped to manage their own feelings and behaviors.

The MHRB has explored how the environment surrounding our children and adolescents impacts their risk for developing mental health problems and using alcohol and other drugs. Parents need a variety of supports to raise healthy children. Businesses need opportunities to invest in the future of a healthy

workforce. Children need the nurturing of parents, educators, churches, clubs, and community leaders if they are to move forward.

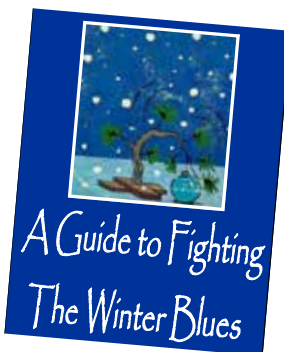
We know that psychological, behavioral and related problems stem largely from the same conditions. We know that when communities increase factors in the environment that protect children and decrease those that place children at risk, the entire community is healthier. In an article in the *American Psychologist* earlier this year, several researchers identified key environmental characteristics that affect development. One of these is increasing the prevalence of nurturing environments.

A nurturing environment is not a coddling, permissive environment. A nurturing environment focuses attention on the fundamental conditions needed to reduce school failure, criminal activity, mental health and alcohol/drug problems, abuse and neglect, risky sexual behavior, poverty and physical illness.

The PAX Good Behavior Game, cited in the 2009 Report on the Prevention of Mental, Emotional and Behavioral Disorders from the Institute of Medicine, shows strong evidence for long-term effects on mental health and substance abuse-related outcomes. Analyses of outcomes at ages 19-21 showed that the PAX Good Behavior Game significantly reduced the risk of alcohol or illicit drug abuse or dependence and use of mental health and drug services. The MHRB currently provides funding, with other community partners, for the implementation of the PAX Good Behavior Game in all three counties. The greatest concentration of classrooms is in Greene County through the Educational Service Center Mental Health Services. Children are learning to self-regulate as they move through a school day, and teachers are gaining both classroom management skills and increased time for instruction. The capacity to self-regulate is vital in making choices, choosing actions and sustaining relationships.

The MHRB is also focusing on environmental factors through the work of coalitions. Ideally a coalition mobilizes a community to influence local action, pursues a shared view of the need for change, uses media to influence individual behavior and policy change, and creates a monitoring system that identifies what works and what does not. A strategic planning process is underway among several coalitions which have developed in response to community needs over the past several years:

- The Madison County Substance Abuse Coalition (MCSAC) increases awareness about the misuse and abuse of illegal drugs to reduce the harmful impact of drug abuse and increase the availability of services. A recent survey indicated strong support for the awareness and education efforts of MCSAC and for engaging diverse sectors of the community in the work of the coalition.
- Cole's Warriors developed following a teenager that died after taking one high-powered pill. The coalition is supported by concerned citizens whose aim is to put in place opportunities for education and awareness about the use of illegal drugs. This is supported through a voluntary drug-testing program, media campaigns, an annual summit for the community, and the use of an anonymous software application for reporting illegal use.
- County-specific Suicide Prevention Coalitions raise awareness and educate community members about the link between depression, substance abuse, and suicide in high-risk populations and how to access help. Free gatekeeper training, outreach to suicide survivors, and support for help seeking are key aims of these coalitions. See [www.mhrb.org/news-item.aspx?Id=77](http://www.mhrb.org/news-item.aspx?Id=77) for a *Guide to Fight the Winter Blues* for seniors and their caregivers.



The MHRB strives to impact our communities' environments in an evidence-based way through support of the PAX Good Behavior Game and strong community engagement. We have not yet realized all the benefits we hope to see. Implementation is impacted by workforce capacity, training, community readiness and the time it takes to change attitudes and behaviors. Careful planning which includes all stakeholders is vital as are course corrections. These take time and energy, but our vision remains the creation of nurturing environments that offer hope for the next generation. By "moving upstream," using science-based, empirically proven methods, we hope to benefit our entire community in real and measurable ways.



Kent Youngman  
CEO  
MHRB of Clark, Greene,  
& Madison Counties

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H O P E W E L L

# Leveraging Ohio's Medicaid Funds: The Importance of Recovery Supports

Treatment  
Services

Recovery  
Supports

By: William M. Denihan, Chief Executive Officer, ADAMHS Board of Cuyahoga County

The elevation of behavioral health Medicaid to the state seemed like a panacea on its surface; Boards are no longer required to pay the match which should have freed up state and local funding for services not covered by Medicaid and for the working poor. For some Boards this is true, but for many, like Cuyahoga County, we actually have less state funding available to serve the uninsured.

The ADAMHS Board of Cuyahoga County served 49,506 people in Fiscal Year 2011 -- 78 percent of the people received at least one mental health or alcohol or addiction treatment service funded by Medicaid. Twenty-two percent of the people served received at least one mental health or alcohol or addiction treatment service funded by the Board's non-Medicaid funds. An analysis of the amount of non-Medicaid dollars that

the ADAMHS Board of Cuyahoga County spends on Medicaid-eligible consumers and clients revealed that the Board spends 55 percent, over \$13 million of the available \$24 million of non-Medicaid dollars providing residential, employment, recovery and other support services not paid for by Medicaid for people with mental illness who receive Medicaid. And 21 percent, over \$2.2 million of the available \$11 million of non-Medicaid dollars providing services not paid for by Medicaid for people with addictions who receive Medicaid. The point is that the majority of Cuyahoga County ADAMHS Board non-Medicaid dollars are being used to provide support services to the Medicaid population, which in the long run helps to contain Medicaid costs by keeping individuals from entering deeper into more costly services.

ADAMHS Board of Cuyahoga County Non-Medicaid Dollars  
Spent on Medicaid Eligible Mental Health Consumers

Type of Service	Medicaid Consumers	Non-Medicaid Consumers	Total	Percentage of Non-Medicaid Dollars Spent on Medicaid Consumers
<i>Not Medicaid Eligible</i>				
Residential	\$ 7,749,359	\$ 1,611,751	\$ 9,361,110	83%
Employment	\$ 1,005,435	\$ 995,358	\$ 2,000,793	50%
Recovery Services	\$ 2,080,919	\$ 2,060,065	\$ 4,140,984	50%
Other Services, Prevention and Consultation	\$ 359,635	\$ 1,214,715	\$ 1,574,349	23%
<i>Medicaid Eligible</i>				
Assessment	\$ 94,452	\$ 427,380	\$ 521,832	18%
Pharmacologic Management	\$ 708,940	\$ 2,078,637	\$ 2,787,576	25%
Counseling Therapy	\$ 196,606	\$ 500,140	\$ 696,746	28%
Partial Hospitalization	\$ 171,594	\$ 90,411	\$ 262,005	65%
Crisis Intervention	\$ 35,546	\$ 275,945	\$ 311,491	11%
Community Psychiatric Supportive Treatment	\$ 809,651	\$ 1,522,938	\$ 2,332,588	35%
<b>Totals</b>	<b>\$ 13,212,136</b>	<b>\$ 10,777,339</b>	<b>\$ 23,989,475</b>	<b>55%</b>

ADAMHS Board of Cuyahoga County Non-Medicaid Dollars  
Spent on Medicaid Eligible AOD Consumers

Type of Service	Medicaid Consumers	Non-Medicaid Consumers	Total	Percentage of Non-Medicaid Dollars Spent on Medicaid Consumers
<i>Not Medicaid Eligible</i>				
Residential	\$ 1,511,668	\$ 1,827,319	\$ 3,338,986	45%
Detoxification	\$ 194,678	\$ 1,974,039	\$ 2,168,718	9%
<i>Medicaid Eligible</i>				
Case Management	\$ 37,852	\$ 255,671	\$ 293,523	13%
Outpatient Counseling	\$ 202,010	\$ 1,675,717	\$ 1,877,726	11%
Intensive Outpatient	\$ 141,066	\$ 1,447,172	\$ 1,588,238	9%
Medical Treatment	\$ 36,131	\$ 396,870	\$ 433,001	8%
Assessment/Crisis	\$ 27,985	\$ 550,149	\$ 578,134	5%
Urinalysis	\$ 64,557	\$ 405,589	\$ 470,146	14%
<b>Total</b>	<b>\$ 2,215,946</b>	<b>\$ 8,532,526</b>	<b>\$ 10,748,472</b>	<b>21%</b>

Boards believe that Medicaid expansion is vital to our state because the health and well-being of hundreds of thousands of uninsured members of our communities will be greatly enhanced by having access to life-saving medical and behavioral health services that Medicaid can provide. But even with Medicaid expansion, we will continue to utilize limited local and state non-Medicaid funding to pay for services that are not covered by Medicaid, leaving fewer dollars for the remaining citizens that will still be left out of Medicaid, and for other community services that benefit the entire community such as crisis, prevention and education.

