



**ADAMH Board of Franklin County
Board of Trustees
Board Meeting
August 28, 2018, 5:30 pm - 7:30 pm
ADAMH Board Room**

AGENDA and DOCUMENTS

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AGENDA

**ADAMH Board of Franklin County
Board of Trustees
Board Meeting
Tuesday, August 28, 2018, 5:30 pm - 7:30 pm
ADAMH Board Room**

- I. Approve Agenda & Minutes**
 - A. May Board Minutes
 - B. August Coordinating Committee Minutes
 - C. June & August CFAC Meeting Summary Minutes
- II. Reports & Presentations**
 - A. Community Participation
 - B. Franklin County LOSS (CEO Presentation)
 - C. Financial/Audit Committee Report
 - D. Board Chair Report
- III. Consent Agenda**
 - A. Suburban Schools Opiate and Substance Use Prevention Education
 - B. Laurel Green - Supportive Services
 - C. 2018 Medication Assisted Treatment Drug Court Program for Specialized Dockets - Addendum
 - D. CND - Level III Recovery Housing
 - E. CY 2019 Board Administrative Budget
- IV. Action Agenda**
 - A. KY 2019 Provider Allocations
- V. Administrative Memos**
 - A. May thru July
- VI. New Business**
 - A. Resolution 20180828-01: Requesting Approval of the Capital Application in support of Community for New Direction
 - B. Resolution 20180828-02: In Support of the Re-Appointment of Jane

Higgins Marx to the Guardianship Board

VII. **Old Business**

VIII. **Media Report**

IX. **Adjournment**



ALCOHOL, DRUG AND MENTAL HEALTH BOARD
OF FRANKLIN COUNTY
MEETING MINUTES
May 29, 2018

MEMBERS PRESENT: Carole Anderson, Peggy Anderson, Trudy Bartley, Audrey Begun, Scott Doran, Karri Dosmann, Bipender Jindal, Mitzi Kirkbride, Mary Ann Krauss, Rory McGuinness, Damon Muldoon, Sharon McCloy-Reichard, Irma Phillips-Carmichael, Ann Seren, Terree Stevenson, Ron Walters, Nathan Wymer

MEMBERS ABSENT: None.

Rory McGuinness called the meeting to order at 5:35 p.m.

Ann Seren moved to approve the minutes of the following meetings:

- April Board Minutes.....April 24, 2018
- May Coordinating Committee Minutes.....May 14, 2018

Damon Muldoon seconded approval of minutes; MOTION CARRIED

A. Community Participation

None.

**REPORTS &
PRESENTATIONS:**

B. Presentation

Jennifer O’Leary, Assistant Clinical Director and CET Coordinator from Southeast, Inc. gave a presentation on Cognitive Enhancement Therapy (CET) which is an Evidence-Based Practice designed to help people with schizophrenia and related cognitive disorders to improve the brain and cognitive development, social cognition, and increase vocational capabilities.

Ms. O’Leary also expressed her deepest gratitude to the ADAMH Board of Franklin County for allowing them the opportunity to bring this rewarding and effective program to Southeast, Inc.

Tonya Lujan, Coach from Southeast, Inc. explained the reasoning behind a group exercise which is administered to clients in the program.

Stella Jones, graduate from the CET program, acknowledged the ADAMH Board of Franklin County for their support. Ms. Jones’ story served as a testament to the CET program.

Mr. McGuinness thanked Ms. Jones for inspiring everyone about the CET program and looked forward to reading her book, “Why You, Why Me, Why Anyone.”

David Royer asked Ms. O’Leary to explain Neuroplasticity.

Ms. O’Leary replied it’s the adult brain’s ability to form new pathways. The brain allows the nerve cells to compensate for injury and disease. This would allow the brain to adjust its activities in response to new situations or to changes in the environment. In the CET program this is accomplished by a lot of repetition, computer exercises, memory exercises, problem solving exercises, visual and facial skills and other executive functioning. These exercises are administered every week until they see results; then they move on to another exercise to target a different location of the brain. The results noted were in the Memory Function and the Executive Function. Ms. O’Leary stated based on her observation Neuroplasticity is real.

Irma Phillips-Carmichael asked how many people were originally involved in the program and how many people have been successful.

Ms. O’Leary replied we started with approximately 17 people and 9 have graduated since last year.

Kythryn Carr Hurd, Vice President of Clinical Services, ADAMH Board of Franklin County gave a presentation on the Maryhaven Addiction Stabilization Center. Representatives from Maryhaven, Shawn Holt, CEO and Andrew Moss, Director of the Maryhaven Addiction Stabilization Center, were also present to respond to any questions.

Scott Doran asked if there are any strategies in place that are effective in motivating a person to remain in residential after treatment.

Andrew Moss replied motivational interviewing as a general strategy is effective in assisting the client to agree to residential treatment.

Karri Dosmann asked about the follow-up process once a person is discharged.

Mr. Moss replied we have Peer Recovery supporters in place to follow-up with clients upon discharge. Some of our clients who didn’t complete their program went on to other programs within the ADAMH network or other programs outside of the network. We are in direct communication with them to provide feedback about how the client is doing.

Ms. Dosmann asked could they provide feedback concerning the success of the center and is it what they expected.

Mr. Holt replied the center is not full to capacity at this time which is not what they expected. They currently have treatment beds open but they would

like to see them full. Overall, they are pleased to know that people who are in need of treatment have access to care and he thanked Mr. Royer and the ADAMH team for their efforts.

Terree Stevenson asked about the clients who are homeless and what process is in place to assist them with housing.

Mr. Moss replied we are working with recovery residences to assist with housing prior to being discharged.

Audrey Begun asked was there something special or different about the group of 72 people with repeat visits.

Mr. Moss replied these people generally have fewer resources than most and primarily come from traumatic situations. They tend to engage in treatment less overall. Mr. Holt added a comment by saying they openly tell people they are here for them no matter how many times they have to come back.

Mary Ann Krauss asked if the referrals come from the Columbus Police Department, Emergency Medical Service (EMS) or other resources.

Mr. Holt replied 57% of our clients are walk-ins which wasn't the original plan but they wanted to make sure everyone received services that were in need. Another large percentage is being brought in by Mobile Responses Teams from Southeast, Inc. EMS which averages one to two referrals a day.

Mr. McGuiness asked if it is time to start looking at expanding the facility on the 4th floor.

Mr. Holt replied on occasion we have come very close to being full to capacity. We are looking at the cost to renovate the 4th floor for expansion which will include 50 beds. We have begun to take a strategic standpoint in looking at expanding the Maryhaven Addiction Stabilization Center.

Mr. Muldoon asked if we need to bring more exposure to Maryhaven Addiction Stabilization Center so everyone knows this option is available in the community.

Mr. Holt replied what has made this program successful is the great collaboration in the whole community. He mentioned he would like to convene to discuss what has been successful and what has not with the community partners to make a change where needed.

Trudy Bartley asked what the relationship with the hospital is when it involves making a referral for the patient in order to get treatment.

Ms. Carr Hurd replied the hospital will contact the clinician from Southeast, Inc. who is located in all the emergency departments throughout the hospitals. They can make a referral for a patient after an overdose. The hospital is not permitted to make a referral.

C. Financial Reports

Jonathan Wylly explained that the financial report begins on page 1 of BoardPaq. This report illustrates the *Levy and Special Revenue* for month ending April 30, 2018. As of the end of April the ADAMH Board is approximately 33% through the year. The *Taxes* indicates a variance of 55% due to two deposits annually. ADAMH received the first deposit in March. ADAMH has not received the second deposit due to a timing issue from the state but expect to receive it soon.

Mr. Wylly explained the *Service Providers Expenditures* is 27.8%. This figure will dictate which direction ADAMH will move towards with our investments. He explained our reallocation initiative. ADAMH held a webinar with providers to inform them of some recommendations concerning their allocations. This will ensure they are using their resources efficiently. You can expect to receive the 2019 provider allocation recommendations at the next board meeting in August. \$93 million is budgeted for service providers of that amount a portion of \$13 million is allocated for Prevention Services.

Mr. Wylly explained the new SHARES claiming system and the one of the new enhancements is the ability to collect prevention data. ADAMH biggest investments in prevention are Directions for Youth and Families, Inc.; Columbus Health Department; Concord Counseling Services; Syntero, Inc. and Community for New Directions, Inc. Mitzi Moody, Clinical Manager from ADAMH, explained the Problem ID and Referral Strategy and Nettie Ferguson, Community Prevention Manager at ADAMH explained the Education Strategy.

Ms. Krauss asked how many in the 16 districts are using this.

Ms. Ferguson replied every ADAMH-funded provider in the 16 districts is using this strategy.

Audrey Begun moved to approve the Financial & Audit Report; Karri Dosmann seconded; MOTION CARRIED.

D. Board Chair Report

Mr. McGuiness mentioned our next meeting after the summer recess will be the Coordinating Committee on August 13, 2018. Denise Meine-Graham from Franklin County LOSS will give an update at the August Board meeting.

CONSENT AGENDA:

Mr. McGuiness announced that the items on the *Consent Agenda* were previously reviewed by the Coordinating Committee. One has been moved below to the Action Agenda because of an amendment. He asked if there

were any questions or requests to remove the following items from the Consent Agenda: *Suicide Prevention Coalition, Netcare Peer Support and Mobile Crisis Response Team.*

Rory McGuiness will abstain from the Mobile Crisis Response Team action.

Sharon McCloy-Reichard moved to approve the Consent Agenda; Peggy Anderson seconded; MOTION CARRIED.

ACTION AGENDA:

Jonathan Wyly stated the Opioid Public Service Announcement action has been amended to include Paul Werth Associates and additional funding from The Columbus Foundation. The purpose of this action is to pay \$2.25 million for the development of an opioid public service announcement (PSA) and the related media placements. The PSA is being developed by Ogilvy in the amount of \$550,000, the budget for the media placements with Universal McCann is \$1,450,000 and the budget with Paul Werth Associates is \$250,000 for social media support and media relations. The funding for this project is being provided by the Columbus Foundation.

Mr. Royer mentioned the tentative date of June 18, 2018 where a group of community partners will launch the community education campaign.

Peggy Anderson moved to approve the Opioid Public Service Announcement action, Audrey begun seconded; MOTION CARRIED.

Mr. Royer explained the Administrative Memo with the Franklin County Board of Disabilities and Adam Heibling. Mr. Heibling talks about what happens when you have untreated mental health issues.

Ann Seren mentioned the NAMI walk is scheduled to take place on June 9 at Wolfe Park 105 Park Drive, Columbus, OH 43209 at 9:30 AM. Ms. Seren walks in honor of Amy Wickes-Passmore.

EXECUTIVE SESSION:

Rory McGuiness announced the Board would commence an Executive Session for the purpose of discussing employment of a public employee, official licensee or regulated individual. Roll was called; 15 members were present; the executive session commenced at 7:19 terminated at 8:04 p.m.

RESOLUTION:

Upon closing the Executive Session, Rory McGuiness read the following resolution:

WHEREAS, The Board of Trustees have performed the annual performance review of David Royer, CEO for the period of May 24, 2017 through May 30, 2018, and

WHEREAS, Mr. Royer has been deemed to have successfully met the duties and responsibilities of the position of Chief Executive Officer during said period,

Now, THEREFORE, The ADAMH Board of Trustees does hereby approve continued agreement of employment for the period of May 30, 2018 through May 31, 2019 subject to annual performance and compensation review.

Karri Dosmann moved to adopt the Resolution; Terree Stevenson seconded; MOTION CARRIED.

Meeting adjourned at 8:10 p.m.

Recorder: Tikara Robinson

Rory McGuinness, Chair

Sharon McCloy-Reichard, Secretary

COORDINATING COMMITTEE MEETING
Meeting Minutes – August 13, 2018

MEMBERS PRESENT: Trudy Bartley, Audrey Begun, Scott Doran, Karri Dosmann,
Sharon McCloy-Reichard, Rory McGuiness, Damon Muldoon,
Irma Phillips-Carmichael, Ann Seren, Terree Stevenson, Ron Walters

MEMBERS ABSENT: Carole Anderson, Peggy Anderson, Bipender Jindal, Mitzi Kirkbride,
Jennifer Richardson, Nathan Wymer

Rory McGuiness called the meeting to order at 12:04 p.m.

Mr. McGuiness provided an update on the Don't Live in Denial multi campaign. He acknowledged the Nationwide Foundation and The Columbus Foundation for their great partnership. An advertising spot will be shown at the August board meeting.

A new Board of Trustee member Jennifer Richardson was appointed by the Ohio Department of Mental Health and Addiction Services. She is an Associate Professor in Arts Administration, Education and Policy and an affiliated faculty member in the Disability Studies Program at The Ohio State University. She will attend the board meeting later this month.

Denise Meine-Graham, Executive Director of Franklin County LOSS, will present a CEO presentation at the August Board meeting. Details surrounding Netcare's new Psychiatric Emergency Services will be forthcoming.

August Committee & Board Agenda

Board Actions:

1. Suburban Schools Opiate and Substance Use Prevention Education – Kythryn Carr Harris explained that this action recommends ADAMH Board of Franklin County allocate \$50,000 to OhioGuidestone; \$40,500 to Directions for Youth & Families; \$40,000 to Southeast; \$134,750 to Syntero; \$155,250 to Concord Counseling; and \$40,421 to North Community Counseling for the implementation of substance use prevention in the suburban schools. Previous actions were approved by this Board in 2013 (B13046), 2014 (14057) and 2017 (17521), which provided funding for mental health prevention services in the suburban schools. This allocation will increase the existing allocation to ADAMH's suburban school prevention providers and allow parents, students and school personnel in Franklin County school districts to receive substance use prevention services.

This allocation will serve 7260 students and parents. Average cost per individual across all districts is \$61 dollars. This action will increase the providers' 2018 allocations by a total of \$460,921. The full annual increase for each program (\$921,842 total) will be included in the 2019 Provider Allocation Action. This will increase ADAMH's 2018 Provider budget by \$460,921.

Ms. Carr Harris suggested a change be made to the action. Nationwide Children's Hospital should be removed from the action. They were mistakenly included.

Scott Doran asked if the schools choose what providers they will work with.

Ms. Carr Harris replied yes, the school districts were given an opportunity to select their providers. If they encountered an issue between the school and provider, then the district will select a provider.

Audrey Begun asked about the results statement. It talks about 80% participants have reported an increase in knowledge. She asked if there is a uniform measure that all the programs will use.

Mitzi Moody replied Planning & Evaluation put together an AOD knowledge tool to achieve the strategic results which are already used by our other prevention programs.

The Coordinating Committee approved this action to go on the Consent agenda.

2. Laurel Green – Supportive Services – Kythryn Carr Harris explained that this action recommends that the ADAMH Board of Franklin County authorize new funding in the amount of \$59,053 to Community Housing Network to provide on-site support services at Laurel Green for the remainder of 2018. Laurel Green is a service enriched permanent supportive housing site (PSH). These funds include \$20,792 to provide a resident manager, who will live on site and provide afterhours support to residents, and \$38,261 which will be used to contract with an ADAMH provider to offer on-site supportive services including engagement, groups, and socialization activities 8 a.m. – 5 p.m. Monday thru Friday.

Trudy Bartley asked about whether or not the \$20 thousand dollar salary will be added to their salary for the residence manager.

Ms. Carr Harris replied the residence manager lives in a unit rent free and they are compensated by wage earnings. This amount will be given over a five month time period.

Sharon McCloy-Reichard expressed a concern about the \$20,792 for five months. She asked where the rest of the money will come from.

Sam Schuler, CEO Community Housing Network replied the residence manager works 20 hour a week and they also have other employment. We have other service dollars to subsidize their rent and other funding. The amount within the ADAMH budget is a larger piece of their salary.

Karri Dosmann asked where the people will go after permanent housing.

Ms. Carr Harris replied they have the option to go to independent housing or they can remain in permanent supportive housing.

Irma Phillips-Carmichael asked about the results statement reflecting 29 or 39 units.

Ms. Carr Harris replied the total is 40 units with the residence manager living in 1 unit.

The Coordinating Committee approved this action to go on the Consent agenda.

3. 2018 Medication Assisted Treatment Drug Court Program for Specialized Dockets – Addendum – Kythryn Carr Harris explained that this action recommends the ADAMH Board of Franklin allocate \$62,500 to OhioGuidestone to be added to the list of providers that offer services for the OhioMHAS MAT Drug Court Program for Specialized Dockets.

The funds will be used to support participants in the Specialized Dockets who are in need of treatment supports such as Medication Assisted Treatment (buprenorphine-based and injectable naltrexone) and recovery supports such as peer support, parent mentoring, recovery housing, etc.

The Coordinating Committee approved this action to go on the Consent agenda.

4. CND-Level III Recovery Housing – Kythryn Carr Harris explained that this action recommends that the ADAMH Board of Franklin County allocate funds in the amount of \$457,233 to Community for New Direction (CND) to establish a new Level III Recovery Residence to house five individuals. Level III housing provides individuals who are early in their recovery journey, with an environment that is free from the use of alcohol and other drugs. In addition, it also provides 24-hour onsite support while they attend outpatient treatment. Of these funds, \$108,333 of the allocation will be used for onsite supportive services. Another \$87,225 of the allocation represents a one time required local capital match of 25% to be used towards the purchase of this property. The remaining \$261,675 represents a bridge loan to purchase the property. ADAMH will be reimbursed these funds upon completion of the property sale.

CND will provide sober living through a Level III recovery house for five men. It is anticipated this program will serve 10 men annually. Cost per consumer is \$32,500 for supportive services annually.

Trudy Bartley asked what is the total cost including closing fees for the property.

Greg Jefferson, CEO of Community for New Direction replied the total cost of the property is \$353,500.00.

Ms. Begun asked if the \$32,500 was just for supportive services per consumer.

Ms. Carr Harris replied that is just for supportive services not the capital cost.

Ms. Begun asked if the \$32,500 was for ten people within four months.

Ms. Carr Harris replied it's per person annually.

Jennifer Martinez replied that this is the cost for the annualized amount. They are anticipating serving five people next year.

Terree Stevenson asked about why the focus for housing is primarily for men instead of women.

Ms. Carr Harris replied there seeing a larger number of men coming into the Addiction Stabilization Center. Amethyst, Inc. houses women and Laurel Green is not gender specific. Conversations have taken place surrounding the need for recovery housing for women.

Coordinating Committee approved this action to go on the Consent agenda.

CEO Action:

5. Addiction and Crisis Team Pilot – Kythryn Carr Harris explained that this CEO action recommends that the ADAMH Board of Franklin County allocate \$50,000 to Southeast, Inc. to fund the Addiction and Crisis Team Pilot Program. This program is a collaborative partnership that will be funded by ADAMH, The OhioHealth Foundation and The Columbus Foundation for a total of \$150,000. Each partner will contribute \$50,000 to the project to assist with individuals who present at the Riverside Emergency Department with an opiate use disorder and comorbid mental illness who need to be linked to community based treatment services.

This action will increase Southeast’s KY 2018 allocations by \$50,000. This action will increase ADAMH’s KY 2018 Provider budget by \$50,000. Funding for KY 2019 (\$50,000) is included in Board Action #19002.

Audrey Begun asked if this action includes one staff person and if there will be a case manager available 24/7.

Ms. Stephenson, Director of Integrated Healthcare of Southeast, Inc., replied this is one staff person in the emergency department during normal business hours. The case manager will also facilitate the linkage to the REACT team.

Rory McGuinness asked if this program is successful will we look at introducing this pilot to other hospitals.

Ms. Stephenson replied that would require additional discussions with funders. It would make sense if the program is successful to look at investors to expand the program. This would be beneficial to hospitals to take a look at this initiative because it could potentially save them money.

The Coordinating Committee approved this CEO action.

Board Actions Cont.

6. KY 2019 Provider Allocations – Jonathan Wylly explained that this action recommends that the ADAMH Board authorize Provider Service spending authority for Contract Year (KY) 2019. This action appropriates \$94.3 million in ADAMH spending authority to fulfill ADAMH Provider services contracts.

These allocations will be the basis for KY 2019 budgeting and service planning. Provider specific allocations are contingent upon the approval of the KY 2019 Agency Service Plan and Budget.

Table 1 summarizes KY 2019 planned allocations by discretionary status. In aggregate, KY 2019 allocations are 2.9% higher than KY 2018 allocation levels.

Table 1: Proposed KY 2019 Provider Planning Numbers

Type of Allocation	KY18 Provider Allocations	KY19 Proposed Planning Numbers	% Change
Non-Discretionary	\$7,936,905	\$7,460,315	-6.0%
Discretionary	\$83,707,276	\$86,822,273	3.7%
TOTALS	\$91,644,181	\$94,282,588	2.9%

Allocation Alignment Project: ADAMH convened a workgroup during 2018 to evaluate how to improve the utilization of allocations within the existing network of Providers.

- Background: In the post-Medicaid Expansion environment, Providers have not fully realized ADAMH allocations.
 - KY 2017 – Providers realized 72% of allocations requiring SHARES claims
 - KY 2018 – Provider are currently projected to realize ~ 60% of allocations requiring SHARES claims
- Allocation Alignment Goals
- Central Pharmacy: KY 2019 allocations are based on actual utilization over the past twelve months. These allocations include a \$100,000 set-aside. If one or more of the ten Providers that have access to Central Pharmacy exceed their KY 2019 allocation, the ADAMH Board will automatically increase their allocation up to the contingency amount. In the event that there are not sufficient contingency Central Pharmacy allocations, Providers will receive a prorated share based on Central Pharmacy charges.

Audrey Begun asked how does Prevention Services get dealt with.

Mr. Wylly replied SHARES was designed to capture group members with Prevention services. An example of a group member may be a classroom, school, etc. The providers claiming systems provides information on what services, programs and numbers.

Ms. Begun asked how they track the Prevention outcomes.

Jonathan Thomas replied staff are currently looking at making some changes in terms of how the providers are being mapped. Every provider is required to submit outcomes under the same type of group member concepts.

Mr. Wylly explained that Columbus Area Integrated Healthcare, Inc. is not included in the 120 day action but it will be included for the Board meeting. ADAMH is recommending to cancel their contract. We will continue to allocate the funding to other qualified providers in Columbus to serve the population.

The Coordinating Committee approved this action to go on the Action agenda.

7. CY 2019 Board Administrative Budget – Jonathan Wylly explained that this action recommends that the ADAMH Board authorize the CY 2019 Board administrative budget. The proposed budget will accommodate the necessary staff, purchased services, supplies and equipment needed to operate the ADAMH Board during CY 2019. Board authorize Provider Service spending authority for Contract Year (KY) 2019. This action appropriates \$94.3 million in ADAMH spending authority to fulfill ADAMH Provider services contracts.

The Coordinating Committee approved this action to go on the Consent agenda

Other Business:

Mr. McGuiness invited the Board of Trustee members to attend an event on Tuesday, August 14 for the Regional Ohio Planning Commission. Please see Mr. McGuiness for further details. Our Board of Trustee member Mary Ann Krauss term expired in June. She will be attending our Annual Meeting in October.

Adjournment: 1:40 p.m.

Recorder: Tikara Robinson

Rory McGuiness: Board Chair

Sharon McCloy-Reichard: Secretary

The Consumer & Family Advocacy Council

Meeting Summary June 4, 2018

Consumer & Family
Advocacy Council
447 East Broad St.
Columbus, OH 43215
614.222.3753



Rotating Facilitator



Scribe (Recorder)



**Phil Hedden
ADAMH Consumer
and Family Advocate**

Members Present 1; Staff present 1 - Nettie Ferguson, ADAMH Prevention Coordinator

WELCOME Everyone and INTRODUCTIONS!

People are introducing themselves and they are telling important things about themselves. 18 members in attendance.

Special Recovery Speaker-Patrick W.

Patrick was a trainer for many years and has suffered from depression. In an auto accident 3 years ago and couldn't train anymore. Found his gift. Has lived in CHN housing for last 5 years. Started cooking, became a trained chef. At 37 years old became involved with crack cocaine, used to self-medicate. Is now on anti-depressants. His brother killed someone, Relapsed - started treating his depression with drugs. Now on antidepressants and is now clean, Now works at a restaurant as a chef and has now become manager.

Guest Speaker: Jeannette Harrison, Interim CEO, Ohio Suicide Prevention Foundation

Organization does not provide services, funded local suicide prevention commissions. Franklin County is reviving its local suicide prevention commission. Recently there have been frequent newspaper articles about suicide – particularly youth suicides. 90% of suicides suffer from mental health issues; PTSD happens in military a lot. The number of suicides among young black girls is on the rise. Highest suicide rate in Ohio is men over 65 years of age. There are high amounts of opioid overdoses in Ohio – how many are actually suicides? Stigma is so bad – people are reluctant to go for help. Must emphasize support and treatment can help tremendously. Must be sensitive to people's suicidal feelings and intentions. Need to look out for those who may be at-risk. Learn what to do for help where to go and how to help. Unfortunately there is often long waiting list for help. Define bullying realistically – define it with specific information. Go to people in charge. It is their responsibility to deal with the situation – to provide safe and supportive environment for students. We're not dealing with this well at all in our society. Need "gatekeeper" training for staff, nurses, etc., more programs for preventing suicide.

News, Announcements, and Sharing

Peer Recovery Supporter Conference – June 4 and 5, 2018 8-4 pm Crown Plaza Hotel; NAMI Walk June 9, 2019 at 9:30am at Wolfe Park

Involvement Committee and other Workgroup Reporting:

- Follow-up discussion re: CFAC relationship to ADAMH. Clarified our role as a partner to ADAMH but also as a stand-alone organization that has the potential to advocate and educate in the community.
 - Discussion to review/design our agenda to include issues of concern to CFAC members, perhaps include open sharing sessions
 - Identify reps to attend ADAMH Board meetings and report back
 - Don't want to view ourselves as an advisory committee (Sally shared her experience – voice is not really valued)
 - Opportunity to become more connected with statehouse activities on issues that affect consumers and family members
 - Nettie will share her PowerPoint on Coalition and Collateral Building
 - Develop ourselves via social media (FB administrator – Briana; mediator (reports problems to administrator) – James K.)
 - Suggestion to change the seating arrangements to be more connected and inclusive
- CFAC t-shirts were delivered – will distribute at August meeting. 100 t-shirts and 50 caps were purchased; CFAC members get 1 shirt/hat; we will sell the rest @ \$10/\$5
- CFAC Summit: Monday, September 10, 4 – 7pm. Theme: "The Year of the Peer", about peer services in Franklin County system, also a mini training on how to be a strong advocate
- Working on updating the CFAC brochure.

Meeting ended with socialization and networking until 6:30pm.

NO MEETING IN JULY

The Consumer & Family Advocacy Council

Consumer & Family
Advocacy Council
447 East Broad St.
Columbus, OH 43215
614.222.3753

Meeting Summary August 6, 2018

Members Present 14; Staff present 2 – Phil Hedden, Client Rights Advocate; Leah Hooks, Digital Communications Specialist

WELCOME Everyone and INTRODUCTIONS!

Introductions and how members became involved with CFAC. Members shared how long they have been connected to the group and what they like best about the group.

Special Recovery Speaker-LS: Discussed her recovery journey and her extensive involvement with Schizophrenics Anonymous and being a pioneer involved in initiating this movement. Is highly involved with Advocacy work and advises others to be resilient and hard working to overcome stigma and barriers.

Guest Speaker: Amy O’Grady, Chief of Addiction Policy Columbus: Amy shared information on the Opiate Action Plan and the recent updates regarding the plan. Amy serves as Chief of Addiction Policy for Columbus City Attorney Zach Klein. The following resource information is in regards to the Opiate Crisis Line: 614-724-HOPE (4673), which is available Monday - Friday 9am - 5pm. You can obtain more extensive information by clicking on the following link:

<https://www.columbus.gov/publichealth/programs/Alcohol-and-Drug-Abuse/Opiate-Crisis-Information/> .

You can also click on the ADAMH Board of Franklin County link as follows for a more complete look at the full Franklin County Opiate Action Plan. <https://adamhfranklin.org/in-the-news/opiateactionplan/> . You can also download the full Franklin County Opiate Action Plan through this link.

Guest Speaker: Leah Hooks, Digital Communications Specialist, ADAMH Board of Franklin County: Leah shared information on the 2018 Franklin County ADAMH Annual Award Nominations process.

The award categories are:

- Randall M. Dana Award of Excellence
- Barry Mastrine Award
- Art Lynn Consumer & Family Advocate Award
- Extraordinary Mile Award

You can learn more about the criteria for each award by clicking on the above award categories. Send us your nominations using this nomination form and clicking on the following button on the Web site link I will now share to submit an electronic nomination in the above aware categories:

<https://adamhfranklin.org/get-involved/annual-award-nominations/>

The deadline to submit nominations is Friday, August 31, 2018. If you have any additional questions, please contact Leah Hooks, ADAMH Digital Communications Specialist at 614-222-3727 or lhooks@adamhfranklin.org.

The recipients of the 2018 ADAMH Annual Awards will be recognized at the ADAMH Annual Meeting held on Tuesday, October 16 at the Grange Insurance Audubon Center. The reception will begin at 5:30 p.m. and the formal program at 6 p.m. We look forward to celebrating these great accomplishments with our community!

News, Announcements, and Sharing

- Peer t-shirts and hats handed out at the end of the meeting.
- PEER Center Walk and Dance Event at Franklin Park Conservator on Saturday, August 18th at 10:30am.

Involvement Committee and other Workgroup Reporting:

- **CFAC Summit: Monday, September 10, 4 – 7pm. Theme: “The Year of the Peer”, about peer services in Franklin County system, also a mini training on how to be a strong advocate**
- **Working on updating the CFAC brochure.**

Meeting ended with socialization and networking until 6:30pm.

**NEXT INVOLVEMENT COMMITTEE MEETING SEPTEMBER 10 @ 3:30
2018 YEAR OF THE PEER SUMMIT: SEPTEMBER 10 @ 4:00-7PM**



ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
 SCHEDULE OF REVENUES, EXPENDITURES AND CHANGES IN CASH BALANCE
 LEVY AND SPECIAL REVENUE
 FOR THE MONTH ENDED
 July 31, 2018

Revenue	Original Budget	Budget Revisions	Current Budget	Actual	Variance	Percent of Budget Used To Date
Taxes	\$54,166,612	(\$263,448)	\$53,903,164	\$54,028,989	\$125,825	100.2%
Intergovernmental- Reimbursement	\$5,801,552	(\$126,900)	\$5,674,652	\$2,835,247	(\$2,839,405)	50.0%
Intergovernmental - Special Revenue	\$19,622,188	\$0	\$19,622,188	\$7,829,092	(\$11,793,096)	39.9%
Other	\$1,750,500	\$0	\$1,750,500	\$929,832	(\$820,668)	53.1%
Total Revenue	\$81,340,852	(\$390,348)	\$80,950,504	\$65,623,160	(\$15,327,344)	81.1%
Expenditures						
Personal Services	\$5,816,729	\$139,112	\$5,955,841	\$3,108,701	\$2,847,140	52.2%
Materials & Services	\$2,352,740	\$0	\$2,352,740	\$1,430,507	\$922,233	60.8%
Service Providers	\$93,803,245	\$950,000	\$94,753,245	\$45,417,941	\$49,335,304	47.9%
Capital	\$21,000	\$0	\$21,000	\$6,480	\$14,520	30.9%
Council of Governments (COG)	\$680,000	\$0	\$680,000	\$235,664	\$444,336	34.7%
Total Expenditures	\$102,673,714	\$1,089,112	\$103,762,826	\$50,199,294	\$53,563,532	48.4%
Excess of Revenues Over (Under) Expenditures				\$15,423,866		
Beginning Cash Balance at January 1, 2018				<u>\$77,603,381</u>		
Ending Cash Balance at July 31, 2018				\$93,027,248		
<i>(Memorandum: Ending Cash Balance at July 31, 2017)</i>				\$70,123,501		
Cash Balance Summary						
90 Day Operating Reserve				\$25,585,354		
Budget Stabilization Reserve as of 12/31/18				<u>\$31,681,505</u>		
Undesignated Cash Balance				<u>\$35,760,388</u>		



ALCOHOL, DRUG AND MENTAL HEALTH BOARD
OF FRANKLIN COUNTY
COMPARATIVE BALANCE STATEMENT

	Levy 7/31/2018	Levy 6/30/2018	\$ Variance Incr/(Decr)	% Incr/(Dec)
ASSETS				
Cash	\$87,019,087	\$68,936,483	\$18,082,604	26.2%
Provider Receivables	\$1,144,836	\$1,243,028	(\$98,192)	-7.9%
Due from Other Funds	\$620,181	\$620,181	\$0	0.0%
Due from Other Governments	\$304,659	\$242,963	\$61,696	25.4%
Total Assets	\$89,088,763	\$71,042,656	\$18,046,108	25.4%
LIABILITIES				
Accrued Wages Payable	\$137,254	\$138,644	(\$1,390)	-1.0%
PERS and Medicare Payable	\$28,382	\$28,666	(\$284)	-1.0%
Claims Payable - Current Year	\$2,218,777	\$1,254,241	\$964,536	76.9%
Block Grants Payable - Current Year	\$2,017,986	\$3,159,957	(\$1,141,971)	-36.1%
Claims Payable - Prior Years	\$0	\$0	\$0	NA
Block Grants Payable - Prior Years	\$0	\$0	\$0	NA
Due to Other Funds	\$0	\$0	\$0	NA
Funds held for Others	\$0	\$0	\$0	NA
Deferred Revenue	\$0	\$0	\$0	NA
Total Liabilities	\$4,402,400	\$4,581,509	(\$179,110)	-3.9%
FUND EQUITY				
Undesignated				
Total Fund Equity	\$84,686,363	\$66,461,146	\$18,225,217	27.4%
Total Liabilities and Fund Equity	\$89,088,763	\$71,042,656	\$18,046,108	25.4%



ALCOHOL, DRUG AND MENTAL HEALTH BOARD
OF FRANKLIN COUNTY
COMPARATIVE BALANCE STATEMENT

	Special Revenue 7/31/2018	Special Revenue 6/30/2018	\$ Variance Incr/(Decr)	% Incr/(Dec)
ASSETS				
Cash	\$6,005,737	\$6,271,005	(\$265,268)	-4.2%
Provider Receivables	\$0	\$0	\$0	NA
Due from Other Funds	\$0	\$0	\$0	NA
Due from Other Governments	\$356,900	\$55,279	\$301,621	545.6%
Total Assets	\$6,362,637	\$6,326,284	\$36,353	0.6%
LIABILITIES				
Accrued Wages Payable	\$0	\$0	\$0	NA
PERS and Medicare Payable	\$0	\$0	\$0	NA
Claims Payable - Current Year	\$200,307	\$480,377	(\$280,071)	-58.3%
Block Grants Payable - Current Year	\$679,625	\$672,561	\$7,064	1.1%
Claims Payable - Prior Years	\$0	\$0	\$0	NA
Block Grants Payable - Prior Years	\$221,777	\$221,777	\$0	0.0%
Due to Other Funds	\$620,181	\$620,181	\$0	0.0%
Funds held for Others	\$0	\$0	\$0	NA
Deferred Revenue	\$4,640,746	\$4,331,388	\$309,358	7.1%
Total Liabilities	\$6,362,637	\$6,326,285	\$36,352	0.6%
FUND EQUITY				
Undesignated				
Total Fund Equity	\$0	\$0	\$0	NA
Total Liabilities and Fund Equity	\$6,362,637	\$6,326,285	\$36,352	0.6%



ALCOHOL, DRUG AND MENTAL HEALTH BOARD
OF FRANKLIN COUNTY
COMPARATIVE BALANCE STATEMENT

	Totals 7/31/2018	Totals 6/30/2018	\$ Variance Incr/(Decr)	% Incr/(Dec)
ASSETS				
Cash	\$93,024,824	\$75,207,488	\$17,817,336	23.7%
Provider Receivables	\$1,144,836	\$1,243,028	(\$98,192)	-7.9%
Due from Other Funds	\$620,181	\$620,181	\$0	0.0%
Due from Other Governments	\$661,559	\$298,242	\$363,316	121.8%
Total Assets	\$95,451,400	\$77,368,940	\$18,082,460	23.4%
LIABILITIES				
Accrued Wages Payable	\$137,254	\$138,644	(\$1,390)	-1.0%
PERS and Medicare Payable	\$28,382	\$28,666	(\$284)	-1.0%
Claims Payable - Current Year	\$2,419,084	\$1,734,619	\$684,465	39.5%
Block Grants Payable - Current Year	\$2,697,611	\$3,832,518	(\$1,134,907)	-29.6%
Claims Payable - Prior Years	\$0	\$0	\$0	NA
Block Grants Payable - Prior Years	\$221,777	\$221,777	\$0	0.0%
Due to Other Funds	\$620,181	\$620,181	\$0	0.0%
Funds held for Others	\$0	\$0	\$0	NA
Deferred Revenue	\$4,640,746	\$4,331,388	\$309,358	7.1%
Total Liabilities	\$10,765,037	\$10,907,794	(\$142,757)	-1.3%
FUND EQUITY				
Undesignated				
Total Fund Equity	\$84,686,363	\$66,461,146	\$18,225,217	27.4%
Total Liabilities and Fund Equity	\$95,451,400	\$77,368,941	\$18,082,460	23.4%



ALCOHOL, DRUG AND MENTAL HEALTH BOARD
 OF FRANKLIN COUNTY
 COMPARATIVE BALANCE STATEMENT

	Council of Governments 7/31/2018	Council of Governments 6/30/2018	\$ Variance Incr/(Decr)	% Incr/(Dec)
ASSETS				
Cash	\$162,026	\$181,267	(\$19,241)	-10.6%
Provider Receivables	\$0	\$0	\$0	NA
Due from Other Funds	\$0	\$0	\$0	NA
Due from Other Governments	\$88,928	\$69,687	\$19,242	27.6%
Total Assets	\$250,954	\$250,954	\$0	0.0%
LIABILITIES				
Accrued Wages Payable	\$6,638	\$6,638	\$0	0.0%
PERS and Medicare Payable	\$1,354	\$1,354	\$0	0.0%
Claims Payable - Current Year	\$0	\$0	\$0	NA
Block Grants Payable - Current Year	\$0	\$0	\$0	NA
Claims Payable - Prior Years	\$0	\$0	\$0	NA
Block Grants Payable - Prior Years	\$0	\$0	\$0	NA
Due to Other Funds	\$242,963	\$242,963	\$0	0.0%
Funds held for Others	\$0	\$0	\$0	NA
Deferred Revenue	\$0	\$0	\$0	NA
Total Liabilities	\$250,954	\$250,954	\$0	0.0%
FUND EQUITY				
Undesignated				
Total Fund Equity	\$0	\$0	\$0	NA
Total Liabilities and Fund Equity	\$250,954	\$250,954	\$0	0.0%



**Alcohol Drug and Mental Health Board of Franklin County
CY 2018 Board Administration Spending Authority Analysis
July 2018**

Type of Expense	CY18 Initial Budget	Budget Revisions	CY18 Current Budget	Month-To-Date Expenditures	Year-To-Date Expenditures	Encumbrances	Total Commitments	Available Budget
Salaries	\$3,833,694	\$112,712	\$3,946,406	\$275,686	\$2,064,913	n/a	\$2,064,913	\$1,881,493
Fringe Benefits	\$1,637,664	\$18,433	\$1,656,097	\$127,183	\$901,176	n/a	\$901,176	\$754,921
Services & Materials	\$1,358,799	\$0	\$1,358,799	\$32,268	\$590,898	\$494,742	\$1,085,640	\$273,158
County Fees	\$947,321	\$0	\$947,321	\$330,854	\$829,741	\$0	\$829,741	\$117,580
Capital	\$21,000	\$0	\$21,000	\$0	\$6,480	\$0	\$6,480	\$14,520
Council of Government	\$680,000	\$0	\$680,000	\$114,175	\$235,664	\$444,336	\$680,000	\$0
GRAND TOTALS	\$8,478,478	\$131,145	\$8,609,623	\$880,166	\$4,628,872	\$939,078	\$5,567,950	\$3,041,672

Type of Expense	Actual % of Budget Used	Expected % of Budget Used YTD	% Variance	Driver for Expected % of Budget Used
Salaries	52.32%	57.69%	-10.26%	Year-To-Date Pay Periods
Fringe Benefits	54.42%	58.33%	-7.20%	Percentage Of Year Expired
Services & Materials	43.49%	58.33%	-34.14%	% Of Year Expired
County Fees	87.59%	96.04%	-9.65%	1.6% Of Levy Revenues Received to date
Capital	30.86%	58.33%	-89.04%	% Of Year Expired
Council of Government	34.66%	58.33%	-68.32%	% of Shares Project Completed

Note: Analysis excludes Fund 2144 - Council of Government (COG)

Franklin County ADAMH Board
CY 2018 Board Administration Spending Authority Analysis
July 31, 2018

ADAMH Board CY 2018

- 1) **Salaries & Fringe Benefits** – Actual % of budget expended aligns closely with expected expenditures.
- 2) **Services & Materials** – Actual % of budget aligns closely with expected expenditures. Major projects budgeted in this category include the Public Awareness campaign.
- 3) **Capital** – Capital expenditures budgeted for 2018 include server upgrades.
- 4) **County Fees** – Levy fees are assessed by the County Auditor's office for collection and advertising expenses and average 1.6% of gross revenues. On August 7, 2018 Auditor Mingo refunded \$233,895.75.
- 5) **Council of Government** – The COG is a collaboration between Hamilton, Cuyahoga and Franklin Counties for the purchase of the new healthcare information management system (SHARES Project).

**ADAMH BOARD OF FRANKLIN COUNTY
BOARD ACTION
August 28, 2018**

Action Title: Suburban Schools Opiate and Substance Use Prevention Education

Action Number: 18017

Contractor/Provider Name: Syntero; Directions for Youth & Families; Southeast, Inc.; Concord Counseling; North Community Counseling; OhioGuidestone

Recommended Action: It is recommended that the ADAMH of Franklin County Board of Trustees allocate \$50,000 to OhioGuidestone; \$40,500 to Directions for Youth & Families; \$40,000 to Southeast; \$134,750 to Syntero; \$155,250 to Concord Counseling; and \$40,421 to North Community Counseling for the implementation of substance use prevention in the suburban schools. Previous actions were approved by this Board in 2013 (B13046), 2014 (14057) and 2017 (17521), which provided funding for mental health prevention services in the suburban schools. This allocation will increase the existing allocation to ADAMH's suburban school prevention providers and allow parents, students and school personnel in Franklin County school districts to receive substance use prevention services.

Strategic Result Alignment: Prevention and Community Engagement

Type of Action: Preferred Vendor/Contract

Time Period: September 1, 2018- December 31, 2018

Population: Alcohol and Other Drug Addicted Children and Adolescents

Rationale:

In January 2018, the ADAMH Board of Franklin County suggested that network prevention providers implement the Strategic Prevention Framework (SPF) in their programming. The Strategic Prevention Framework is a best practice in prevention, focused on the development and implementation of a comprehensive, strategic plan for the delivery of services that are effective, sustainable and culturally competent. It is a current national initiative through the Substance Abuse and Mental Health Services Administration (SAMHSA) that has been supported by the Voinovich School of Leadership & Public Affairs at Ohio University; the University of Cincinnati Evaluation Services Center; and the Ohio Department of Mental Health & Addiction Services.

Through the Strategic Prevention Framework process, the following needs faced by Franklin County's suburban schools were identified: parental substance use; increase in children living with relatives due to parental use; use of alcohol, tobacco, vaping, and marijuana among middle and high school youth due to peer pressure, stress, self-medicating, curiosity, lack of information, boredom and lack of coping skills; ease of access to prescription meds; low percentages of opiate use; limited resources for mental health and Substance Use Disorder

(SUD) programming; favorable attitudes toward marijuana; low student perception of the risk of marijuana use; increases in alcohol, tobacco and vaping; and underage occurrences of Operating a Vehicle Impaired (OVI).

Data also identified gaps in substance use prevention services for students in all grades. Additionally, it highlighted gaps in parent education and school personnel professional development around the signs and symptoms of both mental health and substance use in youth as well as information on how to seek assistance.