In Cuyahoga County, we estimate that 20 percent of the people we currently serve with non-Medicaid dollars will be eligible for Medicaid. Even before talk about Medicaid expansion, we strive to have providers enroll as many of our consumers and clients on Medicaid as possible to free up funding for the uninsured. Currently,



only seven of the 25 named mental health services are reimbursable by Medicaid in Ohio, and only 10 addiction services are covered. In order for Medicaid expansion to truly be successful, we must also expand the services covered by Medicaid and receive new non-Medicaid dollars for services that include: housing, medication, prevention, education, detoxification and peer support programs.

Even with Medicaid funding there needs to be enough non-Medicaid funding to provide the important services that help people stay on the road to recovery, which keeps Medicaid costs down. Without it people would receive

treatment for their mental illness and/or addiction, but not the needed ancillary services that truly support recovery. Without a place to live, without support from peers, without employment and vocational training, consumers and clients will not have the full opportunity to recover and lead full and productive lives. It is up to the Boards, the new consolidated state department and the legislature to ensure that this opportunity is available to all Ohioans in need.



William M. Denihan  
CEO  
ADAMHS Board of  
Cuyahoga County

## COMMUNITY BOARDS...COMMUNITY BENEFITS LOCAL SOLUTIONS TO LOCAL ISSUES

### LOCAL NEEDS

For Ohio's children and adults, health needs are best determined close to home. The specific service gaps in Ohio's communities can be measured at ground level, not from the distance and height of a statewide perspective. The diversity of Ohio means vast differences from one community to the next: major cities, medium-sized cities, Appalachian and rural counties, areas with large Amish and Mennonite populations, immigrants, areas with migrant workers, service industries, manufacturing, and farms.

### COMMUNITY ADAMH BOARDS

Ohio has only 53 Alcohol, Drug Addiction, and Mental Health Boards (of which 79 percent have agreements with other Boards for backroom functions) representing all 88 counties. Community leaders who volunteer to serve on local Governing Boards, include representatives from business, education, non-profits, faith-based, healthcare, law enforcement, and consumers.

### FOCUSED ON COMMUNITY SERVICE

Alcohol, Drug Addiction, and Mental Health Boards are empowered by Ohio statute to plan, develop, fund, manage, and evaluate community-based services. Boards, through contracts with providers, ensure systems of care that include prevention, treatment, hospitalization, detoxification, housing, recovery supports, and more.

Through their local service systems, Ohio's 53 Behavioral Health Boards accounted for services to more than 456,000 men, women, and children in SFY 2011.

### ACCOUNTABILITY

Accountability to the community taxpayers means that Boards must demonstrate quality care and effective use of local, state, and federal dollars. Local Governing Board meetings are open to the public and invite input from community members. In fact, all of Ohio's Community Boards have consumers and family members on their Governing Boards. Local Boards realize that to be successful in meeting the needs of their constituencies, they must have local consumer and family participation in decision making.



# Community Champions

*Highlights from Ohio's Alcohol, Drug Addiction, and Mental Health Boards*

## **Adams, Lawrence, Scioto ADAMHS Board**

The Adams, Lawrence, Scioto ADAMHS Board will be hosting the Scioto County Health Coalition monthly meetings at the Board office, starting January 2013.

The Scioto County Health Coalition is an umbrella group meant to bridge the gap between all the Scioto County citizens, government agencies, private sector businesses and non-governmental organizations, for the purpose of addressing Scioto County's ranking 87/88 in health outcomes and 88/88 in health factors.

The coalition is organized around the concept of a super coalition meeting the second Friday of every month. The day consists of six workgroups: the Wellness Committee, the Medical/Clinical Committee, the Economic Development Committee, the Code Enforcement Taskforce, the Community Initiatives Committee, and the Scioto County Drug Action Team Alliance. Anyone can attend one or more of the workgroups according to their interests. Workgroups will not have official members; this is a coalition of everyone interested in improving the health of all Scioto County citizens. The coalition philosophy is work-oriented, informal, transparent, has a non-competitive optimistic atmosphere, maintains a county-wide focus and is managed by evidence-based objectives.

## **Ashtabula MHRS Board**

Having struggled with the reality of extremely limited resources over the past several years, the Ashtabula County Mental Health and Recovery Services Board (MHRS Board) made an immense effort to expand community collaborations and pursue additional funding that aligned with the Board's Community Plan and the presenting needs of the county. Two of the many successes achieved through this process have been the activities of the Suicide Prevention Coalition and the Substance Abuse Prevention Coalition.

The Suicide Prevention Coalition has accomplished several things over the past two years, including ongoing "gatekeeper" training, partnering with education, clergy, veterans and social service organizations to prevent suicides and expand community awareness of the county's resources. Recently, a LOSS (Local Outreach to Survivors of Suicide) Team was formed in collaboration with the Ashtabula County Coroner's Office to provide on-scene postvention and referral services for families and significant others of individuals who complete suicide or have a drug-related death. The LOSS Team brings together professionals, interested community members, local businesses, and

survivors of suicide with the common purpose of decreasing suicides in the county and providing care and comfort to survivors as early as possible.

The Substance Abuse Prevention Coalition is another example of successful collaboration in the county led by the Ashtabula County MHRS Board. Revitalized by the opportunities provided by the Ohio Department of Alcohol and Drug Addiction Services to address the opiate epidemic growing in the county, this group hosted an Opiate Summit in 2012, provided training on opiates and Medication-Assisted Treatment to hospital and medical staff throughout the county, and conducted community awareness through appearances on a local television/radio show that airs through a local access channel. Additionally, they have supported the activities of the county drug court, the MHRS Board application and launching of an Office of Criminal Justice Services Residential Substance Abuse Treatment grant that provides substance abuse treatment to inmates in the county jail, and the efforts of the Ashtabula County Sheriff's Department to secure a centrally located permanent medication drop box for the county. This coalition is also in the process of applying for a federal Drug-Free Communities grant to further address the issues of substance abuse in the county.

The Board has obtained six grants in the last two years and has maximized outcomes by bringing together community partners that contribute to the mission and sustainability of the Board's priorities.

## **Allen, Auglaize, Hardin MHRS Board**

*It's All About Access* - How do you make sure anyone who needs mental health or substance abuse treatment can get it?

This simple question has been the core driver of this Board's efforts to transform its system for the past 12 years. We began by making sure that anyone in crisis could get the help he/she needed. It began with a 24-hour hotline we call the Hope Line. Then it progressed to 24-hour, on-site crisis care we call the We Care Regional Crisis Center that now boasts a 16-bed crisis stabilization unit. And beginning this year, we have added 12 hours a day of access to screening and assessment we call our Access Unit. From 8:00 AM to



8:00 PM every day of the week, anyone in the community can walk in and talk to someone who is qualified and ready to listen, utilizing Screening, Brief Intervention, and Referral to Treatment (SBIRT).

Access doesn't stop there. The Board through the Reentry Coalition created a mobile one-stop of service providers ready to serve men and women returning from confinement and anyone in the community who needs help. Once a month, 40 agencies convene in Lima to offer assessments, appointments, screenings, and even driver's license reinstatements. This gathering of agencies has served over 150 residents in just 6 months. We call this Open Gate, and it has created a wonderful opportunity for residents to access a whole host of service providers in one place. Open Gate is not just a traditional health fair; it is a real engagement environment – a place where people get actual services and connections to meet their many needs.

The last stop on the access tour is our consumer clubhouse program that serves anywhere from 60 – 100 residents every day. We call this Changing Seasons.



Every day, hundreds of people in our communities now can get the help they need and deserve every day at any hour.

### **Athens-Hocking-Vinton 317 Board**

The Athens-Hocking-Vinton 317 Board has three active opiate task forces working in the community to increase public awareness regarding opiate drug use. These task forces have different styles and approaches that are tailored for each county. The Hocking County Opiate Task Force has been driven by the active involvement of a compassionate community partner called "Hope Blooms." "Hope Blooms" grew out of the loss of Hannah Rachel O'Hara Brown, daughter of Melissa Brown, President of "Hope Blooms," who was 21 years old when she lost her life to an accidental drug overdose. Hannah's joyous soul and enduring qualities live on through the positive work with young people in the community by "Hope Blooms." Their goal is to give hope and with hope inspire individuals to bloom. The organization, which has been in operation for over two years, has held fundraisers in the community and provided scholarships to local students seeking to attend college. Melissa Brown has received awards from the Ohio Attorney General, as well as the 317 Board for her advocacy efforts.



Coalition attendance has been very strong from community members, as well as from agencies, courts, law enforcement and the Ohio Attorney General's office. Committees have been formed that are doing great work. The public awareness committee initiated a video, sharing Hannah's story, as well as that of other individuals who have experienced drug addiction. In October, the coalition, in cooperation with the 317 Board, Hocking Valley Community Hospital, Hocking County Health Department and ODADAS, sponsored an



Opiate Town Hall Meeting at Logan High School. Director Hall was the featured guest speaker, along with 20 local stakeholder panel members. We worked with the editor of the Logan Daily News and local radio stations to promote the event. The theme of the



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meeting was “Take Back Our Town.” Director Hall called the event the largest Opiate Town Hall Meeting in the State of Ohio. There was an estimated crowd of 325 people in attendance with over two hours of questions and answers from the audience. This is a real example of how forming partnerships can help move initiatives forward to benefit the whole community. We are planning to build on this effort by mobilizing the local forces to advocate with legislators to increase funding for treatment for opiate addiction.