Issues around community readiness were also identified. Communities were at different levels of readiness to address substance use issues and prevention for students. Readiness issues included attitudes of tolerance, denial, vague awareness of a problem; pre-planning to address substance use problems; preparation; and initiation of interventions/strategies to address substance use problems.

The target population for this action includes Franklin County’s suburban students K-12; their parents and district personnel. This additional allocation to the suburban schools, coupled with the utilization of the Strategic Prevention Framework, will allow for the implementation of strategic substance use prevention interventions in Franklin County suburban schools. As noted below, providers have utilized the SPF to select interventions that are both a conceptual fit and a practical fit for each district. Additionally, building capacity in communities with attitudes of tolerance, denial and vague awareness will be instrumental in successful implementation of this programming. The combination of these efforts will result in an increase in community readiness to address substance use problems, a decrease in risk factors and an increase in protective factors to guard against future substance use for suburban youth.

The SPF produces data driven and effective programs/services by first understanding the needs of the target population, and then building capacity through increased connection with community groups also involved in preventing mental health and substance use. A strategic implementation plan is developed next, which keeps the program focused and deliberate in its approach, leading to measureable and impactful outcomes. Cultural competency is paramount through all phases of this framework.

Through identifying the suburban schools’ risk and protective factors around substance use specific to each district, ADMAH network providers worked with the schools and identified the following interventions as a best fit for each respective district.

Provider	District	Intervention
Concord Counseling Target Population – K-12	Westerville Gahanna Jefferson Groveport Madison	<ul style="list-style-type: none"> • Too Good for Drugs – Evidence Based Practice • LifeSkills –Evidence Based Practice • Health & Opioid Prevention Education (HOPE) Curriculum • Generation Rx
OhioGuidestone	Hamilton Local	<ul style="list-style-type: none"> • Botvin LifeSkills – Student Program –

Target Population Middle & High school	Whitehall	<p>Evidence Based Practice</p> <ul style="list-style-type: none"> • Botvin LifeSkills – Parent Program – Evidence Based Practice
Syntero Target Population – K-12	Grandview Heights Upper Arlington Hilliard City Dublin City	<ul style="list-style-type: none"> • Health & Opioid Prevention Education (HOPE) Curriculum • CRAFFT screening tool • Cognitive Behavioral Therapy based psychoeducation/coping skills –Evidence Based Practice • Parent education on substance use • Professional Development for School Personnel on Substance Use
Southeast Mental Health Target population – K-12	Reynoldsburg	<ul style="list-style-type: none"> • Drug, True Stories – Evidence Based Practice • LifeSkills Groups- Evidence Based Practice • Parent education on substance use
Directions for Youth Target Population – Middle & High School	Southwestern City	<ul style="list-style-type: none"> • Health & Opioid Prevention Education (HOPE) Curriculum
North Community Counseling Target Population – K-12	Worthington City Schools	<ul style="list-style-type: none"> • Operation Prevention • Too Good for Drugs –Evidence Based Practice • Start Talking

Result Statement:

80% increase of participants will report an increase in knowledge of the risks of substance use.

Output

7260 students and parents will be served by this allocation

Output Efficiency:

Average Cost per individual across all districts is \$61 dollars

Funding Source: ADAMH Levy Funds

Funding Mechanism: Block Grant with Encounter Claiming

Financial Specification:

Amount	Fiscal Year	Description	Org#	Object#	Project#
\$48,750	2018	Concord - Gahanna Jefferson	11580400	599361	H1014
\$57,750	2018	Concord - Groveport Madison	11580400	599364	H1014
\$48,750	2018	Concord - Westerville	11580400	599360	H1014
\$25,000	2018	OhioGuidestone - Whitehall	11580400	599560	H1014
\$25,000	2018	OhioGuidestone - Hamilton	11580400	599561	H1014
\$38,500	2018	Syntero - Upper Arlington	11580400	599361	H1014
\$38,500	2018	Syntero - Hilliard	11580400	599561	H1014
\$19,250	2018	Syntero - Grandview	11580400	599562	H1014
\$38,500	2018	Syntero - Dublin	11580400	599362	H1014
\$40,500	2018	DFYF - Southwestern	11580400	599360	H1014
\$40,000	2018	Southeast - Reynoldsburg	11580400	599361	H1014
\$40,421	2018	N Community - Worthington	11580400	599361	H1014

Financial Impact: This action will increase the providers' 2018 allocations indicated in the table above by a total of \$460,921. The full annual increase for each program (\$921,842 total) will be included in the 2019 Provider Allocation Action.

This action will increase ADAMH's 2018 Provider budget by \$460,921.

Business Associate Agreement Required per HIPAA: No. A BAA with the provider(s) is not necessary for the scope of work covered in this Action. The provider(s) are providing treatment and/or prevention services as a Covered Entity under HIPAA requirements.

ADAMH Staff Responsible For This Action: Mitzi Moody

**ADAMH BOARD OF FRANKLIN COUNTY
BOARD ACTION
August 28, 2018**

Action Title: Laurel Green - Supportive Services

Action Number: 18031

Contractor/Provider Name: Community Housing Network

Recommended Action: It is recommended that the ADAMH Board of Franklin County authorize new funding in the amount of \$59,053 to Community Housing Network to provide on-site support services at Laurel Green for the remainder of 2018. Laurel Green is a service enriched permanent supportive housing site (PSH). These funds include \$20,792 to provide a resident manager, who will live on site and provide afterhours support to residents, and \$38,261 which will be used to contract with an ADAMH provider to offer on-site supportive services including engagement, groups, and socialization activities 8 a.m. – 5 p.m. Monday thru Friday.

Strategic Result Alignment: Safety, Security, and Stability

Type of Action: Preferred Vendor/Contract

Time Period: 08/1/2018 -12/31/2018

Population: Mental Health Severely Mentally Disabled (SMD)

Rationale:

Identify Unmet Need in Franklin County?

ADAMH currently supports three residential care facilities who serve a total of 35 residences, as well as 48 transitional housing units for homeless individuals leaving acute care settings. ADAMH consumers in these two settings are prioritized for PSH placement.

Who will benefit?

This action will support individuals currently living in residential care facilities who will benefit from an environment that is less restrictive but still provides support services. Additionally, the program will benefit formerly homeless individuals who are currently residing in transitional housing programs.

How will this address the unmet need?

PSH services are designed to be flexible to meet individual needs and provide support services at the consumer's residence. The addition of a resident manager who lives on site allows for activities and support during times when traditional community mental health providers are not available. Supportive housing has been shown to improve housing stability, employment rate, and mental and physical health as well as reduce active substance use.ⁱ

What are the best practices identified to meet this need?

Permanent Supportive Housing is a SAMSHA recognized evidence based practice for people living with mental illness. ⁱⁱ

Result Statement: Laurel Green will provide 39 PHS to ADAMH consumers who are currently in a time limited or transitional living situation.

Output: It is estimated that Laurel Green will serve 43 ADAMH consumers per year.

Output Efficiency: \$3,296 per resident, annually.

Funding Source: ADAMH Levy

Funding Mechanism: ADAMH Block Grant with encounter claiming

Financial Specification:

Amount	Fiscal Year	Description	Org#	Object#	Project#
\$59,053	2018	Laurel Green Support Services	11580100	599582	H1014

Financial Impact: This action will increase Community Housing Networks 2018 allocation by \$59,053. This action will increase ADAMH’s 2018 Provider budget by \$59,053. The full-year (annual) allocation for this program will be \$141,726. The KY 2019 allocation is included in Board Action #19002.

Business Associate Agreement Required per HIPAA: Yes – A Business Associate Agreement with this entity(s) is required for this Action. The contractor is performing a function on behalf of ADAMH which involves the use or disclosure of protected health information (PHI).

ADAMH Staff Responsible For This Action: Martinez, Jennifer

ⁱ <http://www.csh.org/supportive-housing-facts/introduction-to-supportive-housing/>

ⁱⁱ <https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT-/SMA10-4510>

**ADAMH BOARD OF FRANKLIN COUNTY
BOARD ACTION
August 28, 2018**

Action Title: 2018 Medication Assisted Treatment Drug Court Program for Specialized Dockets- Addendum

Action Number: 17529

Contractor/Provider Name: Ohio Guidestone

Recommended Action: It is recommended that the ADAMH Board of Franklin County allocate \$62,500 to the OhioGuidestone to fund the OhioMHAS MAT Drug Court Program for Specialized Dockets.

Strategic Result Alignment: Access to Quality Care Services

Type of Action: Preferred Vendor/Contract

Time Period: July 1, 2018 to December 31, 2018

Population: Alcohol and Other Drug Addicted Adults

Rationale:

After meeting with the individual courts, it was requested that OhioGuidestone be added to the provider mix to assist in spending the funds since they had services that could be utilized.

Identify Unmet Need in Franklin County?

The funds will be used to support participants in the Specialized Dockets who are in need of treatment supports such as Medication Assisted Treatment (buprenorphine-based and injectable naltrexone) and recovery supports such as peer support, parent mentoring, recovery housing, etc.

Who will benefit?

Participants involved with the Treatment is Essential to Success (TIES) Court (Common Pleas Court), the Family Drug Court (Common Pleas Court) or the Opiate Extension Program (Municipal Court) will be a part of this project.

How will this address the unmet need?

The Drug Court Programs in the Specialized Dockets will provide uninsured participants in the three drug courts immediate access to treatment and recovery supports for opiate addiction. This population is targeted due to the high recidivism rates in the courts.

What are the best practices identified to meet this need?

Long-acting antagonist (Vivitrol/Naltrexone) therapies and partial agonist therapies (Suboxone/Buprenorphine) in tandem with Intensive Outpatient Cognitive Behavioral Treatment has proven to be effective in treating individuals with opiate dependence.

Nurturing Parenting Program for Families in Substance Abuse Treatment and Recovery is an evidence based practice that targets inappropriate parental expectations of the child; lack of parental empathy toward the child; strong parental beliefs in the use of corporal punishment; parent-child role reversal; and the parent’s oppression of the child’s power and independence. The skills building techniques are customized to each family and services are provided in the home.

Outcome:

OhioMHAS has set aside funds and contracted with Treatment Research Institute (TRI) to evaluate the MAT Drug Court Program for Specialized Dockets throughout the state. In 2015, Case Western Reserve announced that the Addiction Treatment Program (ATP) had 410 participants who showed the following outcomes:

- 69.4% decrease in past-month drug use
- 86% reduction in crimes committed
- 114% increase in employment rates
- 29% increase in stable housing (State of Ohio, 2016) ¹

Result Statement: OhioGuidestone will provide treatment services and recovery supports to 50 participants enrolled into the Specialized Dockets.

Output: It is estimated that OhioGuidestone will serve 50 ADAMH consumers per year.

Output Efficiency: \$2,500 per participant, annually.

Funding Source: Ohio Department of Mental Health and Addiction Services.

Funding Mechanism: ADAMH Block Grant requiring encounter claims (exempt from 90% threshold)

Financial Specification:

Amount	Fiscal Year	Description	Org#	Object#	Project#
\$62,500	2018	Addiction Treatment Program	13580100	599480	H2349

Financial Impact:

¹ State of Ohio, Department of Mental Health and Addiction Services. (2016, February 8). *Addiction Treatment Providers, Drug Courts Partner to Battle Opioid Addiction: Ohio’s Addiction Treatment Program Getting Results* [Press release]. Retrieved July 10, 2018.

This action will increase OhioGuidestone's KY 2018 allocation by \$62,500.

This action is budget neutral for ADAMH. This action will redistribute SFY 2019 ATP funding between the four eligible Providers (CompDrug, Maryhaven, OhioGuidestone, Southeast). Each Provider will receive \$62,500 of SFY19 funds for KY 2018. ATP funding adjustments for KY 2019 are included in Board Action #190002.

OhioMHAS may direct ADAMH and the Courts to shift allocations between Providers based on referrals and performance.

Business Associate Agreement Required per HIPAA: No. A BAA with the provider(s) is not necessary for the scope of work covered in this Action. The provider(s) are providing treatment and/or prevention services as a Covered Entity under HIPAA requirements.

ADAMH Staff Responsible For This Action: Sabino, Vincent

**ADAMH BOARD OF FRANKLIN COUNTY
BOARD ACTION
August 28, 2018**

Action Title: CND-Level III Recovery Housing

Action Number: 18032

Contractor/Provider Name: Community for New Direction (CND)

Recommended Action: It is recommended that the ADAMH Board of Franklin County allocate funds in the amount of \$457,233 to Community for New Direction to establish a new Level III Recovery Residence to house five individuals. Level III housing provides individuals who are early in their recovery journey, with an environment that is free from the use of alcohol and other drugs. In addition, it also provides 24-hour onsite support while they attend outpatient treatment. Of these funds, \$108,333 of the allocation will be used for onsite supportive services. Another \$87,225 of the allocation represents a one time required local capital match of 25% to be used towards the purchase of this property. The remaining \$261,675 represents a bridge loan to purchase the property. ADAMH will be reimbursed these funds upon completion of the property sale.

Strategic Result Alignment: Safety, Security, and Stability

Type of Action: Preferred Vendor/Contract

Time Period: 9/1/2018-12/31/2018

Population: Alcohol and Other Drug Addicted Adults

Rationale:

Identify Unmet Need in Franklin County?

The Franklin County Opiate Action Plan identified the need for additional housing options to assist persons through a sobriety focused living environment with the goal of opening one additional recovery residence per year.

Who will benefit?

Adult men who wish to live in a structured living environment with supports while attending outpatient treatment. This Level III recovery residence will provide a safe and stable home environment for men who are engaged in MAT services – either Suboxone or Vivitrol.

How will this address the unmet need?

In the first six months of 2018, the Maryhaven Addiction Stabilization Center reported that approximately 20% of the individuals seeking treatment are homeless. Recovery Housing is for people in the process of recovery from substance disorders. It provides a living environment free

from alcohol and illicit drug use with a focus on offering supervised living from staff who are certified Ohio peer recovery coaches. Community for New Direction will provide a Level III recovery home. The core of this program will be residents living together in community in order to build their path to long-term recovery and self-sufficiency and provide a network of support. Residents will have the opportunity to share in the responsibilities of running the house and develop routines and strategies for healthy living in order to support their recovery as they transition to independent living in the community.

What are the best practices identified to meet this need?ⁱ

According to the Journal of Substance Abuse Treatment (2010), improvements were noted for residents of sober housing in employment, psychiatric severity, arrests, and alcohol and drug use.¹ According to the Journal of Psychoactive Drugs (2009), residents of sober living houses that concurrently attended outpatient programming, improvements were seen in the number of months using substances, arrests and employment.²

Result Statement: CND will provide sober living through a Level III recovery house for five men.

Output: It is anticipated this program will serve 10 men annually.

Output Efficiency: Cost per consumer is \$32,500 for supportive services annually.

Funding Source: ADAMH Levy

Funding Mechanism: Supportive Services - ADAMH Block Grant requiring encounter claims (exempt from 90% threshold for KY 2018); Capital Block Grants (exempt from encounter claims)

Financial Specification: Conditions of funding are based upon the approval from the State of Ohio’s Controlling Board. Approval of this Action also includes the explicit authority by the ADAMH Board of Trustees for the CEO, or designee, to sign all state capital contracts &/or assurance documents. Community for New Directions and ADAMH will execute an Open End Mortgage and Note.

Amount	Fiscal Year	Description	Org#	Object#	Project#
\$87,225	2018	Recovery Residence Capital	11580100	599582	H1014
\$261,675	2018	Recovery Residence-Bridge Loan	11580100	599582	H1014

¹ (Polcin, Douglas L., Korcha, R., Bond, J., Galloway, Gantt. (201 0). Sober Living Houses for Alcohol and Drug Dependence: 18-Month Outcomes. Journal of Substance Abuse Treatment, 28, 356-365.)

² (Polcin, D.L., (2009). A Model for Sober Housing During Outpatient Treatment. Journal of Psychoactive Drugs, 41, 153-161.)

\$108,333	2018	Recovery Residence Level III Supportive Services	11580100	599583	H1014
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Financial Impact: This action will increase Community for New Direction (CND) Contract Year 2018 allocation by \$457,233.

- \$87,225 – ADAMH Levy Capital Funds
- \$261,675 – ADAMH Levy Capital Bridge Loan Funds
- \$108,333 – ADAMH Levy Supportive Services

No funds will be released without approval from the State of Ohio’s Controlling Board. Once the Controlling Board approval is granted, ADAMH will provide a capital bridge loan to Community for New Directions until the State Capital funds can be released. CND will reimburse ADAMH from the capital bridge loan within 5 business days of receipt of the State Capital funds. This project will initially be fully funded with ADAMH Levy dollars until State Capital funds are received.

This one-time capital investment will increase ADAMH’s 2018 Provider Budget by \$348,900. Unused KY 2018 allocations associated with this Capital project may be carried forward to KY 2019.

The Supportive Services portion of this action will increase ADAMH’s 2018 Provider Budget by \$108,333. The annual amount of Supportive Services (\$325,000) is included in Board Action #19002.

Business Associate Agreement Required per HIPAA: No. A BAA with the provider(s) is not necessary for the scope of work covered in this Action. The provider(s) are providing treatment and/or prevention services as a Covered Entity under HIPAA requirements.

ADAMH Staff Responsible For This Action: Yakhnitskiy, Irina

**ADAMH BOARD OF FRANKLIN COUNTY
BOARD ACTION
August 28, 2018**

Action Title: CY 2019 Board Administrative Budget

Action Number: 19001

Contractor/Provider Name: ADAMH Board of Franklin County

Recommended Action: It is recommended that the ADAMH Board authorize the CY 2019 Board administrative budget. The proposed budget will accommodate the necessary staff, purchased services, supplies and equipment needed to operate the ADAMH Board during CY 2019. Please refer to the attached **Exhibit I** for specific details regarding the CY 2019 non-payroll budget.

Table 1 summarizes the ADAMH Board’s total operating budget for the twelve-month period ending December 31, 2019 (CY 2019).

TABLE 1 - PROPOSED CY 2019 BOARD OPERATING BUDGET

Category of Expense	CY18 Budget	CY19 Budget	\$ Change	% Change
Salaries	\$4,266,938	\$4,394,946	\$128,008	3%
Fringe Benefits	\$1,803,142	\$1,898,179	\$95,037	5%
Services & Materials	\$1,358,799	\$1,770,835	\$412,036	30%
Grand Total	\$7,428,879	\$8,063,960	\$635,081	9%

Table 2 summarizes the Board’s proposed Capital, Council of Government (COG) – SHARES and County Fee budget for CY 2019.

TABLE 2 - PROPOSED CY 2019 COG-SHARES, CAPITAL & COUNTY FEE BUDGET

Category of Expense	CY18 Budget	CY19 Budget	\$ Change	% Change
Capital	\$21,000	\$20,000	(\$1,000)	-5%
COG - SHARES	\$680,000	\$750,000	\$70,000	10%
County Fees	\$947,321	\$957,410	\$10,089	1%
Grand Total	\$1,648,321	\$1,727,410	\$79,089	5%

Table 3 summarizes the Proposed CY 2019 COG operating budget. All expenses associated with this budget are fully reimbursed by the 3C Council of Government.

TABLE 3 - COG Operating Budget (Fund 2144)

Category	CY18 Budget	CY19 Budget	\$ Change	% Change
Salaries	\$247,643	\$244,942	(\$2,701)	-1%
Fringe Benefits	\$103,948	\$111,564	\$7,616	7%
Services & Materials	\$46,620	\$31,620	(\$15,000)	-32%
Grand Total	\$398,211	\$388,126	(\$10,085)	-3%

Strategic Result Alignment: All

Type of Action: Preferred Vendor/Contract

Time Period: Calendar Year 2019; January 1, 2019 to December 31, 2019

Population: Franklin County Residents

Rationale: The proposed CY 2019 ADAMH Board administrative budget supports the continued operation of the Board.

Proposed significant changes in payroll include:

1. ADAMH Staff – The proposed CY 2019 budget supports 52.7 full-time equivalent (FTE) positions (including three COG positions). ADAMH staff will be eligible for up to a 3% pay adjustment in 2019. The adjustment will include a cost of living increase (determined by the Franklin County Commissioners) and a potential merit pay increase for the residual balance. For example, if the cost of living adjustment is 2%, ADAMH staff will be eligible for a maximum 1% merit increase based on employee performance.
2. Term Pays & Pay Outs – About 4% of the proposed CY 2019 budget for Salaries includes Vacation and Sick Term Pays and Pay Outs. These expenditures vary from year to year but will almost certainly occur in CY 2019.
3. Employee Healthcare Coverage – CY 2019 healthcare costs are currently budgeted to increase by 8.0%. Healthcare costs are subject to change once the healthcare plan is finalized.
4. Employee Benefit Contribution – All ADAMH employees who opt for health insurance coverage will be required to pay a portion of the insurance premiums for CY 2019. Currently, employees who elect to cover their spouse contribute \$292 per month and all other employees (single or single with dependents) contribute \$136 per month. These amounts are budgeted to increase to \$316/\$147 respectively for 2019 and are subject to change once the healthcare plan is finalized.

Proposed noteworthy highlights in the non-payroll budget include:

1. The 2019 proposed Services & Material budget includes several one-time expenditures.

Description	Amount
Block Grant Automation Project	\$100,000
SharePoint Upgrade	\$75,000
IT Audit	\$20,000
IT Software	\$34,700
Facility Foundation Repair	\$51,000
Training/Travel	\$17,625
CEO Search	\$35,000
Grand Total	\$333,325

Excluding the budgeted items in the table above, the 2019 Services & Materials budget is 6% higher than 2018.

2. Council of Government – ADAMH is budgeting to expend \$750,000 during CY 2019. This includes SHARES development/enhancements and ongoing COG operating expenses. Equal amounts for the COG will be borne by the Franklin, Hamilton and Cuyahoga County ADAMH Boards.
3. Capital – ADAMH is budgeting to purchase IT equipment (\$11,000) and ongoing capital software licenses (\$9,000).

Outcome: The Board’s administrative budget will support the planning, funding and evaluation of publicly-funded behavioral healthcare services for Franklin County residents.

Funding Source: ADAMH Levy

Funding Mechanism: Vendor Personal Service Contracts

Financial Specification: Refer to Exhibit I and Tables 1-3

Financial Impact: The proposed CY 2019 administrative budget will allow the ADAMH Board to provide essential services within the limits of projected ADAMH resources.