### **Belmont-Harrison-Monroe MHRB**

For the past 12 years, the Mental Health and Recovery Board serving Belmont, Harrison, and Monroe Counties, in partnership with Jefferson County Prevention and Recovery Board, the Muskingum Area ADAMH Board, and the Washington County Mental Health and Addiction Recovery Board, has sponsored a Recovery Summit for all consumers in the four-Board area. This has been a very successful consumer conference with over 300 consumers in attendance each year. For each Recovery Summit, a committee of consumers and Board staff comes together to plan the details of the event. The MHRB Board is excited to partner with its neighbor Boards to host the next annual Recovery Summit in the spring of 2013.

### **Brown County ADAMHS Board**

The epidemic of prescription drug abuse is an issue in Brown County. In 2010, Brown County led Ohio in the rate of unintentional deaths. At a time when public services received funding cuts, Brown County faced a significant public health issue with immediate and long-term ramifications.

The Brown County ADAMHS Board is providing collaborative leadership to address the epidemic through community coalitions. As a result of town hall meetings, two coalitions were formed that include representation from law enforcement, recovering individuals, family members, clergy, healthcare professionals and interested citizens. The Coalition for a Drug-Free Brown County has helped to promote successful Drug Take Back Days and provided an information booth at the county fair. We have collaborated with the recovery community to establish more self-help groups and plan to establish a SOLACE group in Brown County in February 2013. The Coalition has established a strategic prevention framework and is working with the ASAP Center, Coalition for a Drug-Free Greater Cincinnati and Jim Ryan to further develop the coalition work. We are working with school officials to develop educational curriculum for drug abuse prevention. The coalition is committed to a long-term effort to address this epidemic.



### **Butler CMH Board**

Alma's Place is a voluntary residential care (Type 1) facility for transition age SMD (severely mentally disabled) young adults, ages 18-24. The Butler County Mental Health Board and the ADAMHS Board of Montgomery County recently collaborated to provide care to this underserved population by utilizing the 2012 Hotspots funds provided by the Ohio Department of Mental Health. This program is operated by Daybreak in Dayton, Ohio, which has a history of providing quality residential care and treatment to the area's young adult population for over 35 years. Alma's Place was already established as a residential facility, so the Boards were able to utilize the majority of the dollars to establish and provide ongoing support for treatment services.

Alma's Place has the capacity to house five young men and five young women, providing a safe environment which is supervised 24 hours a day. Butler County has four designated beds, and Montgomery County has six designated beds. The program provides the following services: medication monitoring, transportation assistance and accompaniment when appropriate, referrals, individual and group counseling, prompts and assistance with ADLs (activities of daily living), life skill classes, vocational preparation and paid supportive employment opportunities, school enrollment, recreational activities and advocacy with medical appointments.

### **Clermont MHRB**

The Clermont County Mental Health and Recovery Board recently implemented Crisis Intervention Training (CIT) after receiving a Department of Justice grant. The training resulted in collaboration and partnership between law enforcement and behavioral health; trainings also are provided to EMS, firefighters, and Communications Center staff.



Our CIT involves two parts: providing law enforcement with additional tools to recognize/respond to individuals with a mental illness and with access to services. The Mobile Crisis Team provides traditional on-site assessment and connection to services, along with a referral process. When someone is encountered in the “grey area” (hasn't committed a crime/ doesn't need inpatient psychiatric services), the officer refers to mobile crisis. The Team follows up with the individual, connects him/her to services, and maintains contact until engagement in services. Data indicates departments utilizing the referral process experienced decreased repeat calls. Our local hospital reports more effective Statements of Belief and fewer inappropriate holds brought to the emergency department (ED). The ED, jail, EMS, homeless shelter, and other community agencies can also refer. Dr. DuPont of the University of Memphis recently stated that the referral component of our mobile crisis is a unique and successful way to assist law enforcement and improve access to services.

## Columbiana County MHRS Board

In FY 2009, the Columbiana County Mental Health and Recovery Services Board initiated the effort to establish a comprehensive community drug and alcohol prevention coalition. The Board researched elements of a successful coalition, convened community partners and interested community leaders, and led a steering committee charged with the responsibility of establishing a firm foundation for a coalition. The Board paid the expenses for two steering committee members to participate in the Community Anti-Drug Coalitions of America (CADCA) sponsored coalition training and provided funding to support a part-time Coalition Coordinator. Board staff wrote the Drug-Free Communities grant application, which was approved for funding beginning in October of 2010. Family Recovery Center, the Board's contracted ODADAS-certified prevention provider, is now the implementing agency for the Alcohol and Drug Abuse Prevention Team (ADAPT) Coalition. The MHRS Board continues to participate as an active member of the Advisory Board and as a funder. ADAPT is now supported by multiple funding sources and a cadre of local volunteers representing all twelve community sectors recommended by CADCA.

The Board was uniquely positioned to assume the role of community convener and chief planner to effectively "launch" this effort.

## Crawford-Marion ADAMHS Board

The Crawford-Marion Board of Alcohol, Drug Addiction, and Mental Health Services partnered with the Crawford County 20/20 Public Safety and Drug Abuse Action team and the faith-based Together We Hurt, Together We Heal (TWH) family organization to sponsor the 2012 Crawford Opiate Summit. Brian Saterfield, Galion City Police Chief, Jody Demo-Hodgins ADAMH Board director and Mary Jean Hensley, TWH board member worked together to invite leaders in education, health, government and others. They noted that the goal for this summit was to have each participant leave with an increased understanding of the efforts underway to address the opiate epidemic in Ohio and a better appreciation of the issues and challenges that still need to be addressed.

The 20/20 Visioning process began three years ago with a focus on economic development in Crawford County and resulted in teams dedicated to improving the county. The Public Safety and Drug Abuse Action Team has worked in partnership with the Crawford County Opiate Task Force to increase community awareness about opiates and work towards prevention of drug abuse.

The partnership has focused on the reality of the problem and the action needed to create community awareness and involvement. Hensley, Saterfield and Demo-Hodgins support the need to educate the community – with a special

focus on parents, those who work with young people and members of the health care community. They applaud recent efforts to use medication prescription tracking of opiates and other frequently abused drugs, along with pill mill legislation. However, they acknowledge that there are many people in need of opiate specific addiction treatment and minimal resources to address this need.

Working on the premise that, as a community, we need to MAKE SOME NOISE, to let people know that living in denial serves no purpose – they hope summit participants left with an idea of how they can help be a piece of the puzzle to solve this critical problem.

## Cuyahoga County ADAMHS Board

**Seasons of Hope: Safe House for Women** - In response to Cleveland's Imperial Avenue tragedies of October 2009, the Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board of Cuyahoga County opened Seasons of Hope in 2012, a safe house that offers a place where alcohol or drug-addicted women who are in distress can go for help without feeling ashamed or alienated. The program is designed to provide a caring and supportive environment where women can have access to a shower, clean clothes, a meal, and time to rest and reflect on her situation while reading available treatment and recovery literature and talking to other women who have shared similar experiences. This client-centered method of treatment is a non-traditional, no questions asked, non-directive approach to therapy that allows the client to move at her own pace, encouraging her to become empowered and pursue treatment on her own. With an outpouring of generosity spurred by an article in the *Plain Dealer*, a beautiful home for the program was donated by Third Federal Savings and Loan. Hitchcock Center for Women is operating the program.



Third Federal Savings and Loan donated this house and appliances for the Seasons of Hope Safe House for Women.



Marc Stefanski, CEO of Third Federal, joins William M. Denihan, CEO of the ADAMHS Board of Cuyahoga County, to cut the ribbon on the new Seasons of Hope House for women while Mary Bazie, Director of Hitchcock Center and her staff, Councilman and Councilwoman Conwell and Valeria Harper, Chief Operating Officer of the ADAMHS Board, join in.

## Delaware-Morrow MHRS Board

Delaware-Morrow Mental Health & Recovery Services Board (DMMHR SB) has worked over the last two years to provide leadership and funding to support suicide prevention efforts in the two-county area. In 2010, suicide and depression were identified as the highest priority to target for prevention programming among school-aged youth. To address this need, DMMHR SB invested in providing the evidence-based programs, Red Flags, to middle school students and Signs of Suicide to high school students in all nine school districts in Delaware and Morrow Counties.