The following table states the estimated revenues for Calendar Year 2019 and the appropriation authority requested for 2019 Provider Allocations and Board Administration. If the 2019 budgets are fully realized, the Budget Stabilization Reserve will be \$13,448,166 and the Operating Reserve will be \$25,499,974 as of 12/31/2019. Fully realized budgets would result in ADAMH deficit financing \$22,723,236.

ESTIMATED CY 2019 RESOURCES BY FUND

Fund	1/1/19 Projected Cash Balance	CY19 Estimated Receipts	CY19 Budget	12/31/19 Projected Cash Balance
Levy Fund	\$61,166,094	\$60,105,284	\$82,828,520	\$38,442,858
COG Operating Fund	\$192,145	\$352,275	\$388,126	\$156,294
Other Special Revenue Fund	\$1,847,636	\$18,701,268	\$20,199,916	\$348,988
Grand Total	\$63,205,875	\$79,158,827	\$103,416,562	\$38,948,140

Business Associate Agreement Required per HIPAA: No. A Business Associate Agreement is not necessary for the scope of work covered in this Action.

ADAMH Staff Responsible For This Action: Wylly, Jonathan

ADAMH Board of Franklin County
CY 2019 Proposed Non-Payroll Administrative Budget

EXHIBIT I

Object_Code_Desc	TEAM / PROJECT								CY 2019 Total	CY 2018 Total	\$ Change	% Change
	CLINICAL QUALITY MANAGEMENT TEAM	COMMUNICATIONS TEAM	COUNCIL OF GOVERNMENTS (COG)	FBOT TEAM	IS TEAM	LEADERSHIP TEAM	PLANNING, EVAL, AND QI TEAM	VISUAL PERFORMANCE MGMT (VPM)				
DATA PROCESSING CONSULTANTS	\$0	\$3,000	\$0	\$0	\$156,000	\$0	\$0	\$0	\$159,000	\$68,000	\$91,000	134%
ARCHITECT-ENGINEERING DESIGN	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000	\$2,000	\$2,000	\$0	0%
SFTY & SEC SERVICES	\$0	\$0	\$0	\$9,000	\$0	\$0	\$0	\$0	\$9,000	\$9,000	\$0	0%
FINANCIAL SERVICES	\$0	\$0	\$0	\$110,000	\$0	\$0	\$0	\$0	\$110,000	\$90,000	\$20,000	22%
PROFESSIONAL SERVICES-OTHER	\$0	\$75,000	\$0	\$247,400	\$0	\$50,000	\$5,000	\$2,500	\$379,900	\$236,600	\$143,300	61%
OFFICE SERVICES & EXPENSES	\$0	\$0	\$0	\$1,500	\$0	\$0	\$0	\$0	\$1,500	\$1,500	\$0	0%
POSTAL SERVICES	\$0	\$0	\$0	\$2,000	\$0	\$0	\$5,500	\$0	\$7,500	\$12,000	(\$4,500)	-38%
COURIER-DELIVERY SERVICES	\$0	\$0	\$0	\$400	\$0	\$0	\$0	\$0	\$400	\$400	\$0	0%
TELEPHONE SERVICES	\$0	\$0	\$0	\$18,000	\$0	\$0	\$0	\$0	\$18,000	\$18,000	\$0	0%
ADVERTISING & PROMOTION	\$0	\$18,000	\$0	\$0	\$0	\$10,000	\$0	\$0	\$28,000	\$28,000	\$0	0%
MEMBERSHIPS	\$750	\$1,200	\$0	\$200	\$700	\$30,000	\$2,500	\$0	\$35,350	\$30,234	\$5,116	17%
PUBLICATIONS & SUBSCRIPTIONS	\$300	\$2,500	\$0	\$1,000	\$0	\$1,500	\$2,000	\$0	\$7,300	\$7,050	\$250	4%
LEGAL ADVERTISING	\$0	\$25	\$0	\$0	\$0	\$0	\$0	\$0	\$25	\$25	\$0	0%
PRINTING STATIONERY	\$0	\$0	\$0	\$1,000	\$0	\$1,000	\$1,000	\$0	\$3,000	\$2,000	\$1,000	50%
PRINTING FORMS & BULLETINS	\$0	\$17,500	\$0	\$0	\$0	\$0	\$0	\$0	\$17,500	\$17,500	\$0	0%
CELLULAR TELEPHONE SERVICES	\$0	\$0	\$500	\$2,000	\$0	\$0	\$0	\$0	\$2,500	\$2,500	\$0	0%
PUBLIC RELATIONS - AWARENESS	\$0	\$225,000	\$0	\$0	\$0	\$0	\$0	\$0	\$225,000	\$190,000	\$35,000	18%
PROPERTY INSURANCE	\$0	\$0	\$0	\$10,200	\$0	\$0	\$0	\$0	\$10,200	\$9,000	\$1,200	13%
LIABILITY/OTHER INSURANCE	\$0	\$0	\$0	\$75,000	\$0	\$0	\$0	\$0	\$75,000	\$75,000	\$0	0%
LICENSES & PERMITS	\$500	\$0	\$0	\$600	\$0	\$0	\$0	\$0	\$1,100	\$850	\$250	29%
TRAVEL EXPENSES - NO OVERNIGHT	\$2,000	\$1,500	\$5,120	\$700	\$0	\$1,500	\$500	\$0	\$11,320	\$10,695	\$625	6%
TRAVEL EXPENSES - WITH OVERNIGHT	\$2,000	\$3,500	\$5,000	\$500	\$0	\$6,000	\$2,500	\$0	\$19,500	\$17,000	\$2,500	15%
TUITION PMTS & REIMBURSEMENTS	\$0	\$0	\$9,000	\$0	\$0	\$20,000	\$0	\$0	\$29,000	\$44,000	(\$15,000)	-34%
IN HOUSE TRAINING	\$0	\$0	\$0	\$0	\$0	\$3,000	\$500	\$0	\$3,500	\$2,125	\$1,375	65%
TRAINING	\$2,500	\$2,000	\$0	\$0	\$5,000	\$15,000	\$0	\$0	\$24,500	\$15,000	\$9,500	63%
HOSTED EVENTS	\$1,000	\$15,000	\$0	\$0	\$0	\$27,500	\$0	\$0	\$43,500	\$40,000	\$3,500	9%
REGISTRATION FEES-SAME DAY	\$2,000	\$1,200	\$3,000	\$2,000	\$8,000	\$2,500	\$3,000	\$0	\$21,700	\$20,700	\$1,000	5%
Registration Fee - Overnight	\$1,000	\$0	\$0	\$0	\$0	\$3,500	\$2,500	\$0	\$7,000	\$3,000	\$4,000	133%
EMPLOYEE PHYSICALS	\$0	\$0	\$0	\$0	\$0	\$3,000	\$0	\$0	\$3,000	\$2,500	\$500	20%
ELECTRICITY	\$0	\$0	\$0	\$40,000	\$0	\$0	\$0	\$0	\$40,000	\$45,000	(\$5,000)	-11%
NATURAL GAS	\$0	\$0	\$0	\$8,000	\$0	\$0	\$0	\$0	\$8,000	\$10,000	(\$2,000)	-20%
WATER & SEWER	\$0	\$0	\$0	\$4,500	\$0	\$0	\$0	\$0	\$4,500	\$4,500	\$0	0%
VEHICLE TOWING SERVICES	\$0	\$0	\$0	\$200	\$0	\$0	\$0	\$0	\$200	\$200	\$0	0%
TRASH REMOVAL	\$0	\$0	\$0	\$4,000	\$0	\$0	\$0	\$0	\$4,000	\$12,000	(\$8,000)	-67%
FILING FEES	\$0	\$0	\$0	\$0	\$0	\$300	\$0	\$0	\$300	\$200	\$100	50%
STORAGE FACILITIES RENT/LEASE	\$0	\$0	\$0	\$4,000	\$0	\$0	\$0	\$0	\$4,000	\$4,000	\$0	0%
VEHICLE STORAGE & PARKING	\$0	\$0	\$0	\$26,000	\$0	\$0	\$0	\$0	\$26,000	\$26,000	\$0	0%
OFFICE EQUIPMENT RENT/LEASE	\$0	\$0	\$0	\$24,000	\$0	\$0	\$0	\$0	\$24,000	\$24,000	\$0	0%
IT Leases	\$0	\$0	\$0	\$0	\$57,000	\$0	\$0	\$0	\$57,000	\$57,000	\$0	0%
IT Software Subscription and Maintenan	\$0	\$0	\$0	\$0	\$119,200	\$0	\$0	\$0	\$119,200	\$84,500	\$34,700	41%
SOFTWARE LICENSURE	\$0	\$0	\$5,000	\$0	\$4,980	\$0	\$0	\$0	\$9,980	\$9,620	\$360	4%
EQUIPMENT MAINTENANCE & REPAIR	\$0	\$0	\$0	\$3,000	\$0	\$0	\$0	\$0	\$3,000	\$3,000	\$0	0%
BUILDING MAINTENANCE & REPAIR	\$0	\$0	\$0	\$122,680	\$0	\$0	\$0	\$0	\$122,680	\$58,520	\$64,160	110%
IT Maintenance & Repair Agreements	\$0	\$0	\$0	\$0	\$13,000	\$0	\$0	\$0	\$13,000	\$12,000	\$1,000	8%
TECHNICAL SERVICES	\$0	\$0	\$0	\$0	\$0	\$25,000	\$0	\$0	\$25,000	\$25,000	\$0	0%
DATA PROCESSING SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,000	(\$11,000)	-100%
FILM PROCESSING	\$0	\$1,000	\$0	\$0	\$0	\$0	\$0	\$0	\$1,000	\$1,000	\$0	0%
SETTLEMENT FEES	\$0	\$0	\$0	\$88,080	\$0	\$0	\$0	\$0	\$88,080	\$89,964	(\$1,884)	-2%
AUDITOR & TREASURER FEES	\$0	\$0	\$0	\$740,950	\$0	\$0	\$0	\$0	\$740,950	\$722,987	\$17,963	2%
DRETAC FEE	\$0	\$0	\$0	\$88,080	\$0	\$0	\$0	\$0	\$88,080	\$90,336	(\$2,256)	-2%
ADVERTISING DELINQUENT TAXES	\$0	\$0	\$0	\$1,920	\$0	\$0	\$0	\$0	\$1,920	\$3,049	(\$1,129)	-37%
BOARD OF REVISION	\$0	\$0	\$0	\$1,040	\$0	\$0	\$0	\$0	\$1,040	\$749	\$291	39%
ROLLBACK ADMIN FEE	\$0	\$0	\$0	\$32,550	\$0	\$0	\$0	\$0	\$32,550	\$37,908	(\$5,358)	-14%
TAX FORECLOSURE FEES	\$0	\$0	\$0	\$4,790	\$0	\$0	\$0	\$0	\$4,790	\$2,328	\$2,462	106%
OFFICE MATERIALS & SUPPLIES	\$0	\$1,000	\$0	\$11,000	\$0	\$300	\$0	\$0	\$12,300	\$12,000	\$300	3%
TRAIN/ED MATERIALS & SUPPLIES	\$0	\$0	\$0	\$0	\$0	\$1,000	\$0	\$0	\$1,000	\$1,000	\$0	0%
FURNITURE & APPLIANCES<\$5000	\$0	\$0	\$0	\$5,000	\$0	\$0	\$0	\$250	\$5,250	\$5,250	\$0	0%
COMUN & DATA PROC SUPPLIES	\$0	\$0	\$0	\$9,000	\$0	\$0	\$0	\$0	\$9,000	\$2,000	\$7,000	350%
DATA PROCESSING SUPPLIES	\$0	\$0	\$0	\$0	\$11,000	\$0	\$0	\$0	\$11,000	\$0	\$11,000	n/a
COMPUTER HARDWARE<\$5,000	\$0	\$0	\$4,000	\$0	\$0	\$0	\$0	\$0	\$4,000	\$4,000	\$0	0%
PERSONAL COMPUTER STATIONS	\$0	\$0	\$0	\$0	\$16,000	\$0	\$0	\$0	\$16,000	\$10,800	\$5,200	48%
CLEANING/HOUSEKEEPING SUPPLIES	\$0	\$0	\$0	\$6,000	\$0	\$0	\$0	\$0	\$6,000	\$6,000	\$0	0%
FOOD ITEMS FOR CONSUMPTION	\$0	\$500	\$0	\$0	\$0	\$12,000	\$0	\$0	\$12,500	\$11,400	\$1,100	10%
PLAQUES/AWARDS/CERTIFICATES	\$0	\$500	\$0	\$0	\$0	\$500	\$0	\$250	\$1,250	\$750	\$500	67%
BLDG/BLDG EQUPM MAINT & REPAIR	\$0	\$0	\$0	\$2,000	\$0	\$0	\$0	\$0	\$2,000	\$2,000	\$0	0%
HVAC SUPPLIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,000	(\$3,000)	-100%
ELECTRICAL SUPPLIES & FIXTURES	\$0	\$0	\$0	\$3,000	\$0	\$0	\$0	\$0	\$3,000	\$3,000	\$0	0%
KEYS & LOCKS	\$0	\$0	\$0	\$500	\$0	\$0	\$0	\$0	\$500	\$500	\$0	0%
"SAFETY & SEC EQ<\$5,000"	\$0	\$0	\$0	\$1,500	\$0	\$0	\$0	\$0	\$1,500	\$1,500	\$0	0%
MAINFRAME/SERVERS	\$0	\$0	\$0	\$0	\$11,000	\$0	\$0	\$0	\$11,000	\$6,000	\$5,000	83%
SOFTWARE LICENSE	\$0	\$0	\$0	\$0	\$9,000	\$0	\$0	\$0	\$9,000	\$15,000	(\$6,000)	-40%
GRANTS TO OTHER GOVERNMENTS	\$0	\$0	\$750,000	\$0	\$0	\$0	\$0	\$0	\$750,000	\$680,000	\$70,000	10%
Totals	\$12,050	\$368,425	\$781,620	\$1,713,290	\$410,880	\$213,600	\$25,000	\$5,000	\$3,529,865	\$3,053,740	\$476,125	16%

**ADAMH BOARD OF FRANKLIN COUNTY
BOARD ACTION
August 28, 2018**

Action Title: KY 2019 Provider Allocations

Action Number: 19002

Contractor/Provider Name: Multiple - Refer to Attachment II

Recommended Action: It is recommended that the ADAMH Board authorize Provider Service spending authority for Contract Year (KY) 2019. This action appropriates \$94.3 million in ADAMH spending authority to fulfill ADAMH Provider services contracts.

These allocations will be the basis for KY 2019 budgeting and service planning. Provider specific allocations are contingent upon the approval of the KY 2019 Agency Service Plan and Budget.

Table 1 summarizes KY 2019 planned allocations by discretionary status. In aggregate, KY 2019 allocations are 3.0% higher than KY 2018 allocation levels.

Table 1: Proposed KY 2019 Provider Planning Numbers

Type of Allocation	KY18 Provider Allocations	KY19 Proposed Planning Numbers	% Change
Non-Discretionary	\$7,936,905	\$7,460,315	-6.0%
Discretionary	\$83,707,276	\$86,952,273	3.9%
TOTALS	\$91,644,181	\$94,412,588	3.0%

Strategic Result Alignment: All

Type of Action: Preferred Vendor/Contract

Time Period: Contract Year 2019: January 1, 2019 – December 31, 2019

Population: Franklin County Residents

Rationale: KY 2019 Provider planning numbers were developed based on the following:

Allocation Alignment Project: ADAMH convened a workgroup during 2018 to evaluate how to improve the utilization of allocations within the existing network of Providers.

- Background: In the post-Medicaid Expansion environment, Providers have not fully realized ADAMH allocations.
 - KY 2017 – Providers realized 72% of allocations requiring SHARES claims
 - KY 2018 – Provider are currently projected to realize ~ 60% of allocations requiring SHARES claims
- Allocation Alignment Goals

- All KY 2019 Provider allocations will be at or above historical utilization levels. (refer to Attachment I)
- Adjust KY 2019 Provider Allocations to better align with actual utilization.
- Incentivize system-wide services above current expenditure levels
- Create a more nimble funding environment to meet emerging/unforeseen community needs
- Allocation Alignment Recommendations
 - Claim (fee-for-service) Allocations: Adjust KY 2019 allocations based on KY 2017 utilization and KY 2018 projections
 - KY 2017 allocations realized above 95% of funding will receive a 5% increase in KY 2019
 - KY 2017 allocations realized between 80% and 95% of funding will not be adjusted in KY 2019.
 - KY 2017 allocations realized below 80% of funding will be decreased in KY 2019
 - KY 2019 allocations will include a 5% program-specific “allocation incentive” to ensure KY 2019 funding is higher than KY 2017 actual utilization
 - Establish a \$5 million Performance Utilization Pool (PUP)
 - Any Claim (fee-for-service) allocation will be able to utilize the PUP if initial funding is fully realized during KY 2019
 - PUP reimbursements will be “real-time”
 - Block Grants
 - Shift ~\$9 million from Treatment Block Grants to Claim (fee-for-service) allocations. These shifts will enable additional programs to be eligible for the PUP
 - Select KY 2019 Block Grants will receive a 120 Day Notice for program performance (refer to table below)

Opiate Performance Incentive: a \$1 million performance incentive pool to support the recovery of opiate-addicted clients. Incentive payments will be made to eligible Providers to:

- promote “Same-Day” service delivery (seamless transition of clients from crisis levels of care to community treatment services) and
- retain opiate-addicted clients in select community based programs for clinically appropriate period(s) of time.

Value Based Contracting (VBC) Incentive: a \$1 million performance incentive pool to fund two VBC pilot programs. The purpose of this project is to develop value-based contracts for selected adult crisis and community-based youth prevention Providers to incentivize applicable outcomes from the value-based contracting/evaluation framework. ADAMH has hosted a series of meetings with 11 Providers.

The focus of the Crisis VBC pilot will be avoiding readmissions to Netcare. The focus of the Community-Based Youth Prevention program will be AoD Knowledge and/or Social-emotional Learning.

Central Pharmacy: KY 2019 allocations are based on actual utilization over the past twelve months. These allocations include a \$100,000 set-aside. If one or more of the ten Providers that have access to Central Pharmacy exceed their KY 2019 allocation, the ADAMH Board will automatically increase their allocation up to the contingency amount. In the event that there are not sufficient contingency Central Pharmacy allocations, Providers will receive a prorated share based on Central Pharmacy charges.

New Programs: The following table identifies new programs proposed in this action:

Provider	Program	KY19 Amount
COMMUNITY FOR NEW DIRECTION INC	Medication Disposal Bags	\$49,950
COMMUNITY FOR NEW DIRECTION INC	Recovery Residences	\$325,000
COMMUNITY HOUSING NETWORK INC	Laurel Green	\$141,726
MENTAL HEALTH AMERICA OF FRANKLIN COUNTY, Inc.	POEM	\$45,000
OHIGUIDESTONE	Addiction Treatment Program - ATP	\$125,000
OHIO STATE UNIVERSITY HOSPITALS	LiFESports	\$25,000
OPIOID PSA - ADAMH Funded	Opioid PSA	\$250,000
SOUTHEAST INC	Addiction and Crisis Team Pilot Project	\$50,000

120 Day Notices: The following Providers will receive a program specific 120-Day notice. These notices “set-aside” program allocations for additional technical assistance, review and consideration.

Provider	Allocation Line	Reason	KY19 Amount
ALVIS INC	HARP – Residential	Funding	\$328,500
BUCKEYE RANCH	MST	Multiple Funders & Performance	\$242,337
COLUMBUS AREA	All allocations	Contract Non-Renewal	\$7,464,455
COMPDRUG	HIV	Performance	\$192,341
DIRECTIONS FOR YOUTH AND FAMILIES INC	School Based - Columbus Public: Lifeskills	Performance	\$59,719
MARYHAVEN	IDDT	Performance	\$129,354
NATIONWIDE CHILDRENS HOSPITAL	Assessors-BHJJ	Multiple Funders & Performance	\$366,341
NATIONWIDE CHILDRENS HOSPITAL	MST Capacity Expansion	Multiple Funders & Performance	\$234,953
SOUTHEAST INC	Momentum 4 Life	Performance	\$31,036
SOUTHEAST INC	Project Work	Performance	\$1,136,849
SOUTHEAST INC	Safe Point Counseling Support	Performance	\$8,516
SOUTHEAST INC	Wellness Program Options	Performance	\$22,759
VILLAGE NETWORK	Reception Center - Early Intervention Juvenile Justice	Multiple Funders	\$662,463

Funding Source: Levy, State, Federal & Local Revenues

Funding Mechanism: Provider Claims, Block Grants and Special Service Contracts

Financial Specification: Refer to Attachment II & III.

Financial Impact: The proposed KY 2019 Provider allocations will allow the ADAMH Board to provide essential services within the scope of projected resources.

The following table states the estimated revenues for Calendar Year 2019 and the appropriation authority requested for 2019 Provider Allocations and Board Administration. If the 2019 budgets are fully realized, the Budget Stabilization Reserve will be \$13,448,166 and the Operating Reserve will be \$25,499,974 as of 12/31/2019. Fully realized budgets would result in ADAMH deficit financing \$22,723,236.

ESTIMATED CY 2019 RESOURCES BY FUND

Fund	1/1/19 Projected Cash Balance	CY19 Estimated Receipts	CY19 Budget	12/31/19 Projected Cash Balance
Levy Fund	\$61,166,094	\$60,105,284	\$82,828,520	\$38,442,858
COG Operating Fund	\$192,145	\$352,275	\$388,126	\$156,294
Other Special Revenue Fund	\$1,847,636	\$18,701,268	\$20,199,916	\$348,988
Grand Total	\$63,205,875	\$79,158,827	\$103,416,562	\$38,948,140

Business Associate Agreement Required per HIPAA: For Covered Entities providing treatment and/or prevention services under HIPAA requirements, a BAA with the provider(s) is not necessary for the scope of work covered in this Action. For entities who are defined as an ADAMH Business Associate (not a covered entity), a Business Associate Agreement (BAA) is required under HIPAA regulations.