In collaboration with community partners, DMMHR SB has increased its investment in local suicide prevention services, including involvement in the local Suicide Prevention Coalition. The Coalition is becoming more visible and active in the community. HelpLine of Delaware & Morrow Counties, Inc., a contract agency of DMMHR SB, is taking the lead and provides evidence-based suicide prevention services. HelpLine's dedicated and passionate Suicide Prevention Coalition Coordinator and prevention educators have succeeded in bringing this issue to the forefront and addressing it head on. Some of the accomplishments of the coalition in 2012 include:

- Created and distributed over 300 Survivor of Suicide folders and personally handed them out to over 100 individuals or families.
- Used 12 Delaware suicide statistic reporting sources (including numerous law enforcement agencies) and coalition referrals to present data-informed training to over 200 Delaware professionals.
- Advocated for youth suicide prevention with over 2,000 Delaware high school and middle school students served from January to December.
- Successfully planned and delivered the 2nd annual Suicide Awareness Walk in partnership with Ohio Wesleyan University to almost 70 people from 5 counties. The video can be viewed at <http://animoto.com/play/AdR1jmbjku2nxoV5tk2npQ>.
- Fostered hope and saved lives, no matter how indirectly.

The most encouraging accomplishment for the numerous coalition partners in Delaware County has been the dramatic decrease in the youth suicide rate in 2012. Although the suicide rate for all age groups has increased slightly over last year's (attributed to population growth and adverse economic conditions), there have been no teen suicides in 2012.



## Erie/Ottawa Counties MHRB

The "Conestoga Program" is a successful innovation of the Erie/Ottawa Board. It saturated a troubled city area with affordable behavioral healthcare activities, which reduced the "incivilities" ruining neighborhood morale. Combined with traditional revitalization efforts, this program resulted in a sharp drop in police complaint calls, causing REVERSAL of an eighteen-year drop in property values. It also earned a spectacular cost savings for the Board budget. Specifically, total program costs over a three-year implementation period were \$135,300, but the actual hard-cost savings in 2010 alone were \$147,296.48. These reductions were realized as the result of two outcomes. First, the prevalence of clients needing treatment in the focus neighborhood dropped from almost twice the average of the rest of the city, to only 70 percent of the remainder of Port Clinton. Secondly, the average cost of services for those focus-area clients was only \$1,411.86 each, compared to \$2,162.66 per client for the rest of the city. This was a direct consequence of better client retention, due to "positive peer pressure" from enlightened neighbors. It caused incoming clients to shift from being 90 percent court/school referrals to 80 percent SELF referrals, which greatly improved treatment retention. The Conestoga Program is now being extended elsewhere.

## Fairfield County ADAMH Board

*Increasing Mental Health Literacy* - During 2012, the Southeastern Ohio Center for Independent Living (SOCIL) and the Fairfield County Alcohol, Drug Addiction, and Mental Health (ADAMH) Board piloted the first Mental Health First Aid program in Fairfield County. The two organizations collaborated to train 21 professionals, including representatives from law enforcement, social service agencies, health providers, and education administrators, to improve mental health literacy – helping them identify, understand and respond to signs of mental illness and substance use. Mental Health First Aid Certified Trainers provided the training over two days.

Mental Health First Aid is a 12-hour training certification course that teaches participants a five-step action plan to assess a situation, select and implement interventions, and secure appropriate care for the individual. Participants become familiar with risk factors and warning signs of mental health and substance abuse problems, gain an understanding of the impact of such disorders, and learn common treatments. Thorough evaluations in randomized controlled trials and a quantitative study have demonstrated the CPR-like program is effective in improving trainees' knowledge of mental disorders, reducing stigma and increasing the amount of help provided to others.

## Four County ADAMH Board

After serving their country during wartime and peace, tens of thousands of veterans across the country have no bed of their own to go to at night. They are part of America's homeless population. It's a big problem that the Veterans' Administration wants to solve...even in northwest Ohio. Earlier this summer, Maumee Valley Guidance Center was awarded a \$220,000 grant that can be renewed twice to help identify honorably discharged veterans who are either homeless or at risk of becoming homeless. Within the first month of operation, five veterans had qualified for the program.

Jenny Hoeffel, the agency's veterans' outreach manager, said referrals are coming from a variety of sources – homeless shelters, county veterans' service offices, service provider agencies and even Congressman Bob Latta's office. The grant allows her to serve veterans in Defiance, Fulton, Henry and Williams Counties whose income is less than 50 percent of the area's median income. She explained the first priority is to help veterans who are homeless find a shelter where they will be safe, warm, dry and have something to eat. The next step is an assessment to determine what the veteran needs besides a home. During the assessment, it might be determined that the veteran needs a job, has healthcare issues, needs child care arrangements, has credit problems or needs legal services. It's Hoeffel's job to match the veteran with agencies or programs that can help him or her have those needs met. "The goal is to have all of their needs identified and addressed, so some stability has returned to their lives within three months," she said. "As needs are addressed, I continue to have contact with the veteran to make sure progress continues to be made." Ideally, once the program is established and people know about it, Hoeffel hopes to work more with veterans and their families *before* they become homeless.

## Gallia, Jackson, Meigs ADAMHS Board

In searching for new ways to decrease state hospital admissions, the Gallia-Jackson-Meigs ADAMHS Board identified a particular "hotspot" in Meigs County. In the absence of an easily accessible emergency department, law enforcement was bypassing local mental health screening protocols and admitting through the Sheriff's authority. Early attempts to negotiate were unsuccessful, as an understaffed sheriff's department found itself spending hours on the screening procedures. The emergency department was 25 miles west of Pomeroy, while Appalachian Behavioral Health is 30 miles northeast.

Board staff, mental health agency staff, Meigs County Family & Children First Council, Meigs County Opiate Task Force, Meigs County Commissioners, Meigs County Sheriff's Department, Pomeroy Police, Middleport Police, Racine Police and Southern Local Schools all came together

to jointly fund three complete CIT trainings and one Youth CIT training. These trainings resulted in new relationships and shared understanding of protocols across all systems. Mental health agency staff and local law enforcement were able to identify ways to adapt procedures in order to accommodate one another's needs. The Board arranged for screening assistance from within the Athens-Hocking-Vinton area as needed or requested.

The result of this project was a decrease in law enforcement direct admits from 24 episodes in 2011 to only three episodes in 2012.

## Hancock ADAMHS Board

On June 20th, the Wyandot, Seneca, Ottawa and Sandusky Community Action Commission (WSOS), in conjunction with the Hancock County ADAMHS Board, dedicated two new homes located at 147 and 148 Lotze Street in Findlay. Each home has two bedrooms and two bathrooms, a shared kitchen and living area. These homes house low-income individuals with a mental illness or substance abuse issue.

WSOS took the lead on the project as a recipient of a Federal Neighborhood Stabilization Grant. The grant required that

property locations needed to be abandoned homes in high foreclosure areas. The units were built with energy efficient utilities and are furnished with a washer and dryer, central air and heat and furnishings as needed by tenants. Precia Stuby, ADAMHS Board Executive Director, used the theme "harmony" to demonstrate how this project came to fruition. Groups involved in the project include WSOS, Habitat for Humanity, ReMax Realty, Lancia Homes and Century Health.

The ADAMHS Board also took time to honor an individual who has helped create harmony throughout the community. These homes were dedicated as "Dysinger Lots" in honor of Barbara Dysinger. Barbara, the first school counselor for Findlay City Schools, serves on the Findlay City School Board and is a past member of the Hancock County ADAMHS Board and Century Health Board. The dedication plaque that will be hung at one of the homes reads "The homes of 147 and 148 Lotze Street are named in honor of Barbara Dysinger in recognition of her caring approach to promoting harmony between individuals, families and systems and the subsequent positive impact she has had on enhancing the local mental health and substance abuse services for residents of Hancock County."

Before



After



## **Huron ADAMHS Board**

The funding cuts experienced by Boards during the last four years resulted in the Huron County Board seeking, consolidating and reengineering resources so that the health and support services made available by the Board could continue to assure optimal outcomes for those with mental illnesses and alcohol/chemical dependencies, as well as assure optimal responses to community organizations that depend on the behavioral health services made available by the Board's contract providers. The Huron County Board's vitality in seeking, consolidating and reengineering resources is demonstrated by the initiatives described below:

***Increase in IDAT Funds to Make up for the Board's AoD Budget Deficit*** - When state-provided treatment funds for those with alcohol and other drug (AoD) dependencies began to wane, the Huron County Board and its primary contract provider worked with the Municipal Court to increase the Indigent Drivers Alcohol Treatment (IDAT) funds being used for AoD treatment for court-referred persons so that minimal changes in AoD services resulted. IDAT funds used for treatment increased from zero in SFY 2008 to \$72,000 in SFY 2013.

***Preparation for Integrated Behavioral and Physical Health*** - The vision of the Huron County Board for integrated behavioral and physical health care for persons with severe and persistent behavioral health disorders is for integration, regardless of payment source. This would include persons who are indigent, as well as those with Medicaid, Medicare and private health insurances. Such a comprehensive vision is needed since persons with severe and persist mental illnesses (SPMI) have life expectancies that are, on average, 25 years shorter than those without SPMI, and all may benefit from case coordination.

To this end, the Board's primary provider, Firelands Counseling and Recovery Services, applied for and was awarded a federal Substance Abuse and Mental Health Services Administration (SAMHSA) four-year \$1.3 million Health Home Project demonstration grant for the integrated treatment of indigent persons (i.e., those without public or private insurances) with SPMI. Since the ODMH Health Homes Project is for the integrated treatment of Medicaid-eligible persons with SPMI, these projects will dovetail to cover services to most individuals with SPMI in this service area. The Board's goal, nonetheless, also includes making this new service delivery model available to those with Medicare and private insurance.