ADAMH Staff Responsible For This Action: Lambert, Mark

**ADAMH Board of Franklin County
Comparison of KY 2019 Allocations to KY 2017 Actual Claim Activity**

Attachment I

Analysis includes only allocations requiring SHARES claims

Provider Name	KY 2017 Allocation	KY 2017 Claims	KY 2019 Allocation	\$ Change	% Change	Notes
AFRICENTRIC PERSONAL DEVELOPMENT SHOP	\$650,070	\$535,320	\$625,632	\$90,312	17%	
ALVIS HOUSE	\$1,588,055	\$286,410	\$999,436	\$713,026	249%	Women's block grant is pass-through
BUCKEYE RANCH	\$1,045,110	\$594,968	\$837,202	\$242,234	41%	
CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE	\$134,348	\$48,781	\$110,155	\$61,375	126%	New programs (Community Advocacy) in 2018-19
COLUMBUS AREA INC	\$7,122,815	\$4,687,126	\$0	(\$4,687,126)	-100%	ADAMH will not be contracting with Provider in KY19
UNDESIGNATED PROVIDER(S)	\$0	\$0	\$7,464,455	\$7,464,455	n/a	Set-aside for RFR(s) and/or Preferred Providers
COLUMBUS HEALTH DEPARTMENT	\$1,611,368	\$1,471,114	\$1,661,156	\$190,043	13%	
COLUMBUS URBAN LEAGUE	\$220,544	\$205,144	\$231,468	\$26,324	13%	
COMMUNITY FOR NEW DIRECTION INC	\$2,233,783	\$2,150,505	\$2,946,884	\$796,379	37%	
COMMUNITY HOUSING NETWORK INC	\$1,514,480	\$1,294,577	\$1,698,714	\$404,137	31%	
COMPDRUG	\$3,669,023	\$2,744,671	\$4,060,572	\$1,315,901	48%	
CONCORD COUNSELING SERVICES	\$2,568,075	\$2,456,067	\$3,227,079	\$771,012	31%	
DIRECTIONS FOR YOUTH AND FAMILIES INC	\$1,051,745	\$782,028	\$1,170,716	\$388,688	50%	
EASTWAY CORPORATION	\$250,000	\$212,734	\$255,000	\$42,266	20%	
HOUSE OF HOPE FOR ALCOHOLICS	\$1,120,593	\$1,087,005	\$1,610,618	\$523,613	48%	
HUCKLEBERRY HOUSE INC	\$781,382	\$781,358	\$836,078	\$54,721	7%	
MARYHAVEN	\$9,209,456	\$4,627,078	\$10,035,373	\$5,408,295	117%	New programs (ASC) in 2018-19
NATIONWIDE CHILDRENS HOSPITAL	\$3,924,777	\$2,371,147	\$3,330,160	\$959,013	40%	
NCR PERMANENT SUPPORTIVE HOUSING SERVICES	\$265,091	\$265,079	\$283,648	\$18,568	7%	
NETCARE CORPORATION	\$10,819,178	\$7,851,764	\$10,780,568	\$2,928,804	37%	
NORTH CENTRAL MENTAL HEALTH SERVICES INC	\$5,849,397	\$5,180,042	\$6,033,838	\$853,796	16%	
NORTH COMMUNITY COUNSELING CENTERS INC	\$1,374,909	\$1,322,440	\$1,693,587	\$371,147	28%	
OHIO STATE UNIVERSITY HOSPITALS	\$1,198,886	\$47,700	\$851,045	\$803,345	1684%	Several block grants set up to purchase capacity instead of utilization.
OHI GUIDESTONE	\$298,557	\$122,653	\$582,918	\$460,265	375%	New programs (Whitehall & Hamilton) in 2018-19
PEER CENTER	\$970,303	\$952,782	\$1,190,557	\$237,775	25%	
SCHOTTENSTEIN CHABAD HOUSE FRIENDSHIP CIRCLE	\$165,712	\$165,710	\$177,312	\$11,602	7%	
SOUTHEAST INC	\$10,220,505	\$6,847,830	\$10,432,340	\$3,584,510	52%	
ST VINCENT FAMILY CENTERS	\$945,746	\$945,746	\$1,001,350	\$55,604	6%	
SYNTERO INC	\$2,039,468	\$1,844,646	\$2,490,803	\$646,157	35%	
TV TWIN VALLEY CSN	\$1,024,028	\$821,476	\$1,127,638	\$306,162	37%	
UMADAOP OF FRANKLIN CO INC	\$345,587	\$327,681	\$360,776	\$33,096	10%	
VILLAGE NETWORK	\$626,712	\$574,652	\$662,463	\$87,811	15%	
TOTALS	\$74,839,703	\$53,606,232	\$78,769,543	\$25,163,311	47%	

% of KY17 Realized 72%

Note: For Block Grants, if a Provider's KY17 encounter claims exceeded allocation, the claims were adjusted to equal annual allocation.

**ADAMH Board of Franklin County
Contract Year (KY) 2019 Provider Allocations**

Attachment II

Provider	KY19 Pass Thru	KY19 Discretionary	KY19 Total
AFRICENTRIC PERSONAL DEVELOPMENT SHOP	\$0	\$625,632	\$625,632
ALVIS INC	\$1,133,479	\$306,957	\$1,440,436
BUCKEYE RANCH	\$127,617	\$709,585	\$837,202
CENTRAL OHIO AREA AGENCY ON AGING	\$0	\$46,091	\$46,091
CENTRAL PHARMACY (CP) - UNDESIGNATED	\$0	\$100,000	\$100,000
CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE	\$0	\$110,155	\$110,155
UNDESIGNATED PROVIDER(S)	\$399,049	\$7,065,406	\$7,464,455
COLUMBUS HEALTH DEPARTMENT	\$126,475	\$1,534,681	\$1,661,156
COLUMBUS URBAN LEAGUE	\$64,484	\$166,984	\$231,468
COMMUNITY FOR NEW DIRECTION INC	\$199,076	\$3,025,386	\$3,224,462
COMMUNITY HOUSING NETWORK INC	\$0	\$1,857,470	\$1,857,470
COMMUNITY SHELTER BOARD (CSB)	\$0	\$40,000	\$40,000
COMPDRUG	\$187,271	\$4,056,501	\$4,243,772
CONCORD COUNSELING SERVICES	\$0	\$3,293,666	\$3,293,666
DIRECTIONS FOR YOUTH AND FAMILIES INC	\$112,017	\$1,058,699	\$1,170,716
EASTWAY CORPORATION	\$0	\$257,000	\$257,000
FRANKLIN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES (FCBDD)	\$0	\$101,500	\$101,500
FRANKLIN COUNTY COMMON PLEAS DRUG COURT	\$32,179	\$22,050	\$54,229
FRANKLIN COUNTY FAMILY & CHILDREN FIRST COUNCIL	\$0	\$254,204	\$254,204
FRANKLIN COUNTY LOCAL OUTREACH TO SUICIDE SURVIVORS (LOSS)	\$0	\$150,000	\$150,000
FRANKLIN COUNTY PROBATE COURT	\$0	\$350,000	\$350,000
FRANKLIN COUNTY SHERIFF'S OFFICE	\$140,435	\$0	\$140,435
HandsOn CENTRAL OHIO	\$0	\$19,975	\$19,975
HOUSE OF HOPE FOR ALCOHOLICS	\$0	\$1,610,618	\$1,610,618
HUCKLEBERRY HOUSE INC	\$0	\$836,078	\$836,078
IDDT-ACT TRAINING	\$0	\$50,000	\$50,000
LEGAL AID SOCIETY OF COLUMBUS	\$0	\$160,000	\$160,000
MARYHAVEN	\$491,237	\$10,788,541	\$11,279,778
MENTAL HEALTH AMERICA OF FRANKLIN COUNTY, Inc.	\$0	\$643,276	\$643,276
NAMI FRANKLIN COUNTY	\$0	\$311,415	\$311,415
NATIONWIDE CHILDRENS HOSPITAL	\$116,028	\$3,217,432	\$3,333,460
NCR PERMANENT SUPPORTIVE HOUSING SERVICES	\$0	\$283,648	\$283,648
NETCARE CORPORATION	\$561,556	\$10,834,286	\$11,395,842
NORTH CENTRAL MENTAL HEALTH SERVICES INC	\$175,001	\$5,946,377	\$6,121,378
NORTH COMMUNITY COUNSELING CENTERS INC	\$0	\$1,716,791	\$1,716,791
OHIO STATE UNIVERSITY HOSPITALS	\$0	\$876,045	\$876,045
OHI GUIDESTONE	\$125,000	\$457,918	\$582,918
OPIATE PERFORMANCE INCENTIVES	\$0	\$1,000,000	\$1,000,000
OPIOID PSA	\$2,250,000	\$250,000	\$2,500,000
PEER CENTER	\$0	\$1,190,557	\$1,190,557
PERFORMANCE INCENTIVE - UTILIZATION POOL	\$0	\$5,000,000	\$5,000,000
PERFORMANCE INCENTIVE - VALUE BASED CONTRACTING	\$0	\$1,000,000	\$1,000,000
PROBATE ATTORNEYS	\$0	\$200,000	\$200,000
SCHOTTENSTEIN CHABAD HOUSE FRIENDSHIP CIRCLE	\$0	\$191,312	\$191,312
SOUTHEAST INC	\$550,902	\$10,050,854	\$10,601,755
ST VINCENT FAMILY CENTERS	\$0	\$1,001,350	\$1,001,350
SYNTERO INC	\$0	\$2,490,803	\$2,490,803
TV TWIN VALLEY CSN	\$0	\$1,338,298	\$1,338,298
UMADAOP OF FRANKLIN CO INC	\$262,549	\$98,227	\$360,776
VILLAGE NETWORK	\$405,960	\$256,503	\$662,463
TOTALS	\$7,460,315	\$86,952,273	\$94,412,588

**ADAMH Board of Franklin County
KY 2019 Proposed Provider Allocations**

Attachment III

Provider	KY18 Pass Thru	KY19 Pass Thru	Pass Thru % Variance	KY18 Discretionary	KY19 Discretionary	Discretionary % Variance
AFRICENTRIC PERSONAL DEVELOPMENT SHOP	\$0	\$0	n/a	\$663,071	\$625,632	-5.6%
ALVIS INC	\$1,138,479	\$1,133,479	-0.4%	\$870,058	\$306,957	-64.7%
BUCKEYE RANCH	\$127,617	\$127,617	0.0%	\$933,548	\$709,585	-24.0%
CENTRAL OHIO AREA AGENCY ON AGING	\$0	\$0	n/a	\$46,091	\$46,091	0.0%
CENTRAL PHARMACY (CP) - UNDESIGNATED	\$0	\$0	n/a	\$50,000	\$100,000	100.0%
CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE	\$0	\$0	n/a	\$137,034	\$110,155	-19.6%
COLUMBUS AREA INC	\$399,049	\$0	-100.0%	\$7,159,184	\$0	-100.0%
UNDESIGNATED PROVIDER(S)	\$0	\$399,049	n/a	\$0	\$7,065,406	n/a
COLUMBUS HEALTH DEPARTMENT	\$126,475	\$126,475	0.0%	\$1,589,731	\$1,534,681	-3.5%
COLUMBUS URBAN LEAGUE	\$64,484	\$64,484	0.0%	\$159,181	\$166,984	4.9%
COMMUNITY FOR NEW DIRECTION INC	\$199,076	\$199,076	0.0%	\$2,666,143	\$3,025,386	13.5%
COMMUNITY HOUSING NETWORK INC	\$0	\$0	n/a	\$1,762,579	\$1,857,470	5.4%
COMMUNITY SHELTER BOARD (CSB)	\$0	\$0	n/a	\$40,000	\$40,000	0.0%
COMPDRUG	\$341,238	\$187,271	-45.1%	\$4,097,460	\$4,056,501	-1.0%
CONCORD COUNSELING SERVICES	\$0	\$0	n/a	\$3,041,833	\$3,293,666	8.3%
DIRECTIONS FOR YOUTH AND FAMILIES INC	\$112,017	\$112,017	0.0%	\$999,023	\$1,058,699	6.0%
EASTWAY CORPORATION	\$0	\$0	n/a	\$257,000	\$257,000	0.0%
FRANKLIN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES (FCBDD)	\$0	\$0	n/a	\$81,500	\$101,500	24.5%
FRANKLIN COUNTY COMMON PLEAS DRUG COURT	\$32,179	\$32,179	0.0%	\$22,050	\$22,050	0.0%
FRANKLIN COUNTY FAMILY & CHILDREN FIRST COUNCIL	\$0	\$0	n/a	\$254,204	\$254,204	0.0%
FRANKLIN COUNTY LOCAL OUTREACH TO SUICIDE SURVIVORS (LOSS)	\$0	\$0	n/a	\$150,000	\$150,000	0.0%
FRANKLIN COUNTY PROBATE COURT	\$0	\$0	n/a	\$350,000	\$350,000	0.0%
FRANKLIN COUNTY SHERIFF'S OFFICE	\$140,435	\$140,435	0.0%	\$0	\$0	n/a
HandsOn CENTRAL OHIO	\$0	\$0	n/a	\$19,975	\$19,975	0.0%
HOUSE OF HOPE FOR ALCOHOLICS	\$0	\$0	n/a	\$1,576,668	\$1,610,618	2.2%
HUCKLEBERRY HOUSE INC	\$0	\$0	n/a	\$797,009	\$836,078	4.9%
IDDT-ACT TRAINING	\$0	\$0	n/a	\$50,000	\$50,000	0.0%
LEGAL AID SOCIETY OF COLUMBUS	\$0	\$0	n/a	\$150,000	\$160,000	6.7%
MARYHAVEN	\$615,046	\$491,237	-20.1%	\$11,039,518	\$10,788,541	-2.3%
MENTAL HEALTH AMERICA OF FRANKLIN COUNTY, Inc.	\$0	\$0	n/a	\$538,276	\$643,276	19.5%
NAMI FRANKLIN COUNTY	\$0	\$0	n/a	\$287,915	\$311,415	8.2%
NAPHCARE INC	\$0	\$0	n/a	\$416,667	\$0	-100.0%
NATIONWIDE CHILDRENS HOSPITAL	\$256,028	\$116,028	-54.7%	\$3,755,664	\$3,217,432	-14.3%
NCR PERMANENT SUPPORTIVE HOUSING SERVICES	\$0	\$0	n/a	\$270,393	\$283,648	4.9%
NETCARE CORPORATION	\$561,556	\$561,556	0.0%	\$11,018,088	\$10,834,286	-1.7%
NORTH CENTRAL MENTAL HEALTH SERVICES INC	\$175,001	\$175,001	0.0%	\$6,167,470	\$5,946,377	-3.6%
NORTH COMMUNITY COUNSELING CENTERS INC	\$0	\$0	n/a	\$1,589,357	\$1,716,791	8.0%
OHIO ASSIST	\$15,944	\$0	-100.0%	\$0	\$0	n/a
OHIO STATE UNIVERSITY HOSPITALS	\$0	\$0	n/a	\$1,308,590	\$876,045	-33.1%

**ADAMH Board of Franklin County
KY 2019 Proposed Provider Allocations**

Attachment III

Provider	KY18 Pass Thru	KY19 Pass Thru	Pass Thru % Variance	KY18 Discretionary	KY19 Discretionary	Discretionary % Variance
OHIOGUIDESTONE	\$62,500	\$125,000	n/a	\$550,798	\$457,918	-16.9%
OPIATE PERFORMANCE INCENTIVES	\$0	\$0	n/a	\$1,000,000	\$1,000,000	0.0%
OPIOID PSA	\$2,250,000	\$2,250,000	n/a	\$0	\$250,000	n/a
PEER CENTER	\$0	\$0	n/a	\$1,139,704	\$1,190,557	4.5%
PERFORMANCE INCENTIVE - UTILIZATION POOL	\$0	\$0	n/a	\$0	\$5,000,000	n/a
PERFORMANCE INCENTIVE - VALUE BASED CONTRACTING	\$0	\$0	n/a	\$0	\$1,000,000	n/a
PROBATE ATTORNEYS	\$0	\$0	n/a	\$148,000	\$200,000	35.1%
SCHOTTENSTEIN CHABAD HOUSE FRIENDSHIP CIRCLE	\$0	\$0	n/a	\$183,026	\$191,312	4.5%
SOUTHEAST INC	\$652,091	\$550,902	-15.5%	\$11,380,993	\$10,050,854	-11.7%
ST VINCENT FAMILY CENTERS	\$0	\$0	n/a	\$964,661	\$1,001,350	3.8%
SYNTERO INC	\$0	\$0	n/a	\$2,215,007	\$2,490,803	12.5%
TV TWIN VALLEY CSN	\$0	\$0	n/a	\$1,499,102	\$1,338,298	-10.7%
UMADAOP OF FRANKLIN CO INC	\$261,729	\$262,549	0.3%	\$85,535	\$98,227	14.8%
VILLAGE NETWORK	\$405,960	\$405,960	0.0%	\$225,167	\$256,503	13.9%
TOTALS	\$7,936,905	\$7,460,315	-6.0%	\$83,707,276	\$86,952,273	3.9%

Rory McGuinness, Chair
Peggy Anderson, Vice Chair
Damon Muldoon, Treasurer
Sharon McCloy-Reichard, Secretary

David A. Royer, CEO

Africentric Personal Development Shop, Inc.
Alvis
Amethyst, Inc.
Buckeye Ranch
Central Ohio Area Agency on Aging
CHOICES for Victims of Domestic Violence
Columbus Area Integrated Health Services, Inc.
Columbus Public Health
Columbus Urban League
Community for New Direction
Community Housing Network
CompDrug/Youth to Youth
Concord Counseling Services
COVA
Directions for Youth & Families
HandsOn Central Ohio
House of Hope, Inc.
Huckleberry House
Maryhaven
Mental Health America of Franklin County, Inc.
NAMI Franklin County
National Church Residences
Nationwide Children's Hospital Behavioral Health Services
Netcare Access
North Central Mental Health Services, Inc.
North Community Counseling Centers
Ohio Guidestone
Schottenstein Chabad House Friendship Circle
Southeast, Inc.
St. Vincent Family Centers
Syntero
The Heritage of Hannah Neil
The Ohio State University Medical Wexner Center
The P.E.E.R. Center
The Village Network
Twin Valley Behavioral Healthcare
Urban Minority Alcoholism & Drug Abuse Outreach Program of Franklin County, Inc.



May 21, 2018

Shawn Holt, Chief Executive Officer
Maryhaven
1791 Alum Creek Drive
Columbus, Ohio 43207

Dear Shawn:

Congratulations! The ADAMH Board has approved your request for funding to replace the beds at the Engagement Center. This is a one-time award amount for \$29,590.80 for 2018.

ADAMH has established an exempt block grant for this award. Please submit an invoice (Attn: ADAMH Clinical Services) for the full balance at your earliest convenience. Funds associated with this block grant can be requested through the monthly block grant funding request process after the invoice is submitted.

Thank you for your continued efforts in accessing funding sources for the care of those rebuilding their lives in Franklin County.

Sincerely,

A handwritten signature in black ink that reads "David Royer". The signature is written in a cursive, slightly slanted style.

David A. Royer, CEO
ADAMH Board of Franklin County

copy to: Senior Staff
Vincent Sabino
Sujatha Aroor
Kathy Podlasiak
Central File

Rory McGuinness, Chair
Peggy Anderson, Vice Chair
Damon Muldoon, Treasurer
Sharon McCloy-Reichard, Secretary

David A. Royer, CEO

Africentric Personal Development Shop, Inc.
Alvis
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Southeast, Inc.
St. Vincent Family Centers
Syntero
The Heritage of Hannah Neil
The Ohio State University Medical Wexner Center
The P.E.E.R. Center
The Village Network
Twin Valley Behavioral Healthcare
Urban Minority Alcoholism & Drug Abuse Outreach Program of Franklin County, Inc.



Alcohol, Drug and Mental Health Board
of Franklin County

May 29, 2018

Ms. Natalie Huang Edwards
The Ogilvy Group, LLC
636 11th Avenue
New York, NY 10036

Dear Ms. Edwards:

Congratulations on receiving the Opiate Public Service Announcement award from the Columbus Foundation. The award amount is \$550,000 and the period for this grant is June 1, 2018 to December 31, 2018.

ADAMH has established a pass-through block grant for this award. You will not be required to submit shadow claims associated with this block grant. Reimbursement for this award will be made through the normal block grant request process.

Thank you for your continued efforts in accessing funding sources for the care of those rebuilding their lives in Franklin County.

Sincerely,

David A. Royer, CEO
ADAMH Board of Franklin County

copy to: Senior Staff
Sujatha Aroor
Kathy Podlasiak
Central File

Rory McGuinness, Chair
Peggy Anderson, Vice Chair
Damon Muldoon, Treasurer
Sharon McCloy-Reichard, Secretary

David A. Royer, CEO

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North Community Counseling Centers
Ohio Guidestone
Schottenstein Chabad House Friendship Circle
Southeast, Inc.
St. Vincent Family Centers
Syntero
The Heritage of Hannah Neil
The Ohio State University Medical Wexner Center
The P.E.E.R. Center
The Village Network
Twin Valley Behavioral Healthcare
Urban Minority Alcoholism & Drug Abuse Outreach Program of Franklin County, Inc.



May 29, 2018

Ms. Rema Waugh
Universal McCann
13801 FNB Parkway
Omaha, NE 68154

Dear Ms. Waugh:

Congratulations on receiving the Opiate Public Service Announcement award from the Columbus Foundation. The award amount is \$1,250,000 and the period for this grant is June 1, 2018 to December 31, 2018.

ADAMH has established a pass-through block grant for this award. You will not be required to submit shadow claims associated with this block grant. Reimbursement for this award will be made through the normal block grant request process.

Thank you for your continued efforts in accessing funding sources for the care of those rebuilding their lives in Franklin County.

Sincerely,

A handwritten signature in blue ink, appearing to read "David A. Royer", is written over a circular blue stamp.

David A. Royer, CEO
ADAMH Board of Franklin County

copy to: Senior Staff
Sujatha Aroor
Kathy Podlasiak
Central File

Rory McGuinness, Chair
Peggy Anderson, Vice Chair
Damon Muldoon, Treasurer
Sharon McCloy-Reichard, Secretary

David A. Royer, CEO

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North Central Mental Health Services, Inc.
North Community Counseling Centers
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Schottenstein Chabad House Friendship Circle
Southeast, Inc.
St. Vincent Family Centers
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The Heritage of Hannah Neil
The Ohio State University Medical Wexner Center
The P.E.E.R. Center
The Village Network
Twin Valley Behavioral Healthcare
Urban Minority Alcoholism & Drug Abuse Outreach Program of Franklin County, Inc.

June 25, 2018



Sandra W. Harbrecht, Chief Executive Officer
Paul Werth Associates
10 North High Street
Columbus, OH 43215

Dear Sandra:

Congratulations on receiving the Opiate Public Service Announcement award from the Columbus Foundation. The award amount is \$250,000 and the period for this grant is June 1, 2018 to December 31, 2018.

ADAMH has established a pass-through block grant for this award. You will not be required to submit shadow claims associated with this block grant. Reimbursement for this award will be made through the normal block grant request process.

Thank you for your continued efforts in accessing funding sources for the care of those rebuilding their lives in Franklin County.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. Royer", is written over a horizontal line.

David A. Royer, CEO
ADAMH Board of Franklin County

copy to: Senior Staff
Aimee Shadwick
Sujatha Aroor
Kathy Podlasiak
Central File

Derek Anderson, Chair
Rory McGuiness, Vice Chair
Damon Muldoon, Secretary
Peggy Anderson, Treasurer

David A. Royer, CEO

Africentric Personal Development Shop, Inc.
Alvis House
Amethyst, Inc.
Buckeye Ranch
COVA (Center of Vocational Alternatives)
Central Ohio Area Agency on Aging
CHOICES for Victims of Domestic Violence
Columbus Area Integrated Health Services, Inc.
Columbus Public Health
Columbus Urban League
Community for New Direction
Community Housing Network, Inc.
CompDrug
Concord Counseling Services
Directions for Youth & Families
HandsOn Central Ohio
House of Hope for Alcoholics, Inc.
Huckleberry House, Inc.
Maryhaven, Inc.
Mental Health America of Franklin County, Inc.
NAMI Franklin County
National Church Residences
Nationwide Children's Hospital Behavioral Health Services
Neighborhood House
Netcare Corporation
North Central Mental Health Services
North Community Counseling Centers, Inc.
St. Vincent Family Centers
Schottenstein Chabad House Friendship Circle
Southeast, Inc.
Syntero, Inc.
The P.E.E.R. Center
The Village Network
TBI Network
Twin Valley Behavioral Healthcare Community Support Network
Urban Minority Alcoholism and Drug Outreach Program of Franklin County, Inc.



July 6, 2018

Michael Daniels
Franklin County Office of Justice Policy and Programs
373 S. High Street 25th Floor
Columbus, Ohio 43215

Dear Mr. Daniels:

Congratulations! The ADAMH Board has approved the request for half of the funding to purchase the Piccolo Xpress Chemistry Analyzer. This is a one-time award amount for \$6,553.12 for 2018.

ADAMH has established a pass-through block grant for this award. Please submit an invoice (Attn: ADAMH Clinical Services) for reimbursement of the analyzer.

Thank you for your continued efforts in accessing funding sources for the care of those rebuilding their lives in Franklin County.

Sincerely,

A handwritten signature in blue ink, appearing to read "David A. Royer", is written over a light blue horizontal line.

David A. Royer, CEO
ADAMH Board of Franklin County

copy to: Senior Staff
Meg Griffing
Sujatha Aroor
Kathy Podlasiak
Central File

ADAMH #: B

Derek Anderson, Chair
Rory McGuiness, Vice Chair
Damon Muldoon, Secretary
Peggy Anderson, Treasurer

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Africentric Personal Development Shop, Inc.
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The P.E.E.R. Center
The Village Network
TBI Network
Twin Valley Behavioral Healthcare Community Support Network
Urban Minority Alcoholism and Drug Outreach Program of Franklin County, Inc.



July 23, 2018

Mr. Kenton Beachy, Chief Executive Officer
Mental Health America of Franklin County
2323 West Fifth Avenue, Suite 160
Columbus, Ohio 43204

Dear Kenton:

Congratulations! The ADAMH Board has approved the request for funding to expand the POEM (Perinatal Outreach and Engagement for Moms) program. An additional \$15,000 will be provided for the remainder of KY2018. These funds have been added to the Support Programs allocation and can be accessed using the same block grant process as the other programs offered by Mental Health America of Franklin County.

An additional \$30,000 for KY 2019 will be added through the annual allocation action being presented to the Board of Trustees in August. Contingent upon Trustee approval, this will result in a \$45,000 increase to the annual program allocation for POEM.

Thank you for your continued commitment to provide care to those rebuilding their lives in Franklin County.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. Royer", with a stylized flourish at the end.

David A. Royer, CEO
ADAMH Board of Franklin County

copy to: Senior Staff
Meg Griffing
Sujatha Aroor
Kathy Podlasiak
Central File

attachments:

{Planned Allocation report}
{Other Supporting Documentation}

ADAMH #: B



RESOLUTION

Requesting Approval of the Capital Application in support of Community for New Direction

WHEREAS, the ADAMH Board of Franklin County understands and agrees to Community for New Direction project description and assurance statements outlined in the Ohio Department of Mental Health and Addiction Services (OhioMHAS) capital application; and

WHEREAS, the ADAMH Board of Franklin County intends to support and provide \$87,225 in local levy match money for Community for New Direction Recovery Residences program consistent with OhioMHAS capital application, and to annually monitor their programs and operations to assure compliance;

WHEREAS, ADAMH agrees to review OhioMHAS capital application prepared by Community for New Direction with the project description and assurance statements, along with Community for New Direction's budget and inform OhioMHAS of any concerns about their financial standing for a 30-year period. ADAMH and Community for New Direction will assure that development funds will not be derived from funding designated for services and the building will be used for the purpose described in the application for the 30-year term, which is identified in the state/local assurance statements that is executed as a part of the mortgage/note of this capital project.

NOW, THEREFORE, BE IT RESOLVED by the ADAMH Board of Franklin County approval of this capital application for the development of a recovery housing at Community for New Direction;

WITNESS THEREOF, I hereunto subscribe my name on this twenty-eighth day of August, Two Thousand and Eighteen.

David A. Royer, CEO
ADAMH Board of Franklin County

Rory McGuiness, Board Chair
ADAMH Board of Franklin County

Date: August 28, 2018

Resolution # 20180828-01



RESOLUTION
In Support of the Re-Appointment of Jane Higgins Marx
To the Guardianship Board

WHEREAS, ADAMH, the Alcohol, Drug and Mental Health Board of Franklin County, as outlined in the Ohio Revised Code 2101.026, is one of the appointing authorities to the Franklin County Guardianship Services Board; and

WHEREAS; the Alcohol, Drug and Mental Health Board of Franklin County takes very seriously our role to serve many of the county residents who are most in need of guardianships; and

WHEREAS, the Alcohol, Drug and Mental Health Board of Franklin County re-appoints Jane Higgins Marx to the Franklin County Guardianship Services Board; and

WHEREAS, her professional expertise as an attorney at Carlile Patchen & Murphy working with guardians on various legal and fiduciary responsibilities uniquely suit her to serve on the board; and

WHEREAS, the Alcohol, Drug and Mental Health Board of Franklin County is committed to working with the Franklin County Probate Court and the Franklin County Board of Developmental Disabilities on the Franklin County Guardianship Services Board to advocate for our community's most vulnerable citizens.

NOW, THEREFORE, BE IT RESOLVED by the ADAMH Board of Franklin County approval of this endorsement to re-appoint Jane Higgins Marx to the Franklin County Guardianship Services Board serving a term effective immediately and ending September 30, 2022;

WITNESS THEREOF, I hereunto subscribe my name on this twenty eighth day of August, Two Thousand and Eighteen.

David A. Royer, CEO
ADAMH Board of Franklin County

Rory McGuiness, Board Chair
ADAMH Board of Franklin County

Date: August 28, 2018

Resolution # 20180828-02

August 2018 Media and Participation Report

Media Coverage of Don't Live in Denial – Opioid Education Campaign

ADAMH joined with the Nationwide Foundation and business, civic and community organizations to create the Ohio Opioid Education Alliance and launch a new community education campaign to raise awareness of opioid addiction, *Don't Live in Denial*. This is the media coverage of the launch.

June 29 –*The Columbus Dispatch*, Editorial: Opioid overdoses down; much work remains as employers lend help

June 19 – 10TV, Former opiate addict hopes new Franklin County initiative will save lives)

June 19 –WOSU, New Opioid Ad Campaign Urges Parents: 'Don't Live In Denial'

June 19 – 10TV, Pushing parents out of denial about drug use

June 19 –*The Columbus Dispatch*, New ads warn, 'Don't live in Denial, Ohio; talk to your kids about opioids'

June 3 –*The Columbus Dispatch*, Ad campaign aimed at discouraging opioid use

ADAMH Print News

June 29 – The city of Columbus and Franklin County offer additional funding to support the Safe Point needle access program run by Equitas Health. ADAMH funds an addiction counselor available to people who participate in the program. (*The Columbus Dispatch*, Cash-strapped clean needle initiative saved)

June 25 – *Columbus Monthly* published an article about law enforcement's efforts to fight the opioid epidemic and connect people who are addicted with treatment. The article included information about the ADAMH-funded program, RREACT (Rapid Response Emergency Addiction and Crisis Team) with Southeast. (*Columbus Monthly*, Ride Along: Columbus Cops Battle Overdoses with Narcan)

June 22 – Franklin County Coroner Anahi Ortiz released preliminary statistics that show a 13 percent decrease in overdose deaths in the first quarter of 2018 compared to the first quarter of 2017. ADAMH Public Affairs Director Aimee Shadwick said the decrease is encouraging. (*The Columbus Dispatch*, Coroner: Franklin County overdose deaths on the decline, but still too high)

June 19 – ADAMH and the Gahanna Area Arts Council invited community members to share their vision for a community mural in Gahanna. (*ThisWeek Community News*, Planning for Mill Street mural with health message begins)

June 18 – ADAMH Medical Director Dr. Delaney Smith talked with Laurie Allen from *Columbus CEO* about the toll of addiction and recovery on family members. (*ColumbusCEO*, Families of Drug Addicts Suffer in Silence)

June 14 – North Central Mental Health Services CEO Don Wood wrote a Letter to the Editor about the ADAMH-funded suicide prevention resources available in Franklin County. (*The Columbus Dispatch*, Letter: Make suicide prevention a priority at all levels)

August 2018 Media and Participation Report

ADAMH Electronic News

July 18 – ADAMH and the Addiction Policy Forum donated medication disposal bags to the City of Columbus for distribution by Columbus Divisions of Police and Fire. (WCBE, Columbus Plans To Distribute Prescription Drug Disposal Bags)

July 16 – ADAMH and the Addiction Policy Forum donated medication disposal bags to the City of Columbus for distribution by Columbus Divisions of Police and Fire (10TV, Columbus to give 800 disposal bags to public to get rid of prescription medication)

June 15 – The Whitehall Division of Fire worked with the Maryhaven Addiction Stabilization Center, supported by ADAMH, to allow people who live in Franklin County the ability to walk into the firehouse and ask for addiction treatment help. (10TV, Whitehall Division of Fire offers 'SAFE Station' for addicts)

Provider / Community News

Aug. 20 –Franklin County's RREACT (Rapid Response Emergency Addiction and Crisis Team) was highlighted as part of an article discussing similar programs in multiple Ohio counties. The programs connect mental health professionals with overdose patients after they are treated by EMS. (*The Columbus Dispatch*, Addicts get help from Ohio counties' response teams after overdoses)

Aug. 19 – House of Hope CEO Carolyn Ireland discussed the organizations plan to support a recovery residence for people participating in Medication Assisted Treatment using Vivitrol. (*The Columbus Dispatch*, More treatment centers debate role of drugs to combat opioid addiction)

July 15 – Recovery advocate and PEER Center employee Gabe Howard and Lt. Dennis Jeffrey from the Columbus Division of Police discussed mental health recovery and Crisis Intervention Training in Columbus to promote town hall meeting. (ABC6, PTSD and Mental Health Town Hall Preview)

July 10 – Columbus Library joined Project Safe Place as a place where young people can go and request help from Huckleberry House, the youth shelter in Columbus. (10TV, Columbus Library branches designated "safe place" for homeless youth)

June 21 – The Alvis Summer Quest Camp funded by ADAMH is open to the children of women who are participating in drug or alcohol treatment through Amethyst. (10TV, Summer Quest: Camp saves kids and mothers in recovery)

June 8 – Michele Perry, Netcare Director of Crisis and Assessment Services, and Lt. Dennis Jeffrey discussed the new Mobile Crisis Response unit at the Columbus Division of Police that sends mental health professionals to the scene of mental health crisis with police. (10TV, Columbus police testing new partnership with mental health experts)

June 1 – Directions for Youth & Families CEO Duane Casares discussed the organization's focus on trauma informed treatment services. (*Columbus Business First*, Directions for Youth & Families tackle traumatic stresses affecting those in poverty)

August 2018 Media and Participation Report

Community Participation

August 18 – Phil Hedden, ADAMH Client Rights Advocate, attended The PEER Center's PEERdance & Walk event and staffed an ADAMH resource table.

August 11 – ADAMH employees volunteered at the ADAMH resource table and walked at the African American Male Wellness Walk. ADAMH was a sponsor of this event.

August 8 – ADAMH Community Prevention Manager Nettie Ferguson attended and staffed the ADAMH resource table at the After School Counts Off to a Great Start (OTAGS) Conference. This event for school, faith and community-based after school program staff was supported by ADAMH with a mini-grant.

August 4 – ADAMH staff volunteers distributed ADAMH resources at FamJam sponsored by Mayor Andrew J. Ginther and Franklin County Children's Services.

August 4 – ADAMH Director of Clinical Services Jennifer Martinez attended the Reynoldsburg Multicultural CommUNITY Day sponsored by Reynoldsburg Youth Human Trafficking Coalition and Asian American Community Services.

August 3 – ADAMH Community Prevention Manager Nettie Ferguson spoke at the Women & Girls' Fest sponsored by the Education Foundation for Freedom. This event took place at the OSU African American Studies Extension Center and was supported with an ADAMH mini-grant.

August 1 – ADAMH Senior Director of Human Resources Tillie Woods and ADAMH Public Affairs Director Aimee Shadwick attended the opening reception for the African American Male Wellness. ADAMH is a sponsor of the walk.

July 28 – ADAMH supported the Columbus Disabilities Fest with mini-grant funds and provided ADAMH resources to be distributed at the event.

July 26 – ADAMH CFO Jonathan Wyllly participated in a panel discussion about the opioid epidemic with U.S. Surgeon General Dr. Jerome Adams in Whitehall.

July 23 – ADAMH CEO David Royer and ADAMH mural consultant, Eliza Ho, discussed the ADAMH mural program with Gahanna City Council members.

July 22 – ADAMH Director of Clinical Services Jennifer Martinez spoke about youth mental health at the Bexley Mental Health Fairs sponsored by Bexley United Methodist Church. ADAMH Public Affairs staffed a resource table at the event.

July 18 – ADAMH Public Affairs staffed an ADAMH resource table at the Opioid Public Outreach event in Whitehall sponsored by the city and the Whitehall Division of Fire.

June 23 – ADAMH sponsored and provided resource materials for the Now I Lay Me Down to Sleep Walk for families who have lost infant children.

June 21 – ADAMH and the Gahanna Area Arts Council held a community meeting to get feedback about the community mural that ADAMH will bring to Gahanna. ADAMH CEO David Royer introduced the mural program to the community and ADAMH mural consultant, Eliza Ho, facilitated a discuss with community members about wellness and community pride.

August 2018 Media and Participation Report

June 16 – ADAMH staff volunteers attended the Columbus Children’s Festival at Westerville North High School and staffed a resource table for community members.

June 15-16 – ADAMH sponsored the family area at Columbus PRIDE and provided ADAMH resources and giveaways.

June 9 – ADAMH Community Prevention Manager Nettie Ferguson participated in a panel discussion about addiction sponsored by the Tabernacle Baptist Church.

June 9 – ADAMH employees staffed the ADAMH resource table and walked at the annual NAMIWalks event held by NAMI Franklin County.

June 5 – ADAMH Public Affairs staffed a resource table at the Focus on Life health fair at the Focus Learning Academy of Southeastern Columbus. This event was supported with an ADAMH mini-grant.

May 26 – Dr. Kevin Dixon attended the Asian Festival, which was supported by ADAMH through the mini-grant program. In addition, those who participated in the Mental Health Pavilion received ADAMH resources.

The Columbus Dispatch

Opinion

Editorial: Opioid overdoses down; much work remains as employers lend help

Posted Jun 29, 2018 at 12:01 AM

Updated Jun 29, 2018 at 7:25 AM

Fewer people died of drug overdoses in the first three months of this year in Franklin County, but 111 preventable deaths are still 111 too many. And the number was still 35 percent higher than just two years ago.

With most fatal overdoses being opioid-related, it is heartening to see new and continuing efforts underway to fight this scourge — some at the community level and others statewide.

Ohio is an unfortunate national leader in overdose deaths with the 2017 toll exceeding 5,000, a rate of 14 a day. The 13-percent decline locally over the same quarter last year is a good start as multiple advocates work to depress it further.

And now business leaders are exerting influence in a welcome campaign based in fictional Denial, Ohio.

>> Join The Columbus Dispatch Conversation and tell us what you think about what's going on in our community.

As opiate addiction and overdoses rose to epidemic status in recent years, politicians and health and social-service agencies clamored for solutions, but major employers were largely absent from public discourse.

Their silence may be understandable. No business wants to identify itself as having a problem with impaired employees, even though it was widely appreciated that opiate addiction does not obey boundaries of wealth, race, gender, age, creed or other social stratifications.

The staggering impact on business became clearer earlier this year. The Ohio Chamber of Commerce in March released an opioid toolkit, “A Dose of Reality for Employers” at

ohiochamber.com/opioid-toolkit, citing costs of \$5.4 million a day in Ohio in medical bills and lost work due to drug overdoses.

And in April, a Kaiser Family Foundation national study found opioid addiction and overdose insurance costs for large employers reached \$2.6 billion in 2016, or nearly nine times more than 2004 costs of about \$300 million. That study also showed costs continued to rise even though employer-paid prescriptions for opioids declined since 2009. Ohio Auditor Dave Yost this week pegged Medicaid's opioid costs at \$110 million, up 846 percent since 2010.

Now there's a new media campaign by the Ohio Opioid Education Alliance, a group of Columbus-based nonprofits, health-care providers and business interests spearheaded by the Nationwide Foundation with the Alcohol, Drug and Mental Health Board of Franklin County. Nationwide donated \$2 million to the Columbus Foundation to start the campaign, dontliveindenial.org, to educate parents and caregivers on safeguarding and disposing of prescription opioids to prevent addiction.

AEP, Battelle and White Castle are campaign supporters with the Columbus Chamber of Commerce and Columbus Partnership, among other business groups.

Physicians support the alliance's approach. The Ohio State Medical Association recognizes many who become addicted are not those for whom opiates were originally prescribed, according to spokesman Reginald Fields. OSMA said recently its efforts to educate doctors about opioid dangers helped to decrease Ohio opiate prescriptions 30 percent from 2012 to 2017 while greatly boosting physicians' vigilance to prevent addicts from obtaining multiple prescriptions.

The medical association says insurers can help further reduce opioid addiction and overdoses by covering non-drug treatment like physical therapy.

Last week City Attorney Zach Klein organized "Save Lives Linden" to teach Linden residents how to use naloxone for overdoses, administer CPR and properly dispose of drugs. Sad but necessary, children also participated. We can't solve this problem too soon.

The Columbus Dispatch

New ads warn, 'Don't live in Denial, Ohio; talk to your kids about opioids'

By Rita Price

The Columbus Dispatch

Posted Jun 19, 2018 at 4:23 PM

Updated Jun 19, 2018 at 7:31 PM

A new coalition formed to educate central Ohioans about the danger of opioids launched a multimedia campaign Tuesday that warns against underestimating the risk.

The setting for the public-service announcements is the fictional town of Denial, Ohio, where parents don't think their children could be affected by the state's crisis of abuse and addiction.

"Every child, every teen, is a potential victim of this epidemic," said Jonathan Wylly, chief fiscal officer for the Alcohol, Drug and Mental Health Board of Franklin County. "Our plea is simple: Please, parents, don't live in Denial, Ohio."

The ADAMH board joined business, civic and community organizations to create the Ohio Opioid Education Alliance, a public-private partnership that aims to put more resources into prevention. "Prevention has always been underfunded, even compared to treatment," Wylly said during a news conference at the board offices Downtown.

The Nationwide Foundation played a primary role in establishing the alliance, donating \$2 million to a fund at the Columbus Foundation to pay for the initial work of the community-education campaign. More than a dozen businesses and nonprofit groups have signed onto the effort, and more are expected.

Chad Jester, Nationwide Foundation president, said the organization felt compelled to get involved in a public health problem that knows no geographic or socioeconomic bounds. "All of us have our own personal stories about how we have been touched by this crisis," he said.

The campaign unveiled this week is available on digital streaming platforms such as YouTube, Hulu and Roku and will be on television, radio and billboards later this summer. Information also is online at DontLiveinDenial.org.

"I lived in Denial, Ohio, for many, many years," said Brenda Stewart, founder of The Addict's Parents (TAP) United. "I always thought, 'Not my kid,' same as what you saw on the screen."

She and other speakers stressed the need for families to view addiction as more than a remote possibility. Nearly 80 percent of Americans using heroin reported misusing prescription opioids first, according to federal drug-abuse surveys.

Ohio's opioid epidemic remains among the nation's worst, with overdose death tolls climbing to some 14 a day in 2017. Drug overdose deaths in Franklin County hit 520 last year, a 47 percent increase from 2016.

Andrew Moss, director of the Maryhaven Addiction Stabilization Center, said about 10 people overdose every day in Columbus. The stabilization center has been open just five months, he said, and already has admitted 600 people. Effective prevention could perhaps put him out of a job, Moss said, "And maybe I'm OK with that."