## **Jefferson Prevention and Recovery Board**

The Jefferson County Prevention and Recovery Board, along with the Mental Health and Recovery Board serving Belmont, Harrison, and Monroe Counties, Trinity Health System and contract agencies from each Board area have come together to establish a four-bed crisis residential facility.

This crisis residential facility is designed as a community placement option that will help divert individuals from the state hospital, as well as keep state hospital bed days low. At this point, the contract is in its final stages, and the facility is expected to open in the next few months. The community is excited about the opening of this facility as this will be another resource for local consumers.

## **Lake County ADAMHS Board**

To facilitate more efficient help for residents with urgent behavioral health issues, the Lake County ADAMHS Board forged a partnership with Lake Health – the county's primary hospital system. An ADAMHS-funded team of experienced, qualified social workers is on-site at the hospital's two emergency departments 24/7. Team members assist patients and families through the emergency evaluation and the development of a care plan. They make referrals to appropriate behavioral health agencies and oversee patient care until links to the next phases of treatment are complete. On average, the team provides 300+ crisis assessments every month.

"This initiative has been successful on several fronts," says Lake County ADAMHS Board Executive Director Kim Fraser. "Under the previous model someone in crisis would first wait for an available physician to clear them medically. Then a call would be made to our on-duty crisis team member, who would drive to the hospital and begin the assessment. In many instances this meant the patient would spend hour after hour in a crowded and chaotic emergency department waiting room. That's a surefire way to make a serious mental health crisis even worse. This partnership has helped us dramatically shorten the distance between needing help and getting help."

## **Licking-Knox MHR Board**

Our Futures in Licking County is a county-wide plan to create a healthier Licking County by improving the educational, social, safety, and economic environments. Our Futures accomplishes its mission by introducing to the community simple strategies with evidence-based actions for a positive impact on the community. Based on a specific organizational structure of boards and committees emphasizing public/private partnerships, key leadership includes juvenile court, job and family services – children's services, schools, law enforcement, governmental representatives, the community hospital, businesses, and other stakeholders.

Our Futures adopted and introduced the use of scientifically proven strategies in Licking County that are recognized by the Institute of Medicine Report. These universal evidence-based practices - some of which are practiced in schools others in the general community - include: Reward and Reminder, Families United, PAX Good Behavior Game, Triple P (Positive Parenting Program), and PAX-It Notes.



These preventive interventions positively impact age-related developmental competencies by reducing risk factors and supporting protective factors that have been proven sustainable across the lifespan. Some key 2011 -2012 school year outcomes include:

- **PAX Good Behavior Game:** Research indicates that the long-term impact of this prevention classroom strategy leads to reduced drug, alcohol, and tobacco use for children who have participated in the approach. Of the 67 teachers implementing the game with 4,987 students, 70 percent find it extremely or very helpful in reducing student disruptions with 68 percent finding it extremely or very helpful in increasing student engagement. The game is implemented in 26 out of 29 elementary school buildings in Licking County.
- **Triple P:** Of the 945 families using this parenting intervention, 89 percent reported their child's behavior improved with 95 percent indicated that they would use what they learned from Triple P.
- **PAX-It Notes:** With nine school districts participating, 6,925 notes were handed out by teachers to reinforce positive behaviors.

Our Futures is funded by a grant from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, in-kind community support and various foundations and businesses and is supported by Mental Health and Recovery for Licking and Knox Counties (MHR), Licking County United Way and the Children and Family First Council. Our Futures receives oversight from MHR. The official name is "The Consortium for a Drug-Free Licking County – Our Futures in Licking County."

### **Logan-Champaign MHDAS Board**

**LOSS Team of Logan and Champaign Counties** - The LOSS (Local Outreach to Survivors of Suicide) Team of Logan and Champaign Counties, formed in 2008, consists of a group of volunteers trained to provide immediate support and assistance to families and loved ones newly bereaved by suicide. By working with law enforcement and coroners, team members are able to meet with survivors at scenes of suicides and provide much needed immediate support, as well as facilitate connecting with other survivors of suicide, as survivors themselves are represented on the team. Information specific to suicide grief and local resources is provided for family and loved ones, and additional ongoing support is provided through a variety of community events and activities sponsored by the L/C Suicide Prevention Coalition.

Molly Smith, Director of Community Development and Special Projects with the MHDAS Board, coordinates this team. Molly has also worked with the Ohio Suicide Prevention Foundation to provide training and assistance

to other communities interested in implementing their own LOSS Team. Because of the growing interest and number of LOSS Teams in Ohio, the 2013 National LOSS Team conference will be hosted by Ohio on September 10 and 11 in Columbus.

### **Lorain ADAS Board**

As the implementing agent for a SAMHSA Community Resilience and Recovery Initiative, the Alcohol and Drug Addiction Services (ADAS) Board has been working with Lorain City Health Department and treatment providers to begin using SBIRT (Screening, Brief Intervention and Referrals to Treatment). Screenings occur throughout the City of Lorain – screening for substance use, depression and anxiety. Brief Treatments have been in place to support the screening findings. We are now working with local emergency rooms to discuss the use of SBIRT.

In addition, the ADAS Board has been an Access to Recovery (ATR) County for the past two years. Embedded into this is an emphasis on recovery support services and recovery coaches utilizing the Recovery-Oriented System of Care model. Twenty-two recovery coaches have been recently trained, and we are now working with traditional and non-traditional providers to expand our continuum of care to include recovery support services.

### **Lorain CMH Board**

Community collaboration has always been a cornerstone of the Lorain County Board of Mental Health. We are very proud of our partnership with the Lorain County Sheriff's Department. Under the leadership of Lorain County Sheriff Phil Stammitti, we have developed creative ways to better serve the inmates at the County Jail who have serious mental illness.



The Board facilitated an affiliation agreement with the Nord Center and the treating psychiatrist at the jail, and clinical staff from the Nord Center work side-by-side with Sheriff's staff at the jail. This partnership assists in providing psychotropic medications and facilitates better post-release aftercare. The aim is to reduce recidivism by eliminating delays in service follow-up that could result in a lack of access to necessary medications.

Through collaboration, we are able to identify gaps in services, maximize the funding available and provide follow-up services and aftercare in a seamless manner for those released from jail. For more than a decade, Sheriff Stammitti has been a huge supporter of Crisis Intervention Training (CIT) provided by the Board of Mental Health. This training has proven invaluable for peace officers and consumers in crisis. Collaborations such as these provide a solid foundation for saving money, building trust, improving community safety and providing better care in the community.

## Lucas County MHRS Board

Since the opening of the Hollywood Casino in May 2012, The Mental Health & Recovery Services Board of Lucas County has taken the leadership role in raising the awareness of problem gambling in northwest Ohio. "Our Board has placed a high priority on problem gambling, and we are taking the steps necessary to prevent, intervene, and treat this growing issue in our community," said Executive Director Scott Sylak.

In August 2012, the Board, in collaboration with County Commissioners, COMPASS (the local gambling treatment provider), and the United Way of Greater Toledo, created an awareness campaign called the "Toledo Gambling Pledge." The pledge is designed to educate individuals and agencies on how to: recognize the warning signs of problem gambling, know how and when to intervene with a problem gambler, and identify local resources for where to take someone to get help.

The Board also created a "Quick Guide to Safer Gambling" brochure to provide tips for low-risk gambling, identify warning signs of problem gambling, and offer a list of places to call for help. The Toledo Gambling Pledge and the Quick Guide to Safer Gambling brochure are available on the Board's website [www.lcmhrsb.ohio.gov](http://www.lcmhrsb.ohio.gov).

Finally, the Board is planning activities for National Problem Gambling Awareness Week in March 2013.

## Mahoning CMH Board

The Mahoning County Mental Health Board (MCMHB) is very proud of the collaborative efforts with our neighboring counties to the north and south. Not that joining with Columbiana and Trumbull Counties is something new. We have long partnered on many projects as evidenced by our longstanding Tri-County Suicide Prevention Coalition and numerous training events. This past year we again joined forces on an important project. The Tri-County Anti-Stigma Campaign, "Stop the Judgment, Start the Healing," is a multifaceted approach to reducing the stigma surrounding drug and alcohol and mental health issues. With combined resources, we were able to launch a media campaign that brought these issues to the forefront in our communities. Television ads, morning show appearances and newspaper articles have run for the past year and have spring boarded drug and alcohol and mental health concerns into local public awareness. If we had attempted to do this on our own, we would not have been able to have had the saturation we accomplished by joining forces.



This and other previous collaborative efforts between our Counties once again illustrate the effectiveness of pooling resources and working toward a common goal. Mahoning County could not have asked for better neighbors.