Supporters say the new media campaign is based on research that indicates most people are aware of the crisis, yet don't perceive much of a threat to their own children and families.

Vanessa Perkins, a former user who has been in recovery for more than eight years, makes sure she's the one to talk to her 10-year-old son about drugs. "I should educate him," Perkins said, "before somebody sideways educates him."

To watch one of the ads, go to <https://youtu.be/ieraqVu-Bw>

rprice@dispatch.com

@RitaPrice

The Columbus Dispatch

Ad campaign aimed at discouraging opioid use

By **Rita Price**

The Columbus Dispatch

Posted Jun 3, 2018 at 5:00 AM

Updated Jun 3, 2018 at 11:28 AM

A community education campaign about the danger of opioids kicks off this month. The public service announcements are aimed at preventing what is often the first step to tragedy: prescription medication abuse by teens.

The \$2.25 million effort, approved last week by the Alcohol, Drug and Mental Health Board of Franklin County, is to include spots on social media, television and radio.

However, the taxpayer-funded agency isn't footing the bill. CEO David Royer said initial money for the campaign is coming through the Columbus Foundation, from a fund supported by the Nationwide Foundation.

"Funding from other organizations will also support this community-based education campaign through this fund," Royer said in an emailed statement. "We will have more to share on the campaign details later this month."

Development of a community-wide public awareness campaign is among the actions called for in the Franklin County Opiate Action Plan, a blueprint for addressing the epidemic of drug abuse and addiction that was released last summer.

There were 520 drug overdose deaths in Franklin County last year, a 47 percent increase from 2016. Ohio's opioid epidemic remains among the worst in the nation, with overdose-death tolls — largely from opioids — continuing to climb from 12 a day in 2016 to 14 a day in 2017.

Public agencies on the front lines need all the help they can get, said Mary Ann Krauss, a member of the local ADAMH board.

"It's going to take everyone to win the war," she said. "We need the corporate community involved."

Cities and counties throughout the state have shown interest in awareness campaigns, but many struggle to come up with the resources, said Liz Henrich, associate CEO of the Ohio Association of County Behavioral Health Authorities. The good news is that

it appears “more partners are coming to the table, whether that’s a foundation or a corporation. We’re bringing marketing resources with marketing experts.”

Although the goal of the Franklin County campaign is to keep young people from abusing prescription medications, their parents are the target audience. Peggy Anderson, a member of the ADAMH board, said adults can take steps to keep their children from having access to narcotics in the house.

Many teens and young adults who become addicted to opioids start with improper use of painkillers and other medications prescribed to them or family members. Some then turn to cheaper street drugs, such as heroin, when prescription medications are unavailable.

The companies contracted to do the public service announcements are Paul Werth Associates (\$250,000) in Columbus and New York-based Ogilvy & Mather (\$550,000) and Universal McCann (\$1.45 million).

“The goal is to educate families about opioid use and, ultimately, save lives,” Royer said. “When we all come together, we can make a greater impact on this crisis that is devastating our entire community.”

rprice@dispatch.com

[@RitaPrice](#)

The Columbus Dispatch

Cash-strapped clean needle initiative saved

By **Rita Price**

The Columbus Dispatch

Posted Jun 29, 2018 at 5:56 PM

Updated Jun 29, 2018 at 6:17 PM

The city of Columbus and Franklin County are stepping in to save a cash-strapped program that provides clean syringes and other harm-reduction services for drug users.

Safe Point, run by Equitas Health at its Short North medical center, now has sufficient funding to operate through the end of the year, officials announced Friday.

Columbus Public Health is contributing \$125,000, the county is providing \$100,000, and the Alcohol, Drug and Mental Health Board of Franklin County will continue to pay for an alcohol counselor at Safe Point. Equitas Health also is to contribute \$100,000.

“Columbus Public Health is pleased that we could work with our partners to ensure that these critical services continue to be available to those who are suffering from the brain disease of addiction,” Health Commissioner Dr. Mysheika Roberts said in a news release. “The comprehensive harm-reduction services offered at Safe Point connect people to treatment and protect them, their families and the entire community by preventing overdose and the spread of infectious diseases.”

County Commissioner Maryilyn Brown said the program “literally saves hundreds of lives in our community.”

Its future, however, has been uncertain, and Equitas sought help from the city and county earlier this month. Advocates also said this week that the state could help by submitting a form to the federal Centers for Disease Control and Prevention to open up another potential source of revenue.

But the Ohio Department of Health has instead blocked that avenue with bureaucratic delays, according to the drug-policy advocacy group Harm Reduction Ohio. That prevents programs such as Safe Point from accessing any of the \$7.6 million in annual federal funding the state is expected to receive for HIV surveillance and prevention through mid-2022, the group said.

State health officials counter that they are taking time to ensure that HIV-prevention programs wouldn't be adversely affected if the money were redirected.

Franklin County has more than 4,300 active heroin users, local officials say. The Safe Point program served 3,139 people last year and distributed more than 1.2 million syringes.

William J. Hardy, president and CEO of Equitas, thanked the city and county for support and said the agency looks forward "to a long-term plan to sustain this life-saving program."

rprice@dispatch.com

[@RitaPrice](#)

columbus^{MONTHLY}

Ride Along: Columbus Cops Battle Overdoses with Narcan

By Chris Gaitten

Posted Jun 25, 2018 at 8:30 AM

Updated Jun 27, 2018 at 2:26 PM

Police are embracing a miracle drug that is helping to keep opiate addicts alive. But it can't save everyone

The 13th Precinct on the South Side is a patchwork of landscapes that bear little resemblance to one another. Brick-lined urban streets give way to industrial parks, then to highway strip malls, followed by undeveloped fields and clusters of houses that look like they were slapped together with spare parts. It runs from Alum Creek Drive west to I-71, and from Merion Village south almost to the Pickaway County line. This massive police precinct is loosely based on the 43207 ZIP code that leads the city in drug overdoses by a wide margin. To learn something of the opiate epidemic, this is as good a place as any to start.

Officer Zach May loads his gear into a cruiser in the parking lot of the Columbus Police substation on Woodrow Avenue. He's been a cop for two years and has spent the last eight months assigned to the 13th Precinct. On a Thursday shift in April he tours the South Side, first along Parsons Avenue between Jenkins Avenue and Hosack Street, an area known for its heavy opiate activity. Later, he rolls past suspected dope houses off of South High Street, pointing them out one by one. Nearby, a banner about weekly recovery meetings hangs across a church. Overdoses aren't exactly a shock around here. May says he saw three during his very first day on patrol.

The city's rash of overdoses is driven by fentanyl, the ultra-powerful synthetic opiate often mixed into heroin. "If there's not fentanyl in it, it's not good anymore," May says. Users now expect the added high it provides. The preliminary data from the Franklin County Coroner's Office show that heroin-related overdose deaths actually dropped significantly from 2016 to 2017, from 144 to 84. Fentanyl-related deaths more than made up the difference, increasing from 144 to 346. Overall, there were 520 overdose deaths in 2017, an increase of about 47 percent.

Back in the parking lot at the 13th Precinct substation, officer Brian Becker displays the remedy that's gaining favor among police: naloxone. He pulls out the delivery device, a clear syringe with a nasal spray applicator on top. Half the dose goes up one nostril of an overdose victim, half up the other. The naloxone, commonly known by the brand name Narcan, binds to opiate receptors in the brain, blocking the uptake of more opiates and usually reversing the effects of an overdose within minutes. Opiate users—who may be unresponsive and on the brink of death—often wake up shortly after receiving the dose. There's no risk of abuse and no side effects. For a community struggling with an unprecedented level of overdoses, it's nothing short of a miracle.

Becker has been a cop for seven years, five on the South Side. He was asked hypothetically by a police health care worker if he wanted to carry naloxone several years ago. He told her he didn't need it because firefighters and EMS squads carry it, and they always beat him to overdose scenes anyway. But as the problem escalated, Becker was among the first officers to get naloxone when the Columbus Police began the pilot program in May 2016. He thinks he's used it four times, and all but one person survived.

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Officer Ed Chung spots two men leaving a suspected dope house on Warren Avenue on a Monday afternoon. One cuts across a convenience store parking lot, past a tire store and into another house. Chung follows him in his police SUV. He drives around the block and backtracks across an alley behind the home, but there's no sign of the man. He starts running the license plates of the half-dozen cars parked out back, looking for warrants. This is how he spends his shifts, always scanning, always moving.

"I probably burn a path in the roads by circling and circling and circling," he says. He's been on the force for three and a half years, most of that here on the Hilltop, Precinct 19. While the South Side is vast and disparate, this West Side precinct covers a relatively compact grid. The section with the most crime is so tight it feels claustrophobic, like policing a sandbox. Drugs are just as prevalent here as on 13—a lot of dope, a lot of guns, a lot of action, Chung says. The 19th Precinct substation on Sullivant Avenue is in the 43223 ZIP code, which has the second-most overdose deaths in the city.

Like Becker, Chung was in the initial group of officers to carry naloxone, given first to cops in precincts 13 and 19 because of their high overdose counts. He has administered it 29 times, and 28 people have survived. His constant movement and close proximity to most calls allow him to be first to the scene more often than not. Some of his colleagues call him NarChung.

It's hard to know the exact extent, but most of the crime he sees traces to drug activity in some way, Chung says. Several officers on the South Side say that nearly all the people they arrest for theft and shoplifting are feeding a habit. Prostitutes walking along Sullivant are a conspicuous reminder—they're kept on the corners by their addictions, and in many cases by the human traffickers who control their access to drugs.

Chung likes working this area because of the volume and range of 10 codes—the radio signals that correspond to different crimes and runs called out by a radio dispatcher. A 10-8 is a burglary in progress, and a 10-28 is a homicide. A 10-34 is an unknown complaint, while a 34-C is a request to check on someone's well-being. A 34-O is an overdose, a recent addition to the 10 codes thanks to its growing frequency.

When they aren't dispatched on runs, the cops in the 19th Precinct spend time watching dope houses, following suspicious cars and hoping to make drug busts that lead back to a dope house. "Just like fishing, you throw out a line and hope for the best," Chung says. They give information from users to undercover officers, who make buys in the houses, then they shut down that house. But another one quickly pops up somewhere else. It's an elaborate, futile game of cat and mouse.

Today's surveillance comes up empty, but it's not always so quiet. Three people overdosed and one died in a 30-minute span during the previous night. There are a lot of good working-class people in the neighborhood, Chung says, but many are beaten down, always in crisis. "There's a lot of fragile people out here," he says, "so it's easy for them to fall into a life of narcotics abuse in general."

Like many Americans, Mark Voils' slide into heroin addiction was greased by OxyContin pain pills. In 2009, he finished a two-month stint in treatment at Maryhaven but began using again. He remembers asking his brother a question, and then the heroin overcame him. He woke up confused, an IV in his arm, surrounded by cops and paramedics. He was immediately sick from withdrawal caused by the opiate-blocking effects of the naloxone that medics gave him. He overdosed a second time in 2010. Again medics revived him. He continued using.

Lt. Dennis Jeffrey hears frustration from officers who wonder why addicts can't just stop, why they can't make an effort to help themselves even after they've been saved. Jeffrey oversees training for the police's Crisis Intervention Team, or CIT, which deals with mental health and substance abuse, and he manages the police's naloxone program. When it first began two years ago, there was resistance from some cops who

felt that saving addicts wasn't part of their job. It's a tough sell, convincing crime-fighters to revive users after decades spent believing they could arrest their way out of the drug problem. Jeffrey tries to sway them by humanizing the issue: The overdose victim is someone's relative. "I have family members that are drug-addicted," he says, "and I would hope someone would help them in their time of need, regardless of why they got there or what decisions they made to get there."

There also was some public pushback, primarily on social media. Cops say people post that tax dollars shouldn't be wasted on reviving addicts—that the city would be better off if police let them die. Voils says overdosing users were already being left untreated by those close to them for fear of involving the police. "People were scared to reach out to call, so it was killing people," he says. State law now protects anyone who calls in an overdose from being charged with a minor drug offense, Jeffrey says.

For Voils, there was no moment of reckoning. By 2011, he was just sick and tired of the lifestyle required to maintain his habit. "Every other time around, I would do it for my parents, I would do it for my wife, I would do it for the courts. I would try to get clean for everyone except for me," he says. "This time I decided to get clean, it was because I was ready."

His brother wasn't fortunate enough to reach that point. He died of a fentanyl overdose in 2015, not long before the police began carrying naloxone.

Voils is now the director of admissions across Maryhaven's local facilities, including the Addiction Stabilization Center, an opiate urgent care facility that opened in January to provide triage, detox and 30-day residential treatment. Maryhaven's system once had a daily wait list for detox of upwards of 100 people, says the center's director, Andrew Moss. The new facility was intended to improve access to care, one of the key goals of the 2017 Franklin County Opiate Action Plan. Now people are admitted right away.

In May 2017, the Alcohol, Drug and Mental Health Board of Franklin County provided funds to create the Rapid Response Emergency Addiction and Crisis Team, or RREACT, which nudges people toward treatment. When someone receives naloxone from EMS, social workers from Southeast Healthcare meet them at area hospitals to connect them to resources. For those who decline a hospital trip, a plainclothes cop and a medic or a firefighter conduct follow-ups to encourage users to accompany them directly to treatment, often to the stabilization center.

The fire department, which has carried naloxone for 40 years, provided the initial training for police to use the drug, which costs \$32 a dose, Jeffrey says. Jim Davis, the assistant fire chief of training and emergency medical services, says cops are frequently able to treat victims in the crucial four- to six-minute window when there's still a good shot at reviving them. The police were bystanders for decades while EMS and fire crews provided aid, but now they feel obligated to help stem the tide of a bottomless epidemic. About 525 of the department's 1,863 officers carry naloxone, and in mid-April, Jeffrey received permission to train every cop on patrol and every outgoing academy class.

During the 2016 pilot, the police used about 60 doses. There were about 285 uses in 2017. Through early May, cops have administered 183 doses, which puts them on pace for 526 in 2018. Davis says his fire and EMS units use naloxone on an average of 10 patients a day. In the last eight years, they've dispensed about 36,000 doses.

Officer Joe Curmode III likens the police department's shift in mentality on opiates to the turning of a giant cruise ship. It's slow, but it's happening. Curmode is a proponent of the naloxone program because he was tired of waiting around when he beat fire and EMS crews to the scene of an overdose. He's also motivated for personal reasons—his cousin died of an overdose last summer.

Curmode has been patrolling the 13th Precinct on the South Side for about two and a half years, most of his time as a cop. He also works on the RREACT squads, which go out during weekday afternoons and evenings to check on those who have overdosed in the last 24–48 hours, he says. That, too, can be futile. Many people who overdose are transient, and even the ones they find frequently turn down the offer of a ride to a treatment facility. Curmode is also CIT-trained and was involved in the naloxone pilot along with Chung and Becker. As of early May, he's dispensed 32 doses. Almost everyone has lived. Almost.

One in particular haunts him. Curmode responded to a house where two kids had found their dad in the bathroom after an overdose. They were pulling him out of the tub when Curmode got there. The man didn't make it. "Every time that happens I think about my cousin. I think about all my family that's gone through all this addiction, and it never gets any easier," Curmode says. "And that drives me even more the next time to get there as quick as I can."

To him, using naloxone isn't any different than performing CPR or triage on a gunshot victim. His job is to save lives, and naloxone is just another tool. This is 21st century policing, he says. He's a de facto medic one minute, a domestic counselor the next, a mediator between neighbors after that, and then he chases down a felon who ran from a traffic stop.

That dynamic is readily apparent during Becker and May's shifts on the South Side. Police dispatchers issue them the following runs: a man who was beaten violently with his own skateboard, a freeway wreck involving a COTA bus, interference with child custody, a man who thought he found human remains (the coroner's office later deems them to be pig bones), a minor who got jumped, a well-being check on a caller's friend who's really high (no one answers the door) and a home invasion in Canal Winchester that requires 11 minutes of white-knuckle driving across the South Side to discover there's no break-in after all.

People often call the cops because they don't know who else to contact, Becker says. Naloxone doesn't add much complexity to his job, but it does feel like a "cascading of responsibilities." He says it's too early to tell if the new resources—naloxone, the stabilization center, RREACT—will help, but following up right after an overdose seems promising. "Even if you can get one in 10 to accept treatment, that's better than zero," he says. "Keep chipping away."

At 10:32 p.m., another cop radios Becker to inform him of an overdose at Alvis House, a nearby halfway home for ex-offenders. When he arrives, the stench of vomit fills the entryway. The resident was turning blue when Alvis workers found him. They performed chest compressions, mouth-to-mouth resuscitation and administered five doses of naloxone. Typically, EMS crews and firefighters will give one dose every three to five minutes, says Columbus Fire Lt. Jeff Blair, who's already on the scene. But the man wasn't responding, and staff members don't deal with overdoses daily, so they just kept pushing the miracle spray up his nose.

He's conscious now, sitting on a bed in his room, leaning over with his elbows resting on his thighs. Firefighters from Station 14 arrive and strap him onto a gurney to take him back to OSU Hospital East, where he'd been less than two hours earlier.

Every corner of the city is affected by opiates, but Davis noticed a telling trend on the fire department's maps of overdose locations. The hardest-hit neighborhoods correspond to areas with the highest incidence of infant mortality, gun violence,

human trafficking and income inequality. "So to be honest," he says, "I'm not sure how we address the issue of addiction and opiate[s] in our community without having a conversation as a community about the other social determinants of health care."

It's an intractable problem, and one that's getting more complex and deadly. Some people have started to use methamphetamines or cocaine in combination with fentanyl, hoping they'll balance each other out, Jeffrey says. Fentanyl, and the even more potent derivative carfentanil, is the most pressing challenge. Curmode says people are overdosing faster than ever, needles still in their arms, and it's taking more naloxone to revive them. Some days he feels like the Dutch boy struggling to plug the leaking dike, running from overdose to overdose to overdose. "It's definitely getting worse, and you can see it on the street," he says.

Just after 6:30 p.m. on the West Side, Chung and officer Max Jacobs pull their SUVs up to the sidewalk that leads to the emergency room entrance at Mount Carmel West hospital. Jacobs opens the door for a woman in the back seat of his cruiser. He picked her up after her mother called 911 to report that she was talking about killing herself and then walked into traffic. Chung talks to the distressed woman while she smokes a cigarette. She doesn't want to hurt herself, she explains. She's been trying to get clean.

Her sister and her mother arrive. The three of them stand in a semicircle on the sidewalk. The mother tells her daughter she needs to go to rehab. "Aren't you tired?" she asks her daughter over and over. "Aren't you sick and tired of being sick and tired?" Her sister shivers against the chill of an unseasonably cold April evening with a numb expression on her face. "I don't know you anymore," she says finally.

Chung asks the woman if she's interested in getting treatment at the Addiction Stabilization Center. He's part of RREACT, and he can get her in right now. She agrees. She's mostly been stoic until this point, but now she starts to cry. "You saved my life," she tells him. The mother hugs Chung and thanks him. The woman gets in the back of his SUV for the short trip to the Merion Village facility.

Jacobs, Chung and the woman all walk into Maryhaven's multistory brick building. Staff members take her to a triage room to assess if she's a good fit to stay. Jeffrey is working special duty just inside the front door, and a cop and a firefighter with RREACT are already in the cramped lobby on their sixth call of the day. The center has had 422 people arrive since opening in January, and more than 40 percent of those have come through the RREACT program, according to Moss, the center's director. The woman gets accepted for treatment, and she thanks Chung again before he leaves.

Over dinner at Josie's Pizza in Franklinton, he's reflective. People may talk about Darwinism, natural selection, let the addicts die. Maybe even other cops have said that. He doesn't agree with everything he encounters—the calls the police get, the choices people make, why he's involved in certain situations at all—but for him it's simple when it comes to overdoses: Cops are there, and they have naloxone. “If you look at it from a human perspective, that person—right, wrong or indifferent—they're in a crisis, and you're there to help them in that crisis,” he says. “That's the way you have to treat every situation.”

His rationale is the same for the woman who went to the stabilization center, even though she didn't require naloxone. She was an addict in crisis, and they gave her what she needed but didn't know how to put into words. He didn't have to talk her into it, he just had to let her know a place like that existed. And who's to say what the outcome will even be. “I don't know if I've helped her,” Chung says. “We put her in the right direction, and that's it.”

The Columbus Dispatch

Coroner: Franklin County overdose deaths on the decline, but still too high

By Rita Price

The Columbus Dispatch

Posted Jun 22, 2018 at 5:04 PM

Updated Jun 22, 2018 at 5:36 PM

Overdose deaths in Franklin County declined during the first three months of the year, according to preliminary statistics released Friday by Franklin County Coroner Anahi Ortiz.

The 111 people who died — most of them from lethal doses of opioids — represent a decrease of about 13 percent when compared with the first quarter of 2017. Still, the toll remains 35 percent higher than it was two years ago.

“There’s still a lot of work to do,” said Franklin County Public Health Commissioner Joe Mazzola. “But we’re certainly going to celebrate any indicators that are moving in the right direction.”

Ortiz cited growing awareness, collaboration by various agencies, large seizures of drugs by law enforcement, and stricter opioid-medication prescribing guidelines as factors contributing to the decline. She and Mazzola also said increased availability of naloxone, an overdose-antidote medication, likely is making a difference.

“We know that naloxone is getting out there, and folks who need it are getting it,” Mazzola said, whether that means drug users, their friends or families.

The Alcohol, Drug and Mental Health Board of Franklin County also is encouraged, spokeswoman Aimee Shadwick said in an email. The board funds treatment services and has been ramping up education and prevention efforts.

“One death from an overdose is one death too many,” she said.

The coroner’s office said the five ZIP codes with the highest number of overdose deaths from Jan. 1 to March 31 were 43204, 43223, 43213, 43206 and 43123. That includes Whitehall in eastern Franklin County, Grove City to the southwest and Columbus neighborhoods on the South and West sides.

Fentanyl-related overdoses accounted for a little more than 67 percent of the cases, similar to the rate in 2017. Fentanyl is a synthetic opioid much more powerful than heroin. Overall, opioids were at issue in 84 percent of the deaths.

Most of those who died were white (77 percent) and male (68 percent). Nearly 60 percent of victims were 39 years old or younger.