## Medina County ADAMH

The Medina County ADAMH Board has a strong, collaborative relationship with our local law enforcement community. For many years the ADAMH Board has funded annual Crisis Intervention Training (CIT) for local law enforcement officers, which is presented by our provider, Alternative Paths, Inc. **Medina is currently in the top 5 percent of counties in the state for the number of officers certified in CIT**, which is truly an accomplishment. In fact, the training has included not just officers and their supervisors/leadership, but dispatch workers, EMS workers, and other individuals who are involved with emergency response. The positive feedback we have received from our local NAMI, as well as families and consumers, has reinforced the need to have local responders who are highly trained, sensitive, and experienced in dealing with persons with severe mental illness who are in crisis. We have also received very positive feedback from law enforcement personnel who go through the intense, week-long training. They often tell us it the best training they've ever received. Additionally, the training forges a strong bond between law enforcement and our behavioral health system, creating a win/win for our entire community. Having so many CIT-trained officers is one of the strengths of Medina County.

## Muskingum Area MHRS Board

Several months ago, six behavioral health organizations, including the Muskingum Area Mental Health & Recovery Services Board, came together in a Lean Six Sigma project called the Behavioral Health Consortium. Caregivers from each organization met for eight months and began formulating ideas for new and better ways to serve patients. Just a few of their products were:

- The development of a "Bridge Builders" Program to coordinate care for patients who frequently visit the Genesis Healthcare System's emergency department and/or are admitted to the hospital's inpatient psychiatric unit. Two high-user clients are currently receiving intensive care coordination services through "Bridge Builders," and thus far, there have been no readmissions to the psychiatric unit.
- Members also observed that psychiatric patients who have alcohol/drug problems return to the hospital more often. Therefore, the group developed a "Warm Hand-Off" Program, where counselors from Muskingum Behavioral Health (MBH) meet with patients while they are in

the hospital to encourage them to follow up on addiction treatment after they are released. It was recently reported that, of the total number of clients with alcohol/drug problems that have been a part of the warm hand-off process, 80 percent have shown up at MBH for assessments and follow-up services.

Dan Scheerer, M.D., Board President for the Muskingum Area Mental Health & Recovery Services Board, notes: "I am very impressed with the consortium's development of rapid improvement events for enhancing patient care - at a time when the system is significantly constrained by rising costs and decreasing reimbursement."

### Paint Valley ADAMH Board

The Paint Valley ADAMH Board has put additional resources into training our network of providers and our community. We developed a Trauma Informed Care Symposium held on December 18, 2012. This event was free to the public and CEUs were provided by Scioto Paint Valley Mental Health Center (MHC). We expected to have up to 85 registrants but ended up with 108 registrations. Registrations included people from mental health and substance abuse fields, Big Brothers Big Sisters, children's services, schools, hospitals, Veterans Administration, corrections, Area Agency on Aging, police and fire, Job & Family Services, Community Action, college students and community members.

The symposium presented many different viewpoints on trauma. The day began with Jim Adams, CEO, Geauga MHRS Board reliving the tragic Chardon school shooting from this last February. Jim's presentation stepped us through not only the events of the day, but helped the community develop a better understanding of the importance of planning, what works, what doesn't, and the after-effects on the community.

Robin Kish, MSW, LISW-S with Scioto Paint Valley MHC gave an overview of trauma and how it affects children. She helped us understand how to identify trauma and how that knowledge is put into practical applications in counseling children and families. Georgeann Neuzin, MSN, RN, ACNS-BC and Dr. Lisa Gordish, Psy. D presented practical applications in use at Twin Valley Behavioral Healthcare and how the hospital has implemented trauma informed care with adults with a serious mental illness. Additionally, Jeff Montgomery, MSW, LISW-S, BCD and Angela Banks-Mason, MSW participated in a panel discussion and presented how trauma impacts veterans. They spoke of their work at the Veterans Administration and how trauma can lead to Post Traumatic Stress Disorder.

The symposium was a success. The event was very well received in the evaluations. Attendees learned how to make a response plan for a traumatic community event, how to identify trauma in individuals' lives, how to de-escalate

using specific techniques, and how trauma impacts different people in different ways.

Ultimately, the Paint Valley ADAMH Board will continue our interest in Trauma Informed Care by providing additional follow up trainings on topics of interest to attendees.

### MHRB of Portage County

The Mental Health and Recovery Board of Portage County coordinates two projects that focus on children, adolescents and young adults. The first project is known as the Crisis Intervention Team Education Collaboration (CITEC), modeled after the national Crisis Intervention Team program that trains law enforcement to better understand mental illness and learn how to safely de-escalate a person in crisis. In its fifth year, CITEC is a 40-hour training open to all school personnel. Teachers can also receive two graduate credits. The MHRB pulls together resource staff from mental health/addiction treatment agencies, law enforcement, Juvenile Court, Job and Family Services, Developmental Disabilities and the County Prosecutor as presenters. The second program is social media for young adults ages 18 to 25 that provides education to reduce risky alcohol-related behaviors, concentrating on students at Hiram College and Kent State University. The project, named #18to25, is under the auspices of the Portage



Substance Abuse Prevention Coalition. Its unique aspect is that the social media, including a regular blog at [www.18to25.org](http://www.18to25.org), is created by young adults in this age range. The social media's appeal is increased by including general wellness and community living information.



### Preble County MH&R Board

The Preble County Mental Health & Recovery Board (PCMHRB) provided its first Crisis Intervention Training (CIT) to over 50 first responders as a combined effort of the Board, the Eaton Police Division, the Preble County Sheriff's Department and several other social service agencies. The goals of this multi-agency effort, headed by the PCMHRB, were to promote safety by:

1. Educating law enforcement of mental illnesses and developmental disabilities;
2. Having officers learn about the characteristics associated with untreated mental illnesses and developmental disabilities and practice skills designed to de-escalate a crisis situation.

First responders are educated on how to engage with individuals and de-escalate their reactions, how to assess and gather necessary information to make a safe resolution, and how to communicate, set limits, create options, and take action to gain control and hopefully return the situation to a pre-crisis state. Trainees are educated on different types of mental illness and their characteristics (i.e., how a person with schizophrenia or anxiety disorders may present in a crisis state), medications used for treatment of several mental disorders, and how to assess risk of self-harm and suicide, and react appropriately.

Because of the CIT success and demand, the PCMRB plans additional instruction in early 2013.



### Putnam County MHADAR Board

Mental Health and Alcohol and Drug Addiction Recovery Board of Putnam County is pleased to present the following program sponsored by Pathways Counseling Center, Inc.:

The Putnam Adolescent Response Team for Youth, or PARTY, is a youth-led group whose mission is to use positive peer pressure to encourage positive choices and to prevent underage use of alcohol, tobacco, and other drugs. PARTY meets weekly and has over 30 active members. PARTY, composed of high school students from different schools in the county, works to empower youth, create alternative activities, educate and create public awareness, and create a network for making positive choices. One example of a program: PARTY planned and implemented a workshop for grades K-2 at an annual "Self-Esteem" day at a local elementary school. The high school students enjoy being mentors and strive to be positive role models for the community. PARTY is also very active in community service projects around Putnam County, and has been named an "Exemplary Program" by the national accreditation agency CARE. PARTY was also recognized in 2010 by the Putnam County Task Force for Youth for their efforts to better the community.



### Richland County MHRS Board

Richland County, with its population of 124,000 Ohio citizens, is frequently considered too big to be a small county and too small to be a big county. However, being mid-size has its benefits. Richland County has developed an approach of inter-departmental reliance and is able to move on issues quickly with the agility of a smaller bureaucracy.

The Richland County Mental Health and Recovery Services Board is very proud of its strong working relationship with law enforcement and



criminal justice systems. We have trained over 350 first responders in Crisis Intervention Team training, creating a significant "open door" into our system. The CIT program is jointly facilitated by the Board and our local NAMI and incorporates trainers from many of the local agencies. We have also worked to assist and support the establishment of a Special Response Court at the Juvenile level, Drug Court



and Re-Entry Court at the Common Pleas level and Drug Court, Veterans' Court, Mental Health Court and Domestic Violence Court at the Municipal level. The Board currently facilitates an

Advisory Committee for the Municipal Specialty Dockets and is an active participant on the Community Corrections Board which provides oversight for the Common Pleas efforts.

### Seneca, Sandusky, Wyandot MHRS Board

A pilot Medication-Assisted Treatment program was started early in 2012 to assist alcohol and opiate dependent clients. The program assists these clients with the long-lasting injection medication, Vivitrol, and Naltrexone, the pill form of the medication. To date, eight clients have started the program and three have remained compliant. Alkermes, manufacturer and distributor of Vivitrol, graciously and generously assisted with program startup. While both Vivitrol and Naltrexone can reduce the desire to use alcohol and opiates, very strict protocols were put in place for those being referred to the program. These protocols included: an initial ten-day sobriety period before starting the medication; strong peer/family support to assist in maintaining sobriety; ongoing lab work to ensure no side effects to the medication and no continued drug use by the client; strict attendance to all therapy and medical appointments; and a history of trying other non-medication forms of alcohol/drug treatment before starting the pilot program. Because of the cost of a Vivitrol program, the listed protocols maximize the rate of success among those truly motivated to overcome their addiction.

## Stark County MHRS Board

**Successful in Funding a Jail Liaison Position** - In response to the growing challenges of the local criminal justice system, the MHRSB provided funding for a “jail liaison” position to help identify people in the county jail with a mental health issue. This position was modeled after the Board’s hospital liaison that is responsible for managing the state hospital bed days and assuring that people being discharged are linked with the appropriate services. The jail liaison provides linkage to community-based treatment, as well as outreach to clients who are waiting for intake and follow-up appointments so clients are better connected to services. Additionally, they can begin helping clients find housing, get needed medications and link families to community supports such as NAMI. Over the last two years the jail liaison has worked with over 300 people to provide these services. As a result, the relationship with the criminal justice system has improved, and client recidivism has decreased.

## Summit County ADM Board

**Diversion in Summit County** - The criminalization of people with mental illness is a national problem. Over the past 10 years, the Summit County ADM Board has partnered with local law enforcement, courts, social service providers, and the faith community to develop programs aimed at diverting people with mental illness from the criminal justice system.

In a 2012 report, the National Institute of Corrections indicated that the Summit County Jail had a smaller proportion of persons with severe and persistent mental health disorders than similar institutions around the country.

Elements contributing to this positive outcome include:

- 12 years of Crisis Intervention Team (CIT) training for law enforcement to help them work more effectively with those who may have symptoms of a mental illness.
- Since 2009 community stakeholders and decision makers who intersect with the criminal justice and mental health systems have been participating in a collaborative system mapping and improvement exercise which has resulted in increased resources being devoted to key intercept points: prior to arrest, during arraignment, during incarceration, and post incarceration. Specific examples include:
  - The addition of a mental health court in Stow and one under consideration for the Barberton area.
  - Increased access to care, psychiatric treatment, and medications in the jail.
  - A program to transition released individuals

into community treatment and supports to minimize the risk of recidivism.

- A revised community jail protocol for more challenging cases to ensure safety, coordinated care and 24-hour access to clinical consultation for law enforcement.

We are proud of and committed to ongoing innovation and collaboration within our community!

## Tri-County MH&R Board

**CIT Academy, Companion Courses and More** - The CIT (Crisis Intervention Training) Academy experience has been extremely positive in our tri-county (Miami, Darke, and Shelby Counties) region since it was championed by a team of law enforcement, Tri-County Board and behavioral health professionals in 2005. Since the first academy in 2006, there have been seven graduating classes, as well as a growing number and variety of companion courses. The CIT program was honored with the CIT Program of the Year award in 2009. Officer Scott Gates of the Troy Police Department was nominated for CIT officer of the year in 2009.

The CIT companion courses have expanded the reach of the program to include advanced graduate training, 911 dispatchers, sheriff’s office personnel, corrections staff, court personnel and college personnel. This year, for the first time, a CIT companion course was offered in partnership with Sidney City Schools. The 17-member class included both teachers and school administrators. We plan to offer additional classes to schools in the future.



The Tri-County Board plans, funds and provides trainers for the CIT Academy and companion courses. The Board staff also seeks and receives donations to support the trainings.

## Trumbull County MHR Board

**Collaborative Care** - In Trumbull County, integrating medical health care and behavioral healthcare has been occurring for a number of years. Recognizing that clients with serious mental illness die, on average, 25 years earlier than the general population, the Trumbull County Mental Health and Recovery Board (TCMHRB) began collaborating with ONE Health Ohio, the local Federally Qualified Health Center (FQHC) in FY2008 to provide medical services to indigent clients. The services provided by the FQHC include general healthcare treatment, dentistry and both medical and psychotropic medication follow-up.

Some truly wonderful outcomes have been appreciated by our clients due to having the availability of medical services. Several years ago, a client who had not received medical

care for a significant number of years, complained to the case manager of some physical issues. The case manager immediately scheduled an appointment at the FQHC for the client. At the appointment, it was discovered that the client had a brain aneurysm and was immediately referred for treatment. The client followed through with the recommended treatment and has been doing quite well. Had a relationship between the TCMHRB and ONE Health Ohio not been developed, it is quite probable that this client would neither have been diagnosed nor received the treatment, which has led to a successful result.

Recently, the case manager of a 20-year-old chronically mentally ill client noticed that the side of the client's face was swollen. He was immediately taken to the local hospital emergency department where it was discovered that he had a significant abscess to the roof of his mouth. Once the diagnosis was made, the client followed up at the ONE Health Ohio dental clinic and was successfully treated.

When a person feels good physically, he or she is more ready to take on the challenges of addiction, depression, etc. A statewide holistic approach to health care will save lives and ensure a better quality of life for the people we serve.

### **Tuscarawas-Carroll ADAMHS Board**

Since the creation of its joint-county suicide prevention coalition, the ADAMHS Board of Tuscarawas and Carroll Counties has continuously attempted to improve outreach to families that have lost a loved one to suicide. Although a regional "Survivor of Suicide" support group was created two years ago and continues to operate, the Coalition wanted to enable families to make a more immediate connection to specialized resources available within the local behavioral health system following these traumatic events. "Our other objective is to learn more about specific circumstances surrounding suicides through closer contact with families. Our goal is to develop more meaningful prevention and awareness strategies within our district," according to Dave Schaffer, Executive Director of the ADAMHS Board.

With leadership and financial support provided by the Ohio Suicide Prevention Foundation (OSPF), a group of local volunteers recently completed training in the LOSS (Local Outreach to Survivors of Suicide) team intervention model developed by Dr. Frank Campbell of Louisiana. LOSS teams are comprised of three volunteers, including a survivor of suicide, that provide immediate, on-site support where completed suicides have occurred, 24 hours per day, 365 days per year. "Since the suicide death of my husband Tim over seven years ago, I've been interested in assisting other families to recover emotionally and begin the healing process as quickly as possible, LOSS teams will enable me to give something back by participating in this process," says Karen Stokey, ADAMHS Board member and suicide survivor. "We've also had tremendous support from

Tuscarawas County Sheriff Walt Wilson on working through the dispatch and activation aspects of our teams which are critical parts of the process," added Stokey.

Five teams have been organized in Tuscarawas County and will begin their outreach services in January of 2013.

### **Union County MHRS Board**

The Mental Health and Recovery Board of Union County has two exciting programs to share:

**Prevention - Multimedia Lab for Youth: An IMPACT60 and Positive Youth Development Project (PYDP)** - The multimedia project focuses on working with youth to create positive messages through the use of video, photography and other media. These positive messages are then distributed through a number of Internet portals such as YouTube. Two current projects that are underway are a short video documentary about bullying and another short documentary video about heroin addiction.

**Peer-Operated Company** - Our consumer-operated program, Wings, has been in operation for over a decade. Since its inception, it has been a place for a variety of peer-to-peer programs. Currently, Wings is in the process of applying for certification of its employment program through CARE, a national accrediting body. They are training consumers to be peer support specialists, job coaches and job developers. Wings will be working with the Rehabilitation Services Commission for referrals.

### **Warren-Clinton MHRS Board**

In 2010, Mental Health Recovery Services (MHRS) Board of Warren and Clinton Counties, began a mini-grant program to fund innovative mental health and substance abuse programs with key partners in the community, focusing primarily on prevention services. The inaugural year funded a total of eight projects, and MHRS has continued this competitive grant program annually.

This year, MHRS awarded mini-grant funding to 12 innovative projects that will positively affect mental health and/or prevent substance abuse targeted at Warren and Clinton County residents. Eligible applicants were required to serve residents of Warren or Clinton Counties, be a non-profit, charitable, educational, governmental or other organized group with a Federal Tax ID number. This year's grants were awarded in amounts ranging from \$6,600 to \$10,000, bringing total program funding to over \$300,000 supporting 34 worthy projects.



Pictured above are representatives from the non-profits in Clinton and Warren Counties receiving MHRS mini-grant funding this year.

MHRS continues its work with local law enforcement through its Crisis Intervention Training (CIT), targeted

at providing first responders education and skills to better serve individuals in the community in need of immediate mental health crisis assistance. Since its 2011 inception, 39 police officers have graduated. This year, a CIT Team Companion Training Program was added for dispatchers. MHRS will offer another CIT training in March 2013.



MHRS sponsored another Crisis Intervention Team (CIT) training program in 2012. Twenty-two Warren and Clinton County police officers completed this intensive course.

## Washington MHRS Board

House of Hope was established in 2002 as a recovery center for adult citizens of Washington County who have experienced mental illness. Formerly, the facility had been a drop-in center, but intensive research around brain disorders in the 1990s fostered a new understanding of mental illness and the reality that people can and do recover their mental health. The term “drop-in center” implies a passive role, as though all who came were visitors with few expectations other than chatting, playing games or watching television.