The hard-hit Cincinnati area also is seeing a decline in overdose deaths, the Cincinnati Enquirer reported this week. The newspaper said Hamilton County coroner's reports show a 34 percent drop in overdose deaths in the first five months of 2018 compared to the same time last year.

Ohio's epidemic of addiction is among the nation's worst, with overdose-death tolls hitting 14 a day in 2017. Last year in Franklin County, 520 people died by overdose.

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ThisWeek COMMUNITY NEWS

Planning for Mill Street mural with health message begins

By **MARLA K. KUHLMAN**

THISWEEKNEWS.COM

Posted Jun 19, 2018 at 6:05 PM

The community is invited to share ideas and visions for a new mural to be on Mill Street.

The Gahanna Area Arts Council and the Alcohol, Drug and Mental Health Board of Franklin County are partnering to add some vibrancy to Mill Street this summer in the form of a new mural, according to Christian Peck, the arts council's communications chairman.

Anyone interested in either planning or painting is invited to an opening information session at 7 p.m. Thursday, June 21, at Upper Cup Coffee, 121 Mill St., at Creekside.

Since 2013, ADAMH has been investing in partnerships with neighborhoods countywide for public murals, to engage and educate the public about overall health and wellness, including mental health.

The arts council began pursuing grant opportunities for a mural in Gahanna, in keeping with its value statement: The arts are inherently collaborative, cultivating empathy and communication, according to Peck.

"Everyone involved was thrilled when we were awarded the mural because this was our first large grant," said Juli Hess, arts council secretary.

The two groups have been working together since late last year to find the right location.

Kevin Dengel, president of the arts council's board, said they found it when Dr. Peter Tencza, of Tencza Eye Associates, recently volunteered the side of his building at 78 Mill St.

"We'll be asking people to share their vision for Gahanna, so what better location to illustrate it than on an optometrist's building in the heart and soul of our downtown?" Dengel said.

As part of ADAMH's process, the mural will be planned and painted by Gahanna community members, with the help of the professional artist group ALTernative.

"What we like so much about this approach is that before anyone picks up a brush, we get to ask everyone how they want to be represented, and what they want to see," Peck said.

He said the grant provides up to \$30,000, depending on the size of the mural. This includes the cost of the public planning meetings, professional services from ALTernative, wall surface preparation, paint, brushes and a seven-year warranty to repair or replace the mural should it sustain damage.

"Murals really are the best art form to facilitate a conversation about the health and well-being of a neighborhood," Hess said. "They can be a compilation of multiple themes composed into one work, and unlike a smaller canvas, there is literally room for everyone to be involved in the painting."

Those who have ideas to share but can't attend the meeting can give input at adamhfranklin.org/mural-project.

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COLUMBUSCEO

Business

Families of Drug Addicts Suffer in Silence

By Laurie Allen

Posted Jun 18, 2018 at 12:01 AM

Updated Jun 18, 2018 at 9:44 AM

Laurie Allen, whose son has struggled with addiction for nearly a decade, describes the quiet agony of parents, spouses and loved ones of addicts—and how employers can help ease their burden.

We come to work late, exhausted and distracted. We leave suddenly and cancel calls and meetings at the last minute. We're on the phone, upset and angry. We try but can't always get through the day. We suffer from the disease of addiction.

It's not ours, though. It's that of our sons and daughters, husbands and wives, brothers and sisters. The anxiety, fear and chaos that addiction inflicts bleed into every aspect of our lives—including the workplace.

For most of the last decade, my 27-year-old son has struggled with the disease of addiction, most notably, heroin and other opioids. He has overdosed on fentanyl and been revived by Narcan. He has been in the emergency room more than a dozen times, and his hospital and detox stays number in the double digits. There have been arrests, jail time and attempts at recovery. He spent part of this past winter homeless, living on the streets.

Anyone who has a loved one in active addiction can offer a similar account. But often, we don't share this painful part of our lives, especially in the workplace.

"People have a lot of shame about this," says Andrew Moss, director of Maryhaven's Addiction Stabilization Center in south Columbus. "The business community can help by providing a culture of safety, where it's OK for people to disclose what they're going through. It's pretty terrifying, and it affects their wellness level."

Ashley, now a stay-at-home mother of three, remembers when her husband—now clean and sober for seven years—was in active heroin addiction. "You're living in a constant state of anxiety, and then you try to go to work. I'd go to get in the car in the

morning, and I'd find needles, or the gas tank would be empty."

Other times, there was no car to take to work, because it had been stolen or wrecked. "I'd get the calls at work, and you never knew if it could be 'the one.' You never knew when they're going to OD. ... Even on days, when there was 'nothing' going on, there's something going on."

Although those in active addiction may be quick to claim they are hurting only themselves, "it's not just affecting them," Ashley says. "Everybody's touched by it."

Brenda Stewart's two sons, now in their 30s, have struggled with addiction since they were teenagers. One of them is "in remission," as she puts it; the other is not. Stewart, founder of The Addicts Parents United (TAP), says, "Addiction is a family disease that affects many more people than just our children." She has seen parents quit their jobs and move out of state because they couldn't sustain the constant struggle of trying to "save" their addicted children. Other parents had to be hospitalized themselves.

The "caregiver fatigue" experienced by family members of those living with addiction is no different than other diseases, and in some ways, more difficult to cope with, says Dr. Delaney Smith, medical director for the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH). "Families are up all night, fielding phone calls, dealing with the latest crisis. It affects your ability to function." In some ways, the toll exacted by living in the crisis-to-crisis world of active addiction is not unlike that of post-traumatic stress disorder, Smith says.

Indeed, years of experience have caused my heart to skip a beat when certain phone numbers appear on my screen. If the phone rings late at night, I prepare for the worst. A few months ago, my doorbell rang at 1:10 a.m. and when I looked out the front window, I saw a police cruiser. "This is it," I thought.

It turned out that my garage door was open, and the officer wanted to let me know. It took several minutes for my heart rate to return to something resembling normal, but it was impossible to sleep after that.

At various times in my career, I worried that my job performance suffered as a result of the sleepless nights and near-constant stress. A few years ago, I decided I needed to tell the company for whom I was working about my son's problems with addiction. They were understanding and compassionate, but it was a conversation I didn't want to have.

Ashley also came to a place where she knew she couldn't hide what was going on in her personal life. "They could tell at the end," she recalls.

Stewart advocates for an “open and transparent workplace” where people don’t feel they have to hide what’s happening. “It can be as simple as having educational materials available. That shows employees that [the employer] is open to listening and talking about it.” On another level, a simple hug can help people know they’re not alone, she says.

Although addiction is a medical illness and protected by the Americans with Disabilities Act, it presents itself in socially unacceptable ways and engenders more scorn than sympathy. By its nature, opioid addiction is so powerful that it causes those in its grip to manipulate, commit crimes and put others in danger in ways difficult to comprehend. Says Smith, “It’s not a ‘casserole disease,’ where your neighbors or your church rally around you.”

Maryhaven President and CEO Shawn Holt says businesses should treat addiction as they would other serious illnesses. “We should rally around families the way we rally around a family dealing with cancer or diabetes. Businesses also need to understand that like other diseases, there will be appointments and hospitalizations and emergencies.”

Chances are, Holt says, if you are a large employer, you have an employee who is affected by the opioid epidemic. “We need to do a better job educating the business community.”

Moss says he was surprised at the reach addiction has, even among those in the recovery field. At a leadership retreat, he learned that every person attending had been affected personally by a friend’s or loved one’s illness. “Everybody could identify a point in their life where addiction had touched them.”

The U.S. Department of Health and Human Services estimates that 2.1 million people suffered from opioid use disorder in 2016, Smith says. Although it’s difficult to put a precise number on the number of those affected locally, the overdose rate tells an alarming story. Ohio’s overdose deaths continue to rise, with 5,232 reported in the 12 months ending June 30, 2017—an increase of 39 percent, according to federal figures.

Stewart says it’s important to understand that like their loved ones, family members also suffer from an illness and can recover—whether their addicts do or not. “Seven years ago, I wasn’t able to function,” Stewart says. Through support and new skills, however, she has learned that she needs to put the focus on herself rather than succumb to the devastating effects of addiction. “I say that my son is in remission, and I am too.”

While other parents and friends talk about their children's accomplishments, I often remain silent. Sometimes my son's biggest accomplishment has been making it through the day.

The support and fellowship found in groups like Nar-Anon, Al-Anon and TAP give parents and families a safe place to share their fears, anger and grief. We learn how not to let the addict's disease rule our every waking moment.

A few months ago, I had an important meeting scheduled. As I was preparing to leave, I received a phone call from my son, who was in the emergency room again. My first thought was to cancel the meeting and head to the hospital.

But before I rushed off, I called a trusted friend. I remembered what I'd learned from other parents about the futility of trying to react to every crisis.

I knew my son was medically stable, safe and receiving care, and that my running to "save" him wouldn't change the course of his disease.

It wasn't easy, and it went against all my maternal instincts, but I kept my meeting.

Sharing our stories gives us the experience, strength and hope (key phrases in 12-step recovery programs) we need to live with this devastating illness. One of the phrases I remember from attending my first Nar-Anon meeting is this: You can choose to go through this alone, but we hope that you don't.

Laurie Allen is a freelance writer.

The Columbus Dispatch

Opinion

Letter: Make suicide prevention a priority at all levels

Posted Jun 14, 2018 at 4:30 AM

At North Central Mental Health Services, we very much appreciate the recent Dispatch articles calling attention to suicide and informing our community members about the important suicide prevention resources available to them through Suicide Prevention Services and its hotline. The local hotline (614-221-2445) receives more than 10,000 calls per year, and in 2018 we are on track to handle nearly 16,000 calls and texts. More than 100 highly trained volunteers faithfully support the hotline with their time and expertise.

Some have volunteered hundreds and even thousands of hours. Suicide prevention is their passion. Staff and volunteers are on the job 24 hours per day, 365 days per year.

It is important for our community to know that this vital resource is fully funded by the ADAMH Board of Franklin County. Financial resources are made available through the compassion and generosity of the citizens of Franklin County with their approval of the mental health levy.

Two recent celebrity suicides have focused intense public interest upon the 10th leading cause of death in the United States. The National Institutes of Health reported that more than 44,000 adults die each year in the United States by suicide. This means that there are many more individuals who are coping with grief and searching for answers. It is estimated that the actual number of people surviving the suicide of loved ones each year exceeds 260,000.

If you or a loved one are having thoughts of suicide, please call the Hotline at 614-221-2445.

Don Wood, president and CEO, North Central Mental Health Services

Columbus

The Columbus Dispatch

Addicts get help from Ohio counties' response teams after overdoses

By Mary Beth Lane

The Columbus Dispatch

Posted at 5:30 AM

Updated at 5:30 AM

A growing number of counties across Ohio have formed overdose-response teams to work with survivors of drug overdoses and their families to get them into addiction treatment and other help as soon as possible.

LANCASTER — An image seared into the memory of Scott Duff motivates him to help Fairfield County residents who are addicted to opioids and other drugs get clean and reclaim their lives.

“I was at an overdose death scene in June,” said Duff, the director of Project FORT (Fairfield County Overdose Response Team). “When you see a mother on all fours in the front yard, bawling her eyes out because she just lost her son, that stays with you and re-energizes you for the task.”

For Fairfield, Athens, Hocking, Ross and Franklin counties — all among a growing number of counties across Ohio that have formed overdose-response teams — the task is to work with survivors of drug overdoses and their families to get them into addiction treatment and other help as soon as possible. The teams also lend a hand to addicts who haven't overdosed but are seeking treatment and other help.

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“We want to eliminate overdose deaths and reduce the number of accidental overdoses,” Duff said.

This year, Fairfield County, which has nearly 152,000 residents, has had 70 drug overdoses, including five that were fatal, Duff said. Franklin County, which has nearly 1.3 million residents, had 180 suspected overdoses just in the week that ended Aug. 12,

according to data reported to Franklin County Public Health by hospitals and Columbus Division of Fire medics.

Project FORT, which started this year, has helped about two dozen people enter drug treatment.

“Not all of them successfully,” Duff said. “Unfortunately, relapse is a part of recovery. We’re not going to give up on them.”

The overdose-response teams operate similarly. Franklin County’s RREACT (Rapid Response Emergency Addiction and Crisis Team) includes a mental-health nurse and a social worker who follow up with overdose patients treated by Columbus fire medics. Those who are interested in additional recovery are then put in touch with the nonprofit group Southeast Inc. for treatment.

The Ross County sheriff’s office and Chillicothe police have a team including a deputy, an officer and a drug-treatment provider who visit the homes of people who have been resuscitated with the overdose-reversal drug Narcan; the team offers treatment options and other help.

Athens County started a team in April that also makes home visits to overdose survivors. Some are ready for help; others are not, said Sheriff Rodney Smith.

“Some people tell us to ‘git,’ and that’s OK, but the majority don’t,” Smith said. “People are receptive.”

U.S. Rep. Steve Stivers, an Upper Arlington Republican, hosted his sixth-annual addiction roundtable in Lancaster on Wednesday, bringing together judges, prosecutors, sheriffs, social workers and others from area counties. He said he thinks the teams are making a difference, and he plans to look into securing federal funds to beef up the teams, which rely on state, county and local funding to operate.

Fairfield County’s Project FORT operates on a \$139,500 annual budget, funded primarily with grants from Ohio Attorney General Mike DeWine’s office and the Ohio Department of Public Safety, plus county funding.

The team includes Duff and Violet Township Fire Department community paramedic J.D. Postage, a former addict who now is a peer recovery coach and a mental-health clinician. The team receives overdose reports from the sheriff’s office and police and fire departments countywide, and it visits overdose patients to discuss treatment and other services.

“We want people to realize that help is out there,” Duff said.

Aaron Smith, 38, has reclaimed his life, attends Project FORT’s monthly meetings and also works as house manager at a Creed of Recovery house in Lancaster for men who have gotten clean and want to live with others in a sober environment.

Smith was addicted to heroin and anti-anxiety drugs for 13 years, and he had entered treatment a handful of times, only to relapse. He was living at a relative’s home in Pickerington and still abusing drugs when he had a seizure last year. The relative called 911, and a medic squad took Smith to Fairfield Medical Center, where he stayed 10 days, the first four in a medically induced coma.

When Smith awoke in the hospital, Postage was there to offer help. As a community paramedic, it’s his job to visit people after medical emergencies to offer help and services intended to keep them safe and at home. Postage told him about Project FORT, which was in the planning stages then, and hospital workers told him about Creed of Recovery.

Both programs have helped give him a new purpose, Smith said.

“Staying connected and helping someone else is a big deal,” he said. “It’s important to remember where I came from.”

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The Columbus Dispatch

More treatment centers debate role of drugs to combat opioid addiction

By Rita Price

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The poll was impromptu and far from scientific, but Carolyn Ireland figured that it might help explain some of the reasons her residential treatment program — among the oldest in Columbus — refuses to embrace a linchpin medication in Ohio's battle against opioid addiction.

Ireland, the CEO of the 59-year-old House of Hope, walked into the lunchroom of the big house in Victorian Village and asked more than a dozen men whether they had previously abused the treatment medication Suboxone. Half immediately raised their hands.

Ireland sighed.

“What's happening is, I have guys coming in here, and when we ask, ‘What's your drug of choice?’, they say, ‘Suboxone.’ What do I do with that?” she said.

The pressure for treatment and recovery-housing programs to include so-called MAT, or medication-assisted treatment, has never been greater, Ireland and others say. Even House of Hope recently took a small step away from decades of an abstinence-only approach by allowing the opioid-blocking medication Vivitrol, which is administered as a monthly injection and can't be shared.

Supporters of medication-assisted treatment, including state addiction experts, say there's good reason to promote it: Numerous studies have shown that medication increases recovery rates, while access to such treatment still lags for many people struggling with addiction to heroin and opioid medicines.

But those leery of drug-based treatment point to what they see as mounting problems. The popular treatment medication Suboxone — that's the brand name for generic buprenorphine combined with naloxone — is itself an addictive opioid, and some addicts use it primarily to stave off withdrawal until they can obtain preferred drugs. Drug-trend reports say it is regularly sold on the street.

The state also acknowledges that it doesn't know how many of the doctors licensed to prescribe buprenorphine in Ohio do so at cash-only clinics, a practice that critics say increases the likelihood of misuse.

"I was using heroin for probably two years, and I heard that you could go to (a local hospital) and get Suboxone," said Lukas, 24, who is now in recovery at House of Hope and didn't want his last name used because he's preparing to apply for jobs. "I was selling it and making good money selling it."

Wendy Doolittle, president of the Ohio Recovery Housing's board of directors, said policymakers need to understand the risks of medication-assisted treatment and keep an open mind to approaches that encourage short-term use.

"I think that we have to remember that while this is probably the biggest epidemic, when I came into this field 26 years ago, there were still heroin addicts, and a lot of them did get well," said Doolittle, CEO of McKinley Hall, a treatment and recovery program in Springfield.

Dr. Mark Hurst, director of the Ohio Department of Mental Health & Addiction Services, says it's important for treatment providers to have an array of options, as there's no such thing as "one size fits all" treatment. But he said medication along with counseling still gives many people their best chance, and the state is working to significantly expand the number of doctors certified to prescribe Suboxone and other treatment drugs.

The total jumped by 65 percent — from about 1,100 to more than 1,800 physician prescribers in the state — over the past year. According to state Auditor Dave Yost, medication-assisted treatments cost Medicaid about \$110.4 million in 2016, an increase of 719 percent since 2010.

"On some level, I get the philosophical divide," Hurst said. "Why are you using an opioid to treat opioid-use disorder? Well, it's a brain problem. It's really not using a drug to treat a drug problem. It's using a medication to treat a brain disorder."

Although House of Hope is holding the line on Suboxone and methadone, the decision to allow Vivitrol at one of its eight recovery houses opens a path for addicts who opt for that course of treatment after receiving detoxification treatment at the Maryhaven Addiction Stabilization Center, Ireland said.

"We're the next step in that system," said Richard Mason, recovery housing coordinator at House of Hope.

This fall, the health center at Lutheran Social Services' Faith Mission homeless shelter will begin providing medication-assisted treatment for homeless and low-income patients addicted to opioids, said Audrey Knaff, the behavioral-health manager. The program will offer Vivitrol or Suboxone.

"It's a big task," Knaff said, and Faith Mission "is not naive" about the potential problems. "But this opioid epidemic is impacting our communities greatly, and it's not getting any better."

Ireland and Mason said they are collecting data to determine whether long-term sobriety rates differ for House of Hope residents who receive Vivitrol.

Both believe that counseling and employment, and especially recovery housing, are the biggest keys to their program's success.

"Our guys are getting sober and staying sober," Ireland said. "We have done a disservice, I think, to a lot of young opiate addicts by telling them that medication is the only way out."

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From the Columbus Business First:

<https://www.bizjournals.com/columbus/news/2018/06/01/directions-for-youth-families-tackle-traumatic.html>

Directions for Youth & Families tackle traumatic stresses affecting those in poverty

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Jun 1, 2018

Recent statistics about poverty in Columbus are alarming and must be viewed as a call to action for new ideas to help break the cycle of poverty.

Among the causes of poverty are the very real traumatic stresses of family instability, abuse, violence, evictions, hunger, and more. For example, a child who witnesses gun violence is traumatized, as is a child who is repeatedly moved from school to school because of



means that those children become the next generation of the impoverished.

Directions for Youth & Families (DFYF) has provided behavioral health services in Columbus since 1899, serving 6,000 youth/families annually. DFYF received the 2017 United Way Champion of Children Award because its programs, partnerships and research-backed practices treat trauma, toxic stress, and behavioral health issues thereby building stronger families and safer communities.

DFYF's approach relies on more than 70 licensed social workers and counselors trained in trauma treatment, a model featured in a segment on "60 Minutes" by Oprah Winfrey on March 1. This treatment model addresses the needs of those with multiple or prolonged traumatic stress, and a growing body of research shows it improves general mental health and social skills and reduces symptoms related to post-traumatic stress.

Programs and services based on this trauma care provide youth and families an opportunity to process distressing events in a healing and supportive environment. They can develop a sense of security, increase their capacity to manage the emotional and physiological experiences, and ultimately build the fundamental skills needed for healthy development.

Research done at National Crittenton, a collection of agencies focused on supporting the needs of girls and young women healing from trauma, shows that women experience trauma at a higher rate than men and can benefit greatly from trauma-informed programming in areas like parenting skills, self-confidence, and

economic self-sufficiency. This research helps DFYF provide services to address these needs and develop their model of care.

“DFYF has been fortunate to be aligned with National Crittenton,” says Duane Casares, DFYF CEO. “In the past five years we have also worked with Case Western Reserve University, the Trauma Institute of Boston, Yale University, and the Bridges Housing Corporation of San Francisco to continue refining our model.”

Of course, in order for behavioral and mental health programming to help a family or a youth heal, they must be able to access that programming. Access is paramount. To eliminate the barriers of transportation or child care, and to increase family involvement, DFYF’s counselors go to homes, schools or community sites. Counselors meet kids “where they are.”

In forgotten communities and high-risk neighborhoods, programs like DFYF’s Ohio Avenue Youth Center are beacons of hope. In the Kimberly Parkway community near the now sparse Eastland Mall, which has the highest eviction rate and third-highest poverty rate in Columbus, DFYF is currently the only resource for youth programming.

DFYF’s community centers are where change begins for struggling youth and their families. DFYF puts trauma treatment into practice in after-school and summer programs to educate youth about the consequences of unhealthy life choices, teen sexual activity, substance use and delinquency. DFYF’s two youth center programs provide a safe environment where youth participate in leadership development, emotional self-regulation, homework help, as well as recreational activities, arts, dance, and music.

Along with drawing on leading research and best practices across the country, DFYF also collaborates with many Central Ohio nonprofit partners on housing, parenting, job training and placement.

“At DFYF we believe that when individuals and families strengthen, a neighborhood strengthens; and when neighborhoods strengthen, communities transform and poverty diminishes,” said Casares. “We promote transformation without gentrification, because we are fortunate to live in a city that celebrates diversity, and we can build on this strength. This is our future, our time.”

To get more information, to donate, or to get involved with Directions for Youth & Families, visit us at dfyf.org.