Instead of “dropping in,” members assume ownership of House of Hope. It is a non-profit corporation and by design members constitute the majority of the Board of Directors. It is an ODMH-certified peer support center where members are an integral part of all activities, including preparing and serving meals, tending flower and vegetable gardens, planning fundraisers, maintaining and cleaning the facility and most recently, designing and building the House of Hope Memory Walk to honor members who have died. House of Hope has restored empowerment and meaning to the lives of many individuals in Washington County. It has served as an agent of change and growth for those who once hoped only to avoid crisis and institutionalization. As one member put it, “People bloom here.”



## Wayne-Holmes MHRB

The Mental Health and Recovery Board of Wayne and Holmes Counties defines its qualitative capacity as the potential to facilitate recovery across systems through interagency collaboration. The approval letter the Wayne Holmes Board received for the FY 10-11 Community Plan stated that the Board approaches a “success model” status in the area of collaboration.

The hallmark of this collaboration is the partnerships with the Wayne and Holmes County Family and Children First Councils. The Councils are a community hub for policy, resources and grant management and out-of-home youth

placement diversion meetings. This work has led the way for local after-school programming, a Reentry Coalition and the Transition to Independence program. Collaboration during the recent budget cuts enabled our partners to increase their funding for youth in placements at a time when the MHRB experienced severe state funding cuts.

The Board is and has been a stalwart supporter of the two councils for over 20 years and hosts the Wayne FCFC. The meetings in both counties usually number around fifty with representatives of all the state/local social services, United Ways, local mayors, judges, commissioners and media in attendance. These inter-disciplinary meetings, which often include our local State Representative, have resulted in the legislators’ responsiveness to our community needs. The MHRB Director serves as co-chair of the Wayne Co. FCFC Public Policy Committee meetings, which facilitates excellent communication between our partners and the legislators. This committee is now focusing on how local opiate abuse is increasing out of home youth placements and depleting the local workforce of eligible drug-free employees. The Board’s FCFC collaborations are a proven model for efficient, effective intersystem coordination around which the Board has organized many community-planning efforts.

## Wood County ADAMHS Board

The Wood County ADAMHS Board has contracted with Family Services of Northwest Ohio for a criminal justice coordinator position to assist the Board in building new and positive relations with our county’s criminal justice system. In part, this is to help execute new grant-funded programs and to assist with House Bill 86 implementation. Through this position, significant improvement in communication, cooperation, collaboration and system quality improvement has been achieved. Achievements include:

- CIT training has completed its first class with very high evaluations.
- All law enforcement officers in the county have been surveyed regarding their experiences with our emergency services, and planning is underway for improvements.
- Jail inmates are confidentially surveyed as to their behavioral health needs
- New clients are now assessed in jail, and successful referrals to services have increased.
- The Board and all county police chiefs communicate at least monthly regarding complaints, planned improvements and inter-systems coordination.
- Meetings are occurring with local judges and probation officers to implement OVI and mental health dockets.
- A local Criminal Justice Collaboration Committee has been formed to assess, plan and implement new and improved coordination of services.

## OACBHA Annual Award Winners



### 2012 OACBHA Award for Legislative Excellence ~ Ohio State Senator Chris Widener

According to Kent Youngman, President/CEO of the MHRS of Clark, Greene, and Madison Counties who nominated Senator Widener for this award, "Senator Widener studies the issues impacting the community behavioral health system and the individuals we serve with great interest and care, and has continually been a strong advocate for Ohioans with behavioral health needs and for the Alcohol, Drug Addiction, and Mental Health Boards that work at the local level to meet those needs."

### 2012 President's Partnering for Quality Award ~ ODMH Director Tracy J. Plouck

According to Michael Schoenhofer, Executive Director of the MHRS Board of Allen, Auglaize, and Hardin Counties, he selected Director Plouck to receive this year's Partnering for Quality Award because, "She has exemplified collaboration and partnership as we have had to navigate some very challenging issues. She took the time to travel around the state and see what communities are facing at the level where people receive services, and she valued Boards' input and approached her position with integrity, candor, and thoughtfulness."



### 2012 CEO Award for Distinguished Leadership ~ Ohio Attorney General Mike DeWine

Cheri L. Walter, CEO of OACBHA, stated that, "Mr. DeWine's leadership with the Attorney General's Task Force on Criminal Justice and Mental Illness, his commitment to the protection of victims' rights, and focus on Ohio's opiate epidemic and closing "pill mills," along with his longstanding commitment to ensuring that individuals with mental illness and/or addiction have access to treatment make him the perfect person to receive this award."

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# FACT:

In Ohio, there were 327 fatal unintentional drug overdoses in 1999 growing to at least 1,373 annual deaths in 2009. This is the equivalent of an average of 4 people dying each day from unintentional drug overdose statewide.

Ohio Department of Health, Office of Vital Statistics



[DontGetMeStartedOhio.org](http://DontGetMeStartedOhio.org)

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## Stigma Busting in Stark County

Behavioral health stigma is always top of mind in Stark County. It is woven into all appropriate media coverage and is the topic of many of our social media strategies. There are two other larger initiatives in which we specifically target the stigma of both mental illness and substance abuse.

Since the coming together of the Mental Health Board and Alcohol and Drug Addiction Board in 2008, the Mental Health and Recovery Services Board has presented three anti-stigma, day-long conferences. They have all been quite popular and draw an interesting group of attendees beyond our clinical community. The day is chock-full of presenters ranging from nationally known speakers, to panel discussions to physicians who get into the anatomy of the brain. All attendees leave clamoring for more.

The other initiative that will launch in 2013 is a local ad campaign called *I AM*. The goal is to “normalize” those who live every day with mental illness and/or addiction issues. A dozen people have stepped up to have their stories showcased with the theme being they are so much more than their behavioral health issue...that it does NOT define who they are. This is recovery and resiliency at its best.



The Mental Health and Recovery Services Board of Stark County (MHR SB) is the safety net for the community ensuring the behavioral health needs of Stark County citizens are met in the most efficient and economical way possible, always with an emphasis on quality and respect. The MHR SB's 21-member provider network receives nearly \$44 million annually to fund programs and services related to mental health and drug and alcohol issues with a focus on prevention and treatment.

To find out more about the work of the MHR SB go to [www.starkmhrsb.org](http://www.starkmhrsb.org).

## Paul Guttman Scholarship

Sue Guttman, Paul's widow, is a tireless promoter of the Paul Guttman Scholarship. Through her ongoing efforts and the contributions of many of Paul and Sue's friends and colleagues, along with the contributions from many OACBHA members and friends, the Paul Guttman Scholarship has been awarded to 15 individuals since 2006.

The purpose of the Paul Guttman Scholarship is to honor the life's work of Paul Guttman, a former Board Director, and continue his commitment to the advancement of the alcohol and other drug addiction (AoD) field and his service to those in need of care by offering training and educational opportunities for both individuals in the AoD workforce, as well as individuals in recovery seeking to advance their education in an AoD-related field. The Guttman Scholarship program is coordinated by the OACBHA Foundation. Learn more about the Guttman Scholarship at [www.oacbha.org](http://www.oacbha.org). To make a donation to the Guttman Scholarship fund, make a check payable to OACBHA Foundation - Guttman Scholarship and send it to OACBHA at 33 North High Street, Suite 500, Columbus Ohio, 43215. You can also call (614)224-1111 to find out how to make a donation via credit card.



*Amethyst fosters a culture of recovery, empowering women and families in a safe, sober community.*

## Amethyst's Services Change Lives, Save Lives and Restore Families

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### Our life-saving services include:

- ALCOHOL, DRUG AND TOBACCO ADDICTION TREATMENT
- INTENSIVE OUTPATIENT SERVICES
- SUPPORTED EMPLOYMENT READINESS AND DEVELOPMENT
- FINANCIAL STABILITY
- MENTAL HEALTH SERVICES AND TRAUMA RECOVERY
- FAMILY SERVICES
- PARENTING EDUCATION
- FAMILY COUNSELING
- AFTER SCHOOL PROGRAMMING
- THERAPEUTIC SUMMER CAMP

### We Provide Transitional and Permanent Supportive Housing

Amethyst creates a safe, sober housing community, free from alcohol and other drugs, where women and children live while participating in long-term treatment. While reaching economic independence, many women remain in this recovery oriented system of care for five years or more.

### We Save the Community Money

Prior to Amethyst, these women are involved in multiple systems of care, often at great expense to the community. Addiction and homelessness are often coupled with criminal justice problems, health care issues and the foster care system. Taxpayers save substantial money with each woman who enrolls in treatment.

### Here are some ways in which YOU can support Amethyst:

- CORPORATE GIVING
- VOLUNTEERING
- INDIVIDUAL GIVING
- PLANNED GIVING
- IN-KIND CONTRIBUTIONS
- EVENT SPONSORSHIP
- BUILDING/ENDOWMENT CAMPAIGNS



Virginia O'Keefe  
CEO & Founding Mother

For more information about how to support Amethyst's work in our community, please contact:

**Nanon Morrison, DEVELOPMENT DIRECTOR**  
nmorrison@amethyst-inc.org  
(614) 221-7293

**Jordanne Renner, MARKETING & DEVELOPMENT**  
jrenner@amethyst-inc.org  
